

103^D CONGRESS
1ST SESSION

H. R. 1022

To establish a program to provide grants to improve the quality and availability of comprehensive education, health and social services for at-risk youth and their families, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 18, 1993

Ms. WATERS introduced the following bill; which was referred jointly to the Committees on Education and Labor and Energy and Commerce

A BILL

To establish a program to provide grants to improve the quality and availability of comprehensive education, health and social services for at-risk youth and their families, 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 “Comprehensive Serv-
5 ices for Youth Act of 1993”.

1 **TITLE I—SCHOOL-BASED OR**
2 **SCHOOL-LINKED HEALTH**
3 **AND SOCIAL SERVICES CEN-**
4 **TER GRANTS**

5 **SEC. 101. GRANT PROGRAM.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services, acting through the Administrator of the
8 Health Resources and Services Administration, may
9 award grants to eligible local community partnerships to
10 coordinate and deliver comprehensive education, health,
11 and social services to children or youth in school-based,
12 school-linked or community-based locations.

13 (b) ELIGIBLE ENTITIES.—

14 (1) IN GENERAL.—To be eligible to receive a
15 grant under subsection (a), an entity shall—

16 (A) be a new or existing local community
17 partnership which, at a minimum, shall in-
18 clude—

19 (i) a local health care provider with
20 experience in delivering services to adoles-
21 cents;

22 (ii) one or more local public schools;

23 and

24 (iii) at least one community-based or-
25 ganization located in the community to be

1 served that has a history of providing serv-
2 ices to at-risk youth in that community;

3 (B) prepare and submit to the Secretary
4 an application in accordance with subsection
5 (e), that has been developed and agreed to by
6 all members of the partnership;

7 (C) ensure the provision of core services in
8 accordance with subsection (c); and

9 (D) meet any other requirements deter-
10 mined appropriate by the Secretary.

11 (2) PARTICIPATION.—A partnership described
12 in paragraph (1)(A) shall, to the maximum extent
13 feasible, involve broad based community participa-
14 tion from parents and youth to be served, health and
15 social service providers, teachers and other public
16 school and school board personnel, community-based
17 organizations (particularly those serving minority
18 youth), youth development and service organizations
19 and interested business leaders. Such participation
20 may be through an expanded partnership, or an ad-
21 visory board to such a partnership.

22 (3) TARGETING.—A partnership described in
23 paragraph (1)(A) shall be located in and created to
24 serve a community in which youth are exposed to a
25 high risk environment as documented by factors in-

1 cluding high rates of children in poverty or who lack
2 access to health care, school dropouts and those re-
3 tained in grade, alcohol or other drug use, sexually
4 transmitted diseases including HIV, teen pregnancy,
5 early parenthood, suicide, community or gang vio-
6 lence, youth unemployment, and juvenile justice in-
7 volvement.

8 (c) USE OF AMOUNTS.—

9 (1) CORE SERVICES.—

10 (A) IN GENERAL.—A local partnership
11 awarded a grant under subsection (a) shall use
12 amounts received under such grant to coordi-
13 nate and deliver core services described in sub-
14 paragraphs (B) and (C) at a school-based,
15 school-linked, or community-based location or
16 locations accessible to, and utilized by, at-risk
17 children, youth, and their families.

18 (B) COMPREHENSIVE HEALTH, MENTAL
19 HEALTH, AND SOCIAL SERVICES.—With respect
20 to the delivery of comprehensive health, mental
21 health, and social services, a partnership shall
22 ensure that—

23 (i) at a minimum, health screening
24 and health care services, counseling and

1 crisis intervention and referrals are pro-
2 vided in a single site; and

3 (ii) health, mental health and social
4 services which cannot be provided directly
5 on-site will be secured through contracted
6 arrangements with community-based pro-
7 viders and a case management system that
8 ensures that populations to be served re-
9 ceive needed services and appropriate fol-
10 low-up services, including supportive serv-
11 ices such as the provision of transpor-
12 tation.

13 (C) YOUTH DEVELOPMENT AND LIFE
14 PLANNING.—With respect to youth development
15 and life planning services, a partnership shall—

16 (i) provide age appropriate programs
17 and services that promote the development
18 of life skills and social competencies which
19 assist youth in completing school or em-
20 ployment training, establishing life and ca-
21 reer goals, and avoiding high risk behav-
22 iors; and

23 (ii) provide programs and services
24 that are designed to prevent HIV and
25 other sexually transmitted diseases, unin-

1 tended pregnancies, early parenthood, alco-
2 hol and other drug use, suicide, community
3 or gang violence, and other risk-taking be-
4 haviors that reflect the needs of the popu-
5 lations identified by the community in the
6 comprehensive plan of the partnership.

7 (2) COORDINATION OF CORE SERVICES.—A
8 partnership awarded a grant under subsection (a)
9 shall, in meeting the requirements of paragraph (1),
10 use amounts received under such grant to coordinate
11 the delivery of existing services of the types de-
12 scribed in such paragraph to more effectively utilize
13 available resources prior to adding new resources or
14 developing new services.

15 (3) COORDINATION OF CORE SERVICES WITH
16 ADDITIONAL SERVICES.—A partnership awarded a
17 grant under subsection (a) may use amounts re-
18 ceived under such grant to coordinate or co-locate
19 core services with additional services identified in the
20 comprehensive plan to enhance the support available
21 through the partnership service delivery network.

