

110TH CONGRESS
1ST SESSION

H. R. 2645

To amend the Juvenile Justice and Delinquency Prevention Act of 1974 to improve mental health and substance abuse treatment by providing grants for justice system personnel training, treatment programs, and diversion programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2007

Mr. JEFFERSON introduced the following bill; which was referred to the Committee on Education and Labor, and in addition to the Committee on 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 amend the Juvenile Justice and Delinquency Prevention Act of 1974 to improve mental health and substance abuse treatment by providing grants for justice system personnel training, treatment programs, and diversion programs, and for other purposes.

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 “Judicial Initiative
5 Mental Health and Substance Abuse Treatment Improve-
6 ment Act of 2007”.

1 **SEC. 2. TRAINING OF JUSTICE SYSTEM PERSONNEL TO IM-**
2 **PROVE MENTAL HEALTH AND SUBSTANCE**
3 **ABUSE TREATMENT.**

4 (a) IN GENERAL.—Title II of the Juvenile Justice
5 and Delinquency Prevention Act of 1974 (42 U.S.C. 5611
6 et seq.) is amended by adding at the end the following:

7 **“PART G—ACCESS TO MENTAL HEALTH AND**
8 **SUBSTANCE ABUSE TREATMENT**

9 **“SEC. 300A. GRANTS FOR TRAINING OF JUSTICE SYSTEM**
10 **PERSONNEL.**

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

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

25 “(1) providing cross-training, jointly with the
26 public mental health system, for State juvenile court

1 judges, public defenders, and mental health and sub-
2 stance abuse agency representatives with respect to
3 the appropriate use of effective, community-based al-
4 ternatives to juvenile justice or mental health system
5 institutional placements; or

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

20 “(c) PRIORITY.—

21 “(1) IN GENERAL.—In awarding grants under
22 subsection (a), with respect to a year, the Adminis-
23 trator shall give priority to the following agencies de-
24 scribed in such subsection:

1 “(A) Such an agency that is located in a
2 rural or urban area identified by the Attorney
3 General as having a high incidence of substance
4 abuse among juveniles during the previous year.

5 “(B) A State juvenile justice agency, at
6 least 50 percent of the population of which con-
7 sisted during the previous year of underrep-
8 resented minority individuals.

9 “(C) A State juvenile justice agency identi-
10 fied by the Attorney General as having a high
11 level of recidivism during the previous year.

12 “(2) UNDERREPRESENTED MINORITY INDI-
13 VIDUAL DEFINED.—For purposes of paragraph
14 (1)(B), the term ‘underrepresented minority indi-
15 vidual’ means an individual who is a member of a
16 racial or ethnic minority group, as defined by the
17 United States census.”.

18 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
19 299 of such title (42 U.S.C. 5671) is amended—

20 (1) in subsection (a)—

21 (A) in the heading by striking “PARTS C
22 AND E” and inserting “PARTS C, E, AND G”;
23 and

24 (B) in paragraph (2), by striking “parts C
25 and E” and inserting “parts C, E, and G”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(e) AUTHORIZATION OF APPROPRIATIONS FOR PART
4 G.—

5 “(1) There are authorized to be appropriated
6 \$90,000,000 from the Violent Crime Reduction
7 Trust Fund for each of the fiscal years 2008
8 through 2012 to carry out section 300A.”.

9 **SEC. 3. BLOCK GRANT FUNDING FOR TREATMENT AND DI-**
10 **VERSION PROGRAMS.**

11 (a) IN GENERAL.—Part G of title II of the Juvenile
12 Justice and Delinquency Prevention Act of 1974 (42
13 U.S.C. 5611 et seq.), as added by section 2(a), is amended
14 by adding at the end the following:

15 **“SEC. 300B. GRANTS FOR STATE PARTNERSHIPS.**

16 “(a) IN GENERAL.—The Attorney General, in con-
17 sultation with the Secretary of Health and Human Serv-
18 ices, shall make grants to partnerships between State and
19 local juvenile justice agencies and State and local mental
20 health authorities (or appropriate children service agencies
21 identified by the Attorney General) in accordance with this
22 section.

