

109TH CONGRESS
1ST SESSION

S. 1116

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.

IN THE SENATE OF THE UNITED STATES

MAY 25, 2005

Mrs. CLINTON (for herself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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), 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, 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.”;

8 (2) in section 304(a)(1), by inserting “and sub-
9 section (f)” after “through (d)”; and

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—

20 “(1) systems for the delivery of mental health
21 screening and treatment services for older individ-
22 uals 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 in older individuals;

4 “(B) reduce the stigma associated with
5 mental disorders in older individuals and other
6 barriers to the diagnosis and treatment of the
7 disorders; and

8 “(C) reduce age-related prejudice and dis-
9 crimination regarding mental disorders in older
10 individuals.

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

18 “(1) that are medically underserved; and

19 “(2) in which there are a large number of older
20 individuals.

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

1 “(1) coordinate services described in subsection
 2 (a) with other community agencies, and voluntary
 3 organizations, providing similar or related services;
 4 and

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

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

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

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

22 (1) by inserting before section 401 the fol-
 23 lowing:

1 **“TITLE IV—GRANTS FOR EDU-**
2 **CATION, TRAINING, AND RE-**
3 **SEARCH”;**

4 and

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

7 **“SEC. 422. DEMONSTRATION PROJECTS PROVIDING MEN-**
8 **TAL HEALTH SCREENING AND TREATMENT**
9 **SERVICES TO OLDER INDIVIDUALS LIVING IN**
10 **RURAL AREAS.**

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

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

16 “(2) such similar area as the Secretary specifies
17 in a regulation issued under section 1886(d)(2)(D)
18 of the Social Security Act (42 U.S.C.
19 1395ww(d)(2)(D)).

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

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

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

8 “(1) information describing—

9 “(A) the geographic area and target popu-
10 lation (including the racial and ethnic composi-
11 tion of the target population) to be served by
12 the project; and

13 “(B) the nature and extent of the appli-
14 cant’s experience in providing mental health
15 screening and treatment services of the type to
16 be provided in the project;

17 “(2) assurances that the applicant will carry
18 out the project—

19 “(A) through a multidisciplinary team of
20 licensed mental health professionals;

21 “(B) using evidence-based intervention and
22 treatment protocols to the extent such protocols
23 are available;

24 “(C) using telecommunications tech-
25 nologies as appropriate and available; and

1 “(D) in coordination with other providers
2 of health care and social services (such as sen-
3 ior centers and adult day care providers) serv-
4 ing the area; and

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

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

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

1 **SEC. 105. DEMONSTRATION PROJECTS PROVIDING MENTAL**
 2 **HEALTH SCREENING AND TREATMENT SERV-**
 3 **ICES TO OLDER INDIVIDUALS LIVING IN NAT-**
 4 **URALLY OCCURRING RETIREMENT COMMU-**
 5 **NITIES IN URBAN AREAS.**

6 Part A of title IV of the Older Americans Act of 1965
 7 (42 U.S.C. 3032 et seq.), as amended by section 104, is
 8 further amended by adding at the end the following:

9 **“SEC. 423. DEMONSTRATION PROJECTS PROVIDING MEN-**
 10 **TAL HEALTH SCREENING AND TREATMENT**
 11 **SERVICES TO OLDER INDIVIDUALS LIVING IN**
 12 **NATURALLY OCCURRING RETIREMENT COM-**
 13 **MUNITIES IN URBAN AREAS.**

14 “(a) DEFINITIONS.—In this section:

15 “(1) NATURALLY OCCURRING RETIREMENT
 16 COMMUNITY.—The term ‘naturally occurring retire-
 17 ment community’ means a residential area (such as
 18 an apartment building, housing complex or develop-
 19 ment, or neighborhood) not originally built for older
 20 individuals but in which a substantial number of in-
 21 dividuals have aged in place (and become older indi-
 22 viduals) while residing in such area.

