110th Congress
2nd Session

HOUSE OF REPRESENTATIVES

Report 110–514

Dom

MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION REAUTHORIZATION AND IMPROVEMENT ACT OF 2007

JANUARY 22, 2008.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. CONYERS, from the Committee on the Judiciary, submitted the following

REPORT

[To accompany H.R. 3992]

[Including cost estimate of the Congressional Budget Office]

The Committee on the Judiciary, to whom was referred the bill (H.R. 3992) to amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to provide grants for the improved mental health treatment and services provided to offenders with mental illnesses, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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PURPOSE AND SUMMARY

With the move in American society over the past several decades away from institutionalizing mentally ill individuals, many have been incarcerated in local jails and prisons for offenses related to their illness. Police and other law enforcement officials are generally not trained properly to handle mentally ill offenders, who create enormous problems for both arresting officers and holding facilities. Jail officials often have to isolate mentally ill offenders, which is an expensive and labor-intensive proposition, especially in light of the fact that jail cells typically hold several people. A recent study revealed that as many as 24% of the approximately 9 million local jail inmates are mentally ill.

H.Ř. 3992, the "Mentally III Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007," addresses this problem by establishing various grant programs to train law enforcement officials to better identify and respond to incidents involving persons with mental illness. In addition, H.R. 3992 would authorize funding for developing receiving centers to assess individuals in law enforcement custody for mental health and substance abuse treatment needs. Such funding would also be used to im-prove technology to facilitate information sharing among law enforcement and criminal justice personnel, as well as to promote evidence-based practices that provide treatment and services.

BACKGROUND AND NEED FOR THE LEGISLATION

THE CURRENT PROBLEM: A TREND TOWARD CRIMINALIZATION

The United States is at a critical juncture with regard to the treatment of people with mental disorders. Although the societal attitude toward the mentally ill has rarely been positive, there is an increasing trend toward criminalization and imprisonment of people coping with these illnesses. As documented by the United States Department of Justice Bureau of Justice Statistics, more than half of all prison and jail inmates-including 56 percent of State prisoners, 45 percent of Federal prisoners, and 64 percent of local jail inmates—were found to have mental health problems.¹ Prisons currently hold three times more mentally ill people than do psychiatric hospitals, and prisoners have rates of mental illness that can be as high as four times greater than rates for the general population.² Moreover, individuals with mental illnesses are more likely to be incarcerated for non-violent crimes, to have a greater tendency to recidivate, and to serve a longer portion or even the maximum amount of their sentence than the general prison population.³

The Justice Department survey highlights several other important trends with regard to individuals with mental illness who are incarcerated. The survey found that on average 72% of people with

¹U.S. Department of Justice, Bureau of Justice Statistics, Mental Health Problems of Prison and Jail Inmates (Dec. 14, 2006), at http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf [hereinafter DOJ survey].

²The incidence of mental illness in America's prisons and jails is well above that of the general population; the mental illness incidence in the general population is approximately 11% compared to an average of 55% in jails and prisons. *Id.* at 3. ³Nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served 3 or more prior incarcerations. *See generally*

mental health problems who are incarcerated meet substance abuse and dependence criteria.⁴ In addition, when compared to the general prison population, individuals with mental health problems are twice as likely to have been homeless in the year before their arrest and three times as likely to report past physical or sexual abuse.⁵ Finally, women who are incarcerated had a higher incidence of mental illness than men.⁶

CAUSE OF THE PROBLEM: A FRAGMENTED MENTAL HEALTH CARE SYSTEM

While many factors contribute to the criminalization trend, one of the key factors is State action in the past several decades to dismantle mental health hospitals, which has led to an under-funded and fragmented mental health care system.⁷ The deterioration of this system coincides with a 500% increase in the prison population over the past thirty years. That is, over the last several decades, States have emptied their psychiatric hospitals without moving sufficient resources into community-based programs.8 Meanwhile, overall prison populations have soared. As one author stated, "[O]ver the past 40 years, the United States dismantled a colossal mental health complex and rebuilt-bed by bed-an enormous prison."⁹ As a result, individuals with mental illness in the prison system are not receiving appropriate treatment. In fact, the Justice Department survey found that only a fraction of imprisoned mentally ill individuals had received any treatment since their admission-34% in State prisons, 24% in Federal prisons, and 17% in jails.10