22 (d) PRIORITY AND TERM OF GRANTS.—

23 (1) PRIORITY.—In awarding grants under this
24 subsection the Secretary shall give priority to those

1 applicants that, through their comprehensive services
2 plan, demonstrate that—

3 (A) continuity of access to required core
4 services for youth will be made available on a
5 year round basis or beyond traditional school or
6 service hours, either on site or through a
7 backup referral system of community-based pro-
8 viders; and

9 (B) services to be offered by the partner-
10 ship will extend beyond the in-school population
11 and will include the provision of core services to
12 out-of-school youth, to the extent practicable.

13 (2) TERM OF GRANTS.—Grants awarded under
14 subsection (a) shall be for a term of not less than
15 3, or more than 5, years based on the ability of the
16 grantee partnership to achieve the goals and objec-
17 tives identified in the entity’s application. The Sec-
18 retary may provide 2 year extension awards to those
19 grantee partnerships that, following the initial 3
20 year grant period, demonstrate substantial progress
21 in the integration of comprehensive services, includ-
22 ing broad based institutional support for collabora-
23 tion from all members of the partnership, and im-
24 provement in the health and education outcomes of

1 the populations served relative to baseline commu-
2 nity indices.

3 (e) APPLICATION.—

4 (1) IN GENERAL.—An entity that desires to re-
5 ceive a grant under subsection (a) shall prepare and
6 submit an application to the Secretary at such time,
7 in such manner, and accompanied by such informa-
8 tion as the Secretary may reasonably require. Such
9 application shall include a comprehensive services
10 plan that meets the requirements of paragraph (3)
11 and the assurances required under paragraph (4). A
12 copy of such application shall be provided to the
13 State agencies primarily responsible for health and
14 education for the particular State involved.

15 (2) FORMULATION.—In formulating a com-
16 prehensive services plan under this subsection, an
17 entity shall document the efforts undertaken by the
18 entity to obtain broad based community input from
19 teachers and school personnel, health providers in-
20 cluding organized medicine, social service providers
21 including community-based organizations, and par-
22 ents and at-risk youth to be served in order to—

23 (A) maximize participation in the needs as-
24 sessment conducted by the entity;

1 (B) formulate a service plan that is com-
2 prehensive and reflective of the needs delineated
3 by youth and families to be served;

4 (C) build institutional support for the serv-
5 ices to be provided under the plan from the
6 staff and administration of all members of the
7 partnership and the larger community;

8 (D) encourage increased collaboration
9 among a broader range of public and private
10 providers to improve the quality, availability
11 and variety of services offered within the part-
12 nership; and

13 (E) heighten awareness of the linkage be-
14 tween access to comprehensive health and social
15 services and school performance.

16 (3) CONTENTS OF THE PLAN.—Each plan sub-
17 mitted under paragraph (1) shall include—

18 (A) a description of the children or youth
19 populations to which services will be provided
20 under the grant and an assessment of their
21 health, social services, and education needs;

22 (B) an inventory of existing core services
23 described in subsection (c) that are being pro-
24 vided to such populations within the commu-

1 nity, including subpopulations of youth with
2 special needs;

3 (C) an identification of the unmet needs of
4 such populations, gaps in the system of core
5 services available, barriers to the utilization of
6 services, and barriers to the integration of serv-
7 ices including conflicting regulatory require-
8 ments and eligibility standards;

9 (D) a description of the program goals and
10 objectives and intended outcomes, which may
11 include increased integration and utilization of
12 services by the intended populations, and im-
13 proved health and education indicators for serv-
14 ice recipients relative to the baseline community
15 assessments described in subparagraph (A);

16 (E) a plan for the manner in which data
17 systems used by members of the partnership
18 will be coordinated in order to guide local plan-
19 ning and evaluate the progress made toward
20 achieving program goals and objectives de-
21 scribed in subparagraph (D);

22 (F) a description of the means by which
23 the entity will coordinate or co-locate services
24 currently provided by members of the partner-

1 ship in order to maximize the effectiveness of
2 existing resources;

3 (G) a description of the services that will
4 be directly provided to children or youth popu-
5 lations with funds provided under this Act as
6 needed to address identified unmet core service
7 needs;

8 (H) a description of how the services will
9 be coordinated with the on-going educational
10 activities of the school or schools participating
11 in the partnership and the role the school nurse
12 and other student support personnel will play in
13 the expanded health care services;

14 (I) a description of the process by which
15 program decisions will be made within the part-
16 nership;

17 (J) an identification of the partnership's
18 fiscal agent and the manner in which program
19 funds received under this section will be dis-
20 bursed and monitored; and

21 (K) a description of the strategy for secur-
22 ing the long term financing necessary to ensure
23 a continuity of services made available through
24 the partnership after the termination of the
25 grant period.

1 (4) ASSURANCES.—An application submitted
2 under this section shall contain assurances that—

3 (A) core services will be provided in a co-
4 ordinated manner at a single site providing
5 ready access to the populations to be served,
6 and if such single site is to be school-based,
7 that an affirmative school board vote for the
8 project will be provided;

9 (B) core services will be targeted to popu-
10 lations and subpopulations identified in the
11 comprehensive plan and will be delivered in a
12 culturally sensitive and linguistically appro-
13 priate manner;

14 (C) amounts provided to the applicant
15 under this section will be used to coordinate ex-
16 isting services provided by the individual mem-
17 bers of the partnership before such amounts are
18 used to provide new services; and

19 (D) amounts provided to the applicant
20 under this section and used to deliver services
21 will be utilized in conformity with the unmet
22 core service needs as identified in the com-
23 prehensive plan of the entity.

