

# American Indian Health Leaders

Meeting Summary | Helena | May 15-16, 2017

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## Next Meeting

September 21-22, 2017 – Billings, MT.

## Overview

On May 15-16, 2017, the American Indian Health Leaders (AIHL) group—including the leadership of six tribal health departments, Chairman Grey of the Little Shell tribe, four urban Indian health centers, and Fort Peck’s Health Promotion/Disease Prevention program—held a fifth quarterly meeting in Helena. The purpose of the meeting was to build a strong platform for collaboration to improve healthcare and health of American Indian people in Montana. The meeting agenda is in Appendix A. Meeting attendees are in Appendix B.

Each tribal health program and urban Indian health center provided updates. This was followed by presentations and discussion with invited guests, including:

- The Montana Governor’s Office (Jessica Rhoades, Governor’s Health Policy Advisor)

- The Montana Department of Public Health and Human Services (Sheila Hogan, Director; Laura Williamson, State Epidemiologist; Mary Dalton, State Medicaid Director; Lesa Evers, Tribal Relations Manager; and Rebecca de Camara, Developmental Services Division)
- Rocky Mountain Tribal Epidemiology Center (Mike Andreini, Director)
- Montana Healthcare Foundation (Aaron Wernham, CEO)
- Mountain Pacific Quality Health Foundation (Mary Erickson, Katelin Conway, and Barbara Pierson)
- Centers for Medicare & Medicaid Services (Kitty Marx and Cyndi Gillespie)

The meeting finished with business sessions on Monday afternoon and Tuesday morning during which the health leaders spent time discussing the AIHL non-profit feasibility study RFP responses, new chairs of the group, and ways to make future meetings as useful as possible.

These notes summarize the main priorities, opportunities, and action items identified during the meeting. This is not a complete record of the discussions that occurred during the day.

## Summary of Actions Taken During the Meeting

### Election of new meeting co-chair

Kevin Howlett announced his retirement, and the group nominated LeeAnn Johnson from the Missoula Urban Indian Center to act as the group's new co-chair. LeeAnn accepted the nomination and will serve as co-chair with Jessica Windyboy in the September meeting.

### Choosing a consultant for the AIHL non-profit feasibility study

In the February AIHL meeting, the group elected Helena Indian Alliance to lead a feasibility study for the establishment of a non-profit to serve as a stable, technical resource to support efforts to improve American Indian Health. With the change of management at Helena Indian Alliance, during a call with the AIHL leadership group and co-chairs on March 30, 2017, the group requested that Montana Healthcare Foundation take over issuing the RFP and contracting with a consultant.

#### Action:

Montana Healthcare Foundation issued an RFP and presented the group with proposals from 4 potential contractors. The group reviewed the proposals and voted to issue the contract to Dr. Donald Warne, who directs the American Indian Public Health Resource Center at North Dakota State University.

Dr. Warne will have a preliminary meeting with AIHL members on June 7-8 in Helena—time and location of this meeting will be sent in a separate email.

### Tribal Health Improvement Plan

Mary Dalton, Sheila Hogan, and Lesa Evers from DPHHS talked about the opportunity created by the state's new Tribal Health Improvement Program waiver, which offers Tribes a new way to fund community-based prevention programs that cannot be billed directly to Medicaid. The group requested some time to talk with DPHHS about the "nuts and bolts" of implementing the program.

Action: The AIHL members agreed to schedule an all-day meeting on June 8 to work with DPHHS on implementation. This will be a working session focused on helping participants understand the steps the must take to implement the program, and talking about how to set up appropriate measurement and management systems.

## AIHL Co-Chair Updates

### Kevin Howlett Retirement

Kevin Howlett announced his retirement as Director of the CSKT Health Department. He assured the group that he would continue to work with them and on American Indian health issues in some capacity in the future.

### Office of American Indian Health

Kevin talked about the recent changes of the Office of American Indian Health (OAIH). He noted that the office is in essence starting over and emphasized the importance of moving forward with a renewed sense of cooperation with key partners. He thanked the Governor and DPHHS for their continued support of the office and its work.

## Health Director Updates

Health directors discussed current projects, progress, and challenges:

### **Blackfeet Tribal Health Department:**

Rosemary Cree Medicine gave an update on their completed community health assessment and passed out materials on events taking place in the department and an updated organizational chart.

### **North American Indian Alliance, Butte:**

- NAIA has hired a new executive director, Dale Good Gun. Dale introduced himself to the group.
- They are continuing to work on 3<sup>rd</sup> party billing and received their first Medicaid payment, through a grant from MHCF and technical assistance from the Helena Indian Alliance.