23 “(b) USE OF FUNDS.—A partnership described in
24 subsection (a) that receives a grant under this section
25 shall use such grant for the establishment and implemen-

1 tation of an eligible program under subsection (c) for juve-
2 niles who are confined (or have been confined) to juvenile
3 correctional facilities, including facilities contracted for
4 operation by State or local juvenile authorities, and who
5 have mental health or substance abuse problems.

6 “(c) ELIGIBLE PROGRAMS.—For purposes of sub-
7 section (b), an eligible program under this subsection is
8 either of the following:

9 “(1) DIVERSION.—A program that provides ap-
10 propriate diversion of juveniles described in sub-
11 section (b) from incarceration—

12 “(A) at the time such juveniles are in im-
13 minent risk of being taken into custody;

14 “(B) at the time such juveniles are initially
15 taken into custody;

16 “(C) after such juveniles are charged with
17 an offense or act of juvenile delinquency;

18 “(D) after such juveniles are adjudicated
19 delinquent but prior to case disposition; and

20 “(E) after such juveniles are released from
21 a juvenile facility, for the purposes of attending
22 aftercare programs.

23 “(2) MENTAL HEALTH AND SUBSTANCE ABUSE
24 TREATMENT.—A program that complies with at
25 least one of the following requirements:

1 “(A) SCREENING, ASSESSMENT, AND
2 PLANNING.—The program has a screening, as-
3 sessment, and planning component that com-
4 plies with the following:

5 “(i) INITIAL ASSESSMENT.—Initial
6 mental health screening shall be completed
7 for each juvenile offender immediately
8 upon entering a juvenile correctional facil-
9 ity participating in the program. Such
10 screening shall be conducted by qualified
11 health and mental health professionals or
12 by staff of the facility who have been
13 trained by appropriately qualified health
14 professionals, mental health professionals,
15 and substance abuse professionals. In the
16 case of a screening by staff of the facility,
17 the screening results shall be reviewed by
18 appropriately qualified health profes-
19 sionals, mental health professionals, and
20 substance abuse professionals not later
21 than 24 hours after the screening.

22 “(ii) COMPREHENSIVE ASSESSMENT
23 AND TREATMENT PLAN.—Each juvenile of-
24 fender entering a juvenile correctional fa-
25 cility participating in the program shall

1 have a comprehensive assessment con-
2 ducted and an individualized treatment
3 plan written and implemented not later
4 than two weeks after the date of such en-
5 trance. In the case of juvenile offenders in-
6 carcerated in secure facilities, such assess-
7 ment shall be conducted not later than one
8 week after the date of entrance into such
9 facility. Such assessments shall be com-
10 pleted by appropriately qualified health
11 professionals, mental health professionals,
12 and substance abuse professionals.

13 “(iii) ACUTE MENTAL ILLNESS.—A
14 juvenile offender who at any time during
15 the confinement of the juvenile offender in
16 a juvenile correctional facility participating
17 in the program suffers from an acute men-
18 tal disorder, who is suicidal, or who is in
19 need of detoxification shall be placed in or
20 immediately transferred to an appropriate
21 medical or mental health facility. In the
22 case that a juvenile offender is placed in or
23 immediately transferred to a medical or
24 mental health facility pursuant to this
25 clause, such juvenile offender shall be re-

1 leased from such medical or mental health
2 facility and admitted to a secure correc-
3 tional facility only with written medical
4 clearance from the medical or mental
5 health facility.

