



Tribal Epidemiology Centers

An Overview

*Mike Andreini, Director
Rocky Mountain Tribal Epidemiology Center*

*Tribal Health Leaders Meeting in Great Falls, Montana
August 9th, 2016*



Tribal Epidemiology Centers

- The End of an Era
 - 1990's, IHS reform, phase out IHS Area Medical Epidemiologists (hence the name “Epidemiology” Centers)
 - IHS medical epidemiologist, Thomas K Welty
 - Strong Heart Study,
 - Sioux Cancer Study,
 - Infant Mortality Study,
 - Hepatitis A Vaccination Trials
 - Groups of former CDC Officers that had the idea to sequester IHS funding for epidemiology services.



- 1996- 3 Regional Health Boards funded for TEC
 - Core funding, Cooperative Agreement with National Indian Health Service
 - Focus to build public health capacity in AI/AN communities
 - IHS Area Office to provide technical assistance to AI/AN organizations by placing a epidemiologist with TEC.
- 2006- 12 TEC nationwide
 - 11 regionally focused
 - One nationwide-focus (urban AI/AN)
 - TECs function independently, but also as part of a national group

Tribal Epidemiology Centers

TRIBAL EPIDEMIOLOGY CENTERS





Tribal Epidemiology Centers

2010 AFFORDABLE CARE ACT

- Permanently reauthorized the IH CIA
- TECs given “*public health authority*” status
- Health and Human Services (HHS) directed to give TECs access to HHS data systems and protected health information
- Centers for Disease Control and Prevention must provide TECs technical assistance
- Each IHS Area must have TEC access



Tribal Epidemiology Centers

SEVEN CORE FUNCTIONS

“Functions of TECs: In consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations, each service area epidemiology center established under this section shall, with respect to the applicable Service area” and in summary:

- Collect data
- Evaluate data and programs
- Identify health priorities with tribes
- Make recommendations for health service needs
- Make recommendations for improving health care delivery systems
- Provide epidemiologic technical assistance to tribes and tribal organizations
- Provide disease surveillance to tribes



Questions for Leaders





Tribal Leaders and Health Directors Meeting

Montana Health Care Foundation

Indian Health Service Update
August 9, 2016

IHS NATIONALLY

▶ 100% FMAP EXPANSION

- ▶ Care Coordination
- ▶ Partnership agreements
- ▶ ITUs

▶ QUALITY

- ▶ Implement a Quality program
- ▶ Quality framework
- ▶ Quality Consortium
- ▶ HQ Reorganization

IHS NATIONALLY

3 tribal Consultation Issues:

1. Tribal Premium Sponsorship draft Circular:

- ▶ The first consultation session to be held in person at the NIHB Annual Consumer conference in Scottsdale, AZ on September 19, 2016.

2. Community Health Aide Program .

- ▶ Consultation will be conducted by phone using the following contact information:
 - ▶ Call Date: October 4, 2016 (Tuesday)
 - ▶ Call Time: 3:00 –4:30 p.m. (Eastern Time)
 - ▶ Call in Number: 1-888-955-8942
 - ▶ Participant Code: 9659843

3. Catastrophic Health Emergency Fund (CHEF)

- ▶ Consultations by phone :

- ▶ Call Date: August 16, 2016 (Tuesday)
- ▶ Time: 3:00 –4:00 p.m. (Eastern Time)
- ▶ Number: 1-888-955-8942
- ▶ Participant Code: 9659843

- ▶ Call Date: October 24, 2016 (Monday)
- ▶ Time: 1:00 –2:00 p.m. (Eastern Time)
- ▶ Number: 1-888-790-3108
- ▶ Participant Code: 4110567

- ▶ First in-person Tribal consultation will be at the NIHB Annual Consumer conference in Scottsdale, AZ on September 19, 2016, from 9:00 to 9:50

Billings Area IHS:

▶ Medicaid

- ▶ 100% FMAP
 - ▶ Care management payment
 - ▶ Transportation
 - ▶ Address high “no show” rate
 - ▶ Detox Facilities/ Coordination
- ▶ Streamlining enrollment

▶ Area Office Restructuring?

- ▶ How best can we serve?
- ▶ What functions should we be carrying out?
- ▶ Improve admin functions: Finance, HR, PRC, 3rd Party, Acquisitions...
- ▶ Behavioral Health Technical Capability

Billings Area Priorities (Con't):

▶ IT Upgrade:

- ▶ 1st year cost: \$5.8M,
 - ▶ ED telehealth contracts
 - ▶ Equipment-video units, IT equipment (upgrade and standardize)
 - ▶ training, construction, wiring
 - ▶ 1st year increased bandwidth

▶ Yearly there after: \$9.3M

- ▶ staff (new and existing)
 - ▶ Hardware refresh and maintenance
 - ▶ telemedicine contracts
- ## ▶ RPMS Replacement ?

