

Calendar No. 336

111TH CONGRESS
2D SESSION

S. 1635

[Report No. 111-166]

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. JOHANNS, Mr. BAUCUS, Mr. JOHNSON, Mr. THUNE, Mr. TESTER, Mr. UDALL of New Mexico, Mr. CONRAD, Ms. MURKOWSKI, and Mr. BEGICH) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

MARCH 25, 2010

Reported by Mr. DORGAN, with amendments and an amendment to the title

[Omit the part struck through and insert the part printed in italic]

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,*

3 **SECTION 1. SHORT TITLE.**

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

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

7 (a) FINDINGS.—Congress finds that—

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

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

13 (i) 3.5 times the national average rate; and
14 (ii) the highest rate of any population
15 group in the United States;

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

19 (A) history of previous suicide attempts;

20 (B) family history of suicide;

21 (C) history of depression or other mental
22 illness;

23 (D) alcohol or drug abuse;

24 (E) health disparities;

25 (F) stressful life events and losses;

- 1 (G) easy access to lethal methods;
- 2 (H) exposure to the suicidal behavior of
- 3 others;

4 (I) isolation; and

5 (J) incarceration;

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

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

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

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

15 and

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

19 (4)(A) the suicide rates of Indian and Alaska
20 Native males aged 15 through 24 are—

(i) as compared to suicide rates of males of any other racial group, up to 4 times greater; and

(ii) as compared to suicide rates of females of any other racial group, up to 11 times greater; and

4 (B) data demonstrates that, over their lifetimes,
5 females attempt suicide 2 to 3 times more often than
6 males;

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

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

13 (6) death rates for Indians and Alaska Natives
14 are statistically underestimated because many areas
15 of Indian country lack the proper resources to iden-
16 tify and monitor the presence of disease;

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

21 (B) 90 percent of all teens who die by suicide
22 suffer from a diagnosable mental illness at time of
23 death;

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

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

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

10 (9) the Substance Abuse and Mental Health
11 Services Administration and the Service have estab-
12 lished specific initiatives to combat youth suicide in
13 Indian country and among Indians and Alaska Na-
14 tives throughout the United States, including the
15 National Suicide Prevention Initiative of the Service,
16 which has worked with Service, tribal, and urban In-
17 dian health programs since 2003;

18 (10) the National Strategy for Suicide Preven-
19 tion was established in 2001 through a Department
20 of Health and Human Services collaboration
21 among—

22 (A) the Substance Abuse and Mental
23 Health Services Administration;
24 (B) the Service;

1 (C) the Centers for Disease Control and
2 Prevention;

6 (11) the Service and other agencies of the De-
7 partment of Health and Human Services use infor-
8 mation technology and other programs to address
9 the suicide prevention and mental health needs of
10 Indians and Alaska Natives.

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

16 (A) the use of psychotherapy, psychiatric
17 assessments, diagnostic interviews, therapies for
18 mental health conditions predisposing to sui-
19 cide, and alcohol and substance abuse treat-
20 ment;

21 (B) the provision of clinical expertise to,
22 consultation services with, and medical advice
23 and training for frontline health care providers
24 working with Indian youth;

1 (C) training and related support for com-
2 munity leaders, family members, and health
3 and education workers who work with Indian
4 youth;

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

7 (E) data collection and reporting;

16 SEC. 3. DEFINITIONS.

17 In this Act:

18 (1) ADMINISTRATION.—The term “Administration” means the Substance Abuse and Mental Health Services Administration.

(4) INDIAN COUNTRY.—The term “Indian country” has the meaning given the term in section 1151 of title 18, United States Code.

10 (5)(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 (6)(5) SECRETARY.—The term “Secretary”
15 means the Secretary of Health and Human Services.

24 (9)(8) TRIBAL ORGANIZATION.—The term
25 “tribal organization” has the meaning given the

1 term in section 4 of the Indian Self-Determination
2 and Education Assistance Act (25 U.S.C. 450b).

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

5 (a) AUTHORIZATION.—

6 (1) IN GENERAL.—The Secretary, acting
7 through the Service, is authorized to carry out a
8 demonstration project to award grants for the provi-
9 sion of telemental health services to Indian youth
10 who—

11 (A) have expressed suicidal ideas;
12 (B) have attempted suicide; or
13 (C) have mental health conditions that in-
14 crease or could increase the risk of suicide.

