

111TH CONGRESS
1ST SESSION

S. 1635

To establish an Indian youth telemental health demonstration project, to enhance the provision of mental health care services to Indian youth, to encourage Indian tribes, tribal organizations, and other mental health care providers serving residents of Indian country to obtain the services of predoctoral psychology and psychiatry interns, and for other purposes.

IN THE SENATE OF THE UNITED STATES

AUGUST 6, 2009

Mr. DORGAN (for himself, Mr. JOHANNNS, Mr. BAUCUS, Mr. JOHNSON, Mr. THUNE, Mr. TESTER, and Mr. UDALL of New Mexico) 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, to enhance the provision of mental health care services to Indian youth, to encourage Indian tribes, tribal organizations, and other mental health care providers serving residents of Indian country to obtain the services of predoctoral psychology and psychiatry interns, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “7th Generation Prom-
3 ise: Indian Youth Suicide Prevention Act of 2009”.

4 **SEC. 2. FINDINGS AND PURPOSE.**

5 (a) FINDINGS.—Congress finds that—

6 (1)(A) the rate of suicide of American Indians
7 and Alaska Natives is 1.9 times higher than the na-
8 tional average rate; and

9 (B) the rate of suicide of Indian and Alaska
10 Native youth aged 15 through 24 is—

11 (i) 3.5 times the national average rate; and

12 (ii) the highest rate of any population
13 group in the United States;

14 (2) many risk behaviors and contributing fac-
15 tors for suicide are more prevalent in Indian country
16 than in other areas, including—

17 (A) history of previous suicide attempts;

18 (B) family history of suicide;

19 (C) history of depression or other mental
20 illness;

21 (D) alcohol or drug abuse;

22 (E) health disparities;

23 (F) stressful life events and losses;

24 (G) easy access to lethal methods;

25 (H) exposure to the suicidal behavior of
26 others;

1 (I) isolation; and

2 (J) incarceration;

3 (3) according to national data for 2005, suicide
4 was the second-leading cause of death for Indians
5 and Alaska Natives of both sexes aged 10 through
6 34;

7 (4)(A) the suicide rates of Indians and Alaska
8 Natives aged 15 through 24, as compared to suicide
9 rates of any other racial group, are—

10 (i) for males, up to 4 times greater; and

11 (ii) for females, up to 11 times greater;

12 and

13 (B) data demonstrates that, over their lifetimes,
14 females attempt suicide 2 to 3 times more often
15 than males;

16 (5)(A) Indian tribes, especially Indian tribes lo-
17 cated in the Great Plains, have experienced epidemic
18 levels of suicide, up to 10 times the national aver-
19 age; and

20 (B) suicide clustering in Indian country affects
21 entire tribal communities;

22 (6) death rates for Indians and Alaska Natives
23 are statistically underestimated because many areas
24 of Indian country lack the proper resources to iden-
25 tify and monitor the presence of disease;

1 (7)(A) the Indian Health Service experiences
2 health professional shortages, with physician vacancy
3 rates of approximately 17 percent, and nursing va-
4 cancy rates of approximately 18 percent, in 2007;

5 (B) 90 percent of all teens who die by suicide
6 suffer from a diagnosable mental illness at time of
7 death;

8 (C) more than $\frac{1}{2}$ of teens who commit suicide
9 have never been seen by a mental health provider;
10 and

11 (D) $\frac{1}{3}$ of health needs in Indian country relate
12 to mental health;

13 (8) often, the lack of resources of Indian tribes
14 and the remote nature of Indian reservations make
15 it difficult to meet the requirements necessary to ac-
16 cess Federal assistance, including grants;

17 (9) the Substance Abuse and Mental Health
18 Services Administration and the Service have estab-
19 lished specific initiatives to combat youth suicide in
20 Indian country and among Indians and Alaska Na-
21 tives throughout the United States, including the
22 National Suicide Prevention Initiative of the Service,
23 which has worked with Service, tribal, and urban In-
24 dian health programs since 2003;

1 (10) the National Strategy for Suicide Preven-
2 tion was established in 2001 through a Department
3 of Health and Human Services collaboration
4 among—

5 (A) the Substance Abuse and Mental
6 Health Services Administration;

7 (B) the Service;

8 (C) the Centers for Disease Control and
9 Prevention;

10 (D) the National Institutes of Health; and

11 (E) the Health Resources and Services Ad-
12 ministration; and

13 (11) the Service and other agencies of the De-
14 partment of Health and Human Services use infor-
15 mation technology and other programs to address
16 the suicide prevention and mental health needs of
17 Indians and Alaska Natives.