1 (f) GEOGRAPHIC DISTRIBUTION.—In awarding
2 grants to qualified applicants under this title, the Sec-
3 retary shall ensure—

4 (1) an equitable geographic distribution; and

5 (2) a distribution to both urban and rural com-
6 munities in which youth are exposed to a high risk
7 environment in accordance with section 101(b)(3).

8 (g) AMOUNT OF GRANT.—The annual amount of a
9 grant awarded under this title shall not be less than
10 \$100,000 nor more than \$300,000, except as provided in
11 section 102.

12 (h) FEDERAL SHARE.—

13 (1) IN GENERAL.—Subject to paragraph (3), a
14 grant for services awarded under this section may
15 not exceed—

16 (A) 90 percent of the total cost of the ac-
17 tivities to be funded under the program for the
18 first 2 fiscal years for which the program re-
19 ceives assistance under this section; and

20 (B) 75 percent of the total cost of such ac-
21 tivities for subsequent years for which the pro-
22 gram receives assistance under this section.

23 The remainder of such costs shall be made available
24 as provided in paragraph (2).

1 (2) FORM OF NON-FEDERAL SHARE.—The non-
2 Federal share required by paragraph (1) may be in
3 cash or in-kind, fairly evaluated, including facilities,
4 equipment, personnel, or services, but may not in-
5 clude amounts provided by the Federal Government.
6 In-kind contributions may include space within a
7 school facility, school personnel, program use of
8 school transportation systems, outposted health and
9 social services personnel, and extension of health
10 provider medical liability insurance.

11 (3) WAIVER.—The Secretary may waive the re-
12 quirements of paragraph (1) for any year in accord-
13 ance with criteria established by regulation. Such
14 criteria shall include a documented need for the
15 services provided under this section and an inability
16 of the grantee to meet the requirements of para-
17 graph (1) despite a good faith effort.

18 (i) TRAINING AND TECHNICAL ASSISTANCE.—Enti-
19 ties that receive assistance under this section shall use 10
20 percent of the amount of such assistance to provide staff
21 training and to secure necessary technical assistance. To
22 the maximum extent feasible, technical assistance should
23 be sought through local community-based entities. Staff
24 training should include the training of teachers and other
25 school personnel necessary to ensure appropriate referral

1 and utilization of services and school reinforced linkages
2 between classroom activities and services offered.

3 **SEC. 102. PLANNING GRANTS.**

4 (a) IN GENERAL.—The Secretary, acting through the
5 Administrator of the Health Resources and Services Ad-
6 ministration, may award 1-year nonrenewable planning
7 grants to entities described in section 101(b)(1)(A) that
8 agree to establish a local community partnership for the
9 purpose of delivering comprehensive services as described
10 in section 101.

11 (b) APPLICATION.—To be eligible to receive a grant
12 under subsection (a), a local community partnership shall
13 prepare and submit to the Secretary an application, at
14 such time, in such manner, and containing such informa-
15 tion as the Secretary may reasonably require. A copy of
16 such application shall be provided to the State agencies
17 primarily responsible for health and education in the par-
18 ticular State involved.

19 (c) USE OF AMOUNTS.—Amounts provided under a
20 grant awarded under subsection (a) shall be used to—

21 (1) assess the education, health, mental health,
22 and social service needs of children or youth in the
23 community proposed to be served by the local com-
24 munity partnership, and the current service delivery

1 system, to identify unmet needs and barriers to serv-
2 ices;

3 (2) develop a plan for the delivery and coordi-
4 nating of comprehensive education, health and social
5 services for youth populations to be served in a
6 school-based, school-linked, or community-based lo-
7 cation; and

8 (3) develop program goals and objectives and
9 intended outcomes and the means by which progress
10 will be measured.

11 (d) LIMITATIONS.—

12 (1) AMOUNT AVAILABLE FOR GRANTS.—Not
13 more than 10 percent of the amounts appropriated
14 under section 308(1) shall be used to award plan-
15 ning grants under subsection (a).

16 (2) AMOUNT AVAILABLE FOR INDIVIDUAL
17 GRANTS.—The Secretary shall not award a grant of
18 more than \$50,000 under subsection (a).

19 **TITLE II—STATE AND LOCAL CO-**
20 **ORDINATED YOUTH SERV-**
21 **ICES GRANTS**

22 **SEC. 201. PURPOSE.**

23 It is the purpose of this title to award grants to city-
24 wide or countywide consortia, or to a State entity, with
25 a demonstrated commitment to the coordination and deliv-

1 ery of comprehensive education, health and social services
2 to in-school and out-of-school youth on a citywide, county-
3 wide or statewide basis through a system of school-based,
4 school-linked, and community-based comprehensive youth
5 services centers.

6 **Subtitle A—Local Consortia Grants**

7 **SEC. 211. COORDINATION AND SERVICE DELIVERY GRANTS.**

8 (a) IN GENERAL.—The Secretary, acting through the
9 Administrator of the Health Resources and Services Ad-
10 ministration, may award grants to eligible consortia to en-
11 able such consortia to provide comprehensive core services
12 as described in section 231(a).

13 (b) ELIGIBLE CONSORTIA.—

14 (1) IN GENERAL.—To be eligible to receive a
15 grant under subsection (a), a consortia—

16 (A) shall be a new or existing collaborating
17 group of entities whose membership includes
18 representatives from the local health depart-
19 ment, the local educational agency, health and
20 social services providers and community-based
21 organizations located in the service delivery
22 area that have a history of providing service to
23 at-risk youth (including minority youth, school
24 drop outs, adolescent parents, and runaway or
25 homeless youth), youth development organiza-

1 tions, juvenile justice personnel, and parents
2 and the at-risk youth to be served;

3 (B) shall consist of members who have
4 demonstrated a financial or organizational com-
5 mitment to providing comprehensive education,
6 health, and social services to at-risk youth
7 through an integrated service delivery network
8 directed by the consortia; and

9 (C) shall prepare and submit to the Sec-
10 retary an application in accordance with section
11 231(b).