15 (2) ELIGIBILITY FOR GRANTS.—Grants under
16 paragraph (1) shall be awarded to Indian tribes and
17 tribal organizations that operate 1 or more facili-
18 ties—

19 (A) located in an area with documented
20 disproportionately high rates of suicide;
21 (B) reporting active clinical telehealth ca-
22 pabilities; or
23 (C) offering school-based telemental health
24 services to Indian youth.

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—

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 that has limited or no access to
17 behavioral health services; or

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

25 (b) USE OF FUNDS —

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

6 (i) psychotherapy;

7 (ii) psychiatric assessments and diag-
8 nostic interviews, therapies for mental
9 health conditions predisposing to suicide,
10 and treatment; and

11 (iii) alcohol and substance abuse
12 treatment.

13 (B) To provide clinician-interactive medical
14 advice, guidance and training, assistance in di-
15 agnosis and interpretation, crisis counseling and
16 intervention, and related assistance to Service
17 or tribal clinicians and health services providers
18 working with youth being served under the
19 demonstration project.

20 (C) To assist, educate, and train commu-
21 nity leaders, health education professionals and
22 paraprofessionals, tribal outreach workers, and
23 family members who work with the youth re-
24 ceiving telemental health services under the
25 demonstration project, including with identifica-

tion of suicidal tendencies, crisis intervention and suicide prevention, emergency skill development, and building and expanding networks among those individuals and with State and local health services providers.

6 (D) To develop and distribute culturally
7 appropriate community educational materials
8 regarding—

9 (i) suicide prevention;

10 (ii) suicide education;

11 (iii) suicide screening;

12 (iv) suicide intervention; and

13 (v) ways to mobilize communities with
14 respect to the identification of risk factors
15 for suicide.

16 (E) To conduct data collection and report-
17 ing relating to Indian youth suicide prevention
18 efforts.

19 (2) TRADITIONAL HEALTH CARE PRACTICES.—

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

24 (c) APPLICATIONS.—

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

12 (i) meet the telemental health care
13 needs of the Indian youth population to be
14 served by the project; or

15 (ii) improve the access of the Indian
16 youth population to be served to suicide
17 prevention and treatment services;

18 (C) evidence of support for the project
19 from the local community to be served by the
20 project;

21 (D) a description of how the families and
22 leadership of the communities or populations to
23 be served by the project would be involved in
24 the development and ongoing operations of the
25 project;

1 (E) a plan to involve the tribal community
2 of the youth who are provided services by the
3 project in planning and evaluating the mental
4 health care and suicide prevention efforts pro-
5 vided, in order to ensure the integration of com-
6 munity, clinical, environmental, and cultural
7 components of the treatment; and

8 (F) a plan for sustaining the project after
9 Federal assistance for the demonstration
10 project has terminated.

17 (d) COLLABORATION.—The Secretary, acting
18 through the Service, shall encourage Indian tribes and
19 tribal organizations receiving grants under this section to
20 collaborate to enable comparisons regarding best practices
21 across projects.

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

24 (1) describes the number of telemental health
25 services provided; and

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

3 (f) REPORTS TO CONGRESS.—

4 (1) INITIAL REPORT.—

5 (A) IN GENERAL.—Not later than 2 years
6 after the date on which the first grant is award-
7 ed under this section, the Secretary shall sub-
8 mit to the Committee on Indian Affairs of the
9 Senate and the Committee on Natural Re-
10 sources and the Committee on Energy and
11 Commerce of the House of Representatives a
12 report that—

13 (i) describes each project funded by a
14 grant under this section during the pre-
15 ceding 2-year period, including a descrip-
16 tion of the level of success achieved by the
17 project; and

18 (ii) evaluates whether the demonstra-
19 tion project should be continued during the
20 period beginning on the date of termi-
21 nation of funding for the demonstration
22 project under subsection (g) and ending on
23 the date on which the final report is sub-
24 mitted under paragraph (2).

