

116TH CONGRESS  
2D SESSION

# H. R. 8068

To direct the Secretary of Veterans Affairs to make certain improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 18, 2020

Ms. BROWNLEY of California (for herself, Mr. COLE, and Ms. TORRES SMALL of New Mexico) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## A BILL

To direct the Secretary of Veterans Affairs to make certain improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans, 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 “American Indian and  
5 Alaska Native Veterans Mental Health Act”.

1 **SEC. 2. MENTAL HEALTH AND SUICIDE PREVENTION OUT-**  
2 **REACH TO MINORITY VETERANS AND AMER-**  
3 **ICAN INDIAN AND ALASKA NATIVE VET-**  
4 **ERANS.**

5 (a) STAFFING REQUIREMENT.—Beginning not later  
6 than 90 days after the date of the enactment of this Act,  
7 the Secretary of Veterans Affairs shall ensure that each  
8 medical center of the Department of Veterans Affairs has  
9 no fewer than one full-time employee whose responsibility  
10 is serving as a minority veteran coordinator.

11 (b) TRAINING.—Not later than 180 days after the  
12 date of the enactment of this Act, the Secretary, in con-  
13 sultation with the Director of the Office of Mental Health  
14 and Suicide Prevention of the Department of Veterans Af-  
15 fairs, shall ensure that all minority veteran coordinators  
16 receive training in delivery of culturally appropriate men-  
17 tal health and suicide prevention services to American In-  
18 dian and Alaska Native veterans, especially with respect  
19 to the identified populations and tribes within the coordi-  
20 nators' catchment areas.

21 (c) COORDINATION WITH SUICIDE PREVENTION CO-  
22 ORDINATORS.—Not later than 180 days after the date of  
23 the enactment of this Act, the Secretary, in consultation  
24 with the Director of the Office of Mental Health and Sui-  
25 cide Prevention, shall ensure that the suicide prevention  
26 coordinator and minority veteran coordinator of each med-

1 ical center of the Department have developed and dissemi-  
2 nated to the director of the medical center a written plan  
3 for conducting mental health and suicide prevention out-  
4 reach to all tribes and urban Indian health organizations  
5 within the catchment area of the medical center. Each  
6 such plan shall include for each tribe covered by the  
7 plan—

8           (1) contact information for tribal leadership  
9           and the tribal health facility or Indian Health Serv-  
10          ice facility serving that tribe;

11          (2) a schedule for and list of outreach plans  
12          (including addressing any barriers to accessing De-  
13          partment mental health care); and

14          (3) documentation of any conversation with  
15          tribal leaders that may guide culturally appropriate  
16          delivery of mental health care to American Indian or  
17          Alaska Native veterans.

18          (d) REPORT.—Not later than one year after the en-  
19          actment of this Act, the Secretary shall submit to the  
20          Committee on Veterans' Affairs of the Senate and the  
21          Committee on Veterans' Affairs of the House of Rep-  
22          resentatives a report on outreach efforts to minority vet-  
23          erans and American Indian and Alaska Native veterans.  
24          Such report shall include each of the following:

1           (1) The number of minority veteran coordina-  
2           tors within the Department.

3           (2) The number and percentage of minority vet-  
4           eran coordinators who are women.

5           (3) The number and percentage of minority vet-  
6           eran coordinators who are persons of color.

7           (4) The number and percentage of Department  
8           medical centers with minority veteran coordinators.

9           (5) The number and percentage of Department  
10          mental health providers who are enrolled members of  
11          a federally recognized Indian tribe or self-identify as  
12          Native American.

13          (6) The number and percentage of Department  
14          mental health providers who speak a second lan-  
15          guage.

16          (7) A review of the outreach plans developed  
17          and submitted to all Department medical centers for  
18          outreach to American Indian and Alaska Native vet-  
19          erans.

20          (8) A review of mental health care provided an-  
21          nually by the Department to American Indian and  
22          Alaska Native veterans for the past three years, in-  
23          cluding number of appointments, and an assessment  
24          of any barriers to providing this care.

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