### **Fort Belknap Tribal Health Department:**

- Craig Chandler is the new tribal health department executive director.
- They are conducting an RFP for a feasibility study for 638 self-determinations.
- They are also working on a colorectal cancer screening grant, on building a billing department, and on creating a new position to address the high suicide rate.
- The community is concerned about suicide and beginning to develop an initiative to address this problem.

### **Helena Indian Alliance:**

- Todd Wilson is the new executive director (this was his first day on the job).
- They are continuing work on integrating primary care, mental health, and substance abuse counselling, and third-party billing.
- They are finishing up an architecture report (funded by the Montana Healthcare Foundation) that will look at ways their space can be better utilized to accommodate their needs and looking at the possibility of adding dental services.

### **Confederated Salish and Kootenai Tribal Health Department:**

- CSKT is having a suicide outbreak, with 12 completed suicides since November. This has been very difficult for their community and they are looking at what their options are – including working with an author on giving a voice to the reasons why people are self-medicating.
- They assumed Purchased and Referred Care from the IHS in December, and with this move they are 100 percent compacted.

- They are moving their record system to EPIC and away from RPMS.
- There will be a transition in leadership since Kevin Howlett will be retiring.

**Rocky Boy Health Board:**

- Rocky Boy is working on finishing a new clinic, however their requirements have changed since the building process began several years ago.
- They are working on finishing their clinic building, which is a large and challenging project.
- They are starting up a new school-based program and they are concerned about the increasing suicide risk. They're considering creating a 24-hour crisis center.
- The new HIP funds would help them do everything they are trying to accomplish, however Jessica stressed that support is necessary to make the funding count.

**Crow Tribal Health Department:**

- A new health director has not been hired yet.
- They are looking into a TSHIP program.

**Northern Cheyenne Tribal Board of Health:**

- Eugene Little Coyote is the new tribal health director.
- Continuing to work on 638 contracting their shares of the Crow-Northern Cheyenne hospital. They have brought on consultants and are training staff.
- They are working to implement a tribal premium sponsorship program.
- Their recovery center just became Montana's first "wellbriety certified."
- They have a grant to renovate the Thunderchild facility but are shifting those funds to create a healing and wellness center that will house mental health and chemical dependency services, a fitness center, administrative offices, and a multipurpose space.
- RPMS has been a challenge and they are moving away from that to NewMD.

**Little Shell:**

- Chairman Gerald Grey gave a brief update on the continuation of the Tribe's work towards federal recognition.
- They are adding a board position focused on health and note that they work closely with the Indian Family Health Clinic in Great Falls.
- Their wellness group is going to Ethiopia for an exchange.

**Missoula Urban Indian Health Center:**

- LeeAnn Bruised Head noted that currently MUIHC provides mental health and chemical dependency services, and they are working towards becoming trauma informed.
- They are implementing the Community Resiliency Model out of CA and are working with parents to health the emotional trauma in their own childhoods.
- They are also implementing the Trauma Resiliency Model for providers.
- They are beginning to put together a dental program and have received several generous equipment donations.
- They hope to hire a part time nurse practitioner in the fall and are working on a capital campaign to build a new building.
- Challenges include funding, billing, and RPMS.

**Indian Family Health Clinic, Great Falls:**

- Benefis is in the process of donating the building that they are in.
- Challenges include RPMS and they are looking at moving to Care360.
- Their audit was completed and is clean.

**Fort Peck Health Promotion Disease Prevention Program:**

- Their planned wellness center would have a clinic, and they are considering how to fund construction.
- Workforce is a major challenge that warrants attention from the whole group, since everyone here faces a similar challenge. There is a lot of potential to “grow our own,” and it would be worth looking into ways to support local students interested in health careers.
- They did a survey of at-risk kids and found that what the kids want are activities that they can participate in. The program has begun offering different kids activities and received a grant from UM to expand.
- Eight of their students are going to Harvard to study disparities and will come back and report on what they learned.
- They are working on a veteran’s health services initiative.
- They have students going to MSU to study nutrition and caloric intake to combat obesity and diabetes.
- They are moving into a new building and will have new office space.