6 “(iv) DISCHARGE PLAN.—Each juve-
7 nile offender confined to a juvenile correc-
8 tional facility participating in the program
9 shall have a discharge plan prepared on
10 the date on which the juvenile enters the
11 facility in order to integrate the juvenile
12 back into the family or the community of
13 such juvenile offender. Such plan shall be
14 updated in consultation with the family or
15 guardian of such juvenile offender before
16 the juvenile offender is released from the
17 facility. A discharge plan shall provide for
18 aftercare services for the juvenile offender.

19 “(B) TREATMENT.—The program has a
20 treatment component that complies with the fol-
21 lowing:

22 “(i) IN GENERAL.—If the need for
23 treatment for a mental disorder, emotional
24 disorder, or substance abuse is indicated
25 by the assessment of a juvenile offender,

1 the juvenile offender shall be referred to or
2 treated by an appropriately qualified
3 health professional. A juvenile offender
4 who, immediately prior to the date of en-
5 tering a juvenile correctional facility par-
6 ticipating in the program, was receiving
7 treatment for a mental disorder, emotional
8 disorder, or substance abuse shall have
9 treatment continued at such facility.

10 “(ii) PERIOD.—A juvenile offender de-
11 scribed in clause (i) who receives treatment
12 at the juvenile correctional facility involved
13 shall continue to receive treatment at the
14 facility until the date on which it is deter-
15 mined through mental health assessments
16 that the juvenile offender is no longer in
17 need of such treatment. Treatment plans
18 shall be reevaluated at least once every 30
19 days.

20 “(iii) MEDICATION.—Any juvenile of-
21 fender receiving psychotropic medications
22 while in a juvenile correctional facility shall
23 be under the care of a licensed psychia-
24 trist. Psychotropic medications shall be

1 monitored regularly by trained staff for
2 their efficacy and side effects.

3 “(iv) SPECIALIZED TREATMENT.—

4 During the period in which a juvenile of-
5 fender is confined to a juvenile correctional
6 facility, specialized treatment and services
7 for a mental disorder, emotional disorder,
8 or substance abuse shall be continually
9 available to the juvenile offender if the ju-
10 venile offender—

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

13 “(II) has a documented history
14 of sexual abuse or offenses, as victim
15 or as perpetrator;

16 “(III) has substance abuse prob-
17 lems, health problems, learning dis-
18 abilities, or histories of family abuse
19 or violence; or

20 “(IV) has developmental disabil-
21 ities.

22 “(C) MEDICAL AND MENTAL HEALTH
23 EMERGENCIES.—With respect to each juvenile
24 correctional facility participating in the pro-
25 gram—

1 “(i) the correctional facility has writ-
2 ten policies and procedures on suicide pre-
3 vention;

4 “(ii) all staff of the correctional facil-
5 ity who are involved in the treatment of ju-
6 venile offenders are trained and certified
7 annually in suicide prevention;

8 “(iii) the correctional facility has a
9 written arrangement with a hospital or
10 other facility for providing emergency med-
11 ical and mental health care to juveniles
12 confined to the correctional facility; and

13 “(iv) physical and mental health serv-
14 ices are available at the correctional facility
15 24 hours per day, 7 days per week to juve-
16 nile offenders who are confined to such fa-
17 cility.

18 “(D) CLASSIFICATION OF JUVENILES.—
19 Each juvenile correctional facility participating
20 in the program shall have a policy under
21 which—

22 “(i) the correctional facility classifies
23 and houses juvenile offenders in living
24 units according to a plan that takes into
25 consideration the age, gender, any special

1 medical or mental health condition, size,
2 and vulnerability to victimization of, and
3 type of offense committed by each juvenile
4 offender;

5 “(ii) younger, smaller, weaker, and
6 more vulnerable juvenile offenders (as de-
7 termined by mental health professionals)
8 are not placed in housing units with older,
9 more aggressive juvenile offenders; and

10 “(iii) juvenile offenders who are under
11 13 years of age or who have serious med-
12 ical conditions or mental illnesses are not
13 placed in paramilitary boot camps.

