

108TH CONGRESS  
2D SESSION

# H. R. 4694

To amend the Older Americans Act of 1965 to provide for mental health screening and treatment services, to amend the Public Health Service Act to provide for integration of mental health services and mental health treatment outreach teams, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 24, 2004

Mr. KENNEDY of Rhode Island (for himself and Ms. ROS-LEHTINEN) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Older Americans Act of 1965 to provide for mental health screening and treatment services, to amend the Public Health Service Act to provide for integration of mental health services and mental health treatment outreach teams, 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 “Positive Aging Act of  
5       2004”.

1 **TITLE I—AMENDMENTS TO THE**  
2 **OLDER AMERICANS ACT OF 1965**

3 **SEC. 101. DEFINITIONS.**

4 Section 102 of the Older Americans Act of 1965 (42  
5 U.S.C. 3002) is amended by adding at the end the fol-  
6 lowing:

7 “(44) MENTAL HEALTH SCREENING AND  
8 TREATMENT SERVICES.—The term ‘mental health  
9 screening and treatment services’ means patient  
10 screening, diagnostic services, care planning and  
11 oversight, therapeutic interventions, and referrals  
12 that are—

13 “(A) provided pursuant to evidence-based  
14 intervention and treatment protocols (to the ex-  
15 tent such protocols are available) for mental  
16 disorders prevalent in older individuals (includ-  
17 ing, but not limited to, mood and anxiety dis-  
18 orders, dementias of all kinds, psychotic dis-  
19 orders, and substances and alcohol abuse), rely-  
20 ing to the greatest extent feasible on protocols  
21 that have been developed—

22 “(i) by or under the auspices of the  
23 Secretary; or

24 “(ii) by academicians with expertise in  
25 mental health and aging; and

1 “(B) coordinated and integrated with the  
 2 services of social service, mental health, and  
 3 health care providers in an area in order to—  
 4 “(i) improve patient outcomes; and  
 5 “(ii) assure, to the maximum extent  
 6 feasible, the continuing independence of  
 7 older individuals who are residing in the  
 8 area.”.

9 **SEC. 102. OFFICE OF OLDER ADULT MENTAL HEALTH SERV-**  
 10 **ICES.**

11 Section 301(b) of the Older Americans Act of 1965  
 12 (42 U.S.C. 3021(b)) is amended by adding at the end the  
 13 following:

14 “(3) The Assistant Secretary shall establish within  
 15 the Administration an Office of Older Adult Mental  
 16 Health Services, which shall be responsible for the devel-  
 17 opment and implementation of initiatives to address the  
 18 mental health needs of older individuals.”.

19 **SEC. 103. GRANTS TO STATES FOR THE DEVELOPMENT AND**  
 20 **OPERATION OF SYSTEMS FOR PROVIDING**  
 21 **MENTAL HEALTH SCREENING AND TREAT-**  
 22 **MENT SERVICES TO OLDER INDIVIDUALS**  
 23 **LACKING ACCESS TO SUCH SERVICES.**

24 Title III of the Older Americans Act of 1965 (42  
 25 U.S.C. 3021 et seq.) is amended—

1 (1) in section 303 (42 U.S.C. 3023), by adding  
 2 at the end the following:

3 “(f) There are authorized to be appropriated to carry  
 4 out part F (relating to grants for programs providing  
 5 mental health screening and treatment services) such  
 6 sums as may be necessary for fiscal year 2005 and each  
 7 of the 5 succeeding fiscal years.”;

8 (2) in section 304(a)(1) (42 U.S.C.  
 9 3024(a)(1)), by inserting “and subsection (f)” after  
 10 “through (d)”; and

11 (3) by adding at the end the following:

12 **“PART F—MENTAL HEALTH SCREENING AND**  
 13 **TREATMENT SERVICES FOR OLDER INDIVIDUALS**  
 14 **“SEC. 381. GRANTS TO STATES FOR PROGRAMS PROVIDING**  
 15 **MENTAL HEALTH SCREENING AND TREAT-**  
 16 **MENT SERVICES FOR OLDER INDIVIDUALS.**

17 “(a) PROGRAM AUTHORIZED.—The Assistant Sec-  
 18 retary shall carry out a program for making grants to  
 19 States under State plans approved under section 307 for  
 20 the development and operation of—

21 “(1) systems for the delivery of mental health  
 22 screening and treatment services for older individ-  
 23 uals who lack access to such services; and

24 “(2) programs to—

1           “(A) increase public awareness regarding  
2           the benefits of prevention and treatment of  
3           mental disorders; and

4           “(B) reduce the stigma associated with  
5           mental disorders and other barriers to the diag-  
6           nosis and treatment of the disorders.

