

118TH CONGRESS  
1ST SESSION

# S. 2836

To amend subpart 1 of part B of title IV of the Social Security Act to support the mental health and well-being of children and youth in, and formerly in, foster care, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 19, 2023

Mr. CASEY introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend subpart 1 of part B of title IV of the Social Security Act to support the mental health and well-being of children and youth in, and formerly in, foster care, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Foster Youth Mental  
5 Health Act of 2023”.

1 **SEC. 2. NATIONAL NAVIGATION PROGRAM TO SUPPORT**  
2 **THE MENTAL HEALTH AND WELL-BEING OF**  
3 **CHILDREN AND YOUTH IN, AND FORMERLY**  
4 **IN, FOSTER CARE.**

5 Section 426 of the Social Security Act (42 U.S.C.  
6 626) is amended—

7 (1) in the section heading, by inserting “SPE-  
8 CIAL PROJECTS,” after “TRAINING,”;

9 (2) in subsection (a)—

10 (A) in paragraph (1)(C), by striking “and”  
11 after the semicolon;

12 (B) in paragraph (2), by striking the pe-  
13 riod at the end and inserting “; and”; and

14 (C) by inserting after paragraph (2), the  
15 following new paragraph:

16 “(3) for grants by the Secretary, or contracts  
17 or cooperative arrangements, for the operation of a  
18 national navigation program to support the mental  
19 health and well-being of children and youth in, and  
20 formerly in, foster care that includes a 24-hour text  
21 line and toll-free hotline by which children and youth  
22 in foster care, youth who are aging out of foster  
23 care, children and youth formerly in foster care who  
24 have not yet reached their 28th birthday, foster and  
25 adoptive parents, kinship guardians, and parents of  
26 children in foster care may request information on

1 support for foster and adopted youth mental health  
2 and well-being that is staffed by youth who were for-  
3 merly in foster care and individuals with expertise in  
4 helping such populations navigate and access re-  
5 sources to support their mental health and well-  
6 being, including with respect to mental health and  
7 substance use disorder treatments and services, in-  
8 surance coverage and renewal, housing, childcare,  
9 skills training and education, extracurricular activi-  
10 ties, and other critical services for children and  
11 youth in foster care and youth who are aging out of  
12 foster care.”; and

13 (3) by adding at the end the following new sub-  
14 section:

15 “(d) NATIONAL NAVIGATION PROGRAM TO SUPPORT  
16 THE MENTAL HEALTH AND WELL-BEING OF CHILDREN  
17 IN, AND FORMERLY IN, FOSTER CARE.—

18 “(1) FUNDING REQUIREMENT.—Beginning with  
19 the first fiscal year after fiscal year 2023 for which  
20 the amount appropriated for the fiscal year to carry  
21 out this section exceeds the amount appropriated for  
22 such purpose for fiscal year 2023 by at least  
23 \$5,000,000, the Secretary shall make grants, or  
24 enter into contracts or cooperative arrangements, to  
25 carry out the national navigation program to sup-

1 port the mental health and well-being of children in,  
 2 and formerly in, foster care in accordance with sub-  
 3 section (a)(3).

4 “(2) UTILIZATION.—The Secretary shall evalu-  
 5 ate the demographics of the children and parents  
 6 who use or request information from the national  
 7 navigation program carried out in accordance with  
 8 subsection (a)(3) and shall identify the demo-  
 9 graphics of children and parents who are not access-  
 10 ing the program and increase outreach to make such  
 11 children and parents aware of the program.”.

12 **SEC. 3. COMPREHENSIVE MENTAL HEALTH SYSTEMS TO**  
 13 **SUPPORT THE MENTAL HEALTH AND WELL-**  
 14 **BEING OF FOSTER CARE YOUTH.**

15 Section 422(b)(15) of the Social Security Act (42  
 16 U.S.C. 622(b)(15)) is amended—

17 (1) in subparagraph (A)—

18 (A) in the matter preceding clause (i), by  
 19 striking “provides” and inserting “provide”;  
 20 and

21 (B) in clause (viii), by striking “and” after  
 22 the semicolon;

23 (2) by redesignating subparagraph (B) as sub-  
 24 paragraph (C);

1           (3) in subparagraph (C) (as redesignated by  
2 paragraph (2) of this section), by striking “subpara-  
3 graph (A)” and inserting “subparagraphs (A) and  
4 (B)”; and

5           (4) by inserting after subparagraph (A), the fol-  
6 lowing new subparagraph:

7           “(B) contain assurances that not less than 10  
8 percent of expenditures for services and activities the  
9 State will fund under the State program carried out  
10 pursuant to this subpart shall be for developing and  
11 providing ongoing support for a comprehensive men-  
12 tal health system for youth in a foster care place-  
13 ment that meets the requirements of subparagraph  
14 (A) and—

15           “(i) is established through partnerships  
16 with pediatricians, mental health professionals,  
17 child-serving agencies, child advocates, family  
18 groups, housing services, alternative programs  
19 that support mental health and well-being, and  
20 other key organizations to ensure youth in a  
21 foster care placement have timely access to non-  
22 pharmaceutical mental health and substance  
23 use disorder treatments and services;