14 “(E) CONFIDENTIALITY OF RECORDS.—
15 Each juvenile correctional facility participating
16 in the program shall treat mental health and
17 substance abuse treatment records of juvenile
18 offenders as confidential and take measures, in
19 consultation with the State involved, to ensure
20 that such records, to the greatest extent pos-
21 sible, are not required to be included with any
22 records that such State would otherwise require
23 to be routinely released to other correctional au-
24 thorities and school officials.

1 “(F) MANDATORY REPORTING.—Each
2 State juvenile correctional facility participating
3 in the program shall—

4 “(i) keep information on the incidence
5 and types of mental health and substance
6 abuse disorders demonstrated by juvenile
7 offenders in the correctional facilities, the
8 range and scope of mental health and sub-
9 stance abuse services provided by the cor-
10 rectional facilities to such juvenile offend-
11 ers, and barriers to the provision of such
12 services; and

13 “(ii) submit an analysis of this infor-
14 mation annually to the Attorney General in
15 such form, manner, and time as specified
16 by the Attorney General.

17 “(G) STAFF RATIOS FOR CORRECTIONAL
18 FACILITIES.—Each secure correctional facility
19 participating in the program shall—

20 “(i) have a ratio of at least one men-
21 tal health counselor (who is professionally
22 trained and certified or licensed by the
23 State involved) for every 50 juvenile of-
24 fenders;

1 “(ii) have a ratio of at least one clin-
2 ical psychologist for every 100 juvenile of-
3 fenders; and

4 “(iii) have a ratio of at least one psy-
5 chiatrist (who is licensed by the State in-
6 volved) for every 100 juveniles offenders
7 receiving or in need of psychiatric care.

8 “(H) USE OF FORCE.—

9 “(i) WRITTEN GUIDELINES.—In ac-
10 cordance with this subparagraph, each ju-
11 venile correctional facility participating in
12 the program shall have a written behav-
13 ioral management system based on incen-
14 tives and rewards to reduce misconduct by
15 the juvenile offenders and the use of re-
16 straints and seclusion by staff.

17 “(ii) LIMITATIONS ON RESTRAINT.—
18 Under the behavioral management system
19 under clause (i), control techniques such as
20 restraint, seclusion, chemical sprays, and
21 room confinement shall be used only in re-
22 sponse to extreme threats to life or safety.
23 Use of such techniques shall be approved
24 by the facility superintendent or chief med-
25 ical officer and documented in the file of

1 the juvenile offender involved along with a
2 justification for such use and for the fail-
3 ure to use less restrictive alternatives.

4 “(iii) LIMITATION ON ISOLATION.—

5 Under the behavioral management system
6 under clause (i), isolation and seclusion of
7 the juvenile offender involved shall be used
8 only for immediate and short-term security
9 or safety reasons and in accordance with
10 this clause. No juvenile offender shall be
11 placed in isolation without approval of the
12 facility superintendent or chief medical of-
13 ficer or their official staff designee. In the
14 case of a juvenile offender placed in isola-
15 tion or seclusion, such case shall be docu-
16 mented in the file of the juvenile offender
17 along with a justification for such place-
18 ment. A juvenile offender may be in isola-
19 tion only for the amount of time necessary
20 to achieve security and safety of the juve-
21 nile offender and staff of the juvenile cor-
22 rectional facility involved. Such staff shall
23 monitor each juvenile in isolation at least
24 once every 15 minutes and conduct a pro-
25 fessional review of the need for isolation at

1 least once every 4 hours. Any juvenile held
2 in seclusion for at least 24 hours shall be
3 examined by a physician or licensed psy-
4 chologist.

5 “(I) TREATMENT OF IDEA AND REHABILI-
6 TATION ACT.—Each juvenile correctional facil-
7 ity participating in the program shall abide by
8 all mandatory requirements and time lines set
9 forth under the Individuals with Disabilities
10 Education Act and section 504 of the Rehabili-
11 tation Act of 1973.

