

(i) the availability of adequate mental health services to District of Columbia residents, nonresidents who require mental health services while in the District of Columbia, individuals entitled to mental health services under Federal law, and individuals referred by both Federal and local court systems; and

(ii) the Nation's capacity to increase our knowledge and understanding about mental illness and to facilitate and continue the development and broad availability of sound and modern methods and approaches for the treatment of mental illness.

(6) The assumption of all or selected functions, programs, and resources of Saint Elizabeths Hospital from the Federal Government by the District of Columbia, and the integration of those functions, resources, and programs into a comprehensive mental health care system administered solely by the District of Columbia, will improve the efficiency and effectiveness of the services currently provided through those two separate entities by shifting the primary focus of care to an integrated community-based system.

(7) Such assumption of all or selected functions, programs, and resources of Saint Elizabeths Hospital by the District of Columbia would further the principle of home rule for the District of Columbia.

(b) It is the intent of Congress that—

(1) the District of Columbia have in operation no later than October 1, 1993, an integrated coordinated mental health system in the District which provides—

(A) high quality, cost-effective, and community-based programs and facilities;

(B) a continuum of inpatient and outpatient mental health care, residential treatment, and support services through an appropriate balance of public and private resources; and

(C) assurances that patient rights and medical needs are protected;

(2) the comprehensive District mental health care system be in full compliance with the Federal court consent decree in *Dixon v. Heckler*;

(3) the District and Federal Governments bear equitable shares of the costs of a transition from the present system to a comprehensive District mental health system;

(4) the transition to a comprehensive District mental health system provided for by this subchapter be carried out with maximum consideration for the interests of employees of the Hospital and provide a right-of-first-refusal to such employees for employment at comparable levels in positions created under the system implementation plan;

(5) the Federal Government have the responsibility for the retraining of Hospital employees to prepare such employees for the requirements of employment in a comprehensive District mental health system;

(6) the Federal Government continue high quality mental health research, training, and demonstration programs at Saint Elizabeths Hospital;

(7) the District government establish and maintain accreditation and licensing standards for all services provided in District mental health facilities which assure quality care consistent with appropriate Federal regulations and comparable with standards of the Joint Commission on Accreditation of Hospitals; and

(8) the comprehensive mental health system plan include a component for direct services for the homeless mentally ill.

(Pub. L. 98-621, §2, Nov. 8, 1984, 98 Stat. 3369; Pub. L. 102-150, §3(a), Oct. 31, 1991, 105 Stat. 980.)

Editorial Notes

REFERENCES IN TEXT

This subchapter, referred to in subsec. (b)(4), was in the original "this Act", meaning Pub. L. 98-621, Nov. 8, 1984, 98 Stat. 3369, known as the Saint Elizabeths Hospital and District of Columbia Mental Health Services Act. For complete classification of this Act to the Code, see Short Title note below and Tables.

AMENDMENTS

1991—Subsec. (b)(1). Pub. L. 102-150 substituted "October 1, 1993" for "October 1, 1991".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 98-621, §12, formerly §11, Nov. 8, 1984, 98 Stat. 3382, renumbered §12, Pub. L. 102-150, §4(1), Oct. 31, 1991, 105 Stat. 981, provided that:

"(a) Except as provided in subsection (b), this Act [see Short Title note below] shall take effect on October 1, 1985."

"(b) Section 10 [amending section 324 of this title and repealing sections 161, 164 to 166, 168, 168a, 169, 169a, 170 to 172, 175 to 177, 180 to 185, 191, 192, 194, 195, 195a, 196, 196b, 197 to 204, 206, 211 to 214, 221, and 222 of this title and section 300aa-3 of Title 42, The Public Health and Welfare] shall take effect on October 1, 1987."

SHORT TITLE OF 1991 AMENDMENT

Pub. L. 102-150, §1, Oct. 31, 1991, 105 Stat. 980, provided that: "This Act [enacting section 225h of this title, amending this section and sections 225b and 225f of this title, and renumbering provisions set out as a note under this section] may be cited as the 'District of Columbia Mental Health Program Assistance Act of 1991'."

SHORT TITLE

Pub. L. 98-621, §1, Nov. 8, 1984, 98 Stat. 3369, provided that: "This Act [enacting this subchapter, amending section 324 of this title, repealing sections 161, 164 to 166, 168, 168a, 169, 169a, 170 to 172, 175 to 177, 180 to 185, 191, 192, 194, 195, 195a, 196, 196b, 197 to 204, 206, 211 to 214, 221, and 222 of this title and section 300aa-3 of Title 42, The Public Health and Welfare] may be cited as the 'Saint Elizabeths Hospital and District of Columbia Mental Health Services Act'."