Billings Area Priorities (Con't):

- ▶ Equipment replacement
- ▶ Recruitment
 - ▶ Title 38 –full authority
 - ▶ Higher Pay authority
 - ▶ Flexible Leave
- ▶ Section 105 Extern Placement
 - ▶ National figures
- ▶ QUALITY: The business of health care
 - ▶ GB
 - ▶ Peer Reviews
 - ▶ Performance Improvement
 - ▶ IPC
 - ▶ Credentialing & Privileging
 - ▶ Joint Training
- ▶ DATA ANALYTICS
 - ▶ Better decisions
 - ▶ Access to full data

Tribal Collaboration (#1)

- ▶ Stellar Communication and relationships
- ▶ Build different collaborations
- ▶ RMTLC Contract
 - ▶ How should this be changed?
 - ▶ Representation to Advisory WG, Committees, Advisory BDs
 - ▶ Better preparation
- ▶ Tribal 638 Quality
 - ▶ CSC Training August 26 for Area staff
- ▶ Area Wide GB meeting:
 - ▶ September 21, 2016
 - ▶ Services DATA
 - ▶ Quality Data
 - ▶ Health Care Partners
 - ▶ Access to all Data

QUESTIONS?
RECOMMENDATIONS?

American Indian Health Leaders Meeting

Office of American Indian Health (OAIH)

August 9, 2016

Mary Lynne Billy-Old Coyote



The big

WHY



Office of American Health (OAIH)

In 2015, via Executive Order, Governor Steve Bullock established the Office of American Indian Health to address disparities in health outcomes, such as cardiovascular disease, cancer rates, respiratory illness, lifespan, and other outcomes that exist between the American Indian and non-Indian population in Montana. The Office will be housed within the Director's Office of the Montana Department of Public Health and Human Services (DPHHS).

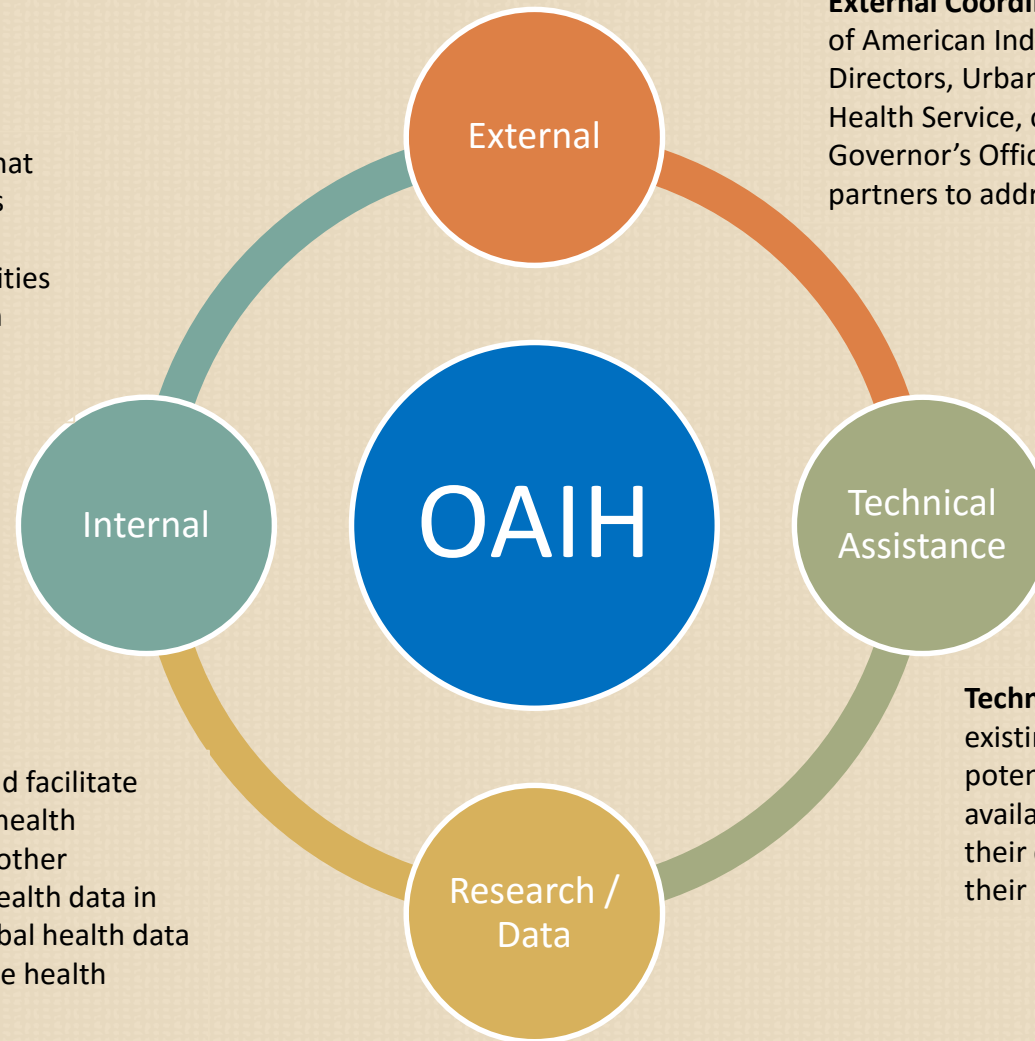
- **FOCUS**

- A greater focus on disease prevention;
- Agency-wide support for an Indian health agenda;
- Coordination with Tribal health stakeholders to improve health of American Indians in Montana;
- Coordination with State and Tribal health advocates to use available data for policy analysis and development.
- A “health in all policies” approach that considers factors like transportation and housing; and
- Strengthening the capacity of tribal communities, as well as the urban Indian population in Montana.

