

111TH CONGRESS  
1ST SESSION

# H. R. 3191

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

JULY 13, 2009

Mr. KENNEDY (for himself, Ms. ROS-LEHTINEN, and Mr. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

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       2009”.

1 **SEC. 2. DEMONSTRATION PROJECTS TO SUPPORT INTE-**  
2 **GRATION OF MENTAL HEALTH SERVICES IN**  
3 **PRIMARY CARE SETTINGS.**

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

6 (1) in section 520(b)—

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

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

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

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

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

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

18 “(a) IN GENERAL.—The Secretary, acting through  
19 the Director of the Center for Mental Health Services,  
20 shall award grants to public and private nonprofit entities  
21 for projects to demonstrate ways of integrating mental  
22 health services for older adults into primary care settings,  
23 such as health centers receiving a grant under section 330  
24 (or determined by the Secretary to meet the requirements  
25 for receiving such a grant), other federally qualified health  
26 centers, primary care clinics, and private practice sites.

1       “(b) REQUIREMENTS.—In order to be eligible for a  
2 grant under this section, the project to be carried out by  
3 the entity shall provide for collaborative care within a pri-  
4 mary care setting, provided by licensed mental health pro-  
5 fessionals with appropriate training and experience in the  
6 treatment of older adults, in which screening, assessment,  
7 and intervention services are combined into an integrated  
8 service delivery model, including—

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

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

16               “(3) adoption and implementation of evidence-  
17 based intervention and treatment protocols (to the  
18 extent such protocols are available) for mental dis-  
19 orders prevalent in older adults including, but not  
20 limited to, mood and anxiety disorders, dementias of  
21 all kinds (including the behavioral and psychological  
22 symptoms of dementia), psychotic disorders, and  
23 substance-related disorders.

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

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

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

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

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

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

19              “(2) agree to report to the Secretary standard-  
20      ized clinical and behavioral data and other perform-  
21      ance data necessary to evaluate patient outcomes  
22      and to facilitate evaluations across participating  
23      projects.

24      “(f) EVALUATION.—Not later than July 31 of the  
25      second calendar year after the date of enactment of this

1 section, and July 31 of every year thereafter, the Sec-  
2 retary shall submit to Congress a report evaluating the  
3 projects receiving awards under this section for the year  
4 involved.

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 2010  
12 and each fiscal year thereafter.”.

13 **SEC. 3. GRANTS FOR COMMUNITY-BASED MENTAL HEALTH**  
14 **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 2, 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 interdisciplinary geriatric mental  
2 health outreach teams in community settings where older  
3 adults reside or receive social services. Entities eligible for  
4 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 adults including, but not limited to, mood and  
20               anxiety disorders, dementias of all kinds (including  
21               the behavioral and psychological symptoms of de-  
22               mentia), psychotic disorders, and substance-related  
23               disorders, relying to the greatest extent feasible on  
24               protocols that have been developed—

1           “(A) by or under the auspices of the Sec-  
2           retary; or

3           “(B) by academicians;

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

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

12                  “(A) improve patient outcomes; and

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

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

21                  “(1) senior centers;

22                  “(2) adult day care programs;

23                  “(3) assisted living facilities; and

24                  “(4) recipients of grants to provide services to  
25          older adults under the Older Americans Act of 1965,

1 under which such person provides (and is reim-  
2 bursed by the entity, out of funds received under the  
3 grant, for) any supportive services, such as transpor-  
4 tation and administrative support, that such person  
5 provides to an outreach team of such entity.

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

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

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

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

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

19 “(2) agree to report to the Secretary standard-  
20 ized clinical and behavioral data and other perform-  
21 ance data necessary to evaluate patient outcomes  
22 and to facilitate evaluations across participating  
23 projects.

24 “(f) COORDINATION.—The Secretary shall provide  
25 for appropriate coordination of programs and activities re-



1 ceiving funds pursuant to a grant under this section with  
2 programs and activities receiving funds pursuant to grants  
3 under section 520K and sections 381, 422, and 423 of  
4 the Older Americans Act of 1965.

5 “(g) EVALUATION.—Not later than July 31 of the  
6 second calendar year after the date of enactment of this  
7 section, and July 31 of every year thereafter, the Sec-  
8 retary shall submit to Congress a report evaluating the  
9 projects receiving awards under this section for such year.

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

14 “(i) AUTHORIZATION OF APPROPRIATIONS.—There  
15 are authorized to be appropriated such sums as may be  
16 necessary to carry out this section for fiscal year 2010  
17 and each fiscal year thereafter.”

18 **SEC. 4. DESIGNATION OF DEPUTY DIRECTOR FOR OLDER**  
19 **ADULT MENTAL HEALTH SERVICES IN CEN-**  
20 **TER FOR MENTAL HEALTH SERVICES.**

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

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

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

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

11           “(1) research on prevention and identification  
12          of mental disorders in the older adult population;

13           “(2) innovative demonstration projects for the  
14          delivery of community-based mental health services  
15          for older adults;

16           “(3) support for the development and dissemi-  
17          nation of evidence-based practice models, including  
18          models to address substance-related disorders in  
19          older adults; and

20           “(4) development of model training programs  
21          for mental health professionals and caregivers serv-  
22          ing older adults.”.

1 **SEC. 5. 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 adults or their families, and professionals  
11 with an expertise in geriatric mental health.”.

12 **SEC. 6. 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 substance-related disorders”.

19 **SEC. 7. CRITERIA FOR STATE PLANS UNDER COMMUNITY**  
20 **MENTAL HEALTH SERVICES BLOCK GRANTS.**

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

24 “(4) TARGETED SERVICES TO OLDER INDIVID-  
25 UALS, INDIVIDUALS WHO ARE HOMELESS, AND INDI-  
26 VIDUALS LIVING IN RURAL AREAS.—The plan de-

1 scribes the State’s outreach to and services for older  
2 individuals, individuals who are homeless, and indi-  
3 viduals living in rural areas, and how community-  
4 based services will be provided to these individuals.”.

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

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