THE MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT

Passed unanimously by the Congress and signed into law by President Bush in 2004, the Mentally Ill Offender Treatment and Crime Reduction Act authorized the Justice and Mental Health Collaboration Program (JMHCP) grant program. For fiscal years 2006 and 2007, \$5 million (out of a possible \$50 million authorized) was appropriated for the program. The Bureau of Justice Assist-ance, a division of the Office of Justice Programs in the Justice Department, administers the program, which is designed to increase public safety by facilitating collaboration among the criminal jus-tice, juvenile justice, mental health treatment, and substance abuse systems and to improve access to effective treatment for people with mental illnesses involved with the justice system.

Three types of grants are awarded through the JMHCP: (1) planning grants with a maximum award of \$50,000 for 12 months; (2) planning and implementation grants with a maximum award of \$250,000 for 30 months; and (3) implementation and expansion grants with a maximum award of \$200,000 for 24 months. All

⁴*Id*. at 5. ⁵*Id*. at 4–5.

⁶ 71*a*. at 4–5. ⁶ State prisons: 73% of females and 55% of males; Federal prisons: 61% of females and 44% of males; local jails: 75% of females and 63% of males. *Id.* at 4. ⁷ Ill Equipped: U.S. Prisons and Offenders with Mental Illness, Human Rights Watch Report, Oct. 22, 2003, sec. III, *at http://www.hrw.org/reports/2003*.

⁸Id.

⁹Bernard E. Harcourt, *The Mentally Ill, Behind Bars*, N.Y. TIMES, Jan. 15, 2007.

¹⁰See DOJ survey, supra note 1, at 9

grants require a joint application from a mental health agency and unit of government responsible for criminal or juvenile justice activities. This stipulation underscores the collaborative nature of this grant, which is intended to bring the criminal justice and mental health systems together to improve outcomes for people with mental illnesses in the justice system.

MENTAL HEALTH COURTS

Mental health courts are rapidly emerging across the Nation in response to the large numbers of people with mental illness in the criminal justice system. These courts provide supervised community-based treatment in lieu of standard criminal justice processing. Congress enacted America's Law Enforcement and Mental Health Project in 2000. From 2002 to 2005, Congress appropriated \$7.4 million for mental health courts: \$4 million in 2002, \$3 million in 2003, and \$400,000 in 2005. The Substance Abuse and Mental Health Services Administration provided additional support to mental health courts through their Targeted Capacity Expansion grants.

Although only four mental health courts existed in 1997, there are now more than 175 courts established in 35 States, with plans to create many more. These courts can be found in a wide range of jurisdictions, from very rural counties to urban areas. Many States have begun to encourage the formation of mental health courts by developing State grant programs and passing legislation that describes how jurisdictions should go about planning a mental health court.

HEARINGS

On March 27, 2007, the Committee's Subcommittee on Crime, Terrorism, and Homeland Security held 1 day of hearings on "Criminal Justice Responses to Offenders with Mental Illness," which examined the trend toward criminalization, as opposed to treatment, of people with mental disorders, and the need to implement solutions such as funding the programs under the Mentally Ill Offender Treatment and Crime Reduction Act. Testimony was received from Associate Administrative Judge Steven Leifman, County Court Criminal Division of the Eleventh Judicial Circuit located in Miami-Dade County, Florida, and Chair of the Miami-Dade County Mayor's Mental Health Task Force; Phillip Jay Perry, Idaho Mental Health Court Participant; Sheriff David G. Gutierrez, Lubbock County Sheriff's Office, Lubbock, Texas; Lieutenant Richard Wall, Los Angeles Police Department, Los Angeles; and Leon Evans, Executive Director, Jail Diversion Program in San Antonio, Texas.

