American Indian Health Leaders

Meeting Summary | Great Falls | August 9, 2016

Contents

Overview

On August 9, 2016, the leadership of seven tribal health departments, four urban Indian health centers, and Fort Peck's Health Promotion/Disease Prevention program held their second quarterly meeting in Great Falls. The purpose of the meeting was to develop strategic priorities and identify opportunities for collaboration toward the goal of improving the 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:

- Rocky Mountain Tribal Epidemiology Center (Mike Andreini, director)
- Billings Area Indian Health Service (Dorothy Dupree, director)
- The Montana Department of Public Health and Human services (Richard Opper, director; Mary Lynne Billy Old Coyote, Office of American Indian Health, director; Mary Dalton, Medicaid and CHIP director; Lesa Evers, state-tribal relations manager)
- Montana Healthcare Foundation (Aaron Wernham, CEO)
- Indian Health Service Headquarters (Raho Ortiz, Office of Business Office Enhancement, director)
- Montana Children's Trust Fund (Jamey Petersen, director; Leslie Caye, board vice-chair)

The meeting finished with a closed session during which the health leaders revisited group goals and leadership, and took action on several items, as summarized below.

Participants agreed the meeting was valuable and productive, and agreed to come together again to advance work on the priorities described below.

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

Defining the Purpose and Future Directions for the American Indian Health Leaders Group

Participants decided that the Health Leaders will serve as a technical advisory group—the group can provide valuable advice and technical assistance for each other and for tribal leadership. Participants agreed that it is worth devoting time and resources to this group.

Actions:

1. Continue quarterly meetings and will use these to further define goals and plans for action. MHCF agreed to continue funding this group as long as possible, if the meetings are valuable.
2. In the future, participants might consider a more formal structure, and request support from their tribes, tribal organizations, or other sources. It is too early to decide whether to form a separate organization (such as a 501(c)3 non-profit).

Leadership and Decision-Making

The group decided to elect a chair and vice-chair. Kevin Howlett asked not to be nominated given the extent of his other commitments. The group also discussed how decisions should be made.

Actions:

1. *Consensus-based decision-making:* Everyone agreed that decisions should be made based on consensus rather than by vote. The American Indian Health Leaders will only put formal support behind things that have been fully agreed to by the group.
2. *Jace Killsback selected to serve as chair*: LeeAnn Bruised Head moved and Tressie White seconded a motion to nominate L. Jace Killsback as chairman. Everyone agreed, and Jace accepted the nomination.
3. *Jessica Windy Boy selected to serve as co-chair*: Kevin Howlett moved and L. Jace Killsback seconded a motion for Jessica Windy Boy to be vice chair of the group. Everyone agreed and Jessica accepted the nomination.

Tribal Representation On Federal Advisory Committees

There are numerous federal advisory committees—such as the Centers for Medicare and Medicaid Tribal Technical Advisory Group—that do not have current representation from Montana tribes. These committees advise critically important policies on research, funding, reimbursement, insurance coverage, and other issues that affect health and healthcare for American Indian people.

Many regions of the U.S. have chosen healthcare experts to serve as representatives on these committees. In some cases, these groups have prepared and presented detailed white papers on specific topics, which appears to be an effective way to have a positive influence on federal policies that affect Indian health and healthcare.

In Montana, representatives for federal advisory committees are generally selected by tribal leadership via the Rocky Mountain Tribal Leaders Council (RMTLC).

Actions:

1. Participants will send Montana Healthcare Foundation (MHCF) recommendations for people who could serve on vacant committee positions.
2. Kevin Howlett volunteered to draft a letter to tribal chairmen and governing boards asking to be put on the agenda for the next RMTLC meeting, and explaining the importance of strong participation on federal advisory committees. This letter would contain the American Indian Health Leaders' recommendations for people to fill key positions.

Working Together Between Meetings

The group will be more effective if we have a framework for sharing information and taking action on anything urgent between meetings. This will also help make more time for discussion at the meetings and help keep the agenda a little less busy.

Actions:

1. MHCF will write a newsletter once per quarter, between in-person meetings.
2. Tribal health directors will give MHCF any important updates for the newsletter.
3. Other groups that want to talk with the American Indian Health Leaders can submit items—such as updates on important grant opportunities, programs serving American Indians in Montana, or important events—to MHCF for the newsletter.
4. If anything urgent comes up, MHCF will let people know right away.
5. MHCF will create a drop box: health directors can use this to share important documents.