12 (2) DEFINITION.—For purposes of paragraph
13 (1):

14 (A) The term “financial commitment”
15 means an identification of locally controlled fi-
16 nancial resources, including those obtained
17 through individual or joint application with
18 other public and private funding sources, to be
19 dedicated to the planning, coordination and de-
20 livery of comprehensive services to at-risk youth
21 by the consortia.

22 (B) The term “organizational commit-
23 ment” means—

24 (i) an identification of existing institu-
25 tional and in-kind resources that each

1 member of the consortia will dedicate to
2 the goals and objectives of the consortia;

3 (ii) an assurance that the training
4 and technical assistance necessary for
5 teachers and other frontline service provid-
6 ers to increase their knowledge, expertise,
7 and willingness to work collaboratively will
8 be provided;

9 (iii) a commitment to participate in
10 providing the data necessary to guide the
11 joint planning, implementation, and ongo-
12 ing monitoring consortia activities; and

13 (iv) with respect to the local edu-
14 cational agency, an affirmative vote by the
15 local school board on participation in the
16 consortia.

17 **Subtitle B—Statewide Youth** 18 **Services Center Grants**

19 **SEC. 221. STATEWIDE COORDINATION AND SERVICE DELIV-** 20 **ERY GRANTS.**

21 (a) IN GENERAL.—The Secretary, acting through the
22 Administrator of the Health Resources and Services Ad-
23 ministration, may award grants to eligible States to enable
24 such State to provide the core services described in sub-

1 section 231(a) through the awarding of grants to local
2 community partnerships or consortia.

3 (b) ELIGIBLE STATES.—

4 (1) IN GENERAL.—To be eligible to receive a
5 grant under subsection (a), a State shall—

6 (A) provide assurances that a memoran-
7 dum of understanding or written cooperative
8 agreement has been entered into by the State
9 agencies responsible for education, health and
10 social services concerning the planned delivery
11 of comprehensive youth services;

12 (B) have a demonstrated financial and or-
13 ganizational commitment to providing com-
14 prehensive and co-located health, education, and
15 social services to at-risk youth through the
16 awarding of grants to local communities;

17 (C) currently support the coordinated de-
18 livery of such services through a system of
19 school-based, school-linked, or community-based
20 comprehensive youth services centers;

21 (D) provide documentation that services
22 are prioritized among communities that have
23 health and social indices that indicate a high
24 risk environment for youth, including high rates
25 of children in poverty or who lack access to

1 health care, teen pregnancy and early parent-
2 hood, sexually transmitted diseases including
3 HIV, school dropouts, community or gang vio-
4 lence, alcohol or other drug use, youth unem-
5 ployment and juvenile justice involvement; and

6 (E) prepare and submit to the Secretary
7 an application in accordance with section
8 231(b).

9 (2) DEFINITIONS.—For the purposes of para-
10 graph (1):

11 (A) The term “demonstrated financial
12 commitment” means the investment of State-
13 controlled financial and other resources avail-
14 able to States for the purposes of planning, co-
15 ordinating, and delivering comprehensive serv-
16 ices to youth in the most recent fiscal year.

17 (B) The term “demonstrated organiza-
18 tional commitment” means—

19 (i) an administrative mechanism in
20 place under which a statewide system of
21 local partnerships is implemented among
22 education and public and private health
23 and social service providers for collabora-
24 tion in the joint planning, coordination,

1 and delivery of comprehensive services to
2 youth populations; and

3 (ii) a defined strategic plan for the
4 manner in which the State provides tech-
5 nical assistance and training to localities
6 for the development of the collaborative
7 partnerships as described in clause (i).

8 **Subtitle C—Provisions Relating to**
9 **Both Local and Statewide Grant**
10 **Programs**

11 **SEC. 231. USE OF AMOUNTS AND APPLICATION.**

12 (a) USE OF AMOUNTS.—

13 (1) CORE SERVICES.—

14 (A) IN GENERAL.—A consortia or State
15 entity awarded a grant under section 211 or
16 221 shall use amounts received under such
17 grant to coordinate and deliver core services de-
18 scribed in subparagraphs (B) and (C) through
19 a system of school-based, school-linked, or com-
20 munity-based youth centers, to serve in-school
21 and out-of-school youth and their families;

22 (B) COMPREHENSIVE HEALTH, MENTAL
23 HEALTH, AND SOCIAL SERVICES.—With respect
24 to the delivery of comprehensive health, mental

1 health, and social services, a consortia or entity
2 shall ensure that—

3 (i) at a minimum, health screening
4 and health care services, counseling and
5 crisis intervention and referrals are pro-
6 vided on-site; and

7 (ii) health, mental health and social
8 services which cannot be provided directly
9 on-site will be secured through referrals to
10 community-based providers under contrac-
11 tual arrangements and a case management
12 system that ensures that youth receive
13 needed services and appropriate follow-up
14 services, including supportive services such
15 as the provision of transportation.

