August 19, 2026

The Honorable Mark Cruz
Director
Indian Health Services
5600 Fishers Lane
Rockville, MD 20857

Re: NTAC Recommendations on Behavioral Health Priorities

Dear Director Cruz,

On behalf of the Indian Health Service (IHS) National Tribal Advisory Committee on Behavioral Health (NTAC), thank you for the continued opportunity to provide recommendations on strengthening behavioral health programs and services across Indian Country. NTAC recommends that IHS prioritize flexible, innovative, and culturally informed approaches to behavioral health funding and service delivery, with a particular focus on supporting foundational system development, expanding access to prevention and treatment services, strengthening youth behavioral health efforts, and enhancing Tribal capacity to address emerging substance use challenges. The recommendations below are intended to support measurable outcomes, advance Administration priorities, and strengthen Tribal behavioral health systems across Indian Country.

Strategic Use of Behavioral Health Pilot Funding

At the core of Tribal health is culture, and NTAC believes all pilot activities should incorporate culturally informed prevention, treatment, recovery, and wellness approaches. Traditional healing practices, cultural teachings, and other culturally grounded interventions are essential components of effective Tribal behavioral health systems, and this funding presents an important opportunity to generate evidence demonstrating the value and effectiveness of culturally informed care while advancing Administration goals. NTAC supports using the funds to advance innovative approaches to behavioral health care that align with Administration priorities related to measurable outcomes and evidence-building. To maximize the value of these pilot investments, NTAC recommends that IHS provide Tribes with sufficient flexibility to design and implement projects that reflect their communities' unique behavioral health needs and priorities, and existing infrastructure. Tribes vary significantly in their capacity to collect data, deliver services, and administer programs. Pilot funding should consider these differences by allowing a broad range of approaches that can produce meaningful outcomes. Additionally, NTAC reiterates its previous recommendation that pilot funding be fully made available through Tribal contracts and compacts permitted by the funding authority.

The NTAC appreciates that Dr. Segay provided two recommendations for Lethal Means and Peer Support Services. NTAC provides the following feedback on these two ideas.

Feedback on the Lethal Means Safety Initiative

While NTAC recognizes the importance of addressing suicide prevention in Indian Country, a broader prevention framework may ultimately be more effective and allow Tribes greater flexibility to identify the populations, risk factors, and intervention strategies most relevant to their communities. Rather than centering funding on the way an individual may attempt suicide, NTAC recommends focusing on populations at elevated risk, particularly Native youth, and allowing Tribes to tailor prevention activities based on local needs and circumstances. A broader framework would better support culturally informed prevention, treatment, and recovery efforts while increasing the likelihood that Tribes can successfully leverage pilot funding to achieve measurable outcomes. NTAC further recommends that pilot funding support foundational behavioral health activities that can establish long-term capacity and position Tribes to demonstrate results that inform future Congressional and Administration investments in Tribal behavioral health programs.

Feedback on Peer Support Services in Tribal Communities

We are concerned that the proposed funding levels and timeframes may make it difficult for Tribes without established peer support infrastructure to launch an entirely new program during the pilot period successfully. As drafted, the initiative may unintentionally favor applicants that already possess behavioral health capacity, workforce, and administrative systems, limiting participation by smaller or less resourced Tribes. NTAC therefore recommends allowing pilot funding to support foundational behavioral health system development and Tribal planning activities in addition to direct service implementation. Allowable activities should include outreach and education, identification of barriers to service delivery, behavioral health strategic planning, behavioral health needs assessments and service-gap analyses, data collection and reporting systems, crisis-response planning and coordination frameworks, and development of cross-sector partnerships involving health, education, social services, and public safety. For Tribes that are building behavioral health systems from the ground up, development of a comprehensive implementation plan, sustainability strategy, workforce development plan, or other roadmap for future service delivery should be recognized as a meaningful and measurable pilot outcome. Such flexibility would allow more Tribes to participate successfully while creating a stronger foundation for future behavioral health investments.

