

111TH CONGRESS
1ST SESSION

H. R. 2691

To provide assistance to adolescents and young adults with serious mental health disorders as they transition to adulthood.

IN THE HOUSE OF REPRESENTATIVES

JUNE 3, 2009

Mr. STARK (for himself, Mr. CAMP, and Mrs. BONO MACK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide assistance to adolescents and young adults with serious mental health disorders as they transition to adulthood.

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 “Healthy Transition
5 Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

8 (1) According to a June 2008 Government Ac-
9 countability Office (GAO) report to Congress there
10 were at least 2,400,000 young adults aged 18 to 26

1 with a serious mental illness (SMI) in 2006, and an
2 additional 9.3 million who experienced mild or mod-
3 erate mental illness. GAO also found that in 2006—

4 (A) 46 percent to 63 percent of homeless
5 young adults experienced mental health prob-
6 lems;

7 (B) 63 percent to 71 percent of incarcer-
8 ated young adults experienced mental health
9 problems; and

10 (C) close to 32 percent of young adults
11 with SMI had a co-occurring diagnosis of alco-
12 hol or drug abuse or dependence along with at
13 least one other mental disorder.

14 (2) A July 2008 American Psychological Asso-
15 ciation (APA) report found that more than 60 per-
16 cent of transition youth with SMI do not complete
17 high school, leaving many of these young adults un-
18 employed, unable to benefit from continuing edu-
19 cation (32 percent rate of postsecondary continu-
20 ation versus 51 percent for youth without mental ill-
21 ness), and without the skills needed to live independ-
22 ently.

23 (3) The 2003 President's New Freedom Com-
24 mission on Mental Health found that only 1 in 3

1 persons with a disability resulting from mental ill-
2 ness is employed—

3 (A) about 186,000 young adults with SMI
4 received disability benefits in 2006 because
5 their illness was severe enough to prevent sus-
6 tainable employment; and

7 (B) youth centers often lack the expertise
8 to find employment for young adults because
9 they do not generally have the capacity to suit
10 individual mental health needs.

11 (4) The Substance Abuse and Mental Health
12 Services Administration (SAMHSA) recommends
13 supportive housing—which would include job train-
14 ing and mental health services—to young adults
15 with SMI. State officials, however, cite a lack of
16 availability of such housing and the Department of
17 Housing and Urban Development (HUD) reports
18 that the median age of HUD supportive housing re-
19 cipients is 47 years old.

20 (5) During the transition to adulthood, youth
21 with SMI are also at risk of losing free or low-cost
22 services they received as children, but may not qual-
23 ify for as adults. The difference in eligibility criteria
24 between child and adult benefits from the Social Se-
25 curity Administration (SSA) can result in a loss of

1 benefits during the redetermination stage at age 18.
2 For example, Medicaid income requirements are
3 more stringent for an adult, even though an appli-
4 cant may have received benefits as a child.

5 (6) GAO found critical gaps in mental health
6 and housing services for foster youth—

7 (A) the report found that States were serv-
8 ing less than half of their eligible foster care
9 population through existing programs such as
10 Chafee Foster Care Independence and Med-
11 icaid; and

12 (B) a separate national survey from 2006
13 found that foster youth were 4 times more like-
14 ly to have attempted suicide in the preceding
15 year when compared to those never placed in
16 foster care.

17 (7) Public service provision for young adults
18 with SMI is fragmented and these individuals can
19 struggle to locate services that aid in their transition
20 to adulthood—

21 (A) GAO found that there are currently no
22 Federal programs to specifically target this
23 population;

24 (B) directors of programs providing serv-
25 ices to youth aged 14 to 21 have difficulty find-

ing adequate age-appropriate mental health services for their clients partly due to lack of proper training; and

(C) group therapy in mental health services is often not age appropriate and as a result, SAMHSA reported in 2007 that young adults with SMI have the lowest “help-seeking behavior” of any age group.

SEC. 3. HEALTHY TRANSITIONING FOR YOUTH.

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

“SEC. 520K. HEALTHY TRANSITIONING FOR YOUTH.