7           “(b) STATE ALLOCATION AND PRIORITIES.—A State  
8           agency that receives funds through a grant made under  
9           this section shall allocate the funds to area agencies on  
10          aging to carry out this part in planning and service areas  
11          in the State. In allocating the funds, the State agency  
12          shall give priority to planning and service areas in the  
13          State—

14                 “(1) that are medically underserved; and

15                 “(2) in which there are a large number of older  
16          individuals.

17          “(c) AREA COORDINATION OF SERVICES WITH  
18          OTHER PROVIDERS.—In carrying out this part, to more  
19          efficiently and effectively deliver services to older individ-  
20          uals, each area agency on aging shall—

21                 “(1) coordinate services described in subsection  
22                 (a) with other community agencies, and voluntary  
23                 organizations, providing similar or related services;  
24                 and

1 “(2) to the greatest extent practicable, integrate  
 2 outreach and educational activities with existing (as  
 3 of the date of the integration) health care and social  
 4 service providers serving older individuals in the  
 5 planning and service area involved.

6 “(d) RELATIONSHIP TO OTHER FUNDING  
 7 SOURCES.—Funds made available under this part shall  
 8 supplement, and not supplant, any Federal, State, and  
 9 local funds expended by a State or unit of general purpose  
 10 local government (including an area agency on aging) to  
 11 provide the services described in subsection (a).”.

12 **SEC. 104. DEMONSTRATION PROJECTS PROVIDING MENTAL**  
 13 **HEALTH SCREENING AND TREATMENT SERV-**  
 14 **ICES TO OLDER INDIVIDUALS LIVING IN**  
 15 **RURAL AREAS.**

16 The Older Americans Act of 1965 (42 U.S.C. 3001  
 17 et seq.) is amended—

18 (1) by inserting before section 401 (42 U.S.C.  
 19 3031) the following:

20 **“TITLE IV—GRANTS FOR EDU-**  
 21 **CATION, TRAINING, AND RE-**  
 22 **SEARCH”;**

23 and

24 (2) in part A of title IV (42 U.S.C. 3032 et  
 25 seq.), by adding at the end the following:

1 **“SEC. 422. DEMONSTRATION PROJECTS PROVIDING MEN-**  
2 **TAL HEALTH SCREENING AND TREATMENT**  
3 **SERVICES TO OLDER INDIVIDUALS LIVING IN**  
4 **RURAL AREAS.**

5 “(a) DEFINITION.—In this section, the term ‘rural  
6 area’ means—

7 “(1) any area that is outside a metropolitan  
8 statistical area (as defined by the Director of the Of-  
9 fice of Management and Budget); or

10 “(2) such similar area as the Secretary specifies  
11 in a regulation issued under section 1886(d)(2)(D)  
12 of the Social Security Act (42 U.S.C.  
13 1395ww(d)(2)(D)).

14 “(b) AUTHORITY.—The Assistant Secretary shall  
15 make grants to eligible public agencies and nonprofit pri-  
16 vate organizations to pay part or all of the cost of devel-  
17 oping or operating model health care service projects in-  
18 volving the provision of mental health screening and treat-  
19 ment services to older individuals residing in rural areas.

20 “(c) DURATION.—Grants made under this section  
21 shall be made for 3-year periods.

22 “(d) APPLICATION.—To be eligible to receive a grant  
23 under this section, a public agency or nonprofit private  
24 organization shall submit to the Assistant Secretary an  
25 application containing such information and assurances as  
26 the Secretary may require, including—

1 “(1) information describing—

2 “(A) the geographic area and target popu-  
3 lation (including the racial and ethnic composi-  
4 tion of the target population) to be served by  
5 the project; and

6 “(B) the nature and extent of the appli-  
7 cant’s experience in providing mental health  
8 screening and treatment services of the type to  
9 be provided in the project;

10 “(2) assurances that the applicant will carry  
11 out the project—

12 “(A) through a multidisciplinary team of  
13 licensed mental health professionals;

14 “(B) using evidence-based intervention and  
15 treatment protocols to the extent such protocols  
16 are available;

17 “(C) using telecommunications tech-  
18 nologies as appropriate and available; and

19 “(D) in coordination with other providers  
20 of health care and social services (such as sen-  
21 ior centers and adult day care providers) serv-  
22 ing the area; and

23 “(3) assurances that the applicant will conduct  
24 and submit to the Assistant Secretary such evalua-



1        tions and reports as the Assistant Secretary may re-  
2        quire.

