Orange County victims' rights groups that worked over the years to get victims the rights they deserve. They worked on this particular act and also on proposition 115 out in California, the Crime Victims/Speedy Trial Initiative, which I cochaired and which was passed overwhelmingly by the voters in our State.

One of my hopes is that we can follow this up with Federal law at some point in time that does more than just put it in statute but that puts into the Constitution some of these basic rights.

But, in the meantime, the fact that we are establishing January as National Stalking Awareness Month gives us the opportunity to get the word out to young people, to those who are victims of obsessed stalkers, that there is a place they can turn to for help, and to remind law enforcement, and I wish we did more to train law enforcement in this particular area because I think there is a lot they can do to intercede, but to remind them of the ability to step in and remind those young, obsessed people who are threatening the life of someone, threatening someone with bodily harm, this is now a felony in the United States of America and you can serve 5 years in a Federal penitentiary.

□ 1430

Mr. SCOTT of Virginia. Madam Speaker, I reserve the balance of my time.

Mr. SMITH of Texas. Madam Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. CHABOT) who is a senior distinguished member of the Judiciary Committee.

Mr. CHABOT. Madam Speaker, I rise in support of H. Res. 852, a resolution which establishes January 2008 as National Stalking Awareness Month. And I thank the gentleman from Texas (Mr. POE) for his leadership on this issue. I also thank the ranking member, the gentleman from Texas (Mr. SMITH) for his leadership, as well as the gentleman from Virginia (Mr. SCOTT).

Last year, 2007 represented the first national effort to recognize January as National Stalking Awareness Month. I would encourage all of my colleagues to continue their support for this resolution since stalking is much more dangerous than many people believe it is.

Unlike the glamorized stalking scenes depicted in some Hollywood movies, in reality stalking is dangerous and considered a criminal act in all 50 States and in the District of Columbia and by the Federal Government. More than 1.4 million Americans are victims of stalkers in this country every year. Stalking victims are both men and women from all socioeconomic backgrounds, and they are often stalked by intimate partners.

Additional statistics released by the National Center for Victims of Crime are even more disturbing. These statistics reveal that 81 percent of female stalking victims are also physically assaulted. One out of every five stalking cases involves the use of a weapon, and one-third of stalkers are repeat offenders. They have done it before.

These statistics indicate that stalking is not as harmless as some would lead us to believe in the movies or on television shows. We must continue to bring attention to the dangers stalkers pose in our communities and the services and the resources available to respond and address this criminal activity. Passage of H. Res. 852 is an important step in accomplishing this goal.

I thank the gentleman from Texas (Mr. POE) and the gentleman from Texas (Mr. SMITH) and the gentleman from Virginia (Mr. SCOTT) for their leadership on this issue. I encourage my colleagues to support this resolution.

Mr. SMITH of Texas. Madam Speaker, I have no other speakers, and I yield back the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I thank my colleagues for their leadership on this issue and I urge the House to support this important legislation.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and agree to the resolution, H. Res. 852, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION REAUTHORIZATION AND IMPROVEMENT ACT OF 2008

Mr. SCOTT of Virginia. Madam Speaker, I move to suspend the rules and pass 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3992

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Reauthorization of the Adult and Juvenile Collaboration Program Grants.
Sec. 4. Law enforcement response to mentally ill offenders improvement grants.
Sec. 5. Effective treatment of female offenders with mental illnesses.
Sec. 6. Grants to expand capabilities and effectiveness of correctional agency identification and treatment plans for mentally ill offenders.
Sec. 7. Statewide planning grants to improve treatment of mentally ill offenders.
Sec. 8. Improving the mental health courts grant program.
Sec. 9. Study and report on prevalence of mentally ill offenders.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Communities nationwide are struggling to respond to the high numbers of people with mental illnesses involved at all points in the criminal justice system.

(2) A 1999 study by the Department of Justice estimated that 16 percent of people incarcerated in prisons and jails in the United States, which is more than 300,000 people, suffer from mental illnesses.

