

110TH CONGRESS
1ST SESSION

S. 633

To provide assistance to rural schools, hospitals, and communities for the conduct of collaborative efforts to secure a progressive and innovative system to improve access to mental health care for youth, seniors, and families.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 15, 2007

Mr. COLEMAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide assistance to rural schools, hospitals, and communities for the conduct of collaborative efforts to secure a progressive and innovative system to improve access to mental health care for youth, seniors, and families.

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 “Working Together for
5 Rural Access to Mental Health and Wellness for Children
6 and Seniors Act”.

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

2 (a) FINDINGS.—Congress makes the following find-
3 ings:

4 (1) Providing adequate mental health care in
5 rural communities is a national problem. Mental
6 health is an integral part of a person's general
7 health and well-being. In rural areas, where special-
8 ized mental health services are scarce, accessing
9 mental health professional services is difficult. Pri-
10 mary care is often the only system for delivering
11 mental health services.

12 (2) Rural primary care providers are seeing an
13 increase in mental health issues in their clinics.

14 (3) The need is overwhelming with the Surgeon
15 General estimating 21 percent of children experience
16 the signs or symptoms of a mental disorder. Left
17 untreated, these problems lead to rampant school
18 failure, drug abuse, and often incarceration.

19 (4) The Department of Health and Human
20 Services indicates that 1 in 5 children and adoles-
21 cents may have a diagnosable disorder, yet 70 per-
22 cent to 80 percent receive little or no help.

23 (5) Few schools have the resources to imple-
24 ment a full range of school mental health interven-
25 tions. Identifying sustainable and flexible funding
26 sources for these programs is extremely important.

1 (6) Health, and especially mental health, is a
2 fundamental cornerstone for ensuring that all youth
3 have an equal opportunity to succeed at school.

4 (7) Promoting and expanding telemental health
5 collaborations to strengthen delivery of mental
6 health services in remote and underserved areas is
7 needed.

8 (8) Telemental health is an effective tool for di-
9 agnosing and treating some mental health condi-
10 tions. For rural and remote areas, telemental health
11 offers patients access and care.

12 (b) PURPOSE.—It is the purpose of this Act to—

13 (1) provide assistance to rural schools, hos-
14 pitals, and communities for the conduct of collabo-
15 rative efforts to secure a progressive and innovative
16 system to improve access to mental health care for
17 youth, seniors and families;

18 (2) increase access of elementary and secondary
19 school students to mental health services in rural
20 areas by operating a mobile health services van pro-
21 gram in such areas; or

22 (3) increase access of individuals of all ages to
23 mental health services in rural areas by providing
24 telemental health services in such areas.

1 **SEC. 3. RURAL ACCESS TO MENTAL HEALTH SERVICES**
2 **GRANT PROGRAM.**

3 (a) STATE GRANTS.—The Secretary of Health and
4 Human Services (referred to in this section as the “Sec-
5 retary”) shall award grants to States to enable such
6 States to award subgrants to carry out the purposes of
7 this Act.

8 (b) ELIGIBILITY AND AMOUNT.—

9 (1) ELIGIBILITY.—To be eligible for a grant
10 under subsection (a), a State shall submit to the
11 Secretary an application at such time, in such man-
12 ner, and containing such information as the Sec-
13 retary may require, including an assurance that the
14 State will designate a lead agency in accordance
15 with subsection (c) and submit a State plan in ac-
16 cordance with subsection (d).

17 (2) AMOUNT.—The Secretary shall award a
18 grant to a State under this section in an amount
19 that is based on the respective number of critical ac-
20 cess hospitals (as defined in section 1861 (mm)(1)
21 of the Social Security Act (42 U.S.C.
22 1395x(mm)(1)) in the State as such compares to the
23 total number of critical access hospitals in all States
24 that are awarded grants under this section.

25 (c) STATE LEAD AGENCY.—

1 (1) IN GENERAL.—To be eligible to receive a
2 grant under this section, the governor of a State
3 shall select a lead agency within the State to admin-
4 ister the State programs under the grant. If the gov-
5 ernor of the State selects a lead agency other than
6 the State Office of Rural Health, the governor shall
7 ensure the involvement of the State Office of Rural
8 Health in the development and administration of the
9 State program under this section.