## Outside speaker updates

The agenda was full, with many presentations by outside speakers (see appendix A). These notes are not a complete summary of the meeting and presentations. Here are a few key points that were discussed by presenters and health leaders:

**Laura Williamson – State Epidemiologist ([LWilliamson@mt.gov](mailto:LWilliamson@mt.gov))**

Laura informed the group that a new State Health Assessment and State Health Improvement Plan is underway. She presented initial findings from the State Health Assessment and requested the group’s feedback. The state is aware that the last Health Improvement Plan did not focus on health disparities, and this presentation is an initial step toward making sure tribes and health disparities are addressed more thoroughly in this new plan. They are hoping this group will offer suggestions and feedback. There was some discussion on how the leading health concerns were identified, and many felt that substance abuse disorders should be listed as the highest concern rather than alcohol abuse.

**Mike Andreini—Rocky Mountain Tribal Epidemiology Center**

Mike and his staff reported on several efforts underway including meth/suicide prevention and domestic violence prevention initiatives, the opioid prevention pilot project in Blackfeet, and the transitional recovery and culture project that provides peer recovery support services to the tribes and urban Indian communities, among others. Mike let the group know about a Tribal Public Health Law Workshop that will be taking place in Billings on June 15-16.

**Jane Smilie—Consultant, Association of Montana Public Health Officials**

Jane let the group know about Montana’s Public Health Leadership Summit that will be taking place in Billings on July 19. Additional information can will be sent to this group as soon as it’s available—MHCF is sponsoring and hopes that AIHL members can attend.

**Jessica Rhoades—Governor’s Health Policy Advisor**

Jessica updated the group on key results of the 2017 legislative session including accomplishments and missed opportunities. One key opportunity was a statutory appropriation for Indian health in HB 2 that could open the door for considerable flexibility for the state to identify programs that address tribal needs. The bill is [here](#), and the language is found in Section 3.

**Aaron Wernham – Montana Healthcare Foundation:**

MHCF hired Tressie White as a senior program officer for American Indian Health. A rapid response grant opportunity is now open for anyone interested in applying, but MHCF funding is also available anytime throughout the year for this group to discuss project ideas for invited proposals. Contact: Aaron Wernham, [aaron.wernham@mthcf.org](mailto:aaron.wernham@mthcf.org)

**Mary Erickson – Mountain Pacific Quality Health**

Mary gave an update on PATH (Partnership to Advance Tribal Health): this is a collaborative initiative of the IHS and CMS to improve the quality of care at IHS hospitals. Mountain Pacific is a subcontractor to the lead contractor, Health Insight.

**Kitty Marx and Cyndi Gillespie – CMS (via phone)**

Kitty and Cyndi along with Mary Dalton led a discussion on CMS Tribal Clinic versus FQHC status.

**Sheila Hogan—DPHHS Director**

Director Hogan discussed her recently completed tribal tours and gave an update on the tribal health improvement program (T-HIP) and the future of the Office of American Indian Health.

**Mary Dalton—State Medicaid Director**

Mary gave an update on 100% FMAP for services received through an IHS or tribal facility, and the Tribal Health Improvement Plan (T-HIP).

**Rebecca de Camara – DPHHS Developmental Services Division Administrator**

Rebecca gave an update on the Native Youth Suicide Reduction Initiative.

## Appendix A: Agenda

# American Indian Health Leaders Meeting Agenda

May 15-16, 2017

Radisson Colonial Hotel Helena – 2301 Colonial Drive, Helena, MT 59601

### Monday, May 15 – Capitol Room

- 8:00 AM**      **Breakfast**
- 8:30 AM**      **Introduction and Prayer**
- Prayer
  - Welcome and goals (*Kevin Howlett and Jessica Windy Boy*)
  - Overview of the day (*Aaron Wernham*)
- 8:45 AM**      **Health Leaders Updates**
- Progress in priority areas
  - Exciting news
  - Challenges
- 10:15 AM**     **Co-chairs Updates**
- 10:30 AM**     **Break**
- 10:45 AM**     **State Health Assessment** (*Laura Williamson from DPHHS*)
- 11:15 AM**     **RMTLC/RMTEC Updates** (*Bill Snell and Mike Andreini*)
- 12:00 PM**     **Lunch**
- 1:15 PM**      **Governor's Office/Legislative update** (*Jessica Rhoades*)
- 2:45 PM**      **Break**
- 3:00 PM**      **Montana Healthcare Foundation Updates** (*Aaron Wernham*)
- 3:45 PM**      **PATH Update** (*Mary Erickson, Sara Medley, Colleen Roylance from Mountain Pacific Quality Health*)
- 4:00 PM**      **CMS Tribal Clinic vs. FQHC Status** (*Kitty Marx and Cyndi Gillespie from CMS; Mary Dalton from DPHHS*)
- 5:00 PM**      **Health Leader's Business Meeting**