(3) Rates of mental illness among women in jail are almost twice that of men.

(4) Los Angeles County Jail and New York's Rikers Island jail complex hold more people with mental illnesses than the largest psychiatric inpatient facilities in the United States.

(5) State prisoners with a mental health problem are twice as likely as those without a mental health problem to have been homeless in the year before their arrest.

(6) Reentry planning for inmates with mental illnesses is the least frequently endorsed mental health service by jail administrators.

SEC. 3. REAUTHORIZATION OF THE ADULT AND JUVENILE COLLABORATION PROGRAM GRANTS.

(a) AUTHORIZATION OF APPROPRIATIONS THROUGH 2014.—Section 2991(h) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 is amended—

(1) in paragraph (1), by striking ''and'';

(2) in paragraph (2), by striking ''for fiscal years 2006 through 2009.'' and inserting ''for each of the fiscal years 2006 through 2007; and''; and

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

''(3) $75,000,000 for each of the fiscal years 2008 through 2014.''.

(b) ALLOCATION OF FUNDING FOR ADMINISTRATIVE PURPOSES.—Section 2991(h) of such title is further amended—

(1) by redesignating paragraphs (1), (2), and (3) (as added by subsection (a)(3)) as subparagraphs (A), (B), and (C), respectively;

(2) by striking ''There are authorized'' and inserting ''(1) IN GENERAL.—There are authorized''; and

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

''(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.''.

(c) NO MINIMUM ALLOCATION.—Section 2991 of such title is further amended by striking subsection (g) and redesignating subsection (h) as subsection (g).

(d) ADDITIONAL APPLICATIONS RECEIVING PRIORITY.—Subsection (c) of such section is amended to read as follows:

''(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.''.

SEC. 4. LAW ENFORCEMENT RESPONSE TO MENTALLY ILL OFFENDERS IMPROVEMENT GRANTS.

(a) IN GENERAL.—Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968 is further amended by adding at the end the following new section:

''SEC. 2992. LAW ENFORCEMENT RESPONSE TO MENTALLY ILL OFFENDERS IMPROVEMENT GRANTS.

''(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 2014.''.

(b) CONFORMING AMENDMENT.—Such part is further amended by amending the part heading to read as follows: ''**PART HH—GRANTS TO IMPROVE TREATMENT OF OFFENDERS WITH MENTAL ILLNESSES**''.

SEC. 5. EFFECTIVE TREATMENT OF FEMALE OFFENDERS WITH MENTAL ILLNESSES.

Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by section 4, is further amended by adding at the end the following new section:

''SEC. 2993. GRANTS FOR THE EFFECTIVE TREATMENT OF FEMALE OFFENDERS 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 2014.''.

SEC. 6. GRANTS TO EXPAND CAPABILITIES AND EFFECTIVENESS OF CORRECTIONAL AGENCY IDENTIFICATION AND TREATMENT PLANS FOR MENTALLY ILL OFFENDERS.

Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by sections 4 and 5, is further amended by adding at the end the following new section:

''SEC. 2994. GRANTS TO EXPAND CAPABILITIES AND EFFECTIVENESS OF CORRECTIONAL FACILITY IDENTIFICATION AND TREATMENT 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 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 the unique needs of such inmates;

''(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 plans 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 reenter 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 ASSISTANCE.—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 2014.''.

SEC. 7. STATEWIDE PLANNING GRANTS TO IMPROVE TREATMENT OF MENTALLY ILL OFFENDERS.

Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by sections 4, 5, and 6, is further amended by adding at the end the following new section:

''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 administrator (or other appropriate jurisdictional administrator) 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.—

''(1) IN GENERAL.—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, which shall include a proposal that describes how—

''(A) 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

''(B) 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 community-based mental health services.

''(2) SAVINGS POPULATION.—For purposes of paragraph (1), the term 'savings population' means a population that, if in receipt of mental health treatment and services for jail and prison populations, 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 2013.''.

