

- (ii) the highest rate of any population group in the United States;
- (2) many risk behaviors and contributing factors for suicide are more prevalent in Indian country than in other areas, including—
- (A) history of previous suicide attempts;
 - (B) family history of suicide;
 - (C) history of depression or other mental illness;
 - (D) alcohol or drug abuse;
 - (E) health disparities;
 - (F) stressful life events and losses;
 - (G) easy access to lethal methods;
 - (H) exposure to the suicidal behavior of others;
 - (I) isolation; and
 - (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;
- (4)(A) the suicide rates of Indian and Alaska 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
- (B) data demonstrates that, over their lifetimes, females attempt suicide 2 to 3 times more often than males;
- (5)(A) Indian tribes, especially Indian tribes located in the Great Plains, have experienced epidemic levels of suicide, up to 10 times the national average; and
- (B) suicide clustering in Indian country affects entire tribal communities;
- (6) death rates for Indians and Alaska Natives are statistically underestimated because many areas of Indian country lack the proper resources to identify and monitor the presence of disease;
- (7)(A) the Indian Health Service experiences health professional shortages, with physician vacancy rates of approximately 17 percent, and nursing vacancy rates of approximately 18 percent, in 2007;
- (B) 90 percent of all teens who die by suicide suffer from a diagnosable mental illness at time of death;
- (C) more than ½ of teens who die by suicide have never been seen by a mental health provider; and
- (D) ½ of health needs in Indian country relate to mental health;
- (8) often, the lack of resources of Indian tribes and the remote nature of Indian reservations make it difficult to meet the requirements necessary to access Federal assistance, including grants;
- (9) the Substance Abuse and Mental Health Services Administration and the Service have established specific initiatives to combat youth suicide in Indian country and among Indians and Alaska Natives throughout the United States, including the National Suicide Prevention Initiative of the Service, which has worked with Service, tribal, and urban Indian health programs since 2003;

(10) the National Strategy for Suicide Prevention was established in 2001 through a Department of Health and Human Services collaboration among—

- (A) the Substance Abuse and Mental Health Services Administration;
- (B) the Service;
- (C) the Centers for Disease Control and Prevention;
- (D) the National Institutes of Health; and
- (E) the Health Resources and Services Administration; and

(11) the Service and other agencies of the Department of Health and Human Services use information technology and other programs to address the suicide prevention and mental health needs of Indians and Alaska Natives.

(b) Purposes

The purposes of this part are—

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

- (A) the use of psychotherapy, psychiatric assessments, diagnostic interviews, therapies for mental health conditions predisposing to suicide, and alcohol and substance abuse treatment;
- (B) the provision of clinical expertise to, consultation services with, and medical advice and training for frontline health care providers working with Indian youth;
- (C) training and related support for community leaders, family members, and health and education workers who work with Indian youth;
- (D) the development of culturally relevant educational materials on suicide; and
- (E) data collection and reporting;

(2) 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

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

(Pub. L. 94-437, title VII, § 721, as added Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 721 of Pub. L. 94-437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

§ 1667a. Definitions

In this part:

(1) Administration

The term “Administration” means the Substance Abuse and Mental Health Services Administration.

(2) Demonstration project

The term “demonstration project” means the Indian youth telemental health dem-

onstration project authorized under section 1667b(a) of this title.

(3) Telemental health

The term “telemental health” means the use of electronic information and telecommunications technologies to support long-distance mental health care, patient and professional-related education, public health, and health administration.

(Pub. L. 94-437, title VII, §722, as added Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

CODIFICATION

Section 722 of Pub. L. 94-437 is based on section 181 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

§ 1667b. Indian youth telemental health demonstration project

(a) Authorization

(1) In general

The Secretary, acting through the Service, is authorized to carry out a demonstration project to award grants for the provision of telemental health services to Indian youth who—

- (A) have expressed suicidal ideas;
- (B) have attempted suicide; or
- (C) have behavioral health conditions that increase or could increase the risk of suicide.

(2) Eligibility for grants

Grants under paragraph (1) shall be awarded to Indian tribes and tribal organizations that operate 1 or more facilities—

- (A) located in an area with documented disproportionately high rates of suicide;
- (B) reporting active clinical telehealth capabilities; or
- (C) offering school-based telemental health services to Indian youth.

(3) Grant period

The Secretary shall award grants under this section for a period of up to 4 years.

(4) Maximum number of grants

Not more than 5 grants shall be provided under paragraph (1), with priority consideration given to Indian tribes and tribal organizations that—

- (A) serve a particular community or geographic area in which there is a demonstrated need to address Indian youth suicide;
- (B) enter into collaborative partnerships with Service or other tribal health programs or facilities to provide services under this demonstration project;
- (C) serve an isolated community or geographic area that has limited or no access to behavioral health services; or
- (D) operate a detention facility at which Indian youth are detained.

(5) Consultation with Administration

In developing and carrying out the demonstration project under this subsection, the

Secretary shall consult with the Administration as the Federal agency focused on mental health issues, including suicide.

(b) Use of funds

(1) In general

An Indian tribe or tribal organization shall use a grant received under subsection (a) for the following purposes:

- (A) To provide telemental health services to Indian youth, including the provision of—
 - (i) psychotherapy;
 - (ii) psychiatric assessments and diagnostic interviews, therapies for mental health conditions predisposing to suicide, and treatment; and
 - (iii) alcohol and substance abuse treatment.

(B) To provide clinician-interactive medical advice, guidance and training, assistance in diagnosis and interpretation, crisis counseling and intervention, and related assistance to Service or tribal clinicians and health services providers working with youth being served under the demonstration project.

(C) To assist, educate, and train community leaders, health education professionals and paraprofessionals, tribal outreach workers, and family members who work with the youth receiving telemental health services under the demonstration project, including with identification 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.

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

- (i) suicide prevention;
- (ii) suicide education;
- (iii) suicide screening;
- (iv) suicide intervention; and
- (v) ways to mobilize communities with respect to the identification of risk factors for suicide.

(E) To conduct data collection and reporting relating to Indian youth suicide prevention efforts.

(2) Traditional health care practices

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

(c) Applications

(1) In general

Subject to paragraph (2), to be eligible to receive a grant under subsection (a), an Indian tribe or tribal organization shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

- (A) a description of the project that the Indian tribe or tribal organization will carry