16 (C) YOUTH DEVELOPMENT AND LIFE
17 PLANNING.—With respect to youth development
18 and life planning services, a consortia or entity
19 shall—

20 (i) provide programs and services that
21 promote the development of life skills and
22 social competencies which assist youth in
23 completing school or employment training
24 by helping them to establish life and career
25 goals and avoid high risk behaviors; and

1 (ii) provide programs and services
2 that are designed to prevent HIV and
3 other sexually transmitted diseases, unin-
4 tended pregnancy, early parenthood, alco-
5 hol and other drug use, suicide, community
6 or gang violence, and other adolescent risk
7 taking behaviors that reflect the needs of
8 the youth populations identified by the
9 community in the comprehensive plan of
10 the partnership.

11 (2) COORDINATION AND DELIVERY OF CORE
12 SERVICES.—An entity awarded a grant under this
13 title shall, in meeting the requirements of paragraph
14 (1), use amounts received under such grant to co-
15 ordinate and co-locate the delivery of existing core
16 services of the types described in such paragraph
17 into a broader system of health and social services
18 centers accessible to in-school or out-of-school youth
19 to more effectively utilize available resources prior to
20 adding new resources or developing new services.

21 (3) COORDINATION OF CORE SERVICES WITH
22 EDUCATION AND TRAINING SERVICES FOR OUT-OF-
23 SCHOOL YOUTH.—An entity awarded a grant under
24 this title shall use amounts received under such
25 grant to provide outreach services to out-of-school

1 youth (including adolescent parents and runaway
2 and homeless youth) and to coordinate core services
3 with alternative education and job training and
4 placement opportunities for such youth.

5 (4) COORDINATION OF CORE SERVICES WITH
6 ADDITIONAL SERVICES.—An entity awarded a grant
7 under this title may use amounts received under
8 such grant to coordinate and co-locate core services
9 with additional services in order to enhance the sup-
10 port available to at-risk youth and their families
11 through the service delivery network.

12 (5) EXPANSION OF CORE SERVICES TO FEEDER
13 SCHOOLS.—An entity awarded a grant under this
14 title may use amounts received under such grant to
15 expand the coordination and delivery of core services
16 to those elementary schools whose students will at-
17 tend secondary schools currently providing core serv-
18 ices.

19 (b) APPLICATION.—

20 (1) IN GENERAL.—A consortia or State entity
21 that desires to receive a grant under this title shall
22 prepare and submit an application to the Secretary
23 at such time, in such manner, and accompanied by
24 such information as the Secretary may reasonably
25 require. Such application shall include a comprehen-

1 sive services plan that meets the requirements of
2 paragraph (3) and the assurances required under
3 paragraph (4).

4 (2) FORMULATION.—In formulating a com-
5 prehensive services plan under this subsection, a
6 consortia or State entity shall document the efforts
7 undertaken to obtain broad based community input
8 from teachers and other school personnel, health
9 providers including organized medicine, social serv-
10 ices providers including community-based organiza-
11 tions, and parents and at-risk youth in order to—

12 (A) maximize participation in the needs as-
13 sessment conducted by the entity;

14 (B) formulate a service plan that is com-
15 prehensive and reflective of the needs delineated
16 by the youth, families, and neighborhoods to be
17 served under the plan;

18 (C) build institutional support for the serv-
19 ices to be provided under the plan from the
20 staff and administration of all members of the
21 consortia and the support of parents and the
22 larger community; and

23 (D) encourage increased collaboration
24 among members of the consortia as well as a
25 broader range of providers to enhance the qual-

1 ity, availability and a variety of services avail-
2 able within the consortia.

3 (3) CONTENTS OF THE PLAN.—Each plan sub-
4 mitted under paragraph (1) shall include, with re-
5 spect to local consortia or those localities to be
6 served under a Statewide network—

7 (A) a description of the in-school and out-
8 of-school youth populations to which services
9 will be provided under the grant and an assess-
10 ment of their health and social services needs;

11 (B) an inventory of existing core services
12 described in subsection (a) that are being pro-
13 vided to such youth populations, including sub-
14 populations of youth with special needs;

15 (C) an identification of the unmet needs of
16 such youth populations, gaps in the system of
17 core services available, barriers to the utiliza-
18 tion of services by such youth, and barriers to
19 the integration of services including conflicting
20 regulatory requirements and eligibility stand-
21 ards;

22 (D) a description of the program goals and
23 objectives and intended outcomes, which may
24 include increased integration and utilization of
25 services by the intended youth populations, and

1 improved health and education, indicators for
2 service recipients relative to baseline community
3 assessment;

4 (E) a description of the manner in which
5 such data systems will be utilized to guide plan-
6 ning and to evaluate progress toward achieving
7 the program goals and objectives described in
8 subparagraph (D);

9 (F) a description of the means by which an
10 entity awarded a grant under this title will—

11 (i) utilize existing Federal, State, local
12 and other funding sources and reimburse-
13 ment mechanisms (including Medicaid and
14 other third party payors), received by the
15 entity or its members for the coordinated
16 delivery of core services; and

17 (ii) co-locate currently operating serv-
18 ices provided by the entity or its members
19 into a system of comprehensive health and
20 social services centers in order to maximize
21 the effectiveness of existing resources in
22 serving in-school and out-of-school youth;

23 (G) a description of the services that will
24 be directly provided to such youth populations
25 with funds provided under this Act as needed to

1 address unmet core service needs identified in
2 the comprehensive plan;

3 (H) a plan for the phased-in development
4 of comprehensive school-based and community-
5 based health and social services centers with
6 amounts received under this Act to achieve a
7 citywide, countywide, or Statewide service deliv-
8 ery network of both in-school and out-of-school
9 youth;

10 (I) a plan for the phased-in expansion of
11 services available through the entity by identify-
12 ing additional opportunities for collaboration
13 with providers offering services in addition to
14 the core services required under subsection (a)
15 which have been identified as needs of such
16 youth populations;

17 (J) a description of the process by which
18 program development, implementation, and
19 evaluation (including the criteria and decision-
20 making process that will be used in allocating
21 funds within the youth services center system)
22 will be carried out within the entity;

23 (K) an identification of the fiscal agent or
24 State agency administering the program and
25 the manner in which program funds received

1 under this section will be disbursed and mon-
2 itored; and

3 (L) a description of the strategy for secur-
4 ing the long-term financing necessary to con-
5 tinue to provide the services made available
6 through the entity after the termination of the
7 grant period.

