

108TH CONGRESS
2D SESSION

H. R. 4557

To amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2004

Mr. GORDON introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, 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 “Youth Suicide Early
5 Intervention and Prevention Expansion Act of 2004”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) More children and young adults die from
2 suicide each year than from cancer, heart disease,
3 AIDS, birth defects, stroke, and chronic lung disease
4 combined.

5 (2) Over 4,000 children and young adults trag-
6 ically take their lives every year, making suicide the
7 third overall cause of death between the ages of 10
8 and 24. According to the Centers for Disease Con-
9 trol and Prevention suicide is the third overall cause
10 of death among college-age students.

11 (3) According to the National Center for Injury
12 Prevention and Control of the Centers for Disease
13 Control and Prevention, children and young adults
14 accounted for 15 percent of all suicides completed in
15 2000.

16 (4) From 1952 to 1995, the rate of suicide in
17 children and young adults has tripled.

18 (5) From 1980 to 1997, the rate of suicide
19 among young adults ages 15 to 19 increased 11 per-
20 cent.

21 (6) From 1980 to 1997, the rate of suicide
22 among children ages 10 to 14 increased 109 percent.

23 (7) According to the National Center of Health
24 Statistics, suicide rates among Native Americans
25 range from 1.5 to 3 times the national average for

1 other groups, with young people ages 15 to 34 mak-
2 ing up 64 percent of all suicides.

3 (8) Congress has recognized that youth suicide
4 is a public health tragedy linked to underlying men-
5 tal health problems and that youth suicide early
6 intervention and prevention activities are national
7 priorities.

8 (9) Youth suicide early intervention and preven-
9 tion have been listed as urgent public health prior-
10 ities by the President's New Freedom Commission in
11 Mental Health (2002), the Institute of Medicine's
12 Reducing Suicide: A National Imperative (2002), the
13 National Strategy for Suicide Prevention: Goals and
14 Objectives for Action (2001), and the Surgeon Gen-
15 eral's Call to Action To Prevent Suicide (1999).

16 (10) Many States have already developed com-
17 prehensive youth suicide early intervention and pre-
18 vention strategies that seek to provide effective early
19 intervention and prevention services.

20 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICES**
21 **ACT.**

22 Part P of title III of the Public Health Service Act
23 (42 U.S.C. 280g et seq.) is amended by adding at the end
24 the following:

1 **“SEC. 3990. SUICIDE PREVENTION FOR CHILDREN AND**
2 **ADOLESCENTS.**

3 “(a) **YOUTH SUICIDE EARLY INTERVENTION AND**
4 **PREVENTION STRATEGIES.—**

5 “(1) **IN GENERAL.—**The Secretary shall award
6 grants or cooperative agreements to eligible entities
7 to—

8 “(A) develop and implement statewide
9 youth suicide early intervention and prevention
10 strategies in schools, educational institutions,
11 juvenile justice systems, substance abuse pro-
12 grams, mental health programs, foster care sys-
13 tems, and other child and youth support organi-
14 zations;

15 “(B) collect and analyze data on statewide
16 youth suicide early intervention and prevention
17 services that can be used to monitor the effec-
18 tiveness of such services and for research, tech-
19 nical assistance, and policy development; and

20 “(C) assist States, through statewide youth
21 suicide early intervention and prevention strate-
22 gies, in achieving their targets for youth suicide
23 reductions under title V of the Social Security
24 Act (42 U.S.C. 701 et seq.).

25 “(2) **ELIGIBLE ENTITY DEFINED.—**In this sub-
26 section, the term ‘eligible entity’ means a State, po-

1 litical subdivision of a State, federally-recognized In-
2 dian tribe, tribal organization, public organization,
3 or private nonprofit organization actively involved in
4 youth suicide early intervention and prevention ac-
5 tivities and in the development and continuation of
6 statewide youth suicide early intervention and pre-
7 vention strategies.

8 “(3) PREFERENCE.—The Secretary shall give
9 preference to eligible entities that—

10 “(A) provide early intervention services to
11 youth in, and that are integrated with, school
12 systems, educational institutions, juvenile jus-
13 tice systems, substance abuse programs, mental
14 health programs, foster care systems, and other
15 child and youth support organizations;

16 “(B) demonstrate collaboration among
17 early intervention and prevention services or
18 certify that entities will engage in future col-
19 laboration;

20 “(C) employ or include in their applica-
21 tions a commitment to engage in an evaluative
22 process the best evidence-based or promising
23 youth suicide early intervention and prevention
24 practices and strategies adapted to the local
25 community;

1 “(D) provide for the timely assessment of
2 youth who are at risk for emotional disorders
3 which may lead to suicide attempts;