18 (b) PURPOSES.—The purposes of this Act are—

19 (1) to authorize the Secretary to carry out a
20 demonstration project to test the use of telemental
21 health services in suicide prevention, intervention,
22 and treatment of Indian youth, including through—

23 (A) the use of psychotherapy, psychiatric
24 assessments, diagnostic interviews, therapies for
25 mental health conditions predisposing to sui-

1 eide, and alcohol and substance abuse treat-
2 ment;

3 (B) the provision of clinical expertise to,
4 consultation services with, and medical advice
5 and training for frontline health care providers
6 working with Indian youth;

7 (C) training and related support for com-
8 munity leaders, family members, and health
9 and education workers who work with Indian
10 youth;

11 (D) the development of culturally relevant
12 educational materials on suicide; and

13 (E) data collection and reporting;

14 (2) to encourage Indian tribes, tribal organiza-
15 tions, and other mental health care providers serving
16 residents of Indian country to obtain the services of
17 predoctoral psychology and psychiatry interns; and

18 (3) to enhance the provision of mental health
19 care services to Indian youth through existing grant
20 programs of the Substance Abuse and Mental
21 Health Services Administration.

22 **SEC. 3. DEFINITIONS.**

23 In this Act:

1 (1) ADMINISTRATION.—The term “Administra-
2 tion” means the Substance Abuse and Mental
3 Health Services Administration.

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

8 (3) INDIAN.—The term “Indian” means any in-
9 dividual who is—

10 (A) a member of an Indian tribe; or

11 (B) eligible for health services under the
12 Indian Health Care Improvement Act (25
13 U.S.C. 1601 et seq.).

14 (4) INDIAN COUNTRY.—The term “Indian coun-
15 try” has the meaning given the term in section 1151
16 of title 18, United States Code.

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

21 (6) SECRETARY.—The term “Secretary” means
22 the Secretary of Health and Human Services.

23 (7) SERVICE.—The term “Service” means the
24 Indian Health Service.

1 (8) **TELEMENTAL HEALTH.**—The term “tele-
 2 mental health” means the use of electronic informa-
 3 tion and telecommunications technologies to support
 4 long-distance mental health care, patient and profes-
 5 sional-related education, public health, and health
 6 administration.

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

11 **SEC. 4. INDIAN YOUTH TELEMENTAL HEALTH DEMONSTRA-**
 12 **TION PROJECT.**

13 (a) **AUTHORIZATION.**—

14 (1) **IN GENERAL.**—The Secretary, acting
 15 through the Service, is authorized to carry out a
 16 demonstration project to award grants for the provi-
 17 sion of telemental health services to Indian youth
 18 who—

19 (A) have expressed suicidal ideas;

20 (B) have attempted suicide; or

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

23 (2) **ELIGIBILITY FOR GRANTS.**—Grants under
 24 paragraph (1) shall be awarded to Indian tribes and

1 tribal organizations that operate 1 or more facili-
2 ties—

3 (A) located in an area with documented
4 disproportionately high rates of suicide;

5 (B) reporting active clinical telehealth ca-
6 pabilities; or

7 (C) offering school-based telemental health
8 services to Indian youth.

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

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

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

19 (B) enter into collaborative partnerships
20 with Service or other tribal health programs or
21 facilities to provide services under this dem-
22 onstration project;

23 (C) serve an isolated community or geo-
24 graphic area that has limited or no access to
25 behavioral health services; or

1 (D) operate a detention facility at which
2 Indian youth are detained.

3 (5) CONSULTATION WITH ADMINISTRATION.—

4 In developing and carrying out the demonstration
5 project under this subsection, the Secretary shall
6 consult with the Administration as the Federal agen-
7 cy focused on mental health issues, including suicide.