1 (B) CONTINUATION OF DEMONSTRATION
2 PROJECT.—On a determination by the Sec-
3 retary under clause (ii) of subparagraph (A)
4 that the demonstration project should be con-
5 tinued, the Secretary may carry out the dem-
6 onstration project during the period described
7 in that clause using such sums otherwise made
8 available to the Secretary as the Secretary de-
9 termines to be appropriate.

18 (A) describes the results of the projects
19 funded by grants awarded under this section,
20 including any data available that indicate the
21 number of attempted suicides;

22 (B) evaluates the impact of the telemental
23 health services funded by the grants in reducing
24 the number of completed suicides among Indian
25 youth;

1 (C) evaluates whether the demonstration
2 project should be—

3 (i) expanded to provide more than 5
4 grants; and

7 (D) evaluates the benefits of expanding the
8 demonstration project to include urban Indian
9 organizations.

10 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
11 authorized to be appropriated to carry out this section
12 \$1,500,000 for each of fiscal years 2010 through 2013.

13 SEC. 5. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-
14 ICES ADMINISTRATION GRANTS.

15 (a) GRANT APPLICATIONS.—

1 (2) PRIORITY FOR CERTAIN GRANTS.—

2 (A) IN GENERAL.—To fulfill the trust re-
3 sponsibility of the United States to Indian
4 tribes, in awarding relevant grants pursuant to
5 a program described in subparagraph (B), the
6 Secretary shall ~~give priority consideration to the~~
7 ~~application~~*take into consideration the needs of*
8 Indian tribes or tribal organizations, as applica-
9 ble, that serve populations with documented
10 high suicide rates, regardless of whether those
11 Indian tribes or tribal organizations possess
12 adequate personnel or infrastructure to fulfill
13 all applicable requirements of the relevant pro-
14 gram.

15 (B) DESCRIPTION OF GRANT PROGRAMS.—

16 A grant program referred to in subparagraph
17 (A) is a grant program—

18 (i) administered by the Administration
19 to fund activities relating to mental health,
20 suicide prevention, or suicide-related risk
21 factors; and

22 (ii) under which an Indian tribe *or*
23 *tribal organization* is an eligible recipient.

24 (3) CLARIFICATION REGARDING INDIAN TRIBES
25 AND TRIBAL ORGANIZATIONS.—Notwithstanding any

1 other provision of law, in applying for a grant under
2 any program administered by the Administration, no
3 Indian tribe or tribal organization shall be required
4 to apply through a State or State agency.

5 (4) REQUIREMENTS FOR AFFECTED STATES.—

6 (A) DEFINITIONS.—In this paragraph:

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

9 (I) the boundaries of which in-
10 clude 1 or more Indian tribes; and
11 (II) the application for a grant
12 under any program administered by
13 the Administration of which includes
14 statewide data.

15 (ii) INDIAN POPULATION.—The term
16 “Indian population” means the total num-
17 ber of residents of an affected State who
18 ~~are members of 1 or more Indian tribes lo-~~
19 ~~located within the affected State.~~*are Indian.*

20 (B) REQUIREMENTS.—As a condition of
21 receipt of a grant under any program adminis-
22 tered by the Administration, each affected State
23 shall—

24 (i) describe in the grant application—

1 (I) the Indian population of the
2 affected State; and

9 (I) of the total amount of the
10 grant, the affected State will allocate
11 for use for the Indian population of
12 the affected State an amount equal to
13 the proportion that—

14 (aa) the Indian population
15 of the affected State; bears to

16 (bb) the total population of
17 the affected State; and

18 (II) the affected State will offer
19 to enter into a partnership with each
20 Indian tribe located within the af-
21 feeted State to carry out youth suicide
22 prevention and treatment measures
23 for members of the Indian tribe.

24 (II) the affected State will take
25 reasonable efforts to collaborate with

1 *each Indian tribe located within the af-*
2 *fected State to carry out youth suicide*
3 *prevention and treatment measures for*
4 *members of the Indian tribe.*

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

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

18 (c) OUTREACH FOR RURAL AND ISOLATED INDIAN
19 TRIBES.—Due to the rural, isolated nature of most Indian
20 reservations and communities (especially those reserva-
21 tions and communities in the Great Plains region), the
22 Secretary shall conduct outreach activities, with a par-
23 ticular emphasis on the provision of telemental health
24 services, to achieve the purposes of this Act with respect
25 to Indian tribes located in rural, isolated areas.

