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(Original Signature of Member)

111TH CONGRESS  
1ST SESSION

# H. R.

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

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## IN THE HOUSE OF REPRESENTATIVES

Mr. STARK introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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# 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:

1           (1) According to a June 2008 Government Ac-  
2           countability Office (GAO) report to Congress there  
3           were at least 2,400,000 young adults aged 18 to 26  
4           with a serious mental illness (SMI) in 2006, and an  
5           additional 9.3 million who experienced mild or mod-  
6           erate mental illness. GAO also found that in 2006—

7                   (A) 46 percent to 63 percent of homeless  
8           young adults experienced mental health prob-  
9           lems;

10                   (B) 63 percent to 71 percent of incarcer-  
11           ated young adults experienced mental health  
12           problems; and

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

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

1           (3) The 2003 President's New Freedom Com-  
2 mission on Mental Health found that only 1 in 3  
3 persons with a disability resulting from mental ill-  
4 ness is employed—

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

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

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

22          (5) During the transition to adulthood, youth  
23 with SMI are also at risk of losing free or low-cost  
24 services they received as children, but may not qual-  
25 ify for as adults. The difference in eligibility criteria

1 between child and adult benefits from the Social Se-  
2 curity Administration (SSA) can result in a loss of  
3 benefits during the redetermination stage at age 18.  
4 For example, Medicaid income requirements are  
5 more stringent for an adult, even though an appli-  
6 cant may have received benefits as a child.

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

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

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

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

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

1 (B) directors of programs providing serv-  
2 ices to youth aged 14 to 21 have difficulty find-  
3 ing adequate age-appropriate mental health  
4 services for their clients partly due to lack of  
5 proper training; and

6 (C) group therapy in mental health serv-  
7 ices is often not age appropriate and as a re-  
8 sult, SAMHSA reported in 2007 that young  
9 adults with SMI have the lowest “help-seeking  
10 behavior” of any age group.

11 **SEC. 3. HEALTHY TRANSITIONING FOR YOUTH.**

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

15 **“SEC. 520K. HEALTHY TRANSITIONING FOR YOUTH.**

16 “(a) PLANNING GRANTS.—

17 “(1) IN GENERAL.—The Secretary, in consulta-  
18 tion with the agencies described in subsection (c)(3),  
19 shall award grants or cooperative agreements to  
20 States to develop plans for the statewide coordina-  
21 tion of services to assist adolescents and young  
22 adults with a serious mental health disorder in ac-  
23 quiring the skills, knowledge, and resources nec-  
24 essary to ensure their healthy transition to success-  
25 ful adult roles and responsibilities.

1           “(2) APPLICATION.—To be eligible for a grant  
2 or cooperative agreement under this subsection, a  
3 State shall submit to the Secretary an application,  
4 at such time, in such manner, and containing such  
5 information as the Secretary may require.

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

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

13           “(B) information on the youth targeted  
14 under this Act, including—

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

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

1           “(iii) the number of youth with seri-  
2           ous mental health disorders who are in-  
3           volved in the juvenile justice system in the  
4           State;

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

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

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

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

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

24          “(C) an identification of the skills, knowl-  
25          edge, and resources that adolescents and young

1 adults with serious mental health disorders in  
2 the State will need to ensure their successful  
3 and healthy transition into adult roles and re-  
4 sponsibilities;

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

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

1           “(F) an identification of adolescents and  
2 young adults with a serious emotional disorder  
3 who have a low likelihood of a healthy and suc-  
4 cessful transition due to the severity of their ill-  
5 ness, and an identification of how the State will  
6 provide treatment and other support services to  
7 this population;

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

18           “(H) a description of how the State will  
19 improve the system of care to ensure successful  
20 and healthy transitions;

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

24           “(J) a description of how the State will co-  
25 ordinate the services of State and non-State

1 agencies that serve adolescents and young  
2 adults with a serious mental health disorder;

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

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

1           “(M) a description of how the State will  
2 work to build workforce capacity to serve the  
3 population described in subparagraph (J);

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

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

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

1           “(Q) an implementation subplan that shall  
2           be designed to recognize the challenges of im-  
3           plementing a program between communities at  
4           a statewide level and how the State will over-  
5           come those challenges;

6           “(R) a description of how the State plans  
7           to evaluate outcomes under the program funded  
8           under the grant or cooperative agreement;

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

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

18          “(U) any other information determined ap-  
19          propriate by the Secretary.