COMMITTEE CONSIDERATION

On November 1, 2007, the Subcommittee on Crime, Terrorism, and Homeland Security met in open session and ordered the bill, H.R. 3992, favorably reported, without amendment, by voice vote, a quorum being present. On November 7, 2007, the Committee met in open session and ordered the bill, H.R.3992, favorably reported, without amendment, by voice vote, a quorum being present.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, the Committee advises that there were no recorded votes during the Committee's consideration of H.R. 3992.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee advises that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

In compliance with clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the Committee sets forth, with respect to the bill, H.R. 3992, the following estimate and comparison prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS, CONGRESSIONAL BUDGET OFFICE, Washington, DC, November 29, 2007.

Hon. JOHN CONYERS, Jr., Chairman,

Committee on the Judiciary, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3992, the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mark Grabowicz, who can be reached at 226-2860.

Sincerely.

PETER R. ORSZAG, DIRECTOR.

Enclosure

cc: Honorable Lamar S. Smith. **Ranking Member**

H.R. 3992—Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007.

SUMMARY

CBO estimates that H.R. 3992 would authorize the appropriation of about \$700 million over the 2008-2013 period for Department of Justice (DOJ) programs to improve the treatment of mentally ill offenders throughout the justice system. DOJ would use most of those funds to make grants to State, local, and tribal governments to assist mentally ill offenders.

Assuming appropriation of the necessary amounts, CBO estimates that implementing H.R. 3992 would cost about \$390 million over the 2008–2012 period, with about \$310 million spent in later years. Enacting the bill would not affect direct spending or receipts.

H.R. 3992 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on State, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 3992 is shown in the following table. The cost of this legislation falls within budget function 750 (administration of justice).

2008	2009	2010	2011	2012
١				
70	70	75	75	75
15	36	51	63	74
47	45	45	45	45
12	24	32	39	45
117	115	120	120	120
27	60	83	102	119
	70 15 47 12 117	70 70 15 36 47 45 12 24 117 115	70 70 75 15 36 51 47 45 45 12 24 32 117 115 120	70 70 75 75 15 36 51 63 47 45 45 45 12 24 32 39 117 115 120 120

BASIS OF ESTIMATE

For this estimate, CBO assumes that the amounts authorized by H.R. 3992 will be appropriated for each fiscal year and that outlays will follow the historical spending rates for those activities.

Section 3 would authorize the appropriation of \$75 million annually over the 2008–2013 period for adult and juvenile collaboration grants (a program for mentally ill offenders) authorized by section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968. Current law authorizes the appropriation of such sums as may be necessary for fiscal years 2008 and 2009 for this program. The Congress appropriated \$5 million for fiscal year 2007 for those grants, so CBO estimates that the current authorization level for 2008 and 2009 is also \$5 million. Thus, we estimate that the bill would authorize an additional \$70 million for each of those 2 years for this program.

In addition, the bill would authorize the appropriation of \$45 million a year for five DOJ grant programs to assist States, localities, and Indian tribes in improving the treatment of mentally ill offenders throughout the justice system. H.R. 3992 also would authorize the appropriation of \$2 million for fiscal year 2008 for DOJ to prepare a report on the population of mentally ill offenders and certain characteristics of such individuals.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 3992 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on State, local, or tribal governments. Assuming appropriation of the authorized amounts, those governments would receive almost \$390 million over the 2008–2012 period for mental health programs. Any costs to such governments would result from complying with conditions of Federal assistance.

ESTIMATE PREPARED BY:

Federal Costs: Mark Grabowicz (226–2860) Impact on State, Local, and Tribal Governments: Melissa Merrell (225–3220)

Impact on the Private Sector: Paige Piper/Bach (226–2940)

ESTIMATE APPROVED BY:

Peter H. Fontaine

Assistant Director for Budget Analysis

PERFORMANCE GOALS AND OBJECTIVES

The Committee states that pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, H.R.3992 amends the Omnibus Crime Control and Safe Streets Act of 1968 to provide grants that will improve mental health treatment and services provided to offenders with mental illnesses.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article I, section 8 of the U.S. Constitution, and the due process clause of amendments V and XIV of the U.S. Constitution.