8 (b) USE OF FUNDS.—

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

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

14 (i) psychotherapy;

15 (ii) psychiatric assessments and diag-
16 nostic interviews, therapies for mental
17 health conditions predisposing to suicide,
18 and treatment; and

19 (iii) alcohol and substance abuse
20 treatment.

21 (B) To provide clinician-interactive medical
22 advice, guidance and training, assistance in di-
23 agnosis and interpretation, crisis counseling and
24 intervention, and related assistance to Service
25 or tribal clinicians and health services providers

1 working with youth being served under the
2 demonstration project.

3 (C) To assist, educate, and train commu-
4 nity leaders, health education professionals and
5 paraprofessionals, tribal outreach workers, and
6 family members who work with the youth re-
7 ceiving telemental health services under the
8 demonstration project, including with identifica-
9 tion of suicidal tendencies, crisis intervention
10 and suicide prevention, emergency skill develop-
11 ment, and building and expanding networks
12 among those individuals and with State and
13 local health services providers.

14 (D) To develop and distribute culturally
15 appropriate community educational materials
16 regarding—

17 (i) suicide prevention;

18 (ii) suicide education;

19 (iii) suicide screening;

20 (iv) suicide intervention; and

21 (v) ways to mobilize communities with
22 respect to the identification of risk factors
23 for suicide.

1 (E) To conduct data collection and report-
2 ing relating to Indian youth suicide prevention
3 efforts.

4 (2) TRADITIONAL HEALTH CARE PRACTICES.—

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

9 (c) APPLICATIONS.—

10 (1) IN GENERAL.—Subject to paragraph (2), to
11 be eligible to receive a grant under subsection (a),
12 an Indian tribe or tribal organization shall prepare
13 and submit to the Secretary an application, at such
14 time, in such manner, and containing such informa-
15 tion as the Secretary may require, including—

16 (A) a description of the project that the
17 Indian tribe or tribal organization will carry out
18 using the funds provided under the grant;

19 (B) a description of the manner in which
20 the project funded under the grant would—

21 (i) meet the telemental health care
22 needs of the Indian youth population to be
23 served by the project; or

1 (ii) improve the access of the Indian
2 youth population to be served to suicide
3 prevention and treatment services;

4 (C) evidence of support for the project
5 from the local community to be served by the
6 project;

7 (D) a description of how the families and
8 leadership of the communities or populations to
9 be served by the project would be involved in
10 the development and ongoing operations of the
11 project;

12 (E) a plan to involve the tribal community
13 of the youth who are provided services by the
14 project in planning and evaluating the mental
15 health care and suicide prevention efforts pro-
16 vided, in order to ensure the integration of com-
17 munity, clinical, environmental, and cultural
18 components of the treatment; and

19 (F) a plan for sustaining the project after
20 Federal assistance for the demonstration
21 project has terminated.

22 (2) EFFICIENCY OF GRANT APPLICATION PROC-
23 ESS.—The Secretary shall carry out such measures
24 as the Secretary determines to be necessary to maxi-
25 mize the time and workload efficiency of the process

1 by which Indian tribes and tribal organizations apply
2 for grants under paragraph (1).

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

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

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

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

14 (f) REPORTS TO CONGRESS.—

15 (1) INITIAL REPORT.—

16 (A) IN GENERAL.—Not later than 2 years
17 after the date on which the first grant is award-
18 ed under this section, the Secretary shall sub-
19 mit to the Committee on Indian Affairs of the
20 Senate and the Committee on Natural Re-
21 sources and the Committee on Energy and
22 Commerce of the House of Representatives a
23 report that—

24 (i) describes each project funded by a
25 grant under this section during the pre-

1 ceding 2-year period, including a descrip-
2 tion of the level of success achieved by the
3 project; and

4 (ii) evaluates whether the demonstra-
5 tion project should be continued during the
6 period beginning on the date of termi-
7 nation of funding for the demonstration
8 project under subsection (g) and ending on
9 the date on which the final report is sub-
10 mitted under paragraph (2).