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

24          “(5) TECHNICAL ASSISTANCE.—The Secretary  
25          shall provide technical assistance and training in the

1 development of the plan under paragraph (3), in-  
2 cluding convening a meeting of potential applicants  
3 for grants or cooperative agreement under this sub-  
4 section.

5 “(6) AUTHORIZATION OF APPROPRIATIONS.—

6 “(A) IN GENERAL.—There is authorized to  
7 be appropriated to carry out this subsection,  
8 \$4,500,000 for fiscal year 2011, and such sums  
9 as may be necessary for each of fiscal years  
10 2012 through 2015.

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

17 “(b) IMPLEMENTATION GRANTS.—

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

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

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

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

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

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

22           “(B) a list of the State agencies that will  
23 participate in the program to be funded under  
24 the grant or cooperative agreement along with

1 written verification as to the commitment of  
2 such agencies to the program;

3 “(C) an assurance that the State will de-  
4 velop a coordinating committee composed of  
5 representatives of the participating State agen-  
6 cies, as well as consumers and families of con-  
7 sumers;

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

10 “(E) the names of at least two local com-  
11 munities that will implement the program at  
12 the local level and how those communities will  
13 implement the State plan.

14 “(4) USE OF FUNDS.—Funds provided under a  
15 grant or cooperative agreement under this sub-  
16 section shall be used to implement the State plan,  
17 including—

18 “(A) facilitating a youth ombudsman or  
19 other advocacy program;

20 “(B) facilitating peer support programs  
21 and networks within the State;

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

1           “(D) developing infrastructure to support  
2           access to necessary health, mental health, em-  
3           ployment, education, and housing supports; and

4           “(E) facilitating the training of support  
5           providers and workforce capacity to serve the  
6           target population.

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

10          “(6) MATCHING REQUIREMENT.—

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

20           “(i) for the first fiscal year for which  
21           the State receives payments under the  
22           grant or cooperative agreement, is not less  
23           than \$1 for each \$3 of Federal funds pro-  
24           vided under the grant or cooperative agree-  
25           ment;

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

5           “(iii) for any fourth such fiscal year,  
6 is not less than \$1 for each \$1 of Federal  
7 funds provided under the grant or coopera-  
8 tive agreement; and

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

13           “(B) DETERMINATION OF AMOUNT CON-  
14 TRIBUTED.—

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

1                   “(ii) NON-FEDERAL CONTRIBU-  
2                   TIONS.—In making a determination of the  
3                   amount of non-Federal contributions for  
4                   purposes of clause (i), the Secretary may  
5                   include only non-Federal contributions in  
6                   excess of the average amount of non-Fed-  
7                   eral contributions made by the State in-  
8                   volved toward the purpose of the grant or  
9                   cooperative agreement under this sub-  
10                  section for the 2-year period preceding the  
11                  first fiscal year for which the State re-  
12                  ceives a grant or cooperative agreement  
13                  under such subsection.

14               “(7) TECHNICAL ASSISTANCE.—The Secretary  
15               shall provide technical assistance and training to re-  
16               cipients of grants or cooperative agreements under  
17               this subsection, including convening meetings each  
18               year to identify ways of improving State programs.  
19               Such meetings shall include the members of the  
20               Federal Partners Committee under subsection (c).