- Discuss feasibility study RFP responses

**5:30 PM      Adjourn**

Tuesday, May 16 – Capitol Room

**8:00 AM      Breakfast**

**8:30 AM      DPHHS Updates** (*Sheila Hogan, Mary Dalton, Zoe Barnard, Rebecca de Camara*)

- Director's Tribal tours
- 100% FMAP for referrals
- Health Improvement Plan status
- Manatt substance use disorder report
- Native youth suicide prevention initiative update

**10:00 AM      Break**

**10:15 AM      Health Leaders Business Meeting**

**12:00 PM      Adjourn**

## Appendix B: Attendee List

### Health Directors and Staff:

1	<b>Kevin Howlett</b>	CSKT	Tribal Health Director
2	<b>Anna Whiting Sorrell</b>	CSKT	Director Operations, Planning and Policy
3	<b>Jessica Windy Boy</b>	Rocky Boy	Tribal Health Director
4	<b>Ken Smoker</b>	Fort Peck HPDP	HPDP Director
5	<b>Dale DeCoteau</b>	Fort Peck HPDP	Suicide Prevention Coordinator
6	<b>Larry Burshia</b>	Fort Peck HPDP	HPDP Board Chairman
7	<b>Rosemary Cree Medicine</b>	Blackfeet	Tribal Health Director
8	<b>Craig Chandler</b>	Fort Belknap	Director
9	<b>Gerald Grey</b>	Little Shell	Tribal Chairman
10	<b>Eugene LittleCoyote</b>	N. Cheyenne	Health Administrator
11	<b>Jace Killsback</b>	N. Cheyenne	President
12	<b>Shannon Bradley</b>	Crow	Assistant Executive Director
13	<b>Rosella Holds</b>	Crow	MSPI
14	<b>Ernestine Belcourt</b>	Great Falls	Executive Director
15	<b>Dale Good Gun</b>	Butte	Executive Director
16	<b>Arnie Salcido</b>	Butte	Business Manager
17	<b>LeeAnn Bruised Head</b>	Missoula	Executive Director
18	<b>Todd Wilson</b>	Helena	Executive Director

### Guests:

19	<b>Aaron Wernham</b>	MTHC	CEO
20	<b>Tressie White</b>	MTHC	Senior Program Officer
21	<b>Melinda Buchheit</b>	MTHC	Communications Coordinator
22	<b>Michele Hansen</b>	MTHC	Program Associate
23	<b>Jessica Rhoades</b>	Governor's Office	Policy Advisor
24	<b>Robyn Madison</b>	Senator Tester	Regional Director
25	<b>Sheila Hogan</b>	DPHHS	Director
26	<b>Laura Williamson</b>	DPHHS	State Epidemiologist
27	<b>Lesia Evers</b>	DPHHS	Tribal Relations Manager
28	<b>Mary Dalton</b>	DPHHS	Medicaid Director
29	<b>Rebecca de Camera</b>	DPHHS	
30	<b>Mike Andrini</b>	RMTLC	RMTEC Director
31	<b>Dyani Bingham</b>	RMTLC	Project Director
32	<b>Emily Nethercott</b>	RMTLC	Health Data Specialist
33	<b>Bethany Fatupaito</b>	RMTLC	Project Director
34	<b>Pharah Morgan</b>	RMTLC	Project Director

35	<b>Anna Schmitt</b>	RMTLC	Evaluation Specialist
36	<b>Duane Jeanotte</b>	Fort Peck	Consultant
37	<b>Fonda Redfox</b>	N. Cheyenne	Consultant
38	<b>Roberta Harris</b>	N. Cheyenne	Director of Grants & Compliance
39	<b>Mary Erickson</b>	MPQH Foundation	QI Lead
40	<b>Katelin Conway</b>	MPQH Foundation	QI Specialist
41	<b>Barbara Pierson</b>	MPQH Foundation	QI Specialist
42	<b>Olivia Rietta</b>	MPCA	
43	<b>Kitty Marx</b>	CMCS	Director, Division of Tribal Affairs
44	<b>Cyndi Gillespie</b>	CMS	Technical Director, Native American Contact
45	<b>James Burroughs</b>	MSU	Program Coordinator CAIRHE
46	<b>Maya Bronston</b>	MSU	Grant Management
47	<b>Jane Smilie</b>	Smith & McGowan	