4 “(E) provide timely referrals for appro-
5 priate community-based mental health care and
6 treatment of youth in all child-serving settings
7 and agencies who are at risk for suicide;

8 “(F) provide immediate support and infor-
9 mation resources to families of youth who are
10 at risk for emotional behavioral disorders which
11 may lead to suicide attempts;

12 “(G) offer equal access to services and care
13 to youth with diverse linguistic and cultural
14 backgrounds;

15 “(H) offer appropriate postvention serv-
16 ices, care, and information to families, friends,
17 schools, educational institutions, juvenile justice
18 systems, substance abuse programs, mental
19 health programs, foster care systems, and other
20 child and youth support organizations of youth
21 who recently completed suicide;

22 “(I) offer continuous and up-to-date infor-
23 mation and awareness campaigns that target
24 parents, family members, child care profes-
25 sionals, community care providers, and the gen-

1 eral public and highlight the risk factors associ-
2 ated with youth suicide and the life-saving help
3 and care available from early intervention and
4 prevention services;

5 “(J) ensure that information and aware-
6 ness campaigns on youth suicide risk factors,
7 and early intervention and prevention services,
8 use effective communication mechanisms that
9 are targeted to and reach youth, families,
10 schools, educational institutions, and youth or-
11 ganizations;

12 “(K) provide a timely response system to
13 ensure that child-serving professionals and pro-
14 viders are properly trained in youth suicide
15 early intervention and prevention strategies and
16 that child-serving professionals and providers
17 involved in early intervention and prevention
18 services are properly trained in effectively iden-
19 tifying youth who are at risk for suicide;

20 “(L) provide continuous training activities
21 for child care professionals and community care
22 providers on the latest best evidence-based
23 youth suicide early intervention and prevention
24 services practices and strategies; and

1 “(M) work with interested families and ad-
2 vocacy organizations to conduct annual self-
3 evaluations of outcomes and activities on the
4 State level, according to standards established
5 by the Secretary.

6 “(b) TECHNICAL ASSISTANCE, DATA MANAGEMENT,
7 AND RESEARCH.—

8 “(1) TECHNICAL ASSISTANCE AND DATA MAN-
9 AGEMENT.—

10 “(A) IN GENERAL.—The Secretary shall
11 award technical assistance grants and coopera-
12 tive agreements to State agencies to conduct as-
13 sessments independently or in collaboration
14 with educational institutions related to the de-
15 velopment of statewide youth suicide early
16 intervention and prevention strategies.

17 “(B) AUTHORIZED ACTIVITIES.—Grants
18 awarded under subparagraph (A) shall be used
19 to establish programs for the development of
20 standardized procedures for data management,
21 such as—

22 “(i) ensuring the quality surveillance
23 of youth suicide early intervention and pre-
24 vention strategies;

1 “(ii) providing technical assistance on
2 data collection and management;

3 “(iii) studying the costs and effective-
4 ness of statewide youth suicide early inter-
5 vention and prevention strategies in order
6 to answer relevant issues of importance to
7 State and national policymakers;

8 “(iv) further identifying and under-
9 standing causes of and associated risk fac-
10 tors for youth suicide;

11 “(v) ensuring the quality surveillance
12 of suicidal behaviors and nonfatal suicidal
13 attempts;

14 “(vi) studying the effectiveness of
15 statewide youth suicide early intervention
16 and prevention strategies on the overall
17 wellness and health promotion strategies
18 related to suicide attempts; and

19 “(vii) promoting the sharing of data
20 regarding youth suicide with Federal agen-
21 cies involved with youth suicide early inter-
22 vention and prevention, and statewide
23 youth suicide early intervention and pre-
24 vention strategies for the purpose of identi-
25 fying previously unknown mental health

1 causes and associated risk-factors for sui-
2 cide in youth.

3 “(2) RESEARCH.—

4 “(A) IN GENERAL.—The Secretary shall
5 conduct a program of research and development
6 on the efficacy of new and existing youth sui-
7 cide early intervention techniques and tech-
8 nology, including clinical studies and evalua-
9 tions of early intervention methods, and related
10 research aimed at reducing youth suicide and
11 offering support for emotional and behavioral
12 disorders which may lead to suicide attempts.

13 “(B) DISSEMINATING RESEARCH.—The
14 Secretary shall promote the sharing of research
15 and development data developed pursuant to
16 subparagraph (A) with the Federal agencies in-
17 volved in youth suicide early intervention and
18 prevention, and entities involved in statewide
19 youth suicide early intervention and prevention
20 strategies for the purpose of applying and inte-
21 grating new techniques and technology into ex-
22 isting statewide youth suicide early intervention
23 and strategies systems.