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

23                   “(A) reports on current State efforts to  
24                   transition the population involved prior to the

1 implementation of the State plans under this  
2 section; and

3 “(B) evaluates the program carried out by  
4 the State under this section to determine the ef-  
5 fectiveness of such program in meeting its goals  
6 and objectives as compared with current ap-  
7 proaches.

8 “(9) AUTHORIZATION OF APPROPRIATIONS.—

9 “(A) IN GENERAL.—There is authorized to  
10 be appropriated to carry out this subsection,  
11 \$6,000,000 for each of fiscal years 2011 and  
12 2012, \$15,000,000 for fiscal year 2013,  
13 \$20,000,000 for fiscal year 2014, and  
14 \$25,000,000 for fiscal year 2015.

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

22 “(c) FEDERAL PARTNERS.—

23 “(1) IN GENERAL.—The Secretary shall des-  
24 ignate an existing Federal entity, or establish a  
25 Committee of Federal Partners, to coordinate service

1 programs to assist adolescents and young adults  
2 with serious mental health disorders in acquiring the  
3 knowledge and skills necessary for them to transi-  
4 tion into adult roles and responsibilities.

5 “(2) EXISTING FEDERAL ENTITY.—If the Sec-  
6 retary elects to utilize an existing Federal entity  
7 under paragraph (1), the Secretary shall ensure  
8 that—

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

12 “(B) such entity shall give special atten-  
13 tion to the knowledge and skills needed by ado-  
14 lescents and young adults with mental health  
15 disorders in coordinating the programs funded  
16 under this section.

17 “(3) MEMBERSHIP.—A Federal entity utilized  
18 under this subsection, or a committee established  
19 under paragraph (1), shall include representatives  
20 of—

21 “(A) the Department of Education (or any  
22 subagency of the Department);

23 “(B) the Department of Health and  
24 Human Services (or any subagency of the De-  
25 partment);

1           “(C) the Department of Labor (or any  
2           subagency of the Department);

3           “(D) the Department of Transportation  
4           (or any subagency of the Department);

5           “(E) the Department of Housing and  
6           Urban Development (or any subagency of the  
7           Department);

8           “(F) the Department of Interior (or any  
9           subagency of the Department);

10          “(G) the Department of Justice (or any  
11          subagency of the Department);

12          “(H) the Social Security Administration;

13          “(I) an organization representing con-  
14          sumers and families of consumers as designated  
15          by the Secretary; and

16          “(J) an organization representing mental  
17          health and behavioral health professionals as  
18          designated by the Secretary.

19          “(4) ROLE OF ENTITY OR COMMITTEE.—The  
20          Federal entity or committee designated or estab-  
21          lished under paragraph (1) shall review how Federal  
22          programs and efforts that address issues related to  
23          the transition of adolescents and young adults with  
24          serious mental health disorders may be coordinated  
25          to ensure the maximum benefit for the individuals

1 being served and to provide technical assistance to  
2 the States who are planning or implementing pro-  
3 grams under this section.

4 “(5) REPORT.—Not later than 18 months after  
5 the date of enactment of this Act, the Federal entity  
6 or committee designated or established under para-  
7 graph (1) shall submit to the appropriate commit-  
8 tees of Congress, and make available to the general  
9 public, a report concerning the participation of Fed-  
10 eral agencies and stakeholders in the planning and  
11 operations of the entity or committee. Such report  
12 shall also contain a description of the status of the  
13 efforts of such entity or committee in coordinating  
14 Federal efforts on behalf of the target population.

15 “(6) AUTHORIZATION OF APPROPRIATIONS.—  
16 There are authorized to be appropriated to carry out  
17 this subsection, \$1,000,000 for fiscal year 2011, and  
18 such sums as may be necessary for each of fiscal  
19 years 2012 through 2015.

20 “(d) DEFINITION.—In this section, the term ‘serious  
21 mental health disorder’ has the meaning given the term  
22 ‘serious mental illness’ by the Administrator for purposes  
23 of this title.”.