“(a) PLANNING GRANTS.—

“(1) IN GENERAL.—The Secretary, in consultation with the agencies described in subsection (c)(3), shall award grants or cooperative agreements to States to develop plans for the statewide coordination of services to assist adolescents and young adults with a serious mental health disorder in acquiring the skills, knowledge, and resources necessary to ensure their healthy transition to successful adult roles and responsibilities.

“(2) APPLICATION.—To be eligible for a grant or cooperative agreement under this subsection, a

1 State shall submit to the Secretary an application,
2 at such time, in such manner, and containing such
3 information as the Secretary may require.

4 “(3) PLAN.—Not later than 18 months after
5 the receipt of a grant or cooperative agreement
6 under this subsection, a State shall submit to the
7 Secretary a State plan that shall include—

8 “(A) reliable estimates on the number of
9 adolescents and young adults with serious men-
10 tal health disorders in the State;

11 “(B) information on the youth targeted
12 under this Act, including—

13 “(i) the number of adolescents and
14 young adults with serious mental health
15 disorders in the State and the number of
16 such individuals who are currently being
17 served in the State;

18 “(ii) the number of such individuals
19 who are receiving mental health services
20 provided by State agencies other than the
21 agency responsible for mental health serv-
22 ices in the State;

23 “(iii) the number of youth with seri-
24 ous mental health disorders who are in-

1 involved in the juvenile justice system in the
2 State;

3 “(iv) the number of youth with seri-
4 ous mental health disorders who are in-
5 volved in the child protection system in the
6 State;

7 “(v) the number of youth with serious
8 mental health disorders who have plans in
9 effect under the Individuals with Disabil-
10 ities Education Act in the State;

11 “(vi) the number of youth with seri-
12 ous mental health disorders who are in-
13 volved in vocational rehabilitation in the
14 State;

15 “(vii) the range of ages served by the
16 programs described in clauses (i) through
17 (vi); and

18 “(viii) a description of the overall
19 transition coordination that is currently
20 provided by the State or local authorities
21 and programs in the State;

22 “(C) an identification of the skills, knowl-
23 edge, and resources that adolescents and young
24 adults with serious mental health disorders in
25 the State will need to ensure their successful

1 and healthy transition into adult roles and re-
2 sponsibilities;

3 “(D) an identification of the obstacles that
4 adolescents and young adults with serious men-
5 tal health disorders in the State encounter while
6 transitioning into adult roles and responsibil-
7 ities, including breaks in service or programs
8 caused by eligibility and program criteria dif-
9 ferences between the child and adult mental
10 health systems, the lack of culturally and lin-
11 guistically appropriate mental and behavioral
12 health and transition services, and the lack of
13 local access to mental health and transition
14 services;

15 “(E) an identification of the current level,
16 type, quality, effectiveness, and availability of
17 services, including evidence-based practices,
18 available in the State that are uniquely de-
19 signed for adolescents and young adults with a
20 serious mental health disorder to ensure a
21 healthy transition to successful adult roles and
22 responsibilities;

23 “(F) an identification of adolescents and
24 young adults with a serious emotional disorder
25 who have a low likelihood of a healthy and suc-

1 cessful transition due to the severity of their ill-
2 ness, and an identification of how the State will
3 provide treatment and other support services to
4 this population;

5 “(G) an analyses of the strengths, weak-
6 nesses, and gaps of the current system in the
7 State, including the availability of lack of men-
8 tal and behavioral health professionals trained
9 to treat adolescents and young adults with a se-
10 rious mental health disorder, as well as bar-
11 riers, to address the needs of adolescents and
12 young adults with a serious mental health dis-
13 order with an appropriate array of effective
14 services and supports;

15 “(H) a description of how the State will
16 improve the system of care to ensure successful
17 and healthy transitions;

18 “(I) a description of how the State will en-
19 sure that services and systems of care are cul-
20 turally and linguistically competent;

21 “(J) a description of how the State will co-
22 ordinate the services of State and non-State
23 agencies that serve adolescents and young
24 adults with a serious mental health disorder;

1 “(K) a description of how the State will
2 provide a system of coordinated service delivery
3 under the grant or cooperative agreement that
4 will address the effective services, supports, and
5 unique needs of adolescents and young adults
6 with a serious mental disorder, including those
7 who have been placed in out of home settings
8 such as the juvenile justice system or those who
9 are or were involved in the child protection sys-
10 tems;