SEC. 8. IMPROVING THE MENTAL HEALTH COURTS GRANT PROGRAM.

(a) REAUTHORIZATION OF THE MENTAL HEALTH COURTS GRANT PROGRAM.—Section 1001(a)(20) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3793(a)(20)) is amended by striking ''fiscal years 2001 through 2004'' and inserting ''fiscal years 2008 through 2014''.

(b) ADDITIONAL GRANT USES AUTHORIZED.—Section 2201 of such title (42 U.S.C. 3796ii) is amended—

(1) in paragraph (1) at the end, by striking ''and'';

(2) in paragraph (2) at the end, by striking the period and inserting a semicolon; and

(3) by adding at the end the following new paragraphs:

''(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.''.

SEC. 9. STUDY AND REPORT ON PREVALENCE OF MENTALLY ILL OFFENDERS.

(a) STUDY.—The Attorney General shall provide for a study of the following:

(1) The rate of occurrence of serious mental illnesses in each of the following populations:

(A) Individuals, including juveniles, on probation.

(B) Individuals, including juveniles, incarcerated in a jail.

(C) Individuals, including juveniles, incarcerated in a prison.

(D) Individuals, including juveniles, on parole.

(2) For each population described in paragraph (1), the percentage of individuals with serious mental illnesses who, at the time of the arrest, are eligible to receive supplemental security income benefits, social security disability insurance benefits, or medical assistance under a State plan for medical assistance under title XIX of the Social Security Act.

(3) For each such population, with respect to a year, the percentage of individuals with serious mental illnesses who—

(A) were homeless (as defined in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302)) at the time of arrest; and

(B) were homeless (as so defined) during any period in the previous year.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Attorney General shall submit to Congress a report on the results of the study under subsection (a).

(c) DEFINITION OF SERIOUS MENTAL ILLNESS.—For purposes of this section, the term ''serious mental illness'' has the meaning given such term for purposes of title V of the Public Health Service Act.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $2,000,000 for fiscal year 2009.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. SCOTT) and the gentleman from Texas (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. SCOTT of Virginia. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. SCOTT of Virginia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 3992, the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007. Since the 1960s, State mental health hospitals have increasingly reduced their populations of mentally ill individuals in response to a nationwide call for deinstitutionalization.

The move toward deinstitutionalization was based on the fact that mentally ill individuals are constitutionally entitled to refuse treatment, or at least to have it provided in the least restrictive environment. Unfortunately, neither the local governments for the States nor the Federal Government have invested the necessary resources to meet the needs for community-based mental health treatment and services created and needed by deinstitutionalization.

A 2006 report by the United States Department of Justice Bureau of Justice Statistics entitled ''Mental Health Problems of Prison and Jail Inmates'' suggests that the criminal justice system has become, by default, the primary caregiver of the most seriously mentally ill individuals. The bureau reports that over one-half of the prison and jail population of this country is mentally ill. More specifically, 56 percent of State prisoners, 45 percent of Federal prisoners, and 64 percent of jail inmates have some degree of mental illness.

The National Alliance for the Mentally Ill reports that, on any given day, there are at least 284,000 seriously mentally ill people in hospitals and jails in this country, such as people suffering from schizophrenia, bipolar disorder, or serious depression. However, only 187,000 of them are in mental health facilities. This issue is of particular concern in Virginia, my home State.

In August of 2007, the Virginia General Assembly's Joint Legislative Audit and Review Commission released a 200-page report on the state of mental health services in Virginia. The report revealed a number of disturbing facts, among them that there are more people with mental illness behind bars in Virginia than there are in mental health facilities, with hospital care accounting for only a fraction of the needs of our State's estimated 400,000 mentally ill individuals in Virginia.

Since deinstitutionalization in Virginia, the daily number of mentally ill adults in State hospitals has dropped

from 11,532 to 1,452, a drop of 87 percent. Of the 6,350 mentally ill individuals in hospitals and jails on a given day, 60 percent were actually in jails because regional mental health facilities are not providing inpatient mental health services.