12 “(d) ADVOCACY ASSISTANCE.—The Secretary of
13 Health and Human Services shall make grants to the sys-
14 tems established under part C of the Developmental Dis-
15 abilities Assistance and Bill of Rights Act (42 U.S.C.
16 6041 et seq.) to monitor the mental health and special
17 education services described in subparagraphs (A), (B),
18 (C), (H), and (I) of subsection (b)(2) that are provided
19 by partnerships that receive a grant under subsection (a)
20 to juvenile offenders, and to advocate on behalf of such
21 juvenile offenders to assure that such services are properly
22 provided.

23 “(e) PREFERENCE.—In awarding grants under this
24 section, the Attorney General, in consultation with the
25 Secretary of Health and Human Services, shall give pref-

1 erence to partnerships described in subsection (a) that
2 propose to use the grant funds for programs that meet
3 more than one of the requirements under subsection
4 (c)(2).

5 **“SEC. 300C. ADMINISTRATIVE PROVISIONS.**

6 “(a) APPLICATION.—To be eligible to receive a grant
7 under section 300A or 300B, an entity described in section
8 300A(a) or 300B(a), respectively, shall submit an applica-
9 tion at such time, in such manner, and containing such
10 information as the Attorney General, in consultation with
11 the Secretary of Health and Human Services, may pre-
12 scribe.

13 “(b) CONTENTS OF APPLICATION.—In accordance
14 with guidelines established by the Attorney General, in
15 consultation with the Secretary of Health and Human
16 Services, each application submitted under subsection (a)
17 shall, with respect to a program or activity for which fund-
18 ing through the grant involved is sought—

19 “(1) provide that such program or activity shall
20 be administered by or under the supervision of the
21 applicant;

22 “(2) provide for the proper and efficient admin-
23 istration of such program or activity;

24 “(3) provide for regular evaluation of such pro-
25 gram or activity;

1 “(4) provide an assurance that the proposed
2 program or activity will supplement, not supplant,
3 similar programs and activities already available in
4 the community involved; and

5 “(5) provide for such fiscal control and fund ac-
6 counting procedures as may be necessary to ensure
7 prudent use, proper disbursement, and accurate ac-
8 counting of funds received under this part for such
9 program or activity.

10 “(c) DURATION OF GRANTS.—Subject to subsection
11 (d), the period during which payments are made to an ap-
12 plicant from a grant under section 300A or 300B may
13 not exceed two years. The provision of such payments are
14 subject to the availability of appropriations for the fiscal
15 year involved to make the payments.

16 “(d) RENEWAL.—An entity that receives a grant
17 under section 300A or 300B may extend the duration of
18 the grant in accordance with a method, form, and time
19 and qualifications specified by the Attorney General.”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 299(e) of such title (42 U.S.C. 5671), as added by section
22 2(b), is further amended by adding at the end the fol-
23 lowing new paragraph:

24 “(2)(A) There are authorized to be appro-
25 priated \$700,000,000 from the Violent Crime Re-

1 duction Trust Fund for each of the fiscal years 2008
2 through 2012 to carry out section 300B.

3 “(B) Of such sums that are appropriated for a
4 fiscal year to carry out section 300B—

5 “(i) 45 percent shall be used for diversion
6 programs under subsection (b)(1) of such sec-
7 tion; and

8 “(ii) 55 percent shall be used for treatment
9 programs under subsection (b)(2) of such sec-
10 tion, of which not less than 3 percent shall be
11 used for the purposes set forth in subsection (c)
12 of such section.”.

13 **SEC. 4. FEDERAL COORDINATING COUNCIL ON THE CRIM-**
14 **INALIZATION OF JUVENILES WITH MENTAL**
15 **DISORDERS.**

16 (a) ESTABLISHMENT.—There is established an inter-
17 departmental council to be known as the Federal Coordi-
18 nating Council on Criminalization of Juveniles (in this sec-
19 tion referred to as the “Council”) to study and coordinate
20 the criminal and juvenile justice and mental health and
21 substance abuse activities of the Federal Government and
22 report to Congress on proposed new legislation to improve
23 the treatment of mentally ill juveniles who are confined
24 in (or have been confined in) a juvenile correctional facil-
25 ity.

