

Calendar No. 412

109TH CONGRESS
2^D SESSION**S. 2245****[Report No. 109-250]**

To establish an Indian youth telemental health demonstration project.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 6, 2006

Mr. DORGAN (for himself, Mr. CONRAD, Mr. BINGAMAN, Ms. MURKOWSKI, Mr. MCCAIN, Mr. JOHNSON, and Mr. SMITH) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

APRIL 24, 2006

Reported by Mr. MCCAIN, without amendment

A BILL

To establish an Indian youth telemental health demonstration project.

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 “Indian Youth Tele-
5 mental Health Demonstration Project Act of 2006”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress finds that—

3 (1) suicide for Indians and Alaska Natives is
4 2½ times higher than the national average and the
5 highest for all ethnic groups in the United States, at
6 a rate of more than 16 per 100,000 males of all age
7 groups, and 27.9 per 100,000 for males aged 15
8 through 24, according to data for 2002;

9 (2) according to national data for 2002, suicide
10 was the second-leading cause of death for Indians
11 and Alaska Natives aged 15 through 34 and the
12 fourth-leading cause of death for Indians and Alaska
13 Natives aged 10 through 14;

14 (3) the suicide rates of Indian and Alaska Na-
15 tive males aged 15 through 24 are nearly 4 times
16 greater than suicide rates of Indian and Alaska Na-
17 tive females of that age group;

18 (4)(A) 90 percent of all teens who die by sui-
19 cide suffer from a diagnosable mental illness at the
20 time of death; and

21 (B) more than ½ of the people who commit
22 suicide in Indian Country have never been seen by
23 a mental health provider;

24 (5) death rates for Indians and Alaska Natives
25 are statistically underestimated;

1 (6) suicide clustering in Indian Country affects
2 entire tribal communities; and

3 (7) since 2003, the Indian Health Service has
4 carried out a National Suicide Prevention Initiative
5 to work with Service, tribal, and urban Indian health
6 programs.

7 (b) PURPOSE.—The purpose of this Act is to author-
8 ize the Secretary to carry out a demonstration project to
9 test the use of telemental health services in suicide preven-
10 tion, intervention, and treatment of Indian youth, includ-
11 ing through—

12 (1) the use of psychotherapy, psychiatric assess-
13 ments, diagnostic interviews, therapies for mental
14 health conditions predisposing to suicide, and alcohol
15 and substance abuse treatment;

16 (2) the provision of clinical expertise to, con-
17 sultation services with, and medical advice and train-
18 ing for frontline health care providers working with
19 Indian youth;

20 (3) training and related support for community
21 leaders, family members and health and education
22 workers who work with Indian youth;

23 (4) the development of culturally-relevant edu-
24 cational materials on suicide; and

25 (5) data collection and reporting.

1 **SEC. 3. DEFINITIONS.**

2 In this Act:

3 (1) DEMONSTRATION PROJECT.—The term
4 “demonstration project” means the Indian youth
5 telemental health demonstration project authorized
6 under section 4(a).

7 (2) DEPARTMENT.—The term “Department”
8 means the Department of Health and Human Serv-
9 ices.

10 (3) INDIAN.—The term “Indian” means any in-
11 dividual who is a member of an Indian tribe or is
12 eligible for health services under the Indian Health
13 Care Improvement Act (25 U.S.C. 1601 et seq.).

14 (4) INDIAN TRIBE.—The term “Indian tribe”
15 has the meaning given the term in section 4 of the
16 Indian Self-Determination and Education Assistance
17 Act (25 U.S.C. 450b).

18 (5) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (6) SERVICE.—The term “Service” means the
21 Indian Health Service.

22 (7) TELEMENTAL HEALTH.—The term “tele-
23 mental health” means the use of electronic informa-
24 tion and telecommunications technologies to support
25 long distance mental health care, patient and profes-

1 sional-related education, public health, and health
2 administration.

3 (8) TRADITIONAL HEALTH CARE PRACTICES.—

4 The term “traditional health care practices” means
5 the application by Native healing practitioners of the
6 Native healing sciences (as opposed or in contra-
7 distinction to Western healing sciences) that—

8 (A) embody the influences or forces of in-
9 nate Tribal discovery, history, description, ex-
10 planation and knowledge of the states of
11 wellness and illness; and

12 (B) call upon those influences or forces in
13 the promotion, restoration, preservation, and
14 maintenance of health, well-being, and life’s
15 harmony.

16 (9) TRIBAL ORGANIZATION.—The term “tribal
17 organization” has the meaning given the term in
18 section 4 of the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450b).

20 **SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRATION PROJECT.**
21

22 (a) AUTHORIZATION.—

23 (1) IN GENERAL.—The Secretary is authorized
24 to carry out a demonstration project to award grants

1 for the provision of telemental health services to In-
2 dian youth who—

3 (A) have expressed suicidal ideas;

4 (B) have attempted suicide; or

5 (C) have mental health conditions that in-
6 crease or could increase the risk of suicide.

7 (2) ELIGIBILITY FOR GRANTS.—Grants de-
8 scribed in paragraph (1) shall be awarded to Indian
9 tribes and tribal organizations that operate 1 or
10 more facilities—

11 (A) located in Alaska and part of the Alas-
12 ka Federal Health Care Access Network;

13 (B) reporting active clinical telehealth ca-
14 pabilities; or

15 (C) offering school-based telemental health
16 services relating to psychiatry to Indian youth.