10 (2) DUTIES.—The lead agency of a State
11 shall—

12 (A) administer, directly or through other
13 governmental or nongovernmental agencies,
14 amounts received under a grant under sub-
15 section (a); and

16 (B) develop the State plan under sub-
17 section (d) and coordinate the expenditure of
18 funds in consultation with appropriate rep-
19 resentatives of the State and local educational
20 agencies and the rural mental health providers
21 and State hospital associations.

22 (d) STATE PLAN.—To be eligible to receive a grant
23 under subsection (a), a State shall submit to the Secretary
24 a State plan that shall—

25 (1) identify the lead agency of the State;

1 (2) contain assurances that the State shall use
2 the amounts provided to the State under the grant
3 to address—

4 (A) in the case of mobile van services, the
5 mental health needs of elementary school and
6 secondary school students; or

7 (B) in the case of telemental health serv-
8 ices, the mental health needs of individuals of
9 all ages through telemental health services, and
10 to pay administrative costs incurred in connec-
11 tion with providing the assistance to grant re-
12 cipients;

13 (3) contain assurances that benefits and serv-
14 ices under the grant shall be available throughout
15 the entire State; and

16 (4) contain assurances that the lead agency
17 shall consult with rural mental health providers and
18 hospital associations that represent such providers in
19 such State on the most appropriate ways to use the
20 funds received under the grant.

21 (e) AWARDING OF SUBGRANTS.—

22 (1) IN GENERAL.—The lead agency of the State
23 shall use amounts received under a grant under sub-
24 section (a) to award subgrants to eligible entities on
25 a competitive basis.

1 (2) ELIGIBILITY.—To be eligible to receive a
2 subgrant under paragraph (1), a grant applicant
3 shall be located in or serving a rural area and be a
4 government-owned or private nonprofit hospital (or,
5 in the case of a mobile van services program, a gov-
6 ernmental, tribal, or private nonprofit school district
7 or educational institution which provides elementary
8 education or secondary education (kindergarten
9 through grade 12) and that collaborates with such
10 a hospital), a community mental health center, a pri-
11 mary care clinic, or other nonprofit agency providing
12 mental health services.

13 (3) SELECTION CRITERIA.—In establishing pro-
14 cedures for the awarding of subgrants under para-
15 graph (1), the lead agency of the State shall provide
16 for the use of the following selection criteria:

17 (A) The extent to which a grant applicant
18 demonstrates a need to improve the access of
19 mental health services within the community
20 served by such applicant.

21 (B) The extent to which a grant applicant
22 will serve a rural community with a significant
23 low-income or other population that is under-
24 served with respect to the provision of mental
25 health services.

1 (4) APPLICATION AND APPROVAL.—To be eligi-
2 ble to receive a subgrant under paragraph (1), an
3 entity shall submit an application to the lead agency
4 of the State that includes—

5 (A) a description of the manner in which
6 the entity intends to use amounts provided
7 under the subgrant;

8 (B) such information as the lead agency
9 may require to apply the selection criteria
10 under paragraph (3);

11 (C) measurable objectives for the use of
12 funds provided under the subgrant;

13 (D) a description of the manner in which
14 the applicant will evaluate the effectiveness of
15 the program carried out under the subgrant;

16 (E) an agreement to maintain such
17 records, make such reports, and cooperate with
18 such reviews or audits as the lead agency and
19 the Secretary may find necessary for purposes
20 of oversight of program activities and expendi-
21 tures;

22 (F) a plan for sustaining activities and
23 services funded under the subgrant after Fed-
24 eral support for such activities and services has
25 ended; and

1 (G) such other information and assurances
2 as the Secretary may require.

3 (5) USE OF FUNDS.—A recipient of a subgrant
4 under paragraph (1) shall use amounts awarded
5 under the grant to—

6 (A) in the case of mobile van health serv-
7 ices, offset costs incurred after December 31,
8 2007, that are related to operating a mobile
9 van outreach program under which a hospital
10 and one or more elementary or secondary
11 schools provide mental health care services to
12 students of such schools in the rural area,
13 which may include the costs of—

14 (i) purchasing or leasing a mobile van
15 in which mental health services are pro-
16 vided to elementary school or secondary
17 school students;

18 (ii) repairs and maintenance for such
19 a mobile van;

20 (iii) purchasing or leasing communica-
21 tions capabilities reasonable and necessary
22 to operate the mobile van;

23 (iv) providing education and training
24 to staff on operating the mobile van pro-
25 gram; and