ADVISORY ON EARMARKS

In accordance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 3992 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

SECTION-BY-SECTION ANALYSIS

Sec. 1. Short Title and Table of Contents. Section 1 sets forth the short title of the bill as the "Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007," and includes a table of contents.

Sec. 2. Findings. Section 2 sets out various findings relating to mentally ill offenders in the criminal justice system.

Sec. 3. Reauthorization of the Adult and Juvenile Collaboration Program Grants. Section 3 reauthorizes the Mentally Ill Offender Treatment and Crime Reduction grant program at an increased authorization of \$75 million (up from \$50 million in existing law) for fiscal years 2008 to 2013.

Sec. 4. Law Enforcement Response to Mentally Ill Offenders Improvement Grants. Section 4 creates a new grant program for States, units of local government, Indian Tribes, and organizations to develop: (1) law enforcement training programs to identify and respond to incidents involving persons with mental illness; (2) receiving centers to assess individuals in law enforcement custody for mental health and substance abuse needs; (3) improved technology for timely information to law enforcement personnel and criminal justice personnel; (4) cooperative programs by criminal and juvenile justice agencies and mental health agencies to implement effective interventions relating to mentally ill offenders; and (5) train campus security personnel to identify and respond to incidents involving mentally ill individuals. The new program is authorized at \$10 million for fiscal years 2008 to 2013.

Sec. 5. Effective Treatment of Female Offenders with Mental Illnesses. Section 5 creates a new grant program for States, units of local government, Indian Tribes, and organizations with respect to female offenders with a mental illness, for the purpose of providing: (1) mental health treatment; (2) intensive case management services; (3) family support services; and (4) related mental health services. The new program is authorized at \$5 million for fiscal years 2008 to 2013.

Sec. 6. Grants to Expand Capabilities and Effectiveness of Correctional Agency Identification and Treatment Plans for Mentally Ill Offenders. Section 6 creates a new grant program for States, units of local government, Indian Tribes, and organizations to provide: (1) improved capacity for correctional facilities to identify mentally ill offenders and develop and coordinate treatment plans for them; (2) standardized screening and assessment practices; (3) local task forces to identify essential community services for reentry of prisoners with a mental illness; (4) planning for the transition of mentally ill offenders released from correctional facilities; (5) mental health programs at correctional facilities and alternative programs to incarceration for individuals with mental illnesses; (7) development of community crisis services; (8) forensic community treatment plans; (9) integrated mental health and substance abuse treatment; (10) staff at correctional facilities to assist inmates in the reentry process with mental health needs; (11) assistance to local agencies and entities for transition planning; (12) assistance to inmates in securing documents needed for the transition process; and (13) links with local community health care providers. Section 6 directs the Attorney General to allocate grants based on the percent of offenders to whom the entity provided mental health treatment. The new program is authorized at \$10 million for fiscal years 2008 to 2013.

Sec. 7. Statewide Planning Grants to Improve Treatment of Mentally Ill Offenders. Section 7 creates a new grant program for States, units of local government, Indian Tribes and organizations to: (1) facilitate the coordination of treatment and services; (2) provide for a State to administer and coordinate treatment and services; (3) develop a comprehensive plan to provide such treatment and services; and (4) establish a coordinating center to facilitate the sharing of information and promote evidence-based practices to provide treatment and services. The new program is authorized at \$10 million for fiscal years 2008 to 2013.

Sec. 8. Improving the Mental Health Courts Grant Program. Section 8 reauthorizes the mental health courts grant program for fiscal years 2008 to 2013 and expands the permissible uses of funds to include pre-trial services and assessments and alternatives to incarceration.

Sec. 9. Study and Report on Prevalence of Mentally Ill Offenders. Section 9 directs the Attorney General to study and report to Congress within 18 months of enactment on the rate of occurrence of serious mental illnesses of individuals on probation, in jail, in prison, or on parole. For each population, the Attorney General is required to determine the percentage of individuals who were homeless. The Attorney General is authorized \$2 million in fiscal year 2008 to prepare this report.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968

TITLE I—JUSTICE SYSTEM IMPROVEMENT

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PART J—FUNDING

AUTHORIZATION OF APPROPRIATIONS

SEC. 1001. (a)(1) * * * *

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(20) There are authorized to be appropriated to carry out part V, \$10,000,000 for each of [fiscal years 2001 through 2004] fiscal years 2008 through 2013.