23 “(2) URBAN AREA.—The term ‘urban area’
 24 means—

1 “(A) a metropolitan statistical area (as de-
2 fined by the Director of the Office of Manage-
3 ment and Budget); or

4 “(B) such similar area as the Secretary
5 specifies in a regulation issued under section
6 1886(d)(2)(D) of the Social Security Act (42
7 U.S.C. 1395ww(d)(2)(D)).

8 “(b) AUTHORITY.—The Assistant Secretary shall
9 make grants to eligible public agencies and nonprofit pri-
10 vate organizations to pay part or all of the cost of devel-
11 oping or operating model health care service projects in-
12 volving the provision of mental health screening and treat-
13 ment services to older individuals residing in naturally oc-
14 curring retirement communities located in urban areas.

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

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

22 “(1) information describing—

23 “(A) the naturally occurring retirement
24 community and target population (including the

1 racial and ethnic composition of the target pop-
2 ulation) to be served by the project; and

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

7 “(2) assurances that the applicant will carry
8 out the project—

9 “(A) through a multidisciplinary team of
10 licensed mental health professionals;

11 “(B) using evidence-based intervention and
12 treatment protocols to the extent such protocols
13 are available; and

14 “(C) in coordination with other providers
15 of health care and social services serving the re-
16 tirement community; and

17 “(3) assurances that the applicant will conduct
18 and submit to the Assistant Secretary such evalua-
19 tions and reports as the Assistant Secretary may re-
20 quire.

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

1 “(f) COORDINATION.—The Assistant Secretary shall
 2 provide for appropriate coordination of programs and ac-
 3 tivities receiving funds pursuant to grants made under this
 4 section with programs and activities receiving funds pur-
 5 suant to grants made under sections 381 and 422, and
 6 sections 520K and 520L of the Public Health Service
 7 Act.”.

8 **TITLE II—PUBLIC HEALTH**
 9 **SERVICE ACT AMENDMENTS**

10 **SEC. 201. DEMONSTRATION PROJECTS TO SUPPORT INTE-**
 11 **GRATION OF MENTAL HEALTH SERVICES IN**
 12 **PRIMARY CARE SETTINGS.**

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

15 (1) in section 520(b)—

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

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

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

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

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

1 **“SEC. 520K. PROJECTS TO DEMONSTRATE INTEGRATION OF**
2 **MENTAL HEALTH SERVICES IN PRIMARY**
3 **CARE SETTINGS.**

4 “(a) IN GENERAL.—The Secretary, acting through
5 the Director of the Center for Mental Health Services,
6 shall award grants to public and private nonprofit entities
7 for projects to demonstrate ways of integrating mental
8 health services for older patients into primary care set-
9 tings, such as health centers receiving a grant under sec-
10 tion 330 (or determined by the Secretary to meet the re-
11 quirements for receiving such a grant), other Federally
12 qualified health centers, primary care clinics, and private
13 practice sites.

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

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

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

5 “(3) adoption and implementation of evidence-
6 based protocols, to the extent available, for prevalent
7 mental health disorders, including depression, anx-
8 iety, behavioral and psychological symptoms of de-
9 mentia, psychosis, and misuse of, or dependence on,
10 alcohol or medication.

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

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

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

19 “(d) DURATION.—A project may receive funding pur-
20 suant to a grant under this section for a period of up to
21 3 years, with an extension period of 2 additional years
22 at the discretion of the Secretary.

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

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

4 “(2) agree to report to the Secretary standard-
5 ized clinical and behavioral data necessary to evalu-
6 ate patient outcomes and to facilitate evaluations
7 across participating projects.

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

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

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

20 **SEC. 202. GRANTS FOR COMMUNITY-BASED MENTAL**
21 **HEALTH TREATMENT OUTREACH TEAMS.**

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

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

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Director of the Center for Mental Health Services,
5 shall award grants to public or private nonprofit entities
6 that are community-based providers of geriatric mental
7 health services, to support the establishment and mainte-
8 nance by such entities of multi-disciplinary geriatric men-
9 tal health outreach teams in community settings where
10 older adults reside or receive social services. Entities eligi-
11 ble for such grants include—

12 “(1) mental health service providers of a State
13 or local government;

14 “(2) outpatient programs of private, nonprofit
15 hospitals;

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

18 “(4) other community-based providers of mental
19 health services.