1 (v) providing for additional mental
2 health services professional staff that are
3 employed to provide mental health services
4 as part of the mobile van program; and

5 (B) in the case of telemental health serv-
6 ices, offset costs incurred after December 31,
7 2007, that are related to providing telemental
8 health services to persons of all ages in the
9 rural area, which may include the cost of—

10 (i) purchasing, leasing, repairing,
11 maintaining, or upgrading telemental
12 health services equipment;

13 (ii) operating telemental health serv-
14 ices equipment, including telecommuni-
15 cations, utilities, and software costs;

16 (iii) providing education and training
17 to staff concerning the provision of tele-
18 mental health services; and

19 (iv) employing additional mental
20 health services professional staff to provide
21 telemental health services.

22 (6) LIMITS.—The amount awarded to an entity
23 as a subgrant under paragraph (1) for any fiscal
24 year shall not exceed \$300,000.

1 (f) REPORTING, MONITORING, AND EVALUATION.—

2 The lead agency of each State that receives a grant under
3 subsection (a) shall submit a report to the Secretary that
4 contains—

5 (1) the amounts received under the grant;

6 (2) the amounts allocated as subgrants under
7 subsection (e);

8 (3) the types of expenditures made by subgrant
9 recipients with such funds; and

10 (4) such other information as may be required
11 by the Secretary to assist the Secretary in moni-
12 toring the effectiveness of this section.

13 (g) REVIEW OF COMPLIANCE WITH STATE PLAN.—

14 (1) IN GENERAL.—The Secretary shall review
15 and monitor State compliance with the requirements
16 of this section and the State plan submitted under
17 subsection (d).

18 (2) FAILURE TO COMPLY.—If the Secretary,
19 after reasonable notice to a State and opportunity
20 for a hearing, determines that there has been a fail-
21 ure by the State to comply substantially with any
22 provision or requirement set forth in the State plan
23 or a requirement of this section, the Secretary shall
24 notify the lead agency of the State of such deter-
25 mination and that no further payments to the State

1 will be made with respect to the State grant until
 2 the Secretary is satisfied that there is no longer any
 3 failure to comply or that the noncompliance will be
 4 promptly corrected.

5 (h) INTERACTION OF FEDERAL AND STATE LAW.—
 6 Federal and State procurement laws shall be preempted
 7 to the extent necessary to carry out this section.

8 (i) DEFINITIONS.—In this section:

9 (1) HOSPITAL.—The term “hospital” means a
 10 non-Federal short-term general acute care facility lo-
 11 cated in or serving a rural area.

12 (2) MOBILE VAN.—The term “mobile van”
 13 means a mobile wellness center the purpose of which
 14 is to improve access to, and focuses on, early inter-
 15 vention of mental health, and that provides consulta-
 16 tion, education, comprehensive interdisciplinary edu-
 17 cation, and collaborative treatment planning serv-
 18 ices.

19 (3) RURAL AREA.—The term “rural area”, with
 20 respect to the location of an eligible applicant, or
 21 with respect to the location of mental health serv-
 22 ices, means that the entity or services—

23 (A) is located in a rural census tract of a
 24 metropolitan statistical area, as determined
 25 under the most recent version of the Goldsmith

1 Modification, the Rural-Urban Commuting Area
2 codes, as determined by the Office of Rural
3 Health Policy of the Health Resources and
4 Services Administration; or

5 (B) is located in an area designated by any
6 law or regulation of such State as a rural area
7 (or, in the case of a hospital, is designated by
8 such State as a rural hospital).

9 (4) TELEMENTAL HEALTH SERVICES.—The
10 term “telemental health services” means mental
11 health services that are provided through the use of
12 videoconferencing or similar means of electronic
13 communications and information technology.

14 (5) TELEMENTAL HEALTH SERVICES EQUIP-
15 MENT.—The term “telemental health services equip-
16 ment” includes telecommunications and peripheral
17 equipment used to provide patient evaluations, case
18 management, medication management, crisis re-
19 sponse, pre-admission and pre-discharge planning,
20 treatment planning, individual and group therapy,
21 family therapy, mental status evaluations, case con-
22 ferences, family visits, staff training, and adminis-
23 trative activities relating to the mental health serv-
24 ices.

1 (j) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section,
3 \$10,000,000 for each of fiscal years 2008 through 2010.

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