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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) * * *

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(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[.]; and

(3) pretrial services and related treatment programs for offenders with mental illnesses; and

(4) developing, implementing, or expanding programs that are alternatives to incarceration for offenders with mental illnesses.

PART HH—[ADULT AND JUVENILE COLLABO-RATION PROGRAM GRANTS] GRANTS TO IM-PROVE TREATMENT OF OFFENDERS WITH MENTAL ILLNESSES

SEC. 2991. ADULT AND JUVENILE COLLABORATION PROGRAMS. (a) * * *

* * * * * * * * * * * * [(c) PRIORITY.—The Attorney General, in awarding funds under this section, shall give priority to applications that—

[(1) demonstrate the strongest commitment to ensuring that such funds are used to promote both public health and public safety;

[(2) demonstrate the active participation of each co-applicant in the administration of the collaboration program;

[(3) document, in the case of an application for a grant to be used in whole or in part to fund treatment services for adults or juveniles during periods of incarceration or detention, that treatment programs will be available to provide transition and re-entry services for such individuals; and

[(4) have the support of both the Attorney General and the Secretary.]

(c) PRIORITY.—The Attorney General, in awarding funds under this section, shall give priority to applications that—

(1) promote effective strategies by law enforcement to identify and to reduce risk of harm to mentally ill offenders and public safety;

(2) promote effective strategies for identification and treatment of female mentally ill offenders; or

(3)(A) demonstrate the strongest commitment to ensuring that such funds are used to promote both public health and public safety;

(B) demonstrate the active participation of each co-applicant in the administration of the collaboration program;

(C) document, in the case of an application for a grant to be used in whole or in part to fund treatment services for adults or juveniles during periods of incarceration or detention, that treatment programs will be available to provide transition and re-entry services for such individuals; and

*

(D) have the support of both the Attorney General and the Secretary.

[(g) MINIMUM ALLOCATION.—Unless all eligible applications submitted by any State or unit of local government within such State for a planning or implementation grant under this section have been funded, such State, together with grantees within the State (other than Indian tribes), shall be allocated in each fiscal year under this section not less than 0.75 percent of the total amount appropriated in the fiscal year for planning or implementation grants pursuant to this section.]

[(h)] (g) AUTHORIZATION OF APPROPRIATIONS.—[There are authorized] (1) IN GENERAL—There are authorized to be appropriated to the Department of Justice to carry out this section—

[(1)] (A) \$50,000,000 for fiscal year 2005; [and]

[(2)] (B) such sums as may be necessary [for fiscal years 2006 through 2009.] for each of the fiscal years 2006 and 2007; and

(C) \$75,000,000 for each of the fiscal years 2008 through 2013.

(2) ALLOCATION OF FUNDING FOR ADMINISTRATIVE PURPOSES.— For fiscal year 2008 and each subsequent fiscal year, of the amounts authorized under paragraph (1) for such fiscal year, the Attorney General may obligate not more than 3 percent for the administrative expenses of the Attorney General in carrying out this section for such fiscal year.

SEC. 2992. LAW ENFORCEMENT RESPONSE TO MENTALLY ILL OFFEND-ERS IMPROVEMENT GRANTS.

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(a) AUTHORIZATION.—The Attorney General is authorized to make grants to States, units of local government, Indian tribes, and tribal organizations for the following purposes:

(1) TRAINING PROGRAMS.—To provide for programs that offer law enforcement personnel specialized and comprehensive training in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental illnesses are involved.

(2) RECEIVING CENTERS.—To provide for the development of specialized receiving centers to assess individuals in the custody of law enforcement personnel for mental health and substance abuse treatment needs.

(3) IMPROVED TECHNOLOGY.—To provide for computerized information systems (or to improve existing systems) to provide timely information to law enforcement personnel and criminal justice system personnel to improve the response of such respective personnel to mentally ill offenders.