11 (B) CONTINUATION OF DEMONSTRATION
12 PROJECT.—On a determination by the Sec-
13 retary under clause (ii) of subparagraph (A)
14 that the demonstration project should be con-
15 tinued, the Secretary may carry out the dem-
16 onstration project during the period described
17 in that clause using such sums otherwise made
18 available to the Secretary as the Secretary de-
19 termines to be appropriate.

20 (2) FINAL REPORT.—Not later than 270 days
21 after the date of termination of funding for the dem-
22 onstration project under subsection (g), the Sec-
23 retary shall submit to the Committee on Indian Af-
24 fairs of the Senate and the Committee on Natural
25 Resources and the Committee on Energy and Com-

1 merce of the House of Representatives a final report
2 that—

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

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

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

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

15 (ii) designated as a permanent pro-
16 gram; and

17 (D) evaluates the benefits of expanding the
18 demonstration project to include urban Indian
19 organizations.

20 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
21 authorized to be appropriated to carry out this section
22 \$1,500,000 for each of fiscal years 2010 through 2013.

23 **SEC. 5. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-**
24 **ICES ADMINISTRATION GRANTS.**

25 (a) GRANT APPLICATIONS.—

1 (1) EFFICIENCY OF GRANT APPLICATION PROC-
2 ESS.—The Secretary, acting through the Adminis-
3 tration, shall carry out such measures as the Sec-
4 retary determines to be necessary to maximize the
5 time and workload efficiency of the process by which
6 Indian tribes and tribal organizations apply for
7 grants under any program administered by the Ad-
8 ministration, including by providing methods other
9 than electronic methods of submitting applications
10 for those grants, if necessary.

11 (2) PRIORITY FOR CERTAIN GRANTS.—

12 (A) IN GENERAL.—To fulfill the trust re-
13 sponsibility of the United States to Indian
14 tribes, in awarding relevant grants pursuant to
15 a program described in subparagraph (B), the
16 Secretary shall give priority consideration to the
17 applications of Indian tribes or tribal organiza-
18 tions, as applicable, that serve populations with
19 documented high suicide rates, regardless of
20 whether those Indian tribes or tribal organiza-
21 tions possess adequate personnel or infrastruc-
22 ture to fulfill all applicable requirements of the
23 relevant program.

1 (B) DESCRIPTION OF GRANT PROGRAMS.—

2 A grant program referred to in subparagraph

3 (A) is a grant program—

4 (i) administered by the Administration
5 to fund activities relating to mental health,
6 suicide prevention, or suicide-related risk
7 factors; and

8 (ii) under which an Indian tribe is an
9 eligible recipient.

10 (3) CLARIFICATION REGARDING INDIAN TRIBES
11 AND TRIBAL ORGANIZATIONS.—Notwithstanding any
12 other provision of law, in applying for a grant under
13 any program administered by the Administration, no
14 Indian tribe or tribal organization shall be required
15 to apply through a State or State agency.

16 (4) REQUIREMENTS FOR AFFECTED STATES.—

17 (A) DEFINITIONS.—In this paragraph:

18 (i) AFFECTED STATE.—The term “af-
19 fected State” means a State—

20 (I) the boundaries of which in-
21 clude 1 or more Indian tribes; and

22 (II) the application for a grant
23 under any program administered by
24 the Administration of which includes
25 statewide data.

1 (ii) INDIAN POPULATION.—The term
2 “Indian population” means the total num-
3 ber of residents of an affected State who
4 are members of 1 or more Indian tribes lo-
5 cated within the affected State.

6 (B) REQUIREMENTS.—As a condition of
7 receipt of a grant under any program adminis-
8 tered by the Administration, each affected State
9 shall—

10 (i) describe in the grant application—

11 (I) the Indian population of the
12 affected State; and

13 (II) the contribution of that In-
14 dian population to the statewide data
15 used by the affected State in the ap-
16 plication; and

17 (ii) demonstrate to the satisfaction of
18 the Secretary that—

19 (I) of the total amount of the
20 grant, the affected State will allocate
21 for use for the Indian population of
22 the affected State an amount equal to
23 the proportion that—

24 (aa) the Indian population
25 of the affected State; bears to

1 (bb) the total population of
2 the affected State; and

3 (II) the affected State will offer
4 to enter into a partnership with each
5 Indian tribe located within the af-
6 fected State to carry out youth suicide
7 prevention and treatment measures
8 for members of the Indian tribe.