NTAC Proposed Initiative

NTAC recommends that IHS consider a third pilot model focused specifically on culturally informed behavioral health system development and Tribal planning. Under the Indian Health Care Improvement Act (IHCIA), it authorizes system assessment, planning, coordination, and improvement of behavioral health services.[1] Funneling the pilot funding into this option would also provide an important pathway for Tribes that lack robust behavioral health infrastructure by allowing pilot funding to serve as seed funding for the development of new services, providers, programs, or other foundational elements of a sustainable behavioral health system. For some Tribal communities, the most impactful and measurable outcome may not be immediate service delivery, but rather the creation of a comprehensive plan, framework, or implementation strategy that positions the Tribe to successfully develop and sustain services in the future. By supporting innovative, achievable, and culturally informed projects, this pilot model would enable Tribes to demonstrate meaningful results, contribute to the evidence base supporting Tribal behavioral health interventions, and advance Administration goals related to innovation, accountability, and measurable outcomes.

Strengthening Attendance to Ensure Quorum

The NTAC recommends continued recruitment to fill vacant positions on the NTAC. Currently, there are vacancies for the Tucson, Phoenix, Albuquerque, and Billings Areas. During the next NTAC meeting, we request a substantive update on how IHS is recruiting NTAC members and the strategies IHS is deploying to recruit new members. Additionally, NTAC recommends that IHS work to confirm attendance in advance to help identify potential quorum concerns and allow for follow-up as needed. The NTAC also recommends placing a discussion of the NTAC Charter on the agenda for the next meeting to examine the current quorum requirements and consider whether changes are warranted.

Increasing Utilization of Youth Regional Treatment Centers

The NTAC recommends that IHS further gather data and information about the factors affecting utilization of Youth Regional Treatment Center services, particularly barriers to timely access to available beds. In our conversations, our communities report that timely access to beds can be a barrier to receiving services, suggesting that efforts to increase utilization should also consider whether access barriers are preventing available treatment capacity from being fully used. The NTAC further recommends that IHS convene a focused roundtable discussion on Youth Regional Treatment Centers to examine the factors affecting utilization, barriers to timely access, and strategies for improvement. The

[1] 25 USC sec. 1665-1667e

discussion should provide an opportunity for information sharing regarding challenges communities experience in accessing services and potential approaches for addressing those challenges. Better understanding where demand exists, where access barriers occur, and how available treatment capacity is being used can help inform more targeted strategies to increase utilization and improve access to treatment for Tribal youth.

Understanding Local Substance Use Trends and Community Responses

The NTAC recommends that IHS collect information from Tribal Nations and Tribal Health Organizations regarding local substance use trends and community responses to identify common challenges in Indian Country. Given varying levels of data collection capacity, IHS should allow flexibility for Tribes to share available data, as well as information about the trends they are observing and the responses being implemented in their communities, to better understand community needs. The NTAC recommends a dedicated agenda item at the next in-person NTAC meeting focused on local substance use trends and community responses. This discussion would provide an opportunity for Tribal representatives to share what they are seeing in their communities and discuss how they are responding.

Conclusion

NTAC appreciates DBH's commitment to strengthening behavioral health services across Indian Country and its efforts to develop innovative pilot funding opportunities. To maximize the impact of these investments, NTAC encourages IHS to provide Tribes and Tribal Health Organizations with the flexibility to pursue culturally informed, community-driven approaches that reflect local needs, priorities, and levels of behavioral health infrastructure. By supporting foundational system development, broadening opportunities for Tribal participation, and prioritizing culturally informed prevention, treatment, recovery, and wellness strategies, these pilots can generate meaningful outcomes, strengthen Tribal behavioral health systems, and build the evidence base necessary to support future investments in Tribal communities.

Sincerely,

April Kyle
Tribal Co-Chairperson
National Tribal Advisory Committee on Behavioral Health

Cc: Dr. Glorinda Segay, Division of Behavioral Health, IHS