Since 1991, the number of psychiatric beds available has dropped by 800, or 31 percent, and the beds that are available are concentrated in one area of the State. In fact, there are no free-standing, profitable psychiatric hospitals west of Richmond.

These findings in Virginia are similar to those across the Nation that were discussed at a hearing that we held this spring in our subcommittee which revealed that our criminal justice system is serving as the primary caregiver for our mentally ill individuals.

One piece of good news in all of this focus on mental health in the criminal justice system is that mental health courts have proven to be a helpful tool for helping mentally ill individuals in several communities that have such programs. H.R. 3992 will assist further in this regard.

First, it will reauthorize the Mentally Ill Offender Treatment and Crime Reduction grant program, increasing the current authorization from $50 million to $75 million. It will also reauthorize the mental health courts program, and will expand the permissible use of funds to include pretrial services and funding for alternatives to incarceration.

Additionally, H.R. 3992 creates four new grant programs. One will provide grants to States and other law enforcement agencies to help officers learn how to access individuals with mental health illnesses and to work with the local agencies to provide the most effective placement for a person in custody.

Another program will provide grants to help correctional agencies learn how to identify and screen mentally ill prisoners so they can get help while incarcerated, or even be placed in alternatives to incarceration. These grants will also help correctional services plan for reentry into the community.

Another program provides grants to States to coordinate and improve the treatment of mentally ill offenders, including facilitating information sharing between agencies. The grant will also encourage States to promote evidence-based practices to improve treatment and services.

Lastly, a new program will provide States and units of local government to improve the treatment of female offenders with mental illnesses and create family support services and intensive case management.

The total cost for the new programs will be $35 million for fiscal years 2008 through 2013. That amount is much less than we are currently spending on incarcerating mentally ill offenders who often have to be placed not only in isolated cells, but also in isolated areas to avoid disturbance of other inmates.

Despite common misconceptions, the majority of mentally ill people who are arrested and incarcerated are low-level, nonviolent offenders. These programs will help jurisdictions to assist mentally ill persons and help keep them from unnecessarily going to jails and prisons.

I urge my colleagues to support the bill, and I include for the RECORD a letter from the Council of State Governments Justice Center in support of this legislation.

JUSTICE CENTER,
THE COUNCIL OF STATE GOVERNMENTS,
Bethesda, MD, October 24, 2007.

Hon. ROBERT C. SCOTT,
Longworth House Office Building, Washington, DC.

Hon. RANDY FORBES,
Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN SCOTT AND FORBES: On behalf of the Council of State Governments (CSG) Justice Center, we want to thank you for introducing the ''Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007''. We are grateful to you for your leadership and continued support of the program.

The CSG Justice Center serves all states to promote effective data-driven practices—particularly in areas in which the criminal justice system intersects with other systems, such as mental health—to increase public safety and strengthen communities. Consistent with this mission, we have committed for some time to convening and supporting leaders in the criminal justice and mental health systems to improve the criminal justice system's response to people with mental illness.

Since the authorization of the Mentally Ill Offender Act, the program has helped states and counties design and implement collaborative efforts between the criminal justice and mental health systems. The grants can be used for a broad range of activities, including mental health courts, mental health and substance abuse treatment for incarcerated mentally ill offenders, community reentry services, and cross-training of criminal justice, law enforcement, and mental health personnel.

As you know, approximately 16 percent of the adult jail and prison population (350,000 individuals) has a serious mental illness, according to a study by the Justice Department's Bureau of Justice Statistics. The DOJ also estimates that the prevalence of emotional disturbances among youth in our juvenile justice facilities is even higher. Many of these individuals have not been charged with violent crimes, but rather low level misdemeanors. Treating offenders with mental illnesses in the community can save money by avoiding the high cost-per-day of jail and prison stays and expensive psychiatric services during incarceration. The Mentally Ill Offender program provides assistance to states and communities to develop new—or expand existing—programs that can both increase public safety and help these individuals return to productive lives.