8 (4) ASSURANCES.—An application submitted
9 under this subsection shall contain assurances
10 that—

11 (A) core services will be provided in a co-
12 ordinated manner to in-school and out-of-school
13 youth through a system of comprehensive serv-
14 ices centers providing ready access to the youth
15 and their families to be served;

16 (B) core services will be targeted to youth
17 populations and subpopulations identified in the
18 comprehensive plan and will be delivered in a
19 culturally sensitive and linguistically appro-
20 priate manner;

21 (C) amounts provided to the applicant
22 under this section will be used to coordinate ex-
23 isting services before such amounts are used to
24 provide directly the services;

1 (D) amounts provided to the applicant
2 under this section and used to deliver services
3 will be utilized in conformity with the unmet
4 needs as identified in the comprehensive plan of
5 the entity; and

6 (E) entities awarded grants under this title
7 will provide comprehensive services that extend
8 beyond traditional school or service hours, in-
9 cluding access to year round programs and pro-
10 grams that provide services in the evenings or
11 on weekends.

12 (c) TERM OF GRANTS AND ADMINISTRATIVE
13 COSTS.—

14 (1) TERM OF GRANTS.—Grants awarded under
15 this title shall be for a term of not less than 3, or
16 more than 5, years based on the ability of the grant-
17 ee to achieve the goals and objectives identified in
18 the entities application. The Secretary may provide
19 2 year extension awards to those grantees that, fol-
20 lowing the initial 3 year grant period, demonstrate
21 substantial progress in the integration of comprehen-
22 sive services for at-risk youth, including broad based
23 institutional support for collaboration from all mem-
24 bers of the consortia, and an improvement in the

1 health and education outcomes of the youth served
2 relative to the baseline community indices.

3 (2) CAP ON ADMINISTRATIVE COSTS.—A grant-
4 ee may not use in excess of 5 percent of any
5 amounts received under a grant awarded under this
6 title for planning, data collection, administration, ac-
7 counting, reporting, and program oversight activi-
8 ties.

9 (3) INTEGRATION INCENTIVE.—The Secretary,
10 in making a grant under this title, may make avail-
11 able to an approved consortia or State, an amount
12 equal to—

13 (A) \$1 under such a grant for every \$5 of
14 Federal funds otherwise available to the individ-
15 ual members of the consortia or State through
16 other Federal discretionary grant programs
17 that will be integrated into the comprehensive
18 service delivery network established by the con-
19 sortia or State; and

20 (B) \$1 under such a grant for every \$1 of
21 local, State or other non-Federal funds made
22 available to carry out the purposes of this Act
23 (such non-Federal contributions may be cash,
24 from public or private entities, or in-kind, fairly

1 evaluated, including facilities, equipment, and
2 personnel).

3 Amounts provided by the Federal Government and
4 applied under subparagraph (A), may not be in-
5 cluded in determining the local share for purposes of
6 this paragraph.

7 **SEC. 232. CONSORTIA OR STATE PLANNING GRANTS.**

8 (a) **IN GENERAL.**—The Secretary, acting through the
9 Administrator of the Health Resources and Services Ad-
10 ministration, may award 1 year nonrenewable planning
11 grants to consortia described in section 211(b)(1)(A) or
12 to States for the purpose of planning for the delivery of
13 comprehensive services as described in section 231.

14 (b) **APPLICATION.**—To be eligible to receive a grant
15 under subsection (a), consortia or State shall prepare and
16 submit to the Secretary an application, at such time, in
17 such manner, and containing such information as the Sec-
18 retary may reasonably require.

19 (c) **USE OF AMOUNTS.**—Amounts provided under a
20 grant awarded under subsection (a) shall be used to—

21 (1) establish an administrative mechanism for
22 the development and implementation of a citywide,
23 countywide, or statewide system of school-based,
24 school-linked, or community-based comprehensive
25 youth services centers;

1 (2) assess the education, health, mental health,
2 and social service needs of youth proposed to be
3 served, and the current service delivery system, to
4 identify unmet needs and barriers to services for
5 youth;

6 (3) develop program goals and objectives and
7 intended outcomes and the means by which progress
8 will be measured; and

9 (4) develop a strategic plan for the coordinating
10 and delivery of comprehensive education, health and
11 social services for youth populations to be served in
12 a school-based, school-linked, or community-based
13 location.

14 (d) LIMITATIONS.—

15 (1) AMOUNT AVAILABLE FOR GRANTS.—Not
16 more than 10 percent of the amounts appropriated
17 under section 308(2) shall be used to award plan-
18 ning grants under subsection (a).

19 (2) AMOUNT AVAILABLE FOR INDIVIDUAL
20 GRANTS.—The Secretary shall not award a matching
21 grant of more than \$150,000 under subsection (a).