11 “(L) a description of how the State will co-
12 ordinate efforts under the grant or cooperative
13 agreement with existing services and systems in
14 the State that focus on life skills necessary for
15 a healthy transition including health, employ-
16 ment and pre-employment training, transpor-
17 tation, housing, recreation, mental health serv-
18 ices, substance use, vocational rehabilitation
19 services for persons with disabilities, and train-
20 ing for adolescents, young adults and adults,
21 consumers and their families;

22 “(M) a description of how the State will
23 work to build workforce capacity to serve the
24 population described in subparagraph (J);

1 “(N) a description of how the State will
2 reach out to the target population pre-transi-
3 tion, during transition, and post-transition;

4 “(O) a description of how the State is cur-
5 rently utilizing and leveraging (and how the
6 State will use and leverage) Federal funding
7 streams to care for the target population, in-
8 cluding funding through Medicaid, the Depart-
9 ment of Housing and Urban Development, the
10 Department of Labor through supported employ-
11 ment, the Early and Periodic Screening, Diag-
12 nosis, and Treatment Program, and other pro-
13 grams, and including an outline of the barriers
14 the State faces in making Federal funding flow
15 to the targeted population in a coordinated
16 manner;

17 “(P) a description of how the State will in-
18 volve adolescents and young adults with serious
19 mental health disorders and their families and
20 guardians in the service design, planning, and
21 implementation of the plan under the grant or
22 cooperative agreement;

23 “(Q) an implementation subplan that shall
24 be designed to recognize the challenges of im-
25 plementing a program between communities at

1 a statewide level and how the State will over-
2 come those challenges;

3 “(R) a description of how the State plans
4 to evaluate outcomes under the program funded
5 under the grant or cooperative agreement;

6 “(S) a designation of the State office that
7 will be the lead agency responsible for admin-
8 istering the program under the grant or cooper-
9 ative agreement;

10 “(T) a description of how the State will en-
11 sure that the activities planned under the grant
12 or cooperative agreement will remain sustain-
13 able at the end of the cycle of Federal funding
14 under this section; and

15 “(U) any other information determined ap-
16 propriate by the Secretary.

17 “(4) DURATION OF SUPPORT.—The duration of
18 a grant or cooperative agreement under this sub-
19 section shall be at least 1 fiscal year, but shall not
20 exceed 2 fiscal years.

21 “(5) TECHNICAL ASSISTANCE.—The Secretary
22 shall provide technical assistance and training in the
23 development of the plan under paragraph (3), in-
24 cluding convening a meeting of potential applicants

1 for grants or cooperative agreement under this sub-
2 section.

3 “(6) AUTHORIZATION OF APPROPRIATIONS.—

4 “(A) IN GENERAL.—There is authorized to
5 be appropriated to carry out this subsection,
6 \$4,500,000 for fiscal year 2011, and such sums
7 as may be necessary for each of fiscal years
8 2012 through 2015.

9 “(B) TECHNICAL ASSISTANCE.—The Sec-
10 retary shall make available up to 15 percent of
11 the amount appropriated under subparagraph
12 (A), or \$1,000,000, whichever is greater, in
13 each fiscal year for technical assistance under
14 paragraph (5).

15 “(b) IMPLEMENTATION GRANTS.—

16 “(1) IN GENERAL.—The Secretary shall award
17 grants or cooperative agreement to eligible States
18 for the coordination of services to assist adolescents
19 and young adults with serious mental health dis-
20 orders in acquiring the services, skills, and knowl-
21 edge necessary to ensure their healthy transition to
22 successful adult roles and responsibilities.

23 “(2) ELIGIBILITY.—To be eligible for a grant
24 or cooperative agreement under paragraph (1), a
25 State shall—

1 “(A) be a State that has received a grant
2 or cooperative agreement under subsection (a)
3 and submitted a plan that meets the require-
4 ments of paragraph (3) of such subsection; or

5 “(B) be a State that has not received such
6 a grant or cooperative agreement but that has
7 a plan that is equivalent to the plan required
8 under subsection (a)(3).

