

106TH CONGRESS  
1ST SESSION

# S. 465

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

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 24, 1999

Mr. WELLSTONE (for himself, Mr. KENNEDY, and Ms. LANDRIEU) introduced  
the following bill; which was read twice and referred to the Committee  
on the Judiciary

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## A BILL

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

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

3       **SECTION 1. SHORT TITLE.**

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

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

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

1       **“PART K—ACCESS TO MENTAL HEALTH AND**  
2               **SUBSTANCE ABUSE TREATMENT**  
3       **“SEC. 299AA. GRANTS FOR TRAINING OF JUSTICE SYSTEM**  
4               **PERSONNEL.**

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

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

19               “(1) providing cross-training, jointly with the  
20 public mental health system, for State juvenile court  
21 judges, public defenders, and mental health and sub-  
22 stance abuse agency representatives with respect to  
23 the appropriate use of effective, community-based al-  
24 ternatives to juvenile justice or mental health system  
25 institutional placements; or

15       “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
16 are authorized to be appropriated from the Violent Crime  
17 Reduction Trust Fund, \$50,000,000 for fiscal years 1999,  
18 2000, 2001, 2002, and 2003 to carry out this section.”.

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

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

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

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

16               “(1) DIVERSION.—Appropriate diversion of  
17 those juveniles from incarceration—

18                       “(A) at imminent risk of being taken into  
19 custody;

20                       “(B) at the time they are initially taken  
21 into custody;

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

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

1           “(E) after they are released from a juve-  
2           nile facility, for the purposes of attending after-  
3           care programs.

4           “(2) TREATMENT.—

5           “(A) SCREENING AND ASSESSMENT OF JU-  
6           VENILES.—

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

20          “(ii) ACUTE MENTAL ILLNESS.—Juve-  
21          niles who suffer from acute mental dis-  
22          orders, who are suicidal, or in need of de-  
23          toxification shall be placed in or imme-  
24          diately transferred to an appropriate medi-  
25          cal or mental health facility. They shall be

1 admitted to a secure correctional facility  
2 only with written medical clearance.

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

14 “(B) TREATMENT.—

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

22 “(ii) PERIOD.—Treatment shall con-  
23 tinue until additional mental health assess-  
24 ment determines that the juvenile is no  
25 longer in need of treatment. Treatment

plans shall be reevaluated at least every 30 days.

“(iii) DISCHARGE PLAN.—An incarcerated juvenile shall have a discharge plan prepared when the juvenile enters the correctional facility in order to integrate the juvenile back into the family or the community. This plan shall be updated in consultation with the juvenile’s family or guardian before the juvenile leaves the facility. Discharge plans shall address the provision of aftercare services.

“(iv) MEDICATION.—Any juvenile receiving psychotropic medications shall be under the care of a licensed psychiatrist. Psychotropic medications shall be monitored regularly by trained staff for their efficacy and side effects.

“(v) SPECIALIZED TREATMENT.—Specialized treatment and services shall be continually available to a juvenile who—

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

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

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

8 “(IV) has developmental disabil-  
 9 ities.

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

21 “(D) CLASSIFICATION OF JUVENILES.—

22 “(i) IN GENERAL.—Juvenile facilities  
 23 shall classify and house juveniles in living  
 24 units according to a plan that includes age,  
 25 gender, offense, special medical or mental



1 health condition, size, and vulnerability to  
2 victimization. Younger, smaller, weaker,  
3 and more vulnerable juveniles shall not be  
4 placed in housing units with older, more  
5 aggressive juveniles.

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

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

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

24 “(G) STAFF RATIOS FOR CORRECTIONAL  
25 FACILITIES.—Each secure correctional facility

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

11 “(H) USE OF FORCE.—

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

18 “(ii) LIMITATIONS ON RESTRAINT.—  
19 Control techniques such as restraint, seclu-  
20 sion, chemical sprays, and room confine-  
21 ment shall be used only in response to ex-  
22 treme threats to life or safety. Use of these  
23 techniques shall be approved by the facility  
24 superintendent or chief medical officer and  
25 documented in the juvenile’s file along with

1 the justification for use and the failure of  
2 less restrictive alternatives.

3 “(iii) LIMITATION ON ISOLATION.—

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

21 “(I) IDEA AND REHABILITATION ACT.—

22 All juvenile facilities shall abide by all manda-  
23 tory requirements and time lines set forth  
24 under the Individuals with Disabilities Edu-

1 cation Act and section 504 of the Rehabilitation  
2 Act of 1973.

3 “(J) ADVOCACY ASSISTANCE.—

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

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

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—

22 “(1) IN GENERAL.—There are authorized to be  
23 appropriated from the Violent Crime Reduction  
24 Trust Fund, \$500,000,000 for fiscal years 1999,

1       2000, 2001, 2002, and 2003 to carry out this sec-  
2       tion.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

7           “(c) USE OF FUNDS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
 6       shall be made available to carry out the section, not less  
 7       than 10 percent of the amount appropriated under section  
 8       1935(a) for each of the fiscal years 1999 through 2003.”.

9       **SEC. 5. INTERAGENCY RESEARCH, TRAINING, AND TECH-**  
 10       **NICAL ASSISTANCE CENTERS.**

11       (a) GRANTS OR CONTRACTS.—The Secretary of  
 12       Health and Human Services, acting through the Sub-  
 13       stance Abuse and Mental Health Services Administration  
 14       and in consultation with the Juvenile Justice and Delin-  
 15       quency Prevention Office and the Justice Assistance Bu-  
 16       reau, shall award grants and contracts for the establish-  
 17       ment of 4 research, training, and technical assistance cen-  
 18       ters to carry out the activities described in subsection (c).

19       (b) ELIGIBILITY.—To be eligible to receive a grant  
 20       or contract under subsection (a), an entity shall—

21               (1) be a public or nonprofit private entity; and

22               (2) prepare and submit to the Secretary of  
 23       Health and Human Services an application, at such  
 24       time, in such manner, and containing such informa-  
 25       tion as the Secretary may require.

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

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

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

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

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

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

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

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

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

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

(1) the appropriate Federal agencies, as determined by the President, including, at a minimum—

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

(B) the Office for Juvenile Justice and Delinquency Prevention;

(C) the National Institute of Mental Health;

(D) the Social Security Administration;

(E) the Department of Education; and

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

(2) children’s mental health advocacy groups.

(c) DUTIES.—The Council shall—

(1) review Federal policies that hinder or facilitate coordination at the State and local level between the mental health and substance abuse systems on the one hand and the juvenile justice and corrections system on the other;

(2) study the possibilities for improving collaboration at the Federal, State, and local level among these systems; and

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

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

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

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

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

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

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

17           “(b) ADDITIONAL REQUIREMENTS.—

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



1 “(2) USE OF FUNDS.—

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

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

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

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

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

23 “(1) under the age of 16; or

24 “(2) mentally ill;

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

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