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

22 “(1) adopt and implement, for use by its mental
23 health outreach team, evidence-based intervention
24 and treatment protocols (to the extent such proto-
25 cols are available) for mental disorders prevalent in
26 older individuals (including, but not limited to, mood

1 and anxiety disorders, dementias of all kinds, psy-
 2 chotic disorders, and substance and alcohol abuse),
 3 relying to the greatest extent feasible on protocols
 4 that have been developed—

5 “(A) by or under the auspices of the Sec-
 6 retary; or

7 “(B) by academicians with expertise in
 8 mental health and aging;

9 “(2) provide screening for mental disorders, di-
 10 agnostic services, referrals for treatment, and case
 11 management and coordination through such teams;
 12 and

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

17 “(A) improve patient outcomes; and

18 “(B) to assure, to the maximum extent
 19 feasible, the continuing independence of older
 20 adults who are residing in the community.

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

1 “(1) senior centers;

2 “(2) adult day care programs;

3 “(3) assisted living facilities; and

4 “(4) recipients of grants to provide services to
5 senior citizens under the Older Americans Act of
6 1965, under which such person provides (and is re-
7 imbursemented by the entity, out of funds received under
8 the grant, for) any supportive services, such as
9 transportation and administrative support, that such
10 person provides to an outreach team of such entity.

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

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

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

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

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

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

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

3 (2) by inserting after subsection (b) the fol-
4 lowing:

5 “(c) DEPUTY DIRECTOR FOR OLDER ADULT MEN-
6 TAL HEALTH SERVICES IN CENTER FOR MENTAL
7 HEALTH SERVICES.—The Director, after consultation
8 with the Administrator, shall designate a Deputy Director
9 for Older Adult Mental Health Services, who shall be re-
10 sponsible for the development and implementation of ini-
11 tiatives of the Center to address the mental health needs
12 of older adults. Such initiatives shall include—

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

15 “(2) innovative demonstration projects for the
16 delivery of community-based mental health services
17 for older Americans;

18 “(3) support for the development and dissemi-
19 nation of evidence-based practice models, including
20 models to address dependence on, and misuse of, al-
21 cohol and medication in older adults; and

22 “(4) development of model training programs
23 for mental health professionals and care givers serv-
24 ing older adults.”.

1 **SEC. 204. MEMBERSHIP OF ADVISORY COUNCIL FOR THE**
 2 **CENTER FOR MENTAL HEALTH SERVICES.**

3 Section 502(b)(3) of the Public Health Service Act
 4 (42 U.S.C. 290aa-1(b)(3)) is amended by adding at the
 5 end the following:

6 “(C) In the case of the advisory council for
 7 the Center for Mental Health Services, the
 8 members appointed pursuant to subparagraphs
 9 (A) and (B) shall include representatives of
 10 older Americans, their families, and geriatric
 11 mental health specialists.”.

12 **SEC. 205. PROJECTS OF NATIONAL SIGNIFICANCE TAR-**
 13 **GETING SUBSTANCE ABUSE IN OLDER**
 14 **ADULTS.**

15 Section 509(b)(2) of the Public Health Service Act
 16 (42 U.S.C. 290bb-2(b)(2)) is amended by inserting before
 17 the period the following: “, and to providing treatment for
 18 older adults with alcohol or substance abuse or addiction,
 19 including medication misuse or dependence”.

20 **SEC. 206. CRITERIA FOR STATE PLANS UNDER COMMUNITY**
 21 **MENTAL HEALTH SERVICES BLOCK GRANTS.**

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

25 “(4) TARGETED SERVICES TO OLDER INDIVID-
 26 UALS, INDIVIDUALS WHO ARE HOMELESS, AND INDI-

1 VIDUALS LIVING IN RURAL AREAS.—The plan de-
2 scribes the State’s outreach to and services for older
3 individuals, individuals who are homeless, and indi-
4 viduals living in rural areas, and how community-
5 based services will be provided to these individuals.”.

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

○