1 (b) MEMBERSHIP.—The Council shall be composed of
2 13 members, including representatives from—

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

5 (A) the Department of Health and Human
6 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 advocaey groups,
16 as identified by the Secretary of Health and Human
17 Services.

18 (c) CHAIRPERSON.—The council shall elect a chair-
19 person of the council.

20 (d) DUTIES.—The Council shall—

21 (1) review Federal policies that hinder or facili-
22 tate coordination at the State and local level between
23 the mental health and substance abuse systems and
24 the juvenile justice and corrections system;

1 (2) study the possibilities for improving collabo-
2 ration at the Federal, State, and local level among
3 such systems; and

4 (3) make recommendations to Congress on any
5 appropriate initiatives to improve such coordination
6 and collaboration, which would require legislative ac-
7 tion.

8 (e) REPORTS.—The Council shall submit to Congress
9 the following:

10 (1) INTERIM REPORT.—Not later than the date
11 that is 18 months after the Council is established,
12 an interim report on the extent of coordination and
13 collaboration in existence as of such date at the Fed-
14 eral, State, and local levels among the systems de-
15 scribed in subsection (d)(1).

16 (2) FINAL REPORT.—Not later than the date
17 that is two years after the Council is established, a
18 final report that includes recommendations for ini-
19 tiatives to improve such coordination and collabora-
20 tion.

21 (f) TERMINATION.—The Council shall terminate two
22 years after the date on which the Council is established.

1 **SEC. 5. MENTAL HEALTH SCREENING AND TREATMENT**
2 **FOR PRISONERS.**

3 (a) IN GENERAL.—Section 20105(b) of the Violent
4 Crime Control and Law Enforcement Act of 1994 is
5 amended—

6 (1) by redesignating paragraphs (1), (2), and
7 (3) as subparagraphs (A), (B), and (C), respectively;

8 (2) by inserting “(1) IN GENERAL” before
9 “Funds provided under section 20103”; and

10 (3) by adding at the end the following new
11 paragraph:

12 “(2) ADDITIONAL ELIGIBILITY REQUIREMENT AND
13 USES.—

14 “(A) ELIGIBILITY FOR GRANT.—To be eligible
15 to receive a grant under section 20103 or 20104, a
16 State shall, not later than January 1, 2008, dem-
17 onstrate to the satisfaction of the Attorney General
18 that the State has (or intends and has taken steps
19 to implement) a program of mental health screening
20 and treatment for appropriate categories of juvenile
21 offenders and other offenders during periods of in-
22 carceration and juvenile and criminal justice super-
23 vision, that is consistent with guidelines issued by
24 the Attorney General.

25 “(B) ADDITIONAL USES OF FUNDS.—Notwith-
26 standing any other provision of this subtitle,

1 amounts made available to a State under section
2 20103 or 20104, may be—

3 “(i) applied to the costs of programs de-
4 scribed in subparagraph (A), consistent with
5 guidelines issued by the Attorney General; or

6 “(ii) used by the State to pay the costs of
7 providing to the Attorney General a baseline
8 study (consistent with guidelines issued by the
9 Attorney General) on the mental health prob-
10 lems of juvenile offenders and prisoners in the
11 State.”.

12 (b) CONFORMING AMENDMENTS.—

13 (1) Section 20103(a) of such Act is amended by
14 striking “To be eligible” and inserting “Subject to
15 section 20105(b)(2)(A), to be eligible”.

16 (2) Section 20104(a) of such Act is amended by
17 striking “To be eligible” and inserting “Subject to
18 section 20105(b)(2)(A), to be eligible”.

○