United States Senate

March 14, 2024

The Honorable Xavier Becerra
Secretary
United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra:

We write regarding the need to improve Tribal access to federally supported mental health services through the Department of Health and Human Services (HHS). We appreciate your recent visit in December to participate in a listening session at the Reno-Sparks Tribal Health Center. As you know, Tribal communities have among the highest rates of suicide and mental health needs in Nevada and across the nation, yet access to robust and culturally competent care for Tribes lags behind other communities in the United States. Tragically, according to the Nevada Indian Commission, one of Nevada's Tribal nations recently experienced a suicide cluster that left twenty-one children without a parent. The unique nature of Tribal communities and their culture, history, generational trauma, and geographic location, compounded with traditional risk factors for mental health, require a holistic and respectful approach to mental health care that includes culturally appropriate considerations. While we recognize the work and progress that has been made to address mental health among the most vulnerable communities and to design mental health programs and research initiatives at HHS that serve all Americans, more work needs to be done to ensure that mental health services – including those at HHS agencies other than Indian Health Service (IHS) reach those in Tribal communities who desperately need additional support.

While IHS is the agency tasked with providing direct public health support to members of Tribal communities, multiple HHS agencies are involved in broadly addressing mental health needs and suicide prevention, including the National Institute of Mental Health (NIMH), the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and the Health Resources Services Administration (HRSA). We ask all of these agencies to work on increasing Tribal access to their mental health programs and services, to make a renewed commitment to improving culturally appropriate consideration when developing HHS mental health programs and research initiatives, and to take additional steps to make care and research more culturally competent and inclusive, using direct consultation with Tribal communities on how to do so.

Tribal mental health care must be a priority for every relevant agency at the Department, and while the Secretary's Tribal Advisory Committee plays a critical role in Tribal health outcomes, it is vital that all areas of HHS involved in mental health do more to ensure that Tribes are

consulted and Tribal feedback is incorporated so communities' needs are fully met. We, therefore, request responses to the following questions:

- 1. How are HHS agencies currently engaging with and providing technical assistance to Tribal nations, including those in remote areas, to ensure they are aware of and prepared to apply for federal funding opportunities through HHS to support their mental health needs?
- 2. How are current HHS research awards for mental health incorporating culturally appropriate information, representation, and direct consultation with Tribal communities, which have disproportionately high rates of suicide and risk factors that contribute to mental health challenges?
- 3. How are upcoming HHS research opportunities applying culturally informed and culturally appropriate research, including research focused on reducing suicide in Tribal communities?
- 4. Please provide an update on implementation of 988 Tribal Response Cooperative Agreements through SAMHSA, including a list of states that have a received an award, states that applied and did not receive an award, and states that did not apply.
- 5. What changes in federal law are needed to improve federal mental health programs at HHS to enhance Tribal inclusivity and to make culturally appropriate care more available?

Nevada is home to 28 federally recognized Tribes, bands, and colonies. It is imperative that we do everything we can to provide support that serves Tribal needs and respects Tribal culture. One life lost to suicide is too many, and the high rate in Tribal communities must be treated like the crisis it is. Culturally appropriate mental health services are a key factor in reducing suicide rates. We appreciate the work HHS has been doing to strengthen cultural competency of programs and research and look forward to working with you to support further efforts in this critical area.

Thank you for your time and attention to this critical issue. We look forward to your response.

Sincerely,

Jacky Rosen U.S. Senator Catherine Cortez Masto

U.S. Senator