Tribally-Sponsored Health Insurance Premium Workshop

Mary Lynne Billy Old Coyote (director, Office of American Indian Health) presented an idea intended to help tribes take advantage of tribally-sponsored health insurance premiums (TSHIP). The basic idea here is that tribes can elect to buy insurance premiums for members (sometimes using Purchased and Referred Care [PRC] dollars), which can allow beneficiaries to receive specialty care for non- "life and limb threatening" illnesses that might not otherwise be covered by the PRC budget. This proposal is outlined in the presentation located here, on slides 21-22.

Actions:

1. The group agreed to schedule the next American Indian Health Leaders meeting to align with Ms. Billy Old Coyote's proposed first date for this meeting, so that tribal health directors who are interested can attend.
2. MHCF will work with Ms. Billy Old Coyote on a quick survey to ask the American Indian Health Leaders if they're interested in attending, whom on their staff would be a lead on the work, and what, if any, current work they're doing on TSHIP at present.

Letter to Governor Bullock On Savings from New CMS Policy On 100 Percent FMAP

CMS recently passed a new policy that will provide 100 percent federal matching funds for Medicaid expenditures on services "received through" an IHS or tribal facility. This policy could generate substantial savings for the state of Montana, and could have some benefits for Indian healthcare. It will also require a lot of work by tribal health programs and IHS facilities to implement. It is not certain what Montana would do with any savings generated.

Action:

1. Participants signed a letter requesting a meeting with Governor Bullock. MHCF is working with Lesa Evers and Tara Veazey to follow up on this request.

Health Director Updates

Health directors discussed progress on the priorities identified in the Missoula meeting (April 22, 2016):

Confederated Salish and Kootenai Tribal Health Department:
They completed an assessment of their electronic health record and decided to move from RPMS to EPIC. Saint Patrick and Saint Joseph hospitals have offered to subsidize the transition. It will be a major shift for the health department and their providers. *The health department is willing to share their assessments on the other available systems.*

Northern Cheyenne Tribal Board of Health:

- They are working to develop a revenue enhancement department.
- They are focused on integrating mental health and recovery services.
- They are seeking a tribal management grant to address transportation needs. Transportation is a major challenge with a high no-show rate and CHRs often providing transport.
- They ended a relationship with a billing contractor whom they felt was not providing an economical service.

Rocky Boy Health Board:

- They are focused on internal reorganization and establishing a strong executive team.
- They just started their TSHIP program, and will be doing a cost-benefit analysis on this.
- Regarding revenue cycle: their front office is now trained to routinely look at insurance status, and refer people for assistance if they are not covered yet. Their MHCF grant is assisting them with training staff as billers and coders, which is in progress.
- They decided to offer employee health insurance coverage beginning Oct 1, since not offering an employee health insurance plan was a barrier to retaining good employees.

Helena Indian Alliance:
They are beginning to look at tele-medicine and tele-behavioral health partnerships as one way to provide services to their clients.

Fort Peck Health Promotion/Disease Prevention Program:
The grant from MHCF helped them look at recruitment and retention which led to conversations with Billings Clinic, and a new $1.2 million HRSA grant to implement behavioral tele-health in their school-based clinics.

Crow Tribal Health Department:
They received a partial declination of $3,000-$5,000 in startup costs for a 638 contract with the IHS: it seemed that the Billings Area office supported the request, and it was subsequently rejected by headquarters. They are looking into solutions.

Fort Belknap Tribal Health Department:
Councilmembers Jim Kennedy and Lynn Cliff, Jr. attended, and noted that they appreciate the opportunity to learn from experts in this group.

- They are seeking an IHS tribal management grant to look at the possibility of contracting behavioral health.
- The tribe has made improving social services for kids a very high priority, with a $1 million authorization.
- They are looking at their revenue cycle and interested in centralized billing.

Blackfeet Tribal Health Department:

- They were awarded a 638 contract to allow them to begin their school-based health services. An MHCF planning grant provided seed funding for this effort.
- Third-party billing and revenue generation are a priority. They have applied to MHCF for assistance with this.