OAIH Four-Focus Areas

Internal coordination – to ensure that DPHHS programs across its divisions develop, implement, and monitor strategies that reduce health disparities and include a cultural component in their work to address factors contributing to health disparities.

Research and Data – to coordinate and facilitate collaboration between DPHHS, tribal health programs, Indian Health Service, and other stakeholders that generate relevant health data in order to ensure appropriate use of tribal health data to guide department policy and reduce health disparities.



External Coordination – to ensure that the Office of American Indian Health involves Tribal Health Directors, Urban Indian Health Centers, the Indian Health Service, other state agencies, the Governor’s Office of Indian Affairs, and other partners to address health disparities.

Technical Assistance – to identify existing state resources and new potential funding sources that are available to assist tribes in strengthening their capacity to improve the health of their members.

OAIH: To Date...

External

External Collaboration and Coordination

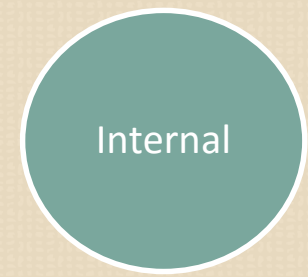
- Montana Cancer Coalition
 - Partnership in the planning and funding of a Tribal Summit
- Montana American Indian Women's Health Coalition (MAIWHC)
 - Supporting annual plan and identifying opportunities to collaborate
- Rocky Mountain Tribal Leaders Council (RMTLC)
 - Multiple opportunities
- Rocky Mountain Tribal Epidemiology Center
 - "Data Collaboration Group"
- Planned Parenthood
 - Outreach Efforts
- Billings Area Indian Health Service
 - Data Collaboration Group
 - Multiple opportunities
- Senator Tester's Office
 - Policy Roundtable
- DPHHS/Department of Rehabilitation and Disability Studies, Southern University
 - Technical Assistance
- Montana Board of Crime Control
 - Funding and Support

Note: Not All Inclusive

OAIH: To Date...

External

- **External Collaboration and Coordination**
 - Initiated engagement with Montana Associations of Counties (MACo) with focus on their efforts related to their “Reservations Counties” coalition. Counties that have been identified as reservation counties include: Roosevelt, Pondera, Big Horn, Blaine, Chouteau, Daniels, Flathead, Glacier, Hill, Lake, Phillips, Pondera, Rosebud, Sanders, Sheridan, Valley, Yellowstone
 - Initiated the pursuit to gain greater understanding and facilitate internal discussion regarding DPHHS efforts related to U.S. Department of Health & Human Services – Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as it may pertain to AI work and OAIH efforts.
 - Apprenticeships/Internships
 - U of M / Public Health
 - Tribal Colleges



OAIH: To Date...

- **Internal Collaboration and Coordination**
 - Partner internally within DPHHS on creating pilot programs that will be based in **“targeted solutions.”** The pilot programs will be based in a strategy for all, but will be created in an incremental format so we may learn and grow as we progress forward working with the Tribes and Urban Programs.
 - Internally introduced OAIH
 - Identify linkage opportunities
 - Identify targeted solutions – Examples
 - DPHHS/Public Health & Safety Division
 - EMS & Trauma Systems
 - “Community Health & EMS” Pilot (Targeted Solution)
 - “Tribal Nation Health Status”
 - DPPHS/Addictive & Mental Disorders Division
 - Community Guide and Training
 - Clinic/Medical Professional Training
 - Examples of Other Internal Collaborative Sessions: Governor’s Healthcare Policy Advisor, State Government Meetings (OPI, Commerce, Transportation), State Tribal Relations Committee Meeting, Governor’s Office of Indian Affairs

OAIH: To Date...

Technical
Assistance

- **Technical Assistance**

- Identified partnerships to begin to form opportunities for technical assistance. For example, health operational and community infrastructure support.
 - **Blackfeet Tribal Health**
 - Initial Technical Assistance related to Revenue Generation/Third Party Billing/Infrastructure (Health)
 - **American Indian Health Leaders**
 - MTHCF Partnership in Revenue Generation Support
 - August 9, 2016 Meeting
 - **T-SHIP (Tribal Sponsored Health Insurance Plan)**
 - Tribal Summit

OAIH: To Date...

Research /
Data