1 (d) PROVISION OF OTHER ASSISTANCE.—

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

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

17 (B) to fulfill all applicable requirements of
18 the relevant program.

19 (2) DESCRIPTION OF INDIAN TRIBES.—An In-
20 dian tribe referred to in paragraph (1) is an Indian
21 tribe—

22 (A) the members of which experience—
23 (i) a high rate of youth suicide;
24 (ii) low socioeconomic status; and
25 (iii) extreme health disparity;

1 (B) that is located in a remote and isolated
2 area; and

3 (C) that lacks technology and communica-
4 tion infrastructure.

5 (3) AUTHORIZATION OF APPROPRIATIONS.—

6 There are authorized to be appropriated to the Sec-
7 retary such sums as the Secretary determines to be
8 necessary to carry out this subsection.

9 (e) EARLY INTERVENTION AND ASSESSMENT SERV-
10 ICES.—

11 (1) DEFINITION OF AFFECTED ENTITY.—In
12 this subsection, the term “affected entity” means
13 any entity—

14 (A) that receives a grant for suicide inter-
15 vention, prevention, or treatment under a pro-
16 gram administered by the Administration; and
17 (B) the population to be served by which
18 includes Indian youth.

1 ity, provides training or education to individuals who
2 interact frequently with the Indian youth to be
3 served by the affected entity (including parents,
4 teachers, coaches, and mentors) on identifying warn-
5 ing signs of Indian youth who are at risk of commit-
6 ting suicide.

7 **7 SEC. 6. USE OF PREDCTORAL PSYCHOLOGY AND PSYCHI-
8 ATRY INTERNs.**

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

15 (1) to increase the quantity of patients served
16 by the Indian tribes, tribal organizations, and other
17 mental health care providers; and
18 (2) for purposes of recruitment and retention.

19 **19 SEC. 7. INDIAN YOUTH LIFE SKILLS DEVELOPMENT DEM-
20 ONSTRATION PROGRAM.**

21 (a) *PURPOSE.—The purpose of this section is to au-*
22 *thorize the Secretary, acting through the Administration,*
23 *to carry out a demonstration program to test the effective-*
24 *ness of a culturally compatible, school-based, life skills cur-*

1 curriculum for the prevention of Indian and Alaska Native ad-
2 olescent suicide, including through—
3 (1) the establishment of tribal partnerships to de-
4 velop and implement such a curriculum, in coopera-
5 tion with—
6 (A) behavioral health professionals, with a
7 priority for tribal partnerships cooperating with
8 behavioral health professionals employed by the
9 Service;
10 (B) tribal or local school agencies; and
11 (C) parent and community groups;
12 (2) the provision by the Administration or the
13 Service of—
14 (A) technical expertise; and
15 (B) clinicians, analysts, and educators, as
16 appropriate;
17 (3) training for teachers, school administrators,
18 and community members to implement the cur-
19 riculum;
20 (4) the establishment of advisory councils com-
21 posed of parents, educators, community members,
22 trained peers, and others to provide advice regarding
23 the curriculum and other components of the dem-
24 onstration program;

7 (b) *DEMONSTRATION GRANT PROGRAM.*—

8 (1) *DEFINITIONS.*—In this subsection:

16 (i) an Indian tribe;

17 (ii) a tribal organization;

20 (iv) any partnership composed of 2 or
21 more entities described in clause (i), (ii), or
22 (iii)

1 out a demonstration program under which the Sec-
2 retary shall—

3 (A) identify a culturally compatible, school-
4 based, life skills curriculum for the prevention of
5 Indian and Alaska Native adolescent suicide;

6 (B) identify the Indian tribes that are at
7 greatest risk for adolescent suicide;

8 (C) invite those Indian tribes to participate
9 in the demonstration program by—

10 (i) responding to a comprehensive pro-
11 gram requirement request of the Secretary;

12 or

13 (ii) submitting, through an eligible en-
14 tity, an application in accordance with
15 paragraph (4); and

16 (D) provide grants to the Indian tribes
17 identified under subparagraph (B) and eligible
18 entities to implement the curriculum with re-
19 spect to Indian and Alaska Native youths who—

20 (i) are between the ages of 10 and 19;
21 and

22 (ii) attend school in a region that is at
23 risk of high youth suicide rates, as deter-
24 mined by the Administration.

