

109TH CONGRESS  
1ST SESSION

# H. R. 2629

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

MAY 25, 2005

Mr. KENNEDY of Rhode Island (for himself, Ms. ROS-LEHTINEN, Mr. McDERMOTT, Ms. WASSERMAN SCHULTZ, Mr. STARK, and Mr. OWENS) 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       2005”.

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), relying  
20            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, by adding at the end the fol-  
2 lowing:

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 2006 and each  
7 of the 5 succeeding fiscal years.”;

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

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

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

“(1) systems for the delivery of mental health screening and treatment services for older individuals who lack access to such services; and

23                   “(2) programs to—

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

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

7                   “(C) reduce age-related prejudice and dis-  
8                   crimination.

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

16               “(1) that are medically underserved; and

17               “(2) in which there are a large number of older  
18               individuals.

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

23               “(1) coordinate services described in subsection  
24               (a) with other community agencies, and voluntary

1 organizations, providing similar or related services;  
2 and

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

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

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

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

20 (1) by inserting before section 401 the fol-  
21 lowing:

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

25 and

1 (2) in part A of title IV, by adding at the end  
2 the following:

3       **“SEC. 422. DEMONSTRATION PROJECTS PROVIDING MEN-**

4           **TAL HEALTH SCREENING AND TREATMENT**

5           **SERVICES TO OLDER INDIVIDUALS LIVING IN**

6           **RURAL AREAS.**

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

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

12               “(2) such similar area as the Secretary specifies  
13        in a regulation issued under section 1886(d)(2)(D)  
14        of the Social Security Act (42 U.S.C.  
15        1395ww(d)(2)(D)).

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

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

24        "(d) APPLICATION.—To be eligible to receive a grant  
25 under this section, a public agency or nonprofit private

1 organization shall submit to the Assistant Secretary an  
2 application containing such information and assurances as  
3 the Assistant Secretary may require, including—

4                 “(1) information describing—

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

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

13                 “(2) assurances that the applicant will carry  
14                         out the project—

15                         “(A) through a multidisciplinary team of  
16                         licensed mental health professionals;

17                         “(B) using evidence-based intervention and  
18                         treatment protocols to the extent such protocols  
19                         are available;

20                         “(C) using telecommunications tech-  
21                         nologies as appropriate and available; and

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

1           “(3) assurances that the applicant will conduct  
2           and submit to the Assistant Secretary such evalua-  
3           tions and reports as the Assistant Secretary may re-  
4           quire.

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

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

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

20           Part A of title IV of the Older Americans Act of 1965  
21           (42 U.S.C. 3032 et seq.), as amended by section 104, is  
22           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       oping 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       curring 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 Assistant 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 section 520(b)—

9               (A) in paragraph (14), by striking “and”  
10              after the semicolon;

11              (B) in paragraph (15), by striking the pe-  
12              riod at the end and inserting “; and”; and

13              (C) by adding at the end the following:  
14               “(16) conduct the demonstration projects speci-  
15              fied in section 520K.”; and

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

17   **“SEC. 520K. PROJECTS TO DEMONSTRATE INTEGRATION OF**  
18           **MENTAL HEALTH SERVICES IN PRIMARY**  
19           **CARE SETTINGS.**

20           “(a) IN GENERAL.—The Secretary, acting through  
21   the Director of the Center for Mental Health Services,  
22   shall award grants to public and private nonprofit entities  
23   for projects to demonstrate ways of integrating mental  
24   health services for older patients into primary care set-  
25   tings, such as health centers receiving a grant under sec-

1 tion 330 (or determined by the Secretary to meet the re-  
2 quirements for receiving such a grant), other Federally  
3 qualified health centers, primary care clinics, and private  
4 practice sites.

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

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

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

22           “(3) adoption and implementation of evidence-  
23 based protocols, to the extent available, for prevalent  
24 mental health disorders, including depression, anx-  
25 iety, behavioral and psychological symptoms of de-

1       mentia, psychosis, and misuse of, or dependence on,  
2       alcohol or medication.

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

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

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

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

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

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

21           “(2) agree to report to the Secretary standard-  
22       ized clinical and behavioral data necessary to evalu-  
23       ate patient outcomes and to facilitate evaluations  
24       across participating projects.

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

5       “(g) SUPPLEMENT, NOT SUPPLANT.—Funds made  
6 available under this section shall supplement, and not sup-  
7 plant, other Federal, State, or local funds available to an  
8 entity to carry out activities described in this section.

9       “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
10 are authorized to be appropriated such sums as may be  
11 necessary to carry out this section for fiscal year 2006  
12 and each fiscal year thereafter.”.