We are very grateful for your continued leadership on this important issue. We look forward to working with you in support of the Mentally Ill Offender Treatment and Crime Reduction Reauthorization Act. Its enactment is one of our top federal priorities.

Sincerely,

MICHAEL FESTA,
Executive Secretary of Elder Affairs, Commonwealth of Massachusetts.

THOMAS STICKRATH,
Director. Ohio Department of Youth Service.

SHARON KELLER,
Presiding Judge, Court of Criminal Appeals, Texas.

PAT COLLOTON,
Kansas House of Representatives.

Madam Speaker, I reserve the balance of my time.

Mr. SMITH of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I support H.R. 3992, the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act.

This legislation addresses the unique challenges that mentally ill offenders create for our criminal justice system.

I commend Chairman CONYERS, subcommittee Chairman SCOTT, subcommittee ranking member GOHMERT, and the many advocacy groups for their dedication and hard work to address this problem.

Madam Speaker, 16 percent of the prison or jail population, or over 1 million prisoners, have a serious mental illness. The Los Angeles County Jail and New York City's Rikers Island Jail house more people with mental illnesses than the largest psychiatric inpatient facilities in the United States. The problem is more than one-fifth of jails have no access to any mental health services at all.

Many criminal justice agencies are unprepared to address the treatment and needs of individuals with mental illness. Jails and prisons require extra staff and treatment resources for inmates with mental illness. In addition, mentally ill offenders can be affected psychologically by incarceration.

H.R. 3992 represents an innovative and new approach to the challenge of mentally ill criminal offenders. This legislation is an important step toward treating mentally ill offenders in a humane and appropriate way.

H.R. 3992 reauthorizes the Mentally Ill Offender Treatment and Crime Reduction Act, which encourages early intervention for individuals with mental illness, reauthorizes the mental health courts program, and maximizes alternatives to incarceration for nonviolent offenders with mental illness.

The legislation also encourages training on mental health and substance abuse issues, establishes new State and local planning grants to address the needs of mentally ill offenders, and facilitates communication, collaboration, and the delivery of support services among justice professionals, related service providers, and governmental partners.

I urge my colleagues to support this legislation.

Mr. CONYERS. Madam Speaker, I rise to voice my strong support for the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007. This legislation would provide grants for improved

mental health treatment and services provided to offenders with mental illness.

Over the course of the past three decades, as our country's mental health infrastructure has deteriorated, many mentally ill individuals have been forced to fend for themselves on the street. Oftentimes, these individuals end up in jail or prison for offenses related to their illness.

Unfortunately, our jails and prisons have become the sanatoriums of the 21st century. As mental institutions have closed down, jails and prisons have filled up. In fact, 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 the rate of the general population.

Not surprisingly, the prison system is ill-equipped to deal with the growing number of prisoners requiring psychiatric care. Jails and prisons do not have adequate resources to properly evaluate incarcerated individuals for mental health and substance abuse problems. Police and other law enforcement officials are generally not trained to handle mentally ill offenders. Mental health services may be provided, but they are often underfunded and inadequate.

H.R. 3992, the "Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2007," addresses this problem by establishing grants for programs training law enforcement officials to better identify prisoners with mental illness and respond to their needs. 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. Such funding would also be used to improve technology to facilitate information sharing among law enforcement and criminal justice personnel, as well as to promote evidence-based mental health care practices in correctional facilities.

Madam Speaker, it is our moral responsibility to provide timely, appropriate and adequate health care to those in the custody of our correctional system. The treatment of mental illness should be no exception.

Mr. SMITH of Texas. Madam Speaker, I yield back the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I urge my colleagues to support the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the bill, H.R. 3992, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

DEATH IN CUSTODY REPORTING ACT OF 2008

Mr. SCOTT of Virginia. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3971) to encourage States to report to the Attorney General certain information regarding the deaths of individuals in the custody of law enforcement agencies, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3971

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Death in Custody Reporting Act of 2008".