(4) COOPERATIVE PROGRAMS.—To provide for the establishment and expansion of cooperative efforts by criminal and juvenile justice agencies and mental health agencies to promote public safety through the use of effective interventions with respect to mentally ill offenders.

(5) CAMPUS SECURITY PERSONNEL TRAINING.—To provide for programs that offer campus security personnel training in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental illnesses are involved.

(b) BJA TRAINING MODELS.—For purposes of subsection (a)(1), the Director of the Bureau of Justice Assistance shall develop training models for training law enforcement personnel in procedures to identify and respond appropriately to incidents in which the unique needs of individuals with mental illnesses are involved.

(c) MATCHING FUNDS.—The Federal share of funds for a program funded by a grant received under this section may not exceed 75 percent of the costs of the program unless the Attorney General waives, wholly or in part, such funding limitation. The non-Federal share of payments made for such a program may be made in cash or in-kind fairly evaluated, including planned equipment or services.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Department of Justice to carry out this section \$10,000,000 for each of the fiscal years 2008 through 2013.

SEC. 2993. GRANTS FOR THE EFFECTIVE TREATMENT OF FEMALE OF-FENDERS WITH MENTAL ILLNESSES.

(a) AUTHORIZATION.—The Attorney General is authorized to make grants to States, units of local government, Indian tribes, and tribal organizations to provide any of the following services, with respect to a female offender with a mental illness:

(1) Mental health treatment.

(2) Intensive case management services that are coordinated and designed to provide the range of services needed to address treatment or assistance needs of the offender, with respect to any criminal behavior, substance abuse, psychological abuse, physical abuse, housing, employment, and medical needs.

(3) In the case that the offender has a child, family support services needed to ensure the maintenance of a relationship between the offender and such child.

(4) Related mental health services for any children of the offender, as needed.

(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Department of Justice to carry out this section \$5,000,000 for each of the fiscal years 2008 through 2013.

SEC. 2994. GRANTS TO EXPAND CAPABILITIES AND EFFECTIVENESS OF CORRECTIONAL FACILITY IDENTIFICATION AND TREAT-MENT PLANS FOR MENTALLY ILL OFFENDERS.

(a) AUTHORIZATION.—The Attorney General is authorized to make grants to States, units of local government, Indian tribes, and tribal organizations in accordance with this section for any of the following purposes:

 (1) To provide correctional facilities within the respective

(1) To provide correctional facilities within the respective jurisdiction with the capacity (or improved capacity), with respect to inmates of such facilities who have mental illnesses, to—

(A) assess the clinical and social needs of such inmates and the extent to which such inmates pose any public safety risks to the community;

(B) plan for and provide treatment and services to address such inmates unique needs; (C) identify and coordinate with community and correctional programs responsible for post-release services; and

(D) coordinate the transition plans for such inmates to ensure the implementation of such plan and to avoid gaps in care with community-based services.

(2) To provide for the standardization of screening and assessment practices to identify inmates with mental illnesses.

(3) To provide for local task forces to identify essential community services for inmates with mental illnesses upon the reentry of such inmates into the community.

(4) To coordinate planning for the transition of inmates with mental illnesses who are released from correctional facilities and renter the community.

(5) To provide for housing options for individuals with mental illnesses who reenter the community that provide support for the unique needs of such individuals.

(6) To continue and improve—

(A) mental health programs provided at correctional facilities within the respective jurisdiction; or

(B) alternative programs to incarceration for individuals with mental illnesses.

(7) To support the development of community crisis services that are for individuals who are at risk of arrest or incarceration and which are designed to prevent or mitigate a crisis by assessing the individual and crisis involved, providing supportive counseling to the individual, and referring the individual to appropriate community services to stabilize the individual's condition and prevent arrest or incarceration, respectively.

(8) To support forensic assertive community treatment teams for individuals with serious mental illnesses (as defined for purposes of title V of the Public Health Service Act) who reenter prison.

(9) To provide for integrated mental health treatment and substance abuse treatment.