22 **TITLE III—IMPLEMENTATION** 23 **PROVISIONS**

24 **SEC. 301. INTERRELATIONSHIP BETWEEN TITLES.**

25 (a) LIMITATION.—

1 (1) IN GENERAL.—A community that is cur-
2 rently receiving State funds for the delivery of co-lo-
3 cated education, health and social services, or a com-
4 munity that will receive funding from the State if
5 such State is funded under subtitle B of title II,
6 shall not be eligible to receive funds under title I.

7 (2) CONSTRUCTION.—Nothing in paragraph (1)
8 shall be construed to prevent a community partner-
9 ship that currently receives State funding for the de-
10 livery of co-located education, health, and social
11 services from forming a consortia in order to seek
12 funding for an expanded citywide or countywide
13 youth services network under subtitle A of title II.

14 (b) PARTICIPATION.—A local consortia operating in
15 a locality that is receiving State funding for the delivery
16 of co-located education, health, and social services, shall
17 include participation from the entities receiving such State
18 funding.

19 (c) CONTINUED FUNDING.—At the completion of the
20 5-year grant period under title I, a partnership receiving
21 funds under such title shall be eligible for continued fund-
22 ing if such partnership has expanded into a citywide or
23 countywide consortia as described under subtitle A of title
24 II, or has become part of statewide network as described
25 under subtitle B of title II.

1 **SEC. 302. CONSULTATION WITH OTHER DEPARTMENTS.**

2 The Secretary shall consult with the Secretary of
3 Education in the development of program regulations to
4 implement this Act.

5 **SEC. 303. TECHNICAL ASSISTANCE.**

6 (a) IN GENERAL.—The Secretary shall—

7 (1) widely disseminate information regarding
8 the programs authorized under this Act to appro-
9 priate State and local health, education, and human
10 service agencies and community-based organizations;

11 (2) provide technical assistance to support enti-
12 ties in complying with the requirements of this Act;
13 and

14 (3) widely disseminate information with respect
15 to successful and model programs supported with
16 funds provided under this Act to current grantees
17 and to entities described in paragraph (1).

18 (b) ADMINISTRATION.—The assistance and informa-
19 tion under subsection (a) shall be provided directly
20 through the Health Resources and Services Administra-
21 tion as the administering agency, other agencies within the
22 Department of Health and Human Services with appro-
23 priate expertise, or through grants, or contracts with, non-
24 profit organizations with appropriate expertise. In carry-
25 ing out this section, the Secretary shall collaborate with

1 the Department of Education, Department of Labor, and
2 the Commission on National and Community Service.

3 **SEC. 304. REPORT TO SECRETARY.**

4 (a) IN GENERAL.—Entities receiving funds under
5 this Act shall prepare and submit to the Secretary an an-
6 nual report that shall contain information concerning—

7 (1) service utilization, including the number of
8 client visits funded through this Act, the types of
9 services provided, demographic data on the age, sex
10 and race of participants, and the third party reim-
11 bursement source for such services provided;

12 (2) the most recent data for youth residing in
13 the service delivery area including—

14 (A) school dropout rates, absenteeism, and
15 school reentry rates;

16 (B) teen pregnancy, early parenthood, and
17 sexually transmitted disease rates, including
18 HIV disease rates; and

19 (C) available data on substance abuse
20 rates, juvenile crime indices, and youth unem-
21 ployment; and

22 (3) the number and types of entities participat-
23 ing in the delivery of services through the com-
24 prehensive services plan, and the actions taken to

1 coordinate and collaborate with other entities in
2 service delivery.

3 (b) THIRD YEAR SUBMISSIONS.—At the end of the
4 third fiscal year for which a grant is awarded to an entity
5 under this Act, the entity shall submit, as part of the re-
6 port required under subsection (a), an analysis of the
7 progress that has been made in—

8 (1) achieving the program goals, objectives and
9 intended outcomes as outlined in the comprehensive
10 services plan; and

11 (2) improving the health and education out-
12 comes of the youth served relative to baseline com-
13 munity indices.

14 **SEC. 305. MAINTENANCE OF EFFORT.**

15 The Secretary may not make a grant to an applicant
16 under this Act unless such applicant agrees to maintain
17 the expenditures of the applicant for the purposes for
18 which the grant is awarded at a level equal to not less
19 than the level of such expenditures maintained by the ap-
20 plicant for the year preceding the fiscal year for which
21 the applicant is applying to receive the grant.

22 **SEC. 306. DEFINITIONS.**

23 As used in this Act:

24 (1) SECRETARY.—The term “Secretary” means
25 the Secretary of Health and Human Services.

1 (2) CHILD.—The term “child” means an indi-
2 vidual between the ages of 5 and 10.

3 (3) YOUTH.—The term “youth” means individ-
4 uals between the ages 10 and 21.

5 (4) AT-RISK YOUTH.—The term “at-risk
6 youth” shall have the meaning given such term in
7 guidelines utilized by the Centers for Disease Con-
8 trol.

9 **SEC. 307. AUTHORIZATION OF APPROPRIATIONS.**

10 There are authorized to be appropriated to carry out
11 this Act, \$2,000,000,000 for fiscal year 1994 and such
12 sums as may be necessary for each of the fiscal years 1995
13 through 1998. Of the amounts appropriated for each fiscal
14 year—

15 (1) 45 percent of such amount shall be made
16 available to carry out title I;

17 (2) 45 percent of such amount shall be made
18 available to carry out title II; and

19 (3) 10 percent of such amount shall be made
20 available to carry out section 401.

