

# Calendar No. 108

110TH CONGRESS  
1ST SESSION

# S. 322

[Report No. 110-43]

To establish an Indian youth telemental health demonstration project.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 17, 2007

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

APRIL 10, 2007

Reported by Mr. DORGAN, with an amendment

[Insert the part printed in italic]

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## 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 2007”.

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

2 (a) FINDINGS.—Congress finds that—

3 (1) suicide for Indians and Alaska Natives is  
4  $2\frac{1}{2}$  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 2004, suicide  
10 was the second-leading cause of death for Indians  
11 and Alaska Natives of both sexes aged 10 through  
12 34;

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

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

20 (B) more than  $\frac{1}{2}$  of the people who commit  
21 suicide in Indian Country have never been seen by  
22 a mental health provider;

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

25 (6) suicide clustering in Indian Country affects  
26 entire tribal communities; and

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

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

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

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

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

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

23           (5) data collection and reporting.

24 **SEC. 3. DEFINITIONS.**

25           In this Act:

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

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

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

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

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

18           (6) SERVICE.—The term “Service” means the  
19 Indian Health Service.

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

1           (8) TRIBAL ORGANIZATION.—The term “tribal  
2 organization” has the meaning given the term in  
3 section 4 of the Indian Self-Determination and Edu-  
4 cation Assistance Act (25 U.S.C. 450b).

5 **SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRA-**  
6 **TION PROJECT.**

7           (a) AUTHORIZATION.—

8           (1) IN GENERAL.—The Secretary is authorized  
9 to carry out a demonstration project to award grants  
10 for the provision of telemental health services to In-  
11 dian youth who—

12                   (A) have expressed suicidal ideas;

13                   (B) have attempted suicide; or

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

16           (2) ELIGIBILITY FOR GRANTS.—Grants de-  
17 scribed in paragraph (1) shall be awarded to Indian  
18 tribes and tribal organizations that operate 1 or  
19 more facilities—

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

22                   (B) reporting active clinical telehealth ca-  
23 pabilities; or

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

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

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

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

11                   (B) enter into collaborative partnerships  
12 with Service or other tribal health programs or  
13 facilities to provide services under this dem-  
14 onstration project;

15                   (C) serve an isolated community or geo-  
16 graphic area which has limited or no access to  
17 behavioral health services; or

18                   (D) operate a detention facility at which  
19 Indian youth are detained.

20           (b) USE OF FUNDS.—

21                   (1) IN GENERAL.—An Indian tribe or tribal or-  
22 ganization shall use a grant received under sub-  
23 section (a) for the following purposes:

24                           (A) To provide telemental health services  
25 to Indian youth, including the provision of—

- 1 (i) psychotherapy;
- 2 (ii) psychiatric assessments and diag-
- 3 nostic interviews, therapies for mental
- 4 health conditions predisposing to suicide,
- 5 and treatment; and
- 6 (iii) alcohol and substance abuse
- 7 treatment.

8 (B) To provide clinician-interactive medical

9 advice, guidance and training, assistance in di-

10 agnosis and interpretation, crisis counseling and

11 intervention, and related assistance to Service

12 or tribal clinicians and health services providers

13 working with youth being served under the

14 demonstration project.

15 (C) To assist, educate, and train commu-

16 nity leaders, health education professionals and

17 paraprofessionals, tribal outreach workers, and

18 family members who work with the youth re-

19 ceiving telemental health services under the

20 demonstration project, including with identifica-

21 tion of suicidal tendencies, crisis intervention

22 and suicide prevention, emergency skill develop-

23 ment, and building and expanding networks

24 among those individuals and with State and

25 local health services providers.

1 (D) To develop and distribute culturally-  
2 appropriate community educational materials  
3 on—

4 (i) suicide prevention;

5 (ii) suicide education;

6 (iii) suicide screening;

7 (iv) suicide intervention; and

8 (v) ways to mobilize communities with  
9 respect to the identification of risk factors  
10 for suicide.

11 (E) To conduct data collection and report-  
12 ing relating to Indian youth suicide prevention  
13 efforts.

14 (2) TRADITIONAL HEALTH CARE PRACTICES.—

15 In carrying out the purposes described in paragraph  
16 (1), an Indian tribe or tribal organization may use  
17 and promote the traditional health care practices of  
18 the Indian tribes of the youth to be served.

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

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

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

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

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

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

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

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

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

4           (d) COLLABORATION.—The Secretary, acting  
5 through the Service, shall encourage Indian tribes and  
6 tribal organizations receiving grants under this section to  
7 collaborate to enable comparisons about best practices  
8 across projects.

9           (e) ANNUAL REPORT.—Each grant recipient shall  
10 submit to the Secretary an annual report that—

11           (1) describes the number of telemental health  
12 services provided; and

13           (2) includes any other information that the Sec-  
14 retary may require.

15           (f) REPORT TO CONGRESS.—Not later than 270 days  
16 after the date of termination of the demonstration project,  
17 the Secretary shall submit to the Committee on Indian Af-  
18 fairs of the Senate and the Committee on *Natural Re-*  
19 sources and the Committee on Energy and Commerce of  
20 the House of Representatives a final report that—

21           (1) describes the results of the projects funded  
22 by grants awarded under this section, including any  
23 data available that indicate the number of attempted  
24 suicides;

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

4           (3) evaluates whether the demonstration project  
5 should be—

6                 (A) expanded to provide more than 5  
7 grants; and

8                 (B) designated a permanent program; and

9           (4) evaluates the benefits of expanding the  
10 demonstration project to include urban Indian orga-  
11 nizations.

12         (g) AUTHORIZATION OF APPROPRIATIONS.—There is  
13 authorized to be appropriated to carry out this section  
14 \$1,500,000 for each of fiscal years 2008 through 2011.

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1<sup>ST</sup> Session

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