(10)(A) To designate staff to assist inmates of correctional facilities within the respective jurisdiction, in—

(i) identifying benefits for which they may be eligible; and

(ii) collecting necessary supporting materials (including medical records) and making applications for income support, health care, food stamps, veterans' benefits, TANF, or other benefit programs.

(B) To contract with local community mental health entities to perform the activities described in clauses (i) and (ii) of subparagraph (A).

(11) To work with the necessary agencies and entities for transition planning for such inmates reentering the community, including any needed applications and paperwork.

(12) To assist such inmates to obtain, or if necessary create and prepare, photo identification documents for use upon release.

(13) To create links with local community mental health providers for case management services for inmates prior to their release from a correctional facility in order to link them with housing, employment, and other key services and benefits.

(b) REQUIREMENTS FOR APPLICATION.—To be eligible to receive a grant under subsection (a) for a given fiscal year, an entity described in such subsection shall submit to the Attorney General an application in such form and manner and at such time as specified by the Attorney General. In addition to any other information specified by the Attorney General, such application shall contain the following information:

(1) The number and percentage of offenders in prisons, jails, and juvenile facilities during the previous year—

(A) who were in the custody of the jurisdiction involved:

(B) who required mental health treatment; and

(C) for whom the prison, jail, or juvenile facility involved provided such treatment.

(2) A good faith estimate of the number and percentage of offenders in prisons, jails, and juvenile facilities who are predicted to meet the criteria described in each of subparagraphs (A), (B), and (C) of paragraph (1) during such year if the entity receives such grant for such year.

(c) ALLOCATION OF GRANT AMOUNTS BASED ON MENTAL HEALTH TREATMENT PERCENT DEMONSTRATED.—In allocating grant amounts under this section, the Attorney General shall base the amount allocated to an entity for a fiscal year on the percent of offenders described in subsection (b) to whom the entity provided mental health treatment in the previous fiscal year, as demonstrated by the entity in its application under such subsection.

(d) TECHNICAL ÂSSISTANCE.—The Attorney General may provide technical assistance to any entity awarded a grant under this section to establish or expand mental health treatment services under this section if such entity does not have any (or has only a few) prisons, jails, or juvenile facilities that offer such services.

(e) REPORTS.—An entity that receives a grant under subsection (a) during a fiscal year shall, not later than the last day of the following fiscal year, submit to the Attorney General a report that describes and assesses the uses of such grant.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Department of Justice to carry out this section \$10,000,000 for each of the fiscal years 2008 through 2013.

SEC. 2995. PLANNING GRANTS TO IMPROVE TREATMENT OF MENTALLY ILL OFFENDERS.

(a) AUTHORIZATION.—The Attorney General is authorized to carry out a grant program under which the Attorney General makes grants to States, units of local government, territories, and Indian tribes for the following purposes, with respect to the treatment of offenders with mental illnesses:

(1) To facilitate the coordination of treatment and services provided for such offenders by the State and other units of government located within the State (including local, territorial and tribal).

(2) To provide for a State (or other appropriate jurisdictional) administer to coordinate such treatment and services provided within the State (or other jurisdiction). (3) To develop a comprehensive plan for the provision of such treatment and services to such offenders within such State. (4) To establish a coordinating center, with respect to a State, to-

(A) facilitate the sharing of information related to such treatment and services for such offenders among the jurisdictions located in such State; and

(B) promote evidence-based practices for purposes of

providing such treatment and services. (b) APPLICATION.—To be eligible to receive a grant under this section, an entity described in subsection (a) shall submit to the Attorney General an application, in such form and manner and at such time as specified by the Attorney General that includes a proposal that describes how the grant will be used to fund mental health treatment and services for jail and prison populations that are identified as savings populations for such entity and that any savings accruing to the State or other applicable jurisdiction from providing such population with such treatment and services would be used to increase the availability and accessibility of communitybased mental health services. For purposes of the previous sentence, the term "savings population" means a population that, if in receipt of such treatment and services, would potentially generate savings to the State or other applicable jurisdiction.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$10,000,000 to carry out this section for each of the fiscal years 2008 through 2012.

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