§ 225a. Definitions

For the purpose of this subchapter:

(1) The term "Hospital" means the institution in the District of Columbia known as Saint Elizabeths Hospital operated on November 8, 1984, by the Secretary of Health and Human Services.

(2) The term "Secretary" means the Secretary of Health and Human Services.

(3) The term "Mayor" means the Mayor of the District of Columbia.

(4) The term “District” means the District of Columbia.

(5) The term “Federal court consent decree” means the consent decree in *Dixon v. Heckler*, Civil Action No. 74-285.

(6) The term “service coordination period” means a period beginning on October 1, 1985, and terminating on October 1, 1987.

(7) The term “financial transition period” means a period beginning on October 1, 1985, and terminating on October 1, 1991.

(8) The term “system implementation plan” means the plan for a comprehensive mental health system for the District of Columbia to be developed pursuant to this subchapter.

(9) The term “Council” means the Council of the District of Columbia.

(Pub. L. 98-621, § 3, Nov. 8, 1984, 98 Stat. 3371.)

§ 225b. Development of plan for mental health system for the District

(a) Responsibility for mental health services; effective date; final system implementation plan; comprehensive mental health program

(1) Subject to subsection (g) of this section and section 225g(b)(1) of this title, effective October 1, 1987, the District shall be responsible for the provision of mental health services to residents of the District.

(2) Not later than October 1, 1993, the Mayor shall complete the implementation of the final system implementation plan reviewed by the Congress and the Council in accordance with the provisions of this subchapter for the establishment of a comprehensive District mental health system to provide mental health services and programs through community mental health facilities to individuals in the District of Columbia.

(b) Mayor; preliminary system implementation plan; final implementation plan; submission to and review by Council and Congressional committees

(1) The Mayor shall prepare a preliminary system implementation plan for a comprehensive mental health system no later than 3 months from October 1, 1985, and a final implementation plan no later than 12 months from October 1, 1985.

(2) The Mayor shall submit the preliminary system implementation plan to the Council no later than 3 months from October 1, 1985. The Council shall review such plan and transmit written recommendations to the Mayor regarding any revisions to such plan no later than 60 days after such submission. The Mayor shall submit the revised preliminary plan to the Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate for review and comment in accordance with the provisions of this subchapter.

(3) The final system implementation plan shall be considered by the Council consistent with the provisions of section 422(12) of the District of Columbia Home Rule Act.

(4) After the review of the Council pursuant to paragraph (3), the Mayor shall submit the final

implementation plan to the Committee on the District of Columbia of the House of Representatives and the Committee on Labor and Human Resources and the Committee on Governmental Affairs of the Senate for review and comment in accordance with the provisions of this subchapter.

(c) Contents of system implementation plan

The system implementation plan shall—

(1) propose and describe an integrated, comprehensive, and coordinated mental health system for the District of Columbia;

(2) identify the types of treatment to be offered, staffing patterns, and the proposed sites for service delivery within the District of Columbia comprehensive mental health system;

(3) identify mechanisms to attract and retain personnel of appropriate number and quality to meet the objectives of the comprehensive mental health system;

(4) be in full compliance with the Federal court consent decree in *Dixon v. Heckler* and all applicable District of Columbia statutes and court decrees;

(5) identify those positions, programs, and functions at Saint Elizabeths Hospital which are proposed for assumption by the District, those facilities at Saint Elizabeths Hospital which are proposed for utilization by the District under a comprehensive District mental health system, and the staffing patterns and programs at community facilities to which the assumed functions are to be integrated;

(6) identify any capital improvements to facilities at Saint Elizabeths Hospital and elsewhere in the District of Columbia proposed for delivery of mental health services, which are necessary for the safe and cost effective delivery of mental health services; and

(7) identify the specific real property, buildings, improvements, and personal property to be transferred pursuant to section 225f(a)(1) of this title needed to provide mental health and other services provided by the Department of Human Services under the final system implementation plan.

(d) Consultation; labor-management advisory committee; public comments

(1) The Mayor shall develop the system implementation plan in close consultation with officials of Saint Elizabeths Hospital, through working groups to be established by the Secretary and the Mayor for that purpose.

(2) The Mayor and the Secretary shall establish a labor-management advisory committee, requesting the participation of Federal and District employee organizations affected by this subchapter, to make recommendations on the system implementation plan. The committee shall consider staffing patterns under a comprehensive District mental health care system, retention of Hospital employees under such system, Federal retraining for such employees, and any other areas of concern related to the establishment of a comprehensive District system. In developing the system implementation plan the Mayor shall carefully consider the recommendations of the committee. Such advisory committee shall not be subject to chapter 10 of title 5.