25 (3) REQUIREMENTS.—

(B) *MAXIMUM NUMBER.—The Secretary may provide not more than 5 grants under the demonstration program under this section.*

14 (i) a school operated by the Bureau of
15 Indian Education;

16 (ii) a Tribal school; and

(iii) a school receiving payments under section 8002 or 8003 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7702, 7703).

1 *information as the Secretary may require, includ-*
2 *ing—*

3 *(A) an assurance that, in implementing the*
4 *curriculum, the eligible entity will collaborate*
5 *with 1 or more local educational agencies, in-*
6 *cluding elementary schools, middle schools, and*
7 *high schools;*

8 *(B) an assurance that the eligible entity*
9 *will collaborate, for the purpose of curriculum*
10 *development, implementation, and training and*
11 *technical assistance, with 1 or more—*

12 *(i) nonprofit entities with demon-*
13 *strated expertise regarding the develop-*
14 *ment of culturally sensitive, school-based,*
15 *youth suicide prevention and intervention*
16 *programs; or*

17 *(ii) institutions of higher education*
18 *with demonstrated interest and knowledge*
19 *regarding culturally sensitive, school-based,*
20 *life skills youth suicide prevention and*
21 *intervention programs;*

22 *(C) an assurance that the curriculum will*
23 *be carried out in an academic setting in con-*
24 *junction with at least 1 classroom teacher not*

1 *less frequently than twice each school week for*
2 *the duration of the academic year;*

3 *(D) a description of the methods by which*
4 *curriculum participants will be—*

5 *(i) screened for behavioral health at-*
6 *risk indicators; and*

7 *(ii) if needed and on a case-by-case*
8 *basis, referred to a behavioral health clini-*
9 *cian for further assessment and treatment*
10 *and with crisis response capability; and*

11 *(E) an assurance that supportive services*
12 *will be provided to curriculum participants*
13 *identified as high-risk participants, including*
14 *referral, counseling, and follow-up services for—*

15 *(i) drug or alcohol abuse;*

16 *(ii) sexual or domestic abuse; and*

17 *(iii) depression and other relevant be-*
18 *havioral health concerns.*

19 *(5) USE OF FUNDS.—An Indian tribe identified*
20 *under paragraph (2)(B) or an eligible entity may use*
21 *a grant provided under this subsection—*

22 *(A) to develop and implement the cur-*
23 *riculum in a school-based setting;*

24 *(B) to establish an advisory council—*

14 (c) *EVALUATIONS.*—Using such amounts made avail-
15 able pursuant to subsection (e) as the Secretary determines
16 to be appropriate, the Secretary shall conduct, directly or
17 through a grant, contract, or cooperative agreement with
18 an entity that has experience regarding the development
19 and operation of successful culturally compatible, school-
20 based, life skills suicide prevention and intervention pro-
21 grams or evaluations, an annual evaluation of the dem-
22 onstration program under this section, including an eval-
23 uation of—

24 (1) the effectiveness of the curriculum in pre-
25 venting Indian and Alaska Native adolescent suicide;

- 1 (2) areas for program improvement; and
- 2 (3) additional development of the goals and ob-
- 3 jectives of the demonstration program.

4 (d) REPORT TO CONGRESS.—

13 (A) describes the results of the program of
14 each Indian tribe or eligible entity under this
15 section;

(B) evaluates the effectiveness of the curriculum in preventing Indian and Alaska Native adolescent suicide;

19 (C) makes recommendations regarding—

20 (i) the expansion of the demonstration
21 program under this section to additional el-
22 igible entities;

11 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 \$1,000,000 for each of fiscal years 2010 through 2014.

Amend the title so as to read: "A bill to establish an Indian youth telemental health demonstration program, to enhance the provision of behavioral health care services to Indian youth, to encourage Indian tribes, tribal organizations, and other behavioral health care providers serving residents of Indian country to obtain the services of predoctoral psychology and psychiatry interns, and for other purposes.".

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