SEC. 2. INFORMATION REGARDING INDIVIDUALS WHO DIE IN THE CUSTODY OF LAW ENFORCEMENT.

(a) IN GENERAL.—For each fiscal year after the expiration of the period specified in subsection (b)(1) in which a State receives funds for a program referred to in subsection (b)(2), the State shall report to the Attorney General, on a quarterly basis and pursuant to guidelines established by the Attorney General, information regarding the death of any person who is detained, under arrest, or is in the process of being arrested, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, State-run boot camp prison, boot camp prison that is contracted out by the State, any State or local contract facility, or other local or State correctional facility (including any juvenile facility) that, at a minimum, includes—

(1) the name, gender, race, ethnicity, and age of the deceased;

(2) the date, time, and location of death;

(3) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and

(4) a brief description of the circumstances surrounding the death.

(b) COMPLIANCE AND INELIGIBILITY.—

(1) COMPLIANCE DATE.—Each State shall have not more than 30 days from the date of enactment of this Act to comply with subsection (a), except that—

(A) the Attorney General may grant an additional 30 days to a State that is making good faith efforts to comply with such subsection; and

(B) the Attorney General shall waive the requirements of subsection (a) if compliance with such subsection by a State would be unconstitutional under the constitution of such State.

(2) INELIGIBILITY FOR FUNDS.—For any fiscal year after the expiration of the period specified in paragraph (1), a State that fails to comply with subsection (a) shall not receive 10 percent of the funds that would otherwise be allocated for that fiscal year to the State under subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seq.), whether characterized as the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, the Local Government Law Enforcement Block Grants Program, the Edward Byrne Memorial Justice Assistance Grant Program, or otherwise.

(c) REALLOCATION.—Amounts not allocated under a program referred to in subsection (b)(2) to a State for failure to fully comply with subsection (a) shall be reallocated under that program to States that have not failed to comply with such subsection.

(d) DEFINITIONS.—In this section the terms "boot camp prison" and "State" have the meaning given those terms, respectively, in section 901(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3791(a)).

SEC. 3. STUDY OF INFORMATION RELATING TO DEATHS IN CUSTODY.

(a) STUDY REQUIRED.—The Attorney General shall, subject to the availability of appropriations under subsection (d), through grant or contract, provide for a study of the information reported under section 2 (regarding the death of any person who is detained, under arrest, or is in the process of being arrested, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, State-run boot camp prison, boot camp prison that is contracted out by the State, any State or local contract facility, or other local or State correctional facility (including any juvenile facility)) to—

(1) determine means by which such information can be used to reduce the number of such deaths; and

(2) examine the relationship, if any, between the number of such deaths and the actions of management of such jails, prisons, and other correctional facilities relating to such deaths.

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Attorney General shall prepare and submit to Congress a report that contains the findings of the study required by subsection (a).

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $500,000 for fiscal year 2009. Funds appropriated under this subsection shall remain available until expended.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. SCOTT) and the gentleman from Texas (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. SCOTT of Virginia. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. SCOTT of Virginia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 3971 is entitled the Death in Custody Reporting Act of 2008. It will reauthorize the Death in Custody Reporting Act of 2000 which actually expired on December 31, 2006.

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This is a bipartisan effort which I introduced with my colleague from Virginia, Representative RANDY FORBES, and who was, at that time, the ranking member of the Subcommittee on Crime. Its purpose is to provide continued and improved oversight over the conduct of law enforcement officials during arrest and imprisonment of fellow citizens.

Before the enactment of the Death in Custody Act of 2000, States and localities had no uniform requirements for reporting the circumstances surrounding the deaths of persons in their custody, and some had no system for requiring such reports. The lack of uniform reporting requirements made it impossible to ascertain how many people were dying in custody and from what causes, although estimates by those concerned suggested that there were more than 1,000 deaths in custody each year, some under very suspicious circumstances.

Consequently, an environment of suspicion and concern arose surrounding