9 “(3) APPLICATION.—To be eligible for a grant
10 or cooperative agreement under this subsection, a
11 State shall submit to the Secretary an application,
12 at such time, in such manner, and containing such
13 information as the Secretary requires, including—

14 “(A) a copy of the plan submitted under
15 subsection (a)(3), or in the case of a State de-
16 scribed in paragraph (2)(B), a plan that is
17 equivalent to the plan required under subsection
18 (a)(3);

19 “(B) a list of the State agencies that will
20 participate in the program to be funded under
21 the grant or cooperative agreement along with
22 written verification as to the commitment of
23 such agencies to the program;

24 “(C) an assurance that the State will de-
25 velop a coordinating committee composed of

1 representatives of the participating State agen-
2 cies, as well as consumers and families of con-
3 sumers;

4 “(D) a description of the role of such co-
5 ordinating committee; and

6 “(E) the names of at least two local com-
7 munities that will implement the program at
8 the local level and how those communities will
9 implement the State plan.

10 “(4) USE OF FUNDS.—Funds provided under a
11 grant or cooperative agreement under this sub-
12 section shall be used to implement the State plan,
13 including—

14 “(A) facilitating a youth ombudsman or
15 other advocacy program;

16 “(B) facilitating peer support programs
17 and networks within the State;

18 “(C) facilitating access to independent liv-
19 ing and life skills supports;

20 “(D) developing infrastructure to support
21 access to necessary health, mental health, em-
22 ployment, education, and housing supports; and

23 “(E) facilitating the training of support
24 providers and workforce capacity to serve the
25 target population.

1 “(5) DURATION OF SUPPORT.—The duration of
2 a grant or cooperative agreement under this sub-
3 section shall not exceed 5 fiscal years.

4 “(6) MATCHING REQUIREMENT.—

5 “(A) IN GENERAL.—To be eligible for a
6 grant or cooperative agreement under this sub-
7 section, the State shall agree that, with respect
8 to the costs to be incurred by the State in car-
9 rying out activities under the grant or coopera-
10 tive agreement, the State will make available
11 (directly or through donations from public or
12 private entities) non-Federal contributions to-
13 ward such costs in an amount that—

14 “(i) for the first fiscal year for which
15 the State receives payments under the
16 grant or cooperative agreement, is not less
17 than \$1 for each \$3 of Federal funds pro-
18 vided under the grant or cooperative agree-
19 ment;

20 “(ii) for any second or third such fis-
21 cal year, is not less than \$1 for each \$2 of
22 Federal funds provided under the grant or
23 cooperative agreement;

24 “(iii) for any fourth such fiscal year,
25 is not less than \$1 for each \$1 of Federal

1 funds provided under the grant or coopera-
2 tive agreement; and

3 “(iv) for any fifth such fiscal year, is
4 not less than \$2 for each \$1 of Federal
5 funds provided under the grant or coopera-
6 tive agreement.

7 “(B) DETERMINATION OF AMOUNT CON-
8 TRIBUTED.—

9 “(i) IN GENERAL.—Non-Federal con-
10 tributions required under subparagraph
11 (A) may be in cash or in kind, fairly evalu-
12 ated, including plant, equipment, or serv-
13 ices. Amounts provided by the Federal
14 Government, or services assisted or sub-
15 sidized to any significant extent by the
16 Federal Government, may not be included
17 in determining the amount of such non-
18 Federal contributions.

19 “(ii) NON-FEDERAL CONTRIBU-
20 TIONS.—In making a determination of the
21 amount of non-Federal contributions for
22 purposes of clause (i), the Secretary may
23 include only non-Federal contributions in
24 excess of the average amount of non-Fed-
25 eral contributions made by the State in-

1 volved toward the purpose of the grant or
2 cooperative agreement under this sub-
3 section for the 2-year period preceding the
4 first fiscal year for which the State re-
5 ceives a grant or cooperative agreement
6 under such subsection.

7 “(7) TECHNICAL ASSISTANCE.—The Secretary
8 shall provide technical assistance and training to re-
9 cipients of grants or cooperative agreements under
10 this subsection, including convening meetings each
11 year to identify ways of improving State programs.
12 Such meetings shall include the members of the
13 Federal Partners Committee under subsection (c).