17 (3) GRANT PERIOD.—The Secretary shall
18 award grants under this section for a period of up
19 to 4 years.

20 (4) MAXIMUM NUMBER OF GRANTS.—Not more
21 than 5 grants shall be provided under paragraph
22 (1), with priority consideration given to Indian tribes
23 and tribal organizations that—

1 (A) serve a particular community or geo-
2 graphic area in which there is a demonstrated
3 need to address Indian youth suicide;

4 (B) enter into collaborative partnerships
5 with Service or other tribal health programs or
6 facilities to provide services under this dem-
7 onstration project;

8 (C) serve an isolated community or geo-
9 graphic area which has limited or no access to
10 behavioral health services; or

11 (D) operate a detention facility at which
12 Indian youth are detained.

13 (b) USE OF FUNDS.—An Indian tribe or tribal orga-
14 nization shall use a grant received under subsection (a)
15 for the following purposes:

16 (1) To provide telemental health services to In-
17 dian youth, including the provision of—

18 (A) psychotherapy;

19 (B) psychiatric assessments and diagnostic
20 interviews, therapies for mental health condi-
21 tions predisposing to suicide, and treatment;
22 and

23 (C) alcohol and substance abuse treatment.

24 (2) To provide clinician-interactive medical ad-
25 vice, guidance and training, assistance in diagnosis

1 and interpretation, crisis counseling and interven-
2 tion, and related assistance to Service or tribal clini-
3 cians and health services providers working with
4 youth being served under the demonstration project.

5 (3) To assist, educate, and train community
6 leaders, health education professionals and para-
7 professionals, tribal outreach workers, and family
8 members who work with the youth receiving tele-
9 mental health services under the demonstration
10 project, including with identification of suicidal ten-
11 dencies, crisis intervention and suicide prevention,
12 emergency skill development, and building and ex-
13 panding networks among those individuals and with
14 State and local health services providers.

15 (4) To develop and distribute culturally-appro-
16 priate community educational materials on—

- 17 (A) suicide prevention;
- 18 (B) suicide education;
- 19 (C) suicide screening;
- 20 (D) suicide intervention; and
- 21 (E) ways to mobilize communities with re-
22 spect to the identification of risk factors for sui-
23 cide.

24 (5) To conduct data collection and reporting re-
25 lating to Indian youth suicide prevention efforts.

1 (c) APPLICATIONS.—To be eligible to receive a grant
2 under subsection (a), an Indian tribe or tribal organization
3 shall prepare and submit to the Secretary an application,
4 at such time, in such manner, and containing such infor-
5 mation as the Secretary may require, including—

6 (1) a description of the project that the Indian
7 tribe or tribal organization will carry out using the
8 funds provided under the grant;

9 (2) a description of the manner in which the
10 project funded under the grant would—

11 (A) meet the telemental health care needs
12 of the Indian youth population to be served by
13 the project; or

14 (B) improve the access of the Indian youth
15 population to be served to suicide prevention
16 and treatment services;

17 (3) evidence of support for the project from the
18 local community to be served by the project;

19 (4) a description of how the families and leader-
20 ship of the communities or populations to be served
21 by the project would be involved in the development
22 and ongoing operations of the project;

23 (5) a plan to involve the tribal community of
24 the youth who are provided services by the project
25 in planning and evaluating the mental health care

1 and suicide prevention efforts provided, in order to
2 ensure the integration of community, clinical, envi-
3 ronmental, and cultural components of the treat-
4 ment; and

5 (6) a plan for sustaining the project after Fed-
6 eral assistance for the demonstration project has ter-
7 minated.

8 (d) TRADITIONAL HEALTH CARE PRACTICES.—The
9 Secretary, acting through the Service, shall ensure that
10 the demonstration project involves the use and promotion
11 of the traditional health care practices of the Indian tribes
12 of the youth to be served.

13 (e) COLLABORATION.—The Secretary, acting through
14 the Service, shall encourage Indian tribes and tribal orga-
15 nizations receiving grants under this section to collaborate
16 to enable comparisons about best practices across projects.

17 (f) ANNUAL REPORT.—Each grant recipient shall
18 submit to the Secretary an annual report that—

19 (1) describes the number of telemental health
20 services provided; and

21 (2) includes any other information that the Sec-
22 retary may require.

23 (g) REPORT TO CONGRESS.—Not later than 270 days
24 after the date of termination of the demonstration project,
25 the Secretary shall submit to the Committee on Indian Af-

1 fairs of the Senate and the Committee on Resources and
2 the Committee on Energy and Commerce of the House
3 of Representatives a final report that—

4 (1) describes the results of the projects funded
5 by grants awarded under this section, including any
6 data available that indicate the number of attempted
7 suicides;

8 (2) evaluates the impact of the telemental
9 health services funded by the grants in reducing the
10 number of completed suicides among Indian youth;

11 (3) evaluates whether the demonstration project
12 should be—

13 (A) expanded to provide more than 5
14 grants; and

15 (B) designated a permanent program; and

16 (4) evaluates the benefits of expanding the
17 demonstration project to include urban Indian orga-
18 nizations.

19 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section
21 \$1,500,000 for each of fiscal years 2007 through 2010.