Other Important 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. The power-point presentations can be found here. Here are a few key points that were discussed by presenters and health leaders:

Honoring Moke Eaglefeathers' memory:
Moke Eaglefeathers, North American Indian Alliance executive director, passed away on May 31, 2016. The health leaders honored Moke's memory, and signed a card of sympathy for his family.

The group agreed that they can be an important source of support for each other during hard times; Anna Whiting Sorrell felt that taking better care of each other is an appropriate legacy for Moke to leave.

Rocky Mountain Tribal Epidemiology Center (RMTEC):
RMTEC discussed their current work on community health assessments. They expect to be providing updated assessments soon.

- The health leaders noted that data is critically important for successful grant writing, program development, and evaluation, however, several people commented that they have had a hard time getting the data they need.
- Health leaders requested that RMTEC not release any data without first providing it to them for review and comment.

Indian Health Service, Billings Area Office:
Dorothy Dupree presented briefly on her priorities and meetings with Medicaid. She mentioned that she spoke with Medicaid about the implementation of the new CMS policy on 100% FMAP, and in particular, the administrative demands that will be placed on tribes. She also spoke with Medicaid about payments for transportation, and about the possibility for implementing a care management payment. She emphasized that quality will be an important priority, and also noted that RPMS may not provide the data and analytic capacity needed to support major quality improvement initiatives. Finally, she noted that recruitment will be a priority.

Montana Department of Public Health and Human Services:
Richard Opper provided an introduction and overview of DPHHS' work on American Indian health, and reaffirmed his and the Governor's commitment in this area.

Mary Lynne Billy Old Coyote provided a detailed update on her work to date, which is best summarized in the slides. Follow up on the proposed TSHIP initiative is discussed above.

Mary Dalton suggested that for planned tribal 638 programs and other billing projects, tribal and urban Indian health center directors should call her early to get help setting things up for billing Medicaid; she announced the new collaboration with MHCF on chemical dependency treatment system improvement; and she spoke with CMS on their new 100% FMAP policy: it is her impression that CMS still has some details to work out.

Lesa Evers reported that Kauffman and Associates have been chosen as the contractor for the American Indian youth suicide project. They will be forming a work group soon and reaching out to health directors.

Montana Healthcare Foundation:
MHCF is making major investment in integrated behavioral healthcare (which puts mental healthcare, addiction treatment, and primary care under one roof and emphasizes a team-based approach). CSKT was just awarded a planning grant, and MHCF encourages other tribes to consider applying next year.

MHCF is supporting several grants on drug use in pregnancy, and the work so far is promising: this is likely to be a major area of investment next year as well.

Indian Health Services Headquarters (by phone):
IHS is launching a pilot project to increase insurance enrollment at seven IHS sites, including the Blackfeet Area IHS. The kickoff event was planned for August 10 at Heart Butte. IHS hopes to use these pilots to determine effective ways to increase enrollment at other sites.

Montana Children's Trust Fund:
This group has a statewide initiative to educate providers and communities about shaken baby syndrome; they are focused on developing a curriculum tailored to American Indian communities.

Trainings are available, and they asked that anyone interested please contact Jamey Peterson at jpetersen@mt.gov. For informational and marketing materials, please contact Melinda at the MHCF office at Melinda.buchheit@mthcf.org.

Appendix A: Agenda

American Indian Health Leaders Meeting

August 9, 2016: Great Falls

AGENDA

8:00 AM **Breakfast** (informal breakfast with the tribal & urban Indian health directors)

9:00 AM **Welcome & Introductions**
- Prayer *(TBD)*
- Introductions *(All)*
- Welcome and goals *(Kevin)*
- Overview of the day *(Aaron)*

9:30 AM **Supporting each other during hard times**
- Honoring Moke Eaglefeathers
- North American Indian Alliance: any transitional needs?
- Montana representation on the National Council of Urban Indian Health (LeeAnn Bruised Head is new Montana representative)

10:00 AM **Updates from Health Leaders**
- Progress on priority areas
- Exciting news
- Challenges

11:00 AM **Rocky Mountain Tribal Leaders Council** *(Jace; Guest: Bill Snell)*
- RMTLC's IHS Contract: overview of priorities and plans for the next year
- Federal advisory committees: current vacancies & selection of representatives
- RMTEC and the tribal IRB: filling the need for better data to guide health programs