1 **TITLE IV—FEDERAL COORDI-**
2 **NATED YOUTH SERVICES INI-**
3 **TIATIVES**

4 **SEC. 401. SPECIAL PROJECTS OF A NATIONAL SIGNIFI-**
5 **CANCE.**

6 (a) IN GENERAL.—The Secretary, acting through the
7 Administrator of the Health Resources and Services Ad-
8 ministration, shall establish and administer a special
9 projects of national significance program to award direct
10 grants to public and nonprofit private entities to enable
11 such entities to fund model programs designed to integrate
12 health and social services, including HIV prevention, pro-
13 vided to special populations at risk as defined in sub-
14 section (c).

15 (b) GRANTS.—The Secretary shall award grants
16 under subsection (a) based on the—

17 (1) need to provide health and social services,
18 including HIV prevention services, to meet the spe-
19 cial needs of subpopulations of youth living in high
20 risk environments who may otherwise not be pro-
21 vided with assistance under this Act;

22 (2) need to assess the effectiveness of a particu-
23 lar prevention or service model or collaboration
24 strategy; and

1 (3) potential replicability of the proposed activ-
2 ity in other localities.

3 (c) SPECIAL PROJECTS.—Special projects of a na-
4 tional significance to be funded under subsection (a) may
5 include those projects that are designed to target—

6 (1) runaway, homeless, or street youth;

7 (2) immigrant or migrant youth;

8 (3) youth involved in the juvenile justice sys-
9 tem;

10 (4) youth involved in the foster care system;

11 (5) youth involved in gangs;

12 (6) youth with a history of substance abuse;

13 (7) youth with HIV disease;

14 (8) adolescent parents; and

15 (9) Native American youth.

16 **SEC. 402. FEDERAL COUNCIL ON CHILDREN, YOUTH, AND**
17 **FAMILIES.**

18 Section 918(k) of the Augustus F. Hawkins Human
19 Services Reauthorization Act of 1990 (42 U.S.C.
20 12314(k)) is amended—

21 (1) in paragraph (3), by striking out “and” at
22 the end thereof;

23 (2) in paragraph (4), by striking out the period
24 and inserting in lieu thereof a semicolon; and

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

3 “(6) identify program regulations, practices,
4 and eligibility requirements that impede coordination
5 and collaboration and make recommendations for
6 their modifications or elimination;

7 “(7) develop recommendations for creating
8 jointly funded programs, unified assessments, eligi-
9 bility, and application procedures, and confidentiality
10 protections that facilitate appropriate information-
11 sharing; and

12 “(8) make recommendations to Congress con-
13 cerning legislative action needed to facilitate the co-
14 ordination of education, health and social services
15 for in school and out of school youth.”.

16 **SEC. 403. EVALUATION AND REPORT TO CONGRESS.**

17 (a) REPORT TO CONGRESS.—The Secretary shall pre-
18 pare and submit to the appropriate committees of Con-
19 gress a biannual report concerning the implementation of
20 this Act. Such report shall include a summary of the data
21 provided in the annual reports submitted to the Secretary
22 under section 304, and an assessment of the progress
23 achieved by grantees under this Act in stabilizing and im-
24 proving participant outcomes and reducing adverse con-
25 sequences of adolescent risk taking behaviors and the ab-

1 sence of necessary services in the communities served
2 under this Act.

3 (b) EVALUATION.—

4 (1) IN GENERAL.—Not later than 54 months
5 after the date of enactment of this Act, the Sec-
6 retary shall, through the awarding of grants and
7 contracts to independent entities with expertise in
8 adolescent health and youth development, provide an
9 evaluation of the programs funded under this Act to
10 the appropriate committees of Congress. A rep-
11 resentative subset of grantees under each title shall
12 be selected with an equitable geographic distribution,
13 and urban and rural representation. The evaluation
14 process shall commence not later than 12 months
15 after the date of enactment of this Act, with data
16 to be collected under subparagraphs (B), (C), (D),
17 and (E), at yearly intervals. The evaluation report
18 shall be conducted by individuals who are not di-
19 rectly involved in the administration of the programs
20 funded under this Act. The final evaluation report
21 shall include—

22 (A) the program goals and objectives iden-
23 tified in the comprehensive services plans of
24 grantees, and the degree to which they reflect

1 the unmet needs and service gaps of the appli-
2 cant area as delineated in the grant application;

3 (B) what services were provided by grant-
4 ees under this Act, who the recipients of the
5 services were, and an assessment of whether
6 high risk youth actually received services pro-
7 vided by grantees, including youth who are out
8 of school, runaway or homeless, and adolescent
9 parents;

10 (C) the impact of a comprehensive and co-
11 ordinated service delivery system on the base-
12 line health and education indices identified in
13 the comprehensive services plan of the grantee,
14 and an identification of other relevant factors
15 affecting the health and education outcomes
16 among target youth in the service delivery area
17 during the grant period;

18 (D) the expansion of services achieved in
19 the service delivery area, both through en-
20 hanced planning and coordination of services
21 and the provision of new service capacity;

22 (E) the degree to which increased utiliza-
23 tion of services has paralleled service expansion;

1 (F) the process by which broad based
2 input was achieved in the formulation of com-
3 prehensive services plans on an ongoing basis;

4 (G) the methods by which coordination of
5 services was undertaken administratively among
6 agencies and providers, the degree to which
7 service coordination was achieved, and the bar-
8 riers that impeded the coordination of services;
9 and

10 (H) the sustainability of local partnerships,
11 consortia, and State comprehensive service de-
12 livery networks at the completion of the Federal
13 grant period.

14 (2) APPROPRIATIONS.—The Secretary shall use
15 amounts made available under section 2711 of the
16 Public Health Service Act to conduct the evaluation
17 under this section.

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