24           “(ii) includes services and activities for  
25 youth in a foster care placement who are at risk

1 of developing, or have, a mental health or sub-  
2 stance use disorder, at the prevention, early  
3 intervention, and treatment stages;

4 “(iii) includes processes for—

5 “(I) recruiting, hiring, supervision, or  
6 training of individuals with lived experience  
7 to serve as peer specialists who deliver  
8 services to youth in a foster care placement  
9 as they navigate the child welfare system  
10 and other health and social services pro-  
11 grams and who check in with such youth  
12 weekly;

13 “(II) training of caseworkers and  
14 other staff working within the child welfare  
15 system with a series of trauma-informed  
16 and addiction-based professional develop-  
17 ment training sessions to better connect  
18 youth with resources for treatment and  
19 services as they enter the child welfare sys-  
20 tem, including the therapeutic supports  
21 and community-based resources developed  
22 and implemented in accordance with sub-  
23 clause (III); and

24 “(III) the development and implemen-  
25 tation of protocols for assisting youth in a

1 foster care placement with accessing thera-  
2 peutic supports, including navigation to  
3 peer support, family therapy, and alter-  
4 native therapies such as music or art ther-  
5 apy, play therapy, sports, mobile or virtual  
6 therapy, as well as community-based re-  
7 sources, such as parenting classes, commu-  
8 nity-provided financial and in-kind mate-  
9 rial support, behavioral health care, and  
10 community engagement opportunities;

11 “(iv) has procedures to address privacy  
12 concerns which include requirements for private  
13 space to be made available for mental health  
14 sessions, requirements for the use of platforms  
15 with end-to-end encryption for the exchange of  
16 sensitive health information that comply with  
17 the regulations promulgated under section  
18 264(c) of the Health Insurance Portability and  
19 Accountability Act of 1996, requirements for  
20 youth in a foster care placement to be informed  
21 of confidentiality agreements with counselors,  
22 therapists, and psychiatrists, and provided with  
23 information regarding where and how to file a  
24 grievance about each member of their care  
25 team, and requirements to retrain mental

1 health, child welfare, or juvenile justice profes-  
2 sionals who have violated such confidentiality  
3 agreements on upholding these requirements;  
4 and

5 “(v) requires that, in the case of a youth  
6 in a foster care placement who needs treatment  
7 for a mental health condition or substance use  
8 disorder—

9 “(I) the health and education infor-  
10 mation required for the youth’s case plan  
11 under section 475(1)(C) includes docu-  
12 mentation evidencing having discussed with  
13 the youth the youth’s options for treatment  
14 of the mental health condition or substance  
15 use disorder and a plan for the delivery of  
16 such treatments, prior to, or as soon as  
17 practicable after, the start of treatment;

18 “(II) procedures are in place to en-  
19 sure continuity of care for a youth in a  
20 foster care placement who is being treated  
21 for a mental health condition or substance  
22 use disorder if the youth is moved to an-  
23 other placement setting, the youth’s treat-  
24 ment is transferred to another provider, or  
25 the type of treatment is changed;



1           “(III) the components of the transi-  
2           tion plan development process required  
3           under section 475(5)(H) that relate to the  
4           health care needs of children aging out of  
5           foster care, includes a plan for continuity  
6           of care when a youth in a foster care  
7           placement who is being treated for a men-  
8           tal health condition or substance use dis-  
9           order leaves foster care; and

10           “(IV) systems are in place to follow  
11           up with youth to ensure receipt and ade-  
12           quacy of needed mental health or sub-  
13           stance use disorder services, with protocols  
14           to respond to concerns identified by foster  
15           youth and assist youth with accessing addi-  
16           tional care as recommended by a health  
17           care professional; and”.

18 **SEC. 4. EFFECTIVE DATE.**

19           (a) IN GENERAL.—The amendments made by this  
20 Act shall take effect on the date of enactment of this Act  
21 and shall apply to payments under subpart 1 of part B  
22 of title IV of the Social Security Act for calendar quarters  
23 beginning on or after such date, and without regard to  
24 whether regulations to implement the amendments are  
25 promulgated by such date.

1           (b) EXCEPTION FOR STATE PLANS REQUIRING  
2 STATE LAW AMENDMENTS.—In the case of a State plan  
3 under subpart 1 of part B of title IV of the Social Security  
4 Act which the Secretary determines requires State legisla-  
5 tion in order for the plan to meet the additional require-  
6 ments imposed by the amendments made by this Act, the  
7 effective date of the amendments imposing the additional  
8 requirements shall be 3 months after the first day of the  
9 first calendar quarter beginning after the close of the first  
10 regular session of the State legislature that begins after  
11 the date of the enactment of this Act. For purposes of  
12 the preceding sentence, in the case of a State that has  
13 a 2-year legislative session, each year of the session shall  
14 be considered to be a separate regular session of the State  
15 legislature.

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