9 (C) REPORT.—Not later than 1 year after
10 the date of receipt of a grant described in sub-
11 paragraph (B), an affected State shall submit
12 to the Secretary a report describing the meas-
13 ures carried out by the affected State to ensure
14 compliance with the requirements of subpara-
15 graph (B)(ii).

16 (b) NO NON-FEDERAL SHARE REQUIREMENT.—Not-
17 withstanding any other provision of law, no Indian tribe
18 or tribal organization shall be required to provide a non-
19 Federal share of the cost of any project or activity carried
20 out using a grant provided under any program adminis-
21 tered by the Administration.

22 (c) OUTREACH FOR RURAL AND ISOLATED INDIAN
23 TRIBES.—Due to the rural, isolated nature of most Indian
24 reservations and communities (especially those reserva-
25 tions and communities in the Great Plains region), the

1 Secretary shall conduct outreach activities, with a par-
2 ticular emphasis on the provision of telemental health
3 services, to achieve the purposes of this Act with respect
4 to Indian tribes located in rural, isolated areas.

5 (d) PROVISION OF OTHER ASSISTANCE.—

6 (1) IN GENERAL.—The Secretary, acting
7 through the Administration, shall carry out such
8 measures (including monitoring and the provision of
9 required assistance) as the Secretary determines to
10 be necessary to ensure the provision of adequate sui-
11 cide prevention and mental health services to Indian
12 tribes described in paragraph (2), regardless of
13 whether those Indian tribes possess adequate per-
14 sonnel or infrastructure—

15 (A) to submit an application for a grant
16 under any program administered by the Admin-
17 istration, including due to problems relating to
18 access to the Internet or other electronic means
19 that may have resulted in previous obstacles to
20 submission of a grant application; or

21 (B) to fulfill all applicable requirements of
22 the relevant program.

23 (2) DESCRIPTION OF INDIAN TRIBES.—An In-
24 dian tribe referred to in paragraph (1) is an Indian
25 tribe—

- 1 (A) the members of which experience—
2 (i) a high rate of youth suicide;
3 (ii) low socioeconomic status; and
4 (iii) extreme health disparity;
5 (B) that is located in a remote and isolated
6 area; and
7 (C) that lacks technology and communica-
8 tion infrastructure.

9 (3) AUTHORIZATION OF APPROPRIATIONS.—

10 There are authorized to be appropriated to the Sec-
11 retary such sums as the Secretary determines to be
12 necessary to carry out this subsection.

13 (e) EARLY INTERVENTION AND ASSESSMENT SERV-
14 ICES.—

15 (1) DEFINITION OF AFFECTED ENTITY.—In
16 this subsection, the term “affected entity” means
17 any entity—

18 (A) that receives a grant for suicide inter-
19 vention, prevention, or treatment under a pro-
20 gram administered by the Administration; and

21 (B) the population to be served by which
22 includes Indian youth.

23 (2) REQUIREMENT.—The Secretary, acting
24 through the Administration, shall ensure that each
25 affected entity carrying out a youth suicide early

1 intervention and prevention strategy described in
2 section 520E(c)(1) of the Public Health Service Act
3 (42 U.S.C. 290bb–36(c)(1)), or any other youth sui-
4 cide-related early intervention and assessment activ-
5 ity, provides training or education to individuals who
6 interact frequently with the Indian youth to be
7 served by the affected entity (including parents,
8 teachers, coaches, and mentors) on identifying warn-
9 ing signs of Indian youth who are at risk of commit-
10 ting suicide.

11 **SEC. 6. USE OF PREDOCTORAL PSYCHOLOGY AND PSYCHI-**
12 **ATRY INTERNS.**

13 The Secretary shall carry out such activities as the
14 Secretary determines to be necessary to encourage Indian
15 tribes, tribal organizations, and other mental health care
16 providers serving residents of Indian country to obtain the
17 services of predoctoral psychology and psychiatry in-
18 terns—

19 (1) to increase the quantity of patients served
20 by the Indian tribes, tribal organizations, and other
21 mental health care providers; and

22 (2) for purposes of recruitment and retention.

○