13 **SEC. 202. GRANTS FOR COMMUNITY-BASED MENTAL**  
14 **HEALTH TREATMENT OUTREACH TEAMS.**

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

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

21       “(a) IN GENERAL.—The Secretary, acting through  
22 the Director of the Center for Mental Health Services,  
23 shall award grants to public or private nonprofit entities  
24 that are community-based providers of geriatric mental  
25 health services, to support the establishment and mainte-

1 nance by such entities of multi-disciplinary geriatric men-  
2 tal health outreach teams in community settings where  
3 older adults reside or receive social services. Entities eligi-  
4 ble for such grants include—

5 “(1) mental health service providers of a State  
6 or local government;

7 “(2) outpatient programs of private, nonprofit  
8 hospitals;

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

11 “(4) other community-based providers of mental  
12 health services.

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

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

24 “(A) by or under the auspices of the Sec-  
25 retary; or

1                   “(B) by academicians with expertise in  
2                   mental health and aging;

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

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

11                   “(A) improve patient outcomes; and

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

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

20                   “(1) senior centers;

21                   “(2) adult day care programs;

22                   “(3) assisted living facilities; and

23                   “(4) recipients of grants to provide services to  
24                   senior citizens under the Older Americans Act of  
25                   1965, under which such person provides (and is re-

1       imbursed by the entity, out of funds received under  
2       the grant, for) any supportive services, such as  
3       transportation and administrative support, that such  
4       person provides to an outreach team of such entity.

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

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

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

22       “(f) COORDINATION.—The Secretary shall provide  
23       for appropriate coordination of programs and activities re-  
24       ceiving funds pursuant to a grant under this section with  
25       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) SUPPLEMENT, NOT SUPPLANT.—Funds made  
8 available under this section shall supplement, and not sup-  
9 plant, other Federal, State, or local funds available to an  
10 entity to carry out activities described in this section.

11       “(i) AUTHORIZATION OF APPROPRIATIONS.—There  
12 are authorized to be appropriated such sums as may be  
13 necessary to carry out this section for fiscal year 2006  
14 and each fiscal year thereafter.”.

15 SEC. 203. DESIGNATION OF DEPUTY DIRECTOR FOR OLDER  
16 ADULT MENTAL HEALTH SERVICES IN CEN-  
17 TER FOR MENTAL HEALTH SERVICES.

18       Section 520 of the Public Health Service Act (42  
19 U.S.C. 290bb-31) is amended—

20 (1) by redesignating subsection (c) as sub-  
21 section (d); and

22 (2) by inserting after subsection (b) the fol-  
23 lowing:

24        "(c) DEPUTY DIRECTOR FOR OLDER ADULT MEN-  
25 TAL HEALTH SERVICES IN CENTER FOR MENTAL

1 HEALTH SERVICES.—The Director, after consultation  
2 with the Administrator, shall designate a Deputy Director  
3 for Older Adult Mental Health Services, who shall be re-  
4 sponsible for the development and implementation of ini-  
5 tiatives of the Center to address the mental health needs  
6 of older adults. Such initiatives shall include—

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

9               “(2) innovative demonstration projects for the  
10          delivery of community-based mental health services  
11          for older Americans;

12           “(3) support for the development and dissemina-  
13           nation of evidence-based practice models, including  
14           models to address dependence on, and misuse of, al-  
15           cohol and medication in older adults; and

16 “(4) development of model training programs  
17 for mental health professionals and care givers serv-  
18 ing older adults.”.

19 SEC. 204. MEMBERSHIP OF ADVISORY COUNCIL FOR THE  
20 CENTER FOR MENTAL HEALTH SERVICES.

21 Section 502(b)(3) of the Public Health Service Act  
22 (42 U.S.C. 290aa-1(b)(3)) is amended by adding at the  
23 end the following:

1 members appointed pursuant to subparagraphs  
2 (A) and (B) shall include representatives of  
3 older Americans, their families, and geriatric  
4 mental health specialists.”.

5 SEC. 205. PROJECTS OF NATIONAL SIGNIFICANCE TAR-  
6 GETING SUBSTANCE ABUSE IN OLDER  
7 ADULTS.

8       Section 509(b)(2) of the Public Health Service Act  
9 (42 U.S.C. 290bb–2(b)(2)) is amended by inserting before  
10 the period the following: “, and to providing treatment for  
11 older adults with alcohol or substance abuse or addiction,  
12 including medication misuse or dependence”.

13 SEC. 206. CRITERIA FOR STATE PLANS UNDER COMMUNITY  
14 MENTAL HEALTH SERVICES BLOCK GRANTS.

15 (a) IN GENERAL.—Section 1912(b)(4) of the Public  
16 Health Service Act (42 U.S.C. 300x-2(b)(4)) is amended  
17 to read as follows:

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

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

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