3        “(e) REPORTS.—The Assistant Secretary shall pre-  
4        pare and submit to the appropriate committees of Con-  
5        gress a report that includes summaries of the evaluations  
6        and reports required under subsection (d)(3).

7        “(f) COORDINATION.—The Assistant Secretary shall  
8        provide for appropriate coordination of programs and ac-  
9        tivities receiving funds pursuant to a grant under this sec-  
10       tion with programs and activities receiving funds pursuant  
11       to grants under sections 381 and 423, and sections 520K  
12       and 520L of the Public Health Service Act.”.

13    **SEC. 105. DEMONSTRATION PROJECTS PROVIDING MENTAL**  
14                    **HEALTH SCREENING AND TREATMENT SERV-**  
15                    **ICES TO OLDER INDIVIDUALS LIVING IN NAT-**  
16                    **URALLY OCCURRING RETIREMENT COMMU-**  
17                    **NITIES IN URBAN AREAS.**

18        Part A of title IV of the Older Americans Act of 1965  
19        (42 U.S.C. 3032 et seq.), as amended by section 104, is  
20        further amended by adding at the end the following:

1 **“SEC. 423. DEMONSTRATION PROJECTS PROVIDING MEN-**  
2 **TAL HEALTH SCREENING AND TREATMENT**  
3 **SERVICES TO OLDER INDIVIDUALS LIVING IN**  
4 **NATURALLY OCCURRING RETIREMENT COM-**  
5 **MUNITIES IN URBAN AREAS.**

6 “(a) DEFINITIONS.—In this section:

7 “(1) NATURALLY OCCURRING RETIREMENT  
8 COMMUNITY.—The term ‘naturally occurring retire-  
9 ment community’ means a residential area (such as  
10 an apartment building, housing complex or develop-  
11 ment, or neighborhood) not originally built for older  
12 individuals but in which a substantial number of in-  
13 dividuals have aged in place (and become older indi-  
14 viduals) while residing in such area.

15 “(2) URBAN AREA.—The term ‘urban area’  
16 means—

17 “(A) a metropolitan statistical area (as de-  
18 fined by the Director of the Office of Manage-  
19 ment and Budget); or

20 “(B) such similar area as the Secretary  
21 specifies in a regulation issued under section  
22 1886(d)(2)(D) of the Social Security Act (42  
23 U.S.C. 1395ww(d)(2)(D)).

24 “(b) AUTHORITY.—The Assistant Secretary shall  
25 make grants to eligible public agencies and nonprofit pri-  
26 vate organizations to pay part or all of the cost of devel-

1 opening or operating model health care service projects in-  
2 volving the provision of mental health screening and treat-  
3 ment services to older individuals residing in naturally oc-  
4 ccurring retirement communities located in urban areas.

5 “(c) DURATION.—Grants made under this section  
6 shall be made for 3-year periods.

7 “(d) APPLICATION.—To be eligible to receive a grant  
8 under this section, a public agency or nonprofit private  
9 organization shall submit to the Assistant Secretary an  
10 application containing such information and assurances as  
11 the Secretary may require, including—

12 “(1) information describing—

13 “(A) the naturally occurring retirement  
14 community and target population (including the  
15 racial and ethnic composition of the target pop-  
16 ulation) to be served by the project; and

17 “(B) the nature and extent of the appli-  
18 cant’s experience in providing mental health  
19 screening and treatment services of the type to  
20 be provided in the project;

21 “(2) assurances that the applicant will carry  
22 out the project—

23 “(A) through a multidisciplinary team of  
24 licensed mental health professionals;

1           “(B) using evidence-based intervention and  
2           treatment protocols to the extent such protocols  
3           are available; and

4           “(C) in coordination with other providers  
5           of health care and social services serving the re-  
6           tirement community; and

7           “(3) assurances that the applicant will conduct  
8           and submit to the Assistant Secretary such evalua-  
9           tions and reports as the Assistant Secretary may re-  
10          quire.

