

National Indian
Health Board



NATIONAL COUNCIL of
URBAN INDIAN HEALTH

November 29, 2022

The Honorable Patty Murray
Chairwoman
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr,

On behalf of the undersigned Tribal partner organizations, we write to urge the inclusion of a meaningful Native behavioral health provision as the Senate Health Education Labor and Pensions Committee drafts a mental health and substance use disorder package. Tribal Nations and our citizens continue to face high rates of behavioral health issues, caused by myriad factors, including centuries of generational trauma resulting from colonization and hostile acts of the United States government. Yet, in violation of federal trust and treaty obligations to provide comprehensive health care to Tribal Nations, we continue to lack substantial and sustained funding to address these challenges for current and future generations. As the collective trauma of living through the COVID-19 public health crisis only exacerbates and intensifies these issues, it is critical that Tribal Nations and the Indian Health System are equipped with the resources necessary to bring healing and recovery to our communities.

Between 1999 and 2015, the drug overdose death rates for American Indian and Alaska Native (AI/AN) populations increased by more than 500%. Addressing the challenges presented by the opioid crisis in Indian Country is further complicated by high rates of alcohol and substance abuse, suicide, and other serious mental health conditions. AI/AN populations experience serious mental illnesses at a rate 1.58 times higher than the national average, and Native youth experience the highest rates of youth suicide and depression in the country. Yet, far too many facilities across the Indian Health System are unable to access the quality health care and services necessary to address these behavioral health issues. A survey conducted by the Indian Health Service (IHS) found that Tribal Nations rated the expansion of inpatient and outpatient mental health and substance abuse facilities as our number one priority. Currently, only 39% of IHS facilities provide 24-hour mental health crisis intervention services, and 10% of IHS facilities do not provide any crisis intervention services at all.

To combat the opioid epidemic and the broader behavioral health crisis in Indian Country, Tribal Nations and facilities across the Indian Health System require flexible and substantial funding to create behavioral health programs that are responsive to the unique circumstances facing our communities. Toward that end, we request that any mental health and substance use disorder package include a Native behavioral health provision that contains the following:

- A funding authorization of no less than \$125 million annually over a minimum of four fiscal years;
- A mandate to deliver funding on a non-competitive basis and the opportunity to receive funding through Indian Self-Determination Act contracts or compacts;
- A requirement that any funding formulas be developed in consultation with Tribal Nations and conference with Urban Indian Health Organizations; and
- A requirement that reporting requirements be developed through a negotiated rulemaking process between the federal government, Tribal Nations, and Urban Indian Health Organizations.

We urge the Senate HELP Committee and Congress to prioritize their trust and treaty obligations to Tribal Nations by ensuring we are meaningfully included in bipartisan efforts to reauthorize, improve, and expand federal mental health and substance use disorder programs. While centuries of underinvestment in mental and behavioral health across Indian Country will require sustained funding and thoughtful effort on the part of Congress to properly address, the above proposal represents a significant step toward this goal. We thank you for your attention to this matter and look forward to continued collaboration on improve health care throughout Indian Country.

Sincerely,

National Council of Urban Indian Health

National Indian Health Board

Self-Governance Communication and Education Tribal Consortium

United South and Eastern Tribes Sovereignty Protection Fund