24 “(c) COORDINATION AND COLLABORATION.—

1 “(1) IN GENERAL.—In carrying out this sec-
2 tion, the Secretary shall collaborate and consult
3 with—

4 “(A) other Federal agencies and State and
5 local agencies, including agencies responsible
6 for early intervention and prevention services
7 under title XIX of the Social Security Act (42
8 U.S.C. 1396 et seq.), the State Children’s
9 Health Insurance Program under title XXI of
10 the Social Security Act (42 U.S.C. 1397aa et
11 seq.), programs funded by grants under title V
12 of the Social Security Act (42 U.S.C. 701 et
13 seq.), and programs under part C of the Indi-
14 viduals with Disabilities Education Act (20
15 U.S.C. 1431 et seq.), and the National Strategy
16 for Suicide Prevention Federal Steering Group;

17 “(B) local and national organizations that
18 serve youth at risk for suicide and their fami-
19 lies;

20 “(C) relevant national medical and other
21 health and education specialty organizations;

22 “(D) youth who are at risk for suicide,
23 who have survived suicide attempts, or who are
24 currently receiving care from early intervention
25 services;

1 “(E) families and friends of youth who are
2 at risk for suicide, who have survived suicide at-
3 tempts, who are currently receiving care from
4 early intervention and prevention services, or
5 who have completed suicide;

6 “(F) qualified professionals who possess
7 the specialized knowledge, skills, experience,
8 and relevant attributes needed to serve youth at
9 risk for suicide and their families; and

10 “(G) third-party payers, managed care or-
11 ganizations, and related commercial industries.

12 “(2) POLICY DEVELOPMENT.—The Secretary
13 shall coordinate and collaborate on policy develop-
14 ment at the Federal and State levels and with the
15 private sector, including consumer, medical, suicide
16 prevention advocacy groups, and other health and
17 education professional-based organizations, with re-
18 spect to statewide youth suicide early intervention
19 and prevention strategies.

20 “(d) RULE OF CONSTRUCTION; RELIGIOUS ACCOM-
21 MODATION.—Nothing in this section shall be construed to
22 preempt any State law, including any State law that does
23 not require the suicide early intervention for youth whose
24 parents or legal guardians object to such early interven-

1 tion based on the parents' or legal guardians' religious be-
2 liefs.

3 “(e) EVALUATION.—

4 “(1) IN GENERAL.—The Secretary shall con-
5 duct an evaluation to analyze the effectiveness and
6 efficacy of the activities conducted with grants under
7 this section.

8 “(2) REPORT.—Not later than 2 years after the
9 date of enactment of this section, the Secretary shall
10 submit to the appropriate committees of Congress a
11 report concerning the results of the evaluation con-
12 ducted under paragraph (1).

13 “(f) DEFINITIONS.—In this section:

14 “(1) BEST EVIDENCE-BASED.—The term ‘best
15 evidence-based’ with respect to programs, means
16 programs that have undergone scientific evaluation
17 and have proven to be effective.

18 “(2) EARLY INTERVENTION.—The term ‘early
19 intervention’ means a strategy or approach that is
20 intended to prevent an outcome or to alter the
21 course of an existing condition.

22 “(3) EDUCATIONAL INSTITUTION.—The term
23 ‘educational institution’ means a high school, voca-
24 tional school, or an institution of higher education.

1 “(4) PREVENTION.—The term ‘prevention’
2 means a strategy or approach that reduces the likeli-
3 hood or risk of onset, or delays the onset, of adverse
4 health problems or reduces the harm resulting from
5 conditions or behaviors.

6 “(5) SCHOOL.—The term ‘school’ means a non-
7 profit institutional day or residential school that pro-
8 vides an elementary, middle, or secondary education,
9 as determined under applicable State law, except
10 that such term does not include any education be-
11 yond the 12th grade.

12 “(6) YOUTH.—The term ‘youth’ means individ-
13 uals who are between 6 and 24 years of age.

14 “(g) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) STATEWIDE YOUTH SUICIDE EARLY
16 INTERVENTION AND PREVENTION STRATEGIES.—
17 For the purpose of carrying out subsection (a), there
18 are authorized to be appropriated \$25,000,000 for
19 fiscal year 2005, \$25,000,000 for fiscal year 2006,
20 \$25,000,000 for fiscal year 2007, and such sums as
21 may be necessary for each subsequent fiscal year.

22 “(2) TECHNICAL ASSISTANCE, DATA MANAGE-
23 MENT, AND RESEARCH.—For the purpose of car-
24 rying out subsection (b), there are authorized to be
25 appropriated \$5,000,000 for fiscal year 2005,

1 \$5,000,000 for fiscal year 2006, \$5,000,000 for fis-
2 cal year 2007, and such sums as may be necessary
3 for each subsequent fiscal year.”.

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