11          “(e) REPORTS.—The Assistant Secretary shall pre-  
12          pare and submit to the appropriate committees of Con-  
13          gress a report that includes summaries of the evaluations  
14          and reports required under subsection (d)(3).

15          “(f) COORDINATION.—The Assistant Secretary shall  
16          provide for appropriate coordination of programs and ac-  
17          tivities receiving funds pursuant to grants made under this  
18          section with programs and activities receiving funds pur-  
19          suant to grants made under sections 381 and 422, and  
20          sections 520K and 520L of the Public Health Service  
21          Act.”.

## 1       **TITLE II—PUBLIC HEALTH** 2       **SERVICE ACT AMENDMENTS**

### 3   **SEC. 201. DEMONSTRATION PROJECTS TO SUPPORT INTE-** 4                   **GRATION OF MENTAL HEALTH SERVICES IN** 5                   **PRIMARY CARE SETTINGS.**

6       Subpart 3 of part B of title V of the Public Health  
7   Service Act (42 U.S.C. 290bb–31 et seq.) is amended—

8           (1) in subsection (b) of section 520(b) (42  
9       U.S.C. 290bb–31(b))—

10           (A) by striking “and” at the end of para-  
11       graph (14);

12           (B) by striking the period at the end of  
13       paragraph (15) and inserting in lieu thereof “;  
14       and”; and

15           (C) by adding at the end the following:

16       “(16) conduct the demonstration projects speci-  
17       fied in section 520K.”; and

18       (2) by adding at the end the following:

### 19   **“SEC. 520K. PROJECTS TO DEMONSTRATE INTEGRATION OF** 20                   **MENTAL HEALTH SERVICES IN PRIMARY** 21                   **CARE SETTINGS.**

22       “(a) IN GENERAL.—The Secretary, acting through  
23   the Director of the Center for Mental Health Services,  
24   shall award grants to public and private nonprofit entities  
25   for projects to demonstrate ways of integrating mental

1 health services for older patients into primary care set-  
2 tings, such as health centers receiving a grant under sec-  
3 tion 330 (or determined by the Secretary to meet the re-  
4 quirements for receiving such a grant), other Federally  
5 qualified health centers, primary care clinics, and private  
6 practice sites.

7       “(b) REQUIREMENTS.—In order to be eligible for a  
8 grant under this section, the project to be carried out by  
9 the entity shall provide for collaborative care within a pri-  
10 mary care setting, involving psychiatrists, psychologists,  
11 and other licensed mental health professionals (such as so-  
12 cial workers and advanced practice nurses) with appro-  
13 priate training and experience in the treatment of older  
14 adults, in which screening, assessment, and intervention  
15 services are combined into an integrated service delivery  
16 model, including—

17               “(1) screening services by a mental health pro-  
18 fessional with at least a masters degree in an appro-  
19 priate field of training;

20               “(2) referrals for necessary prevention, inter-  
21 vention, follow-up care, consultations, and care plan-  
22 ning oversight for mental health and other service  
23 needs, as indicated; and

24               “(3) adoption and implementation of evidence-  
25 based protocols, to the extent available, for prevalent

1       mental health disorders, including depression, anx-  
2       iety, behavioral and psychological symptoms of de-  
3       mentia, psychosis, and misuse of, or dependence on,  
4       alcohol or medication.

5       “(c) CONSIDERATIONS IN AWARDING GRANTS.—In  
6       awarding grants under this section the Secretary, to the  
7       extent feasible, shall ensure that—

8               “(1) projects are funded in a variety of geo-  
9       graphic areas, including urban and rural areas; and

10              “(2) a variety of populations, including racial  
11       and ethnic minorities and low-income populations,  
12       are served by projects funded under this section.

13       “(d) DURATION.—A project may receive funding pur-  
14       suant to a grant under this section for a period of up to  
15       3 years, with an extension period of 2 additional years  
16       at the discretion of the Secretary.

17       “(e) APPLICATION.—To be eligible to receive a grant  
18       under this section, a public or private nonprofit entity  
19       shall—

20              “(1) submit an application to the Secretary (in  
21       such form, containing such information, and at such  
22       time as the Secretary may specify); and

23              “(2) agree to report to the Secretary standard-  
24       ized clinical and behavioral data necessary to evalu-

1       ate patient outcomes and to facilitate evaluations  
2       across participating projects.