14 “(8) EVALUATION.—The Secretary shall carry
15 out a cross-site evaluation that—

16 “(A) reports on current State efforts to
17 transition the population involved prior to the
18 implementation of the State plans under this
19 section; and

20 “(B) evaluates the program carried out by
21 the State under this section to determine the ef-
22 fectiveness of such program in meeting its goals
23 and objectives as compared with current ap-
24 proaches.

25 “(9) AUTHORIZATION OF APPROPRIATIONS.—

1 “(A) IN GENERAL.—There is authorized to
2 be appropriated to carry out this subsection,
3 \$6,000,000 for each of fiscal years 2011 and
4 2012, \$15,000,000 for fiscal year 2013,
5 \$20,000,000 for fiscal year 2014, and
6 \$25,000,000 for fiscal year 2015.

7 “(B) TECHNICAL ASSISTANCE AND EVAL-
8 UATION.—The Secretary shall make available
9 up to 15 percent of the amount appropriated
10 under subparagraph (A), or \$2,000,000 which-
11 ever is greater, in each fiscal year for technical
12 assistance under paragraph (7) and the evalua-
13 tion under paragraph (8).

14 “(c) FEDERAL PARTNERS.—

15 “(1) IN GENERAL.—The Secretary shall des-
16 ignate an existing Federal entity, or establish a
17 Committee of Federal Partners, to coordinate service
18 programs to assist adolescents and young adults
19 with serious mental health disorders in acquiring the
20 knowledge and skills necessary for them to transi-
21 tion into adult roles and responsibilities.

22 “(2) EXISTING FEDERAL ENTITY.—If the Sec-
23 retary elects to utilize an existing Federal entity
24 under paragraph (1), the Secretary shall ensure
25 that—

1 “(A) such entity is comprised of represent-
2 atives of at least the agencies described in para-
3 graph (3); and

4 “(B) such entity shall give special atten-
5 tion to the knowledge and skills needed by ado-
6 lescents and young adults with mental health
7 disorders in coordinating the programs funded
8 under this section.

9 “(3) MEMBERSHIP.—A Federal entity utilized
10 under this subsection, or a committee established
11 under paragraph (1), shall include representatives
12 of—

13 “(A) the Department of Education (or any
14 subagency of the Department);

15 “(B) the Department of Health and
16 Human Services (or any subagency of the De-
17 partment);

18 “(C) the Department of Labor (or any
19 subagency of the Department);

20 “(D) the Department of Transportation
21 (or any subagency of the Department);

22 “(E) the Department of Housing and
23 Urban Development (or any subagency of the
24 Department);

1 “(F) the Department of Interior (or any
2 subagency of the Department);

3 “(G) the Department of Justice (or any
4 subagency of the Department);

5 “(H) the Social Security Administration;

6 “(I) an organization representing con-
7 sumers and families of consumers as designated
8 by the Secretary; and

9 “(J) an organization representing mental
10 health and behavioral health professionals as
11 designated by the Secretary.

12 “(4) ROLE OF ENTITY OR COMMITTEE.—The
13 Federal entity or committee designated or estab-
14 lished under paragraph (1) shall review how Federal
15 programs and efforts that address issues related to
16 the transition of adolescents and young adults with
17 serious mental health disorders may be coordinated
18 to ensure the maximum benefit for the individuals
19 being served and to provide technical assistance to
20 the States who are planning or implementing pro-
21 grams under this section.

22 “(5) REPORT.—Not later than 18 months after
23 the date of enactment of this Act, the Federal entity
24 or committee designated or established under para-
25 graph (1) shall submit to the appropriate commit-

1 tees of Congress, and make available to the general
2 public, a report concerning the participation of Fed-
3 eral agencies and stakeholders in the planning and
4 operations of the entity or committee. Such report
5 shall also contain a description of the status of the
6 efforts of such entity or committee in coordinating
7 Federal efforts on behalf of the target population.

8 “(6) AUTHORIZATION OF APPROPRIATIONS.—

9 There are authorized to be appropriated to carry out
10 this subsection, \$1,000,000 for fiscal year 2011, and
11 such sums as may be necessary for each of fiscal
12 years 2012 through 2015.

13 “(d) DEFINITION.—In this section, the term ‘serious
14 mental health disorder’ has the meaning given the term
15 ‘serious mental illness’ by the Administrator for purposes
16 of this title.”.

○