12:00 AM **Billings Area IHS** *(Guest: Dorothy Dupree)*
- Introduction to the new Billings Area director
- Discussion of initial focus and priorities

12:30 PM **Lunch**

1:00 PM **Update on Office of American Indian Health** *(Guest: Mary Lynne Billy)*
- Observations to date
- Possible approach to Priority #2—Technical Assistance and Capacity Building

1:30 PM **State-Tribal Relations & Medicaid** *(Guests: Lesa Evers & Mary Dalton)*
- Medicaid Updates: CMS policy on 100% FMAP; Health Improvement Program
- Youth suicide prevention program

2:00 PM **Discussion: DPHHS and American Indian Health**

- Roles of OAIH and State-tribal relations
- Setting priorities and making plans

2:30 PM **Break**

3:00 PM **Montana Healthcare Foundation updates**

- Drug use in pregnancy
- Integrated behavioral health
- Coding, billing, and administration

3:30 PM **Educational topics**

- Shaken Baby Syndrome Program info *(Guests: Jamey Peterson & Leslie Caye)*
- IHS Medicaid enrollment initiative *(Guest: Karen Scott & Raho Ortiz)*

4:00 PM **Business meeting (closed)**

- Electing a chair
- Future: organization and function of the group?
- Review priority areas—any actions needed? Any new priorities?
- CMS 100% FMAP Policy: state's use of savings
- Recommending representatives to fill FACA panel vacancies
- Tribal resolutions in support of this group: what authorities do we seek?

5:30 PM **Adjourn**

Appendix B: Attendee List

TRIBES			
	Name	Tribe/Organization	Title
1	Patty Homegun	Blackfeet	Assistant Administrator
2	Todd Wilson	Crow	Tribal Health Director
3	Kevin Howlett	CSKT	Tribal Health Director
4	Anna Whiting Sorrell	CSKT	Director Operations
5	Tammy Rider	Fort Belknap	Assistant
6	Lynn Cliff Jr	Fort Belknap	Councilmember
7	Jim Kennedy	Fort Belknap	Councilmember
8	Dennis Four Bear	Fort Peck	Tribal Health Director
9	Kenny Smoker	Fort Peck HPDP	
10	Duane Jeanotte	Fort Peck HPDP	Consultant
11	Dale DeCoteau	Fort Peck HPDP	
12	Gerald Grey	Little Shell	Tribal Chairman
13	Clarence Sivertsen	Little Shell	Tribal Councilmember
14	L. Jace Killsback	N. Cheyenne	Tribal Health Administrator
15	Jessica Windy Boy	Rocky Boy	Tribal Health Director
16	Jewel Whitford	Rocky Boy	CFO
17	Dennis Limberhand	Billings Urban	Date/Entry
18	Arnie Salcido	Butte Urban	Acting Director
19	Dan Cardipen	Butte Urban	Board Member
20	Tressie White	Helena Urban	Acting Executive Director
21	Ben Horn	Helena Urban	Licensed Addiction Counselor
22	LeeAnn Bruised Head	Missoula Urban	Executive Director
GUESTS			
23	Richard Opper	DPHHS	Director DPHHS
24	Mary Lynne Billy	DPHHS	Director OAIH
25	Mary Dalton	DPHHS	Medicaid Director
26	Lesa Evers	DPHHS	Tribal Relations Manager
27	Karen Scott	HHS	Chief Medical Officer
28	Raho Ortiz (Call-in)	IHS	Director
29	Dorothy Dupree	IHS - Billings	Area Director
30	Glenda Cindy Washakie	RMTLC	Consultant
31	William Parish	RMTLC	AmeriCorps Vista
32	Mike Andrini	RMTLC	
33	Jamey Petersen	MT Children's Trust Fund	Director
34	Leslie Caye	MT Children's Trust Fund	Board Vice President
35	Aaron Wernham	MTHC	CEO
36	Denis Prager	MTHC	Board Chair
37	Melinda Buchheit	MTHC	Communications Coordinator
38	Stephanie Ironshooter	MT OPI	
39	Jim Swan	RJS & Associates	CEO