3       “(f) EVALUATION.—Not later than July 31 of each  
4       calendar year, the Secretary shall submit to Congress a  
5       report evaluating the projects receiving awards under this  
6       section for such year.

7       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
8       are authorized to be appropriated such sums as may be  
9       necessary to carry out this section for fiscal year 2005  
10      and each fiscal year thereafter.”.

11   **SEC. 202. GRANTS FOR COMMUNITY-BASED MENTAL**  
12                   **HEALTH TREATMENT OUTREACH TEAMS.**

13       Subpart 3 of part B of title V of the Public Health  
14       Service Act (42 U.S.C. 290bb–31 et seq.), as amended by  
15       section 201, is further amended by adding at the end the  
16       following:

17   **“SEC. 520L. GRANTS FOR COMMUNITY-BASED MENTAL**  
18                   **HEALTH TREATMENT OUTREACH TEAMS.**

19       “(a) IN GENERAL.—The Secretary, acting through  
20       the Director of the Center for Mental Health Services,  
21       shall award grants to public or private nonprofit entities  
22       that are community-based providers of geriatric mental  
23       health services, to support the establishment and mainte-  
24       nance by such entities of multi-disciplinary geriatric men-  
25       tal health outreach teams in community settings where



1 older adults reside or receive social services. Entities eligi-  
2 ble for such grants include—

3 “(1) mental health service providers of a State  
4 or local government;

5 “(2) outpatient programs of private, nonprofit  
6 hospitals;

7 “(3) community mental health centers meeting  
8 the criteria specified in section 1913(c); and

9 “(4) other community-based providers of mental  
10 health services.

11 “(b) REQUIREMENTS.—To be eligible to receive a  
12 grant under this section, an entity shall—

13 “(1) adopt and implement, for use by its mental  
14 health outreach team, evidence-based intervention  
15 and treatment protocols (to the extent such proto-  
16 cols are available) for mental disorders prevalent in  
17 older individuals (including, but not limited to, mood  
18 and anxiety disorders, dementias of all kinds, psy-  
19 chotic disorders, and substance and alcohol abuse),  
20 relying to the greatest extent feasible on protocols  
21 that have been developed—

22 “(A) by or under the auspices of the Sec-  
23 retary; or

24 “(B) by academicians with expertise in  
25 mental health and aging;

1           “(2) provide screening for mental disorders, di-  
 2           agnostic services, referrals for treatment, and case  
 3           management and coordination through such teams;  
 4           and

5           “(3) coordinate and integrate the services pro-  
 6           vided by such team with the services of social serv-  
 7           ice, mental health, and medical providers at the site  
 8           or sites where the team is based in order to—

9                   “(A) improve patient outcomes; and

10                   “(B) to assure, to the maximum extent  
 11           feasible, the continuing independence of older  
 12           adults who are residing in the community.

13           “(c) COOPERATIVE ARRANGEMENTS WITH SITES  
 14           SERVING AS BASES FOR OUTREACH.—An entity receiving  
 15           a grant under this section may enter into an agreement  
 16           with a person operating a site at which a geriatric mental  
 17           health outreach team of the entity is based, including—

18                   “(1) senior centers;

19                   “(2) adult day care programs;

20                   “(3) assisted living facilities; and

21                   “(4) recipients of grants to provide services to  
 22           senior citizens under the Older Americans Act of  
 23           1965,

24           under which such person provides (and is reimbursed by  
 25           the entity, out of funds received under the grant, for) any

1 supportive services, such as transportation and adminis-  
2 trative support, that such person provides to an outreach  
3 team of such entity.

4 “(d) CONSIDERATIONS IN AWARDING GRANTS.—In  
5 awarding grants under this section the Secretary, to the  
6 extent feasible, shall ensure that—

7 “(1) projects are funded in a variety of geo-  
8 graphic areas, including urban and rural areas; and

9 “(2) a variety of populations, including racial  
10 and ethnic minorities and low-income populations,  
11 are served by projects funded under this section.

12 “(e) APPLICATION.—To be eligible to receive a grant  
13 under this section, an entity shall—

14 “(1) submit an application to the Secretary (in  
15 such form, containing such information, at such  
16 time as the Secretary may specify); and

17 “(2) agree to report to the Secretary standard-  
18 ized clinical and behavioral data necessary to evalu-  
19 ate patient outcomes and to facilitate evaluations  
20 across participating projects.

