

109TH CONGRESS
2^D SESSION

S. 2245

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

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”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress finds that—

8 (1) suicide for Indians and Alaska Natives is 2
9 ½ times higher than the national average and the
10 highest for all ethnic groups in the United States, at

1 a rate of more than 16 per 100,000 males of all age
2 groups, and 27.9 per 100,000 for males aged 15
3 through 24, according to data for 2002;

4 (2) according to national data for 2002, suicide
5 was the second-leading cause of death for Indians
6 and Alaska Natives aged 15 through 34 and the
7 fourth-leading cause of death for Indians and Alaska
8 Natives aged 10 through 14;

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

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

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

19 (5) death rates for Indians and Alaska Natives
20 are statistically underestimated;

21 (6) suicide clustering in Indian Country affects
22 entire tribal communities; and

23 (7) since 2003, the Indian Health Service has
24 carried out a National Suicide Prevention Initiative

1 to work with Service, tribal, and urban Indian health
2 programs.

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

8 (1) the use of psychotherapy, psychiatric assess-
9 ments, diagnostic interviews, therapies for mental
10 health conditions predisposing to suicide, and alcohol
11 and substance abuse treatment;

12 (2) the provision of clinical expertise to, con-
13 sultation services with, and medical advice and train-
14 ing for frontline health care providers working with
15 Indian youth;

16 (3) training and related support for community
17 leaders, family members and health and education
18 workers who work with Indian youth;

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

21 (5) data collection and reporting.

22 **SEC. 3. DEFINITIONS.**

23 In this Act:

24 (1) DEMONSTRATION PROJECT.—The term
25 “demonstration project” means the Indian youth

1 telemental health demonstration project authorized
2 under section 4(a).

3 (2) DEPARTMENT.—The term “Department”
4 means the Department of Health and Human Serv-
5 ices.

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

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

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

16 (6) SERVICE.—The term “Service” means the
17 Indian Health Service.

18 (7) TELEMENTAL HEALTH.—The term “tele-
19 mental health” means the use of electronic informa-
20 tion and telecommunications technologies to support
21 long distance mental health care, patient and profes-
22 sional-related education, public health, and health
23 administration.

24 (8) TRADITIONAL HEALTH CARE PRACTICES.—
25 The term “traditional health care practices” means

1 the application by Native healing practitioners of the
 2 Native healing sciences (as opposed or in contra-
 3 distinction to Western healing sciences) that—

4 (A) embody the influences or forces of in-
 5 nate Tribal discovery, history, description, ex-
 6 planation and knowledge of the states of
 7 wellness and illness; and

8 (B) call upon those influences or forces in
 9 the promotion, restoration, preservation, and
 10 maintenance of health, well-being, and life’s
 11 harmony.

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

16 **SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRA-**
 17 **TION PROJECT.**

18 (a) AUTHORIZATION.—

19 (1) IN GENERAL.—The Secretary is authorized
 20 to carry out a demonstration project to award grants
 21 for the provision of telemental health services to In-
 22 dian youth who—

23 (A) have expressed suicidal ideas;

24 (B) have attempted suicide; or

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

3 (2) ELIGIBILITY FOR GRANTS.—Grants de-
4 scribed in paragraph (1) shall be awarded to Indian
5 tribes and tribal organizations that operate 1 or
6 more facilities—

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

9 (B) reporting active clinical telehealth ca-
10 pabilities; or

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

13 (3) GRANT PERIOD.—The Secretary shall
14 award grants under this section for a period of up
15 to 4 years.

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

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

23 (B) enter into collaborative partnerships
24 with Service or other tribal health programs or

1 facilities to provide services under this dem-
2 onstration project;

3 (C) serve an isolated community or geo-
4 graphic area which has limited or no access to
5 behavioral health services; or

6 (D) operate a detention facility at which
7 Indian youth are detained.

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

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

13 (A) psychotherapy;

14 (B) psychiatric assessments and diagnostic
15 interviews, therapies for mental health condi-
16 tions predisposing to suicide, and treatment;
17 and

18 (C) alcohol and substance abuse treatment.

19 (2) To provide clinician-interactive medical ad-
20 vice, guidance and training, assistance in diagnosis
21 and interpretation, crisis counseling and interven-
22 tion, and related assistance to Service or tribal clini-
23 cians and health services providers working with
24 youth being served under the demonstration project.

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

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

13 (A) suicide prevention;

14 (B) suicide education;

15 (C) suicide screening;

16 (D) suicide intervention; and

17 (E) ways to mobilize communities with re-
18 spect to the identification of risk factors for sui-
19 cide.

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

22 (c) APPLICATIONS.—To be eligible to receive a grant
23 under subsection (a), an Indian tribe or tribal organization
24 shall prepare and submit to the Secretary an application,

1 at such time, in such manner, and containing such infor-
2 mation as the Secretary may require, including—

3 (1) a description of the project that the Indian
4 tribe or tribal organization will carry out using the
5 funds provided under the grant;

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

8 (A) meet the telemental health care needs
9 of the Indian youth population to be served by
10 the project; or

11 (B) improve the access of the Indian youth
12 population to be served to suicide prevention
13 and treatment services;

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

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

20 (5) a plan to involve the tribal community of
21 the youth who are provided services by the project
22 in planning and evaluating the mental health care
23 and suicide prevention efforts provided, in order to
24 ensure the integration of community, clinical, envi-

1 ronmental, and cultural components of the treat-
2 ment; and

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

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

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

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

17 (1) describes the number of telemental health
18 services provided; and

19 (2) includes any other information that the Sec-
20 retary may require.

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

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

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

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

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

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

14 (B) designated a permanent program; and

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

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

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