21 “(f) COORDINATION.—The Secretary shall provide  
22 for appropriate coordination of programs and activities re-  
23 ceiving funds pursuant to a grant under this section with  
24 programs and activities receiving funds pursuant to grants

1 under section 520K and sections 381, 422, and 423 of  
 2 the Older Americans Act of 1965.

3 “(g) EVALUATION.—Not later than July 31 of each  
 4 calendar year, the Secretary shall submit to Congress a  
 5 report evaluating the projects receiving awards under this  
 6 section for such year.

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
 8 are authorized to be appropriated such sums as may be  
 9 necessary to carry out this section for fiscal year 2005  
 10 and each fiscal year thereafter.”.

11 **SEC. 203. DESIGNATION OF DEPUTY DIRECTOR FOR OLDER**  
 12 **ADULT MENTAL HEALTH SERVICES IN CEN-**  
 13 **TER FOR MENTAL HEALTH SERVICES.**

14 Section 520 of the Public Health Service Act (42  
 15 U.S.C. 290bb–31) is amended—

16 (1) by redesignating subsection (c) as sub-  
 17 section (d); and

18 (2) by inserting after subsection (b) the fol-  
 19 lowing:

20 “(c) DEPUTY DIRECTOR FOR OLDER ADULT MEN-  
 21 TAL HEALTH SERVICES IN CENTER FOR MENTAL  
 22 HEALTH SERVICES.—The Director, after consultation  
 23 with the Administrator, shall designate a Deputy Director  
 24 for Older Adult Mental Health Services, who shall be re-  
 25 sponsible for the development and implementation of ini-

1 tiatives of the Center to address the mental health needs  
2 of older adults. Such initiatives shall include—

3 “(1) research on prevention and identification  
4 of mental disorders in the geriatric population;

5 “(2) innovative demonstration projects for the  
6 delivery of community-based mental health services  
7 for older Americans;

8 “(3) support for the development and dissemi-  
9 nation of evidence-based practice models, including  
10 models to address dependence on, and misuse of, al-  
11cohol and medication in older adults; and

12 “(4) development of model training programs  
13 for mental health professionals and care givers serv-  
14 ing older adults.”.

15 **SEC. 204. MEMBERSHIP OF ADVISORY COUNCIL FOR THE**  
16 **CENTER FOR MENTAL HEALTH SERVICES.**

17 Section 502(b)(3) of the Public Health service Act  
18 (42 U.S.C. 269aa–1(b)(3)) is amended by adding at the  
19 end the following:

20 “(C) In the case of the advisory council for  
21 the Center for Mental Health Services, the  
22 members appointed pursuant to subparagraphs  
23 (A) and (B) shall include representatives of  
24 older Americans, their families, and geriatric  
25 mental health specialists.”.

1 **SEC. 205. PROJECTS OF NATIONAL SIGNIFICANCE TAR-**  
2 **GETING SUBSTANCE ABUSE IN OLDER**  
3 **ADULTS.**

4 Section 509(b)(2) of the Public Health Service Act  
5 (42 U.S.C. 290bb–2(b)(2)) is amended by inserting before  
6 the period the following: “, and to providing treatment for  
7 older adults with alcohol or substance abuse or addiction,  
8 including medication misuse or dependence”.

9 **SEC. 206 CRITERIA FOR STATE PLANS UNDER COMMUNITY**  
10 **MENTAL HEALTH SERVICES BLOCK GRANTS.**

11 (a) IN GENERAL.—Section 1912(b)(4) of the Public  
12 Health Service Act (42 U.S.C. 300x–1(b)(4)) is amended  
13 to read as follows:

14 “(4) TARGETED SERVICES TO OLDER INDIVID-  
15 UALS, INDIVIDUALS WHO ARE HOMELESS, AND INDIVIDUALS  
16 LIVING IN RURAL AREAS.—The plan de-  
17 scribes the State’s outreach to and services for older  
18 individuals, individuals who are homeless, and indi-  
19 viduals living in rural areas, and how community-  
20 based services will be provided to these individuals.”.

21 (b) EFFECTIVE DATE.—The amendment made by  
22 subsection (a) shall apply to State plans submitted on or  
23 after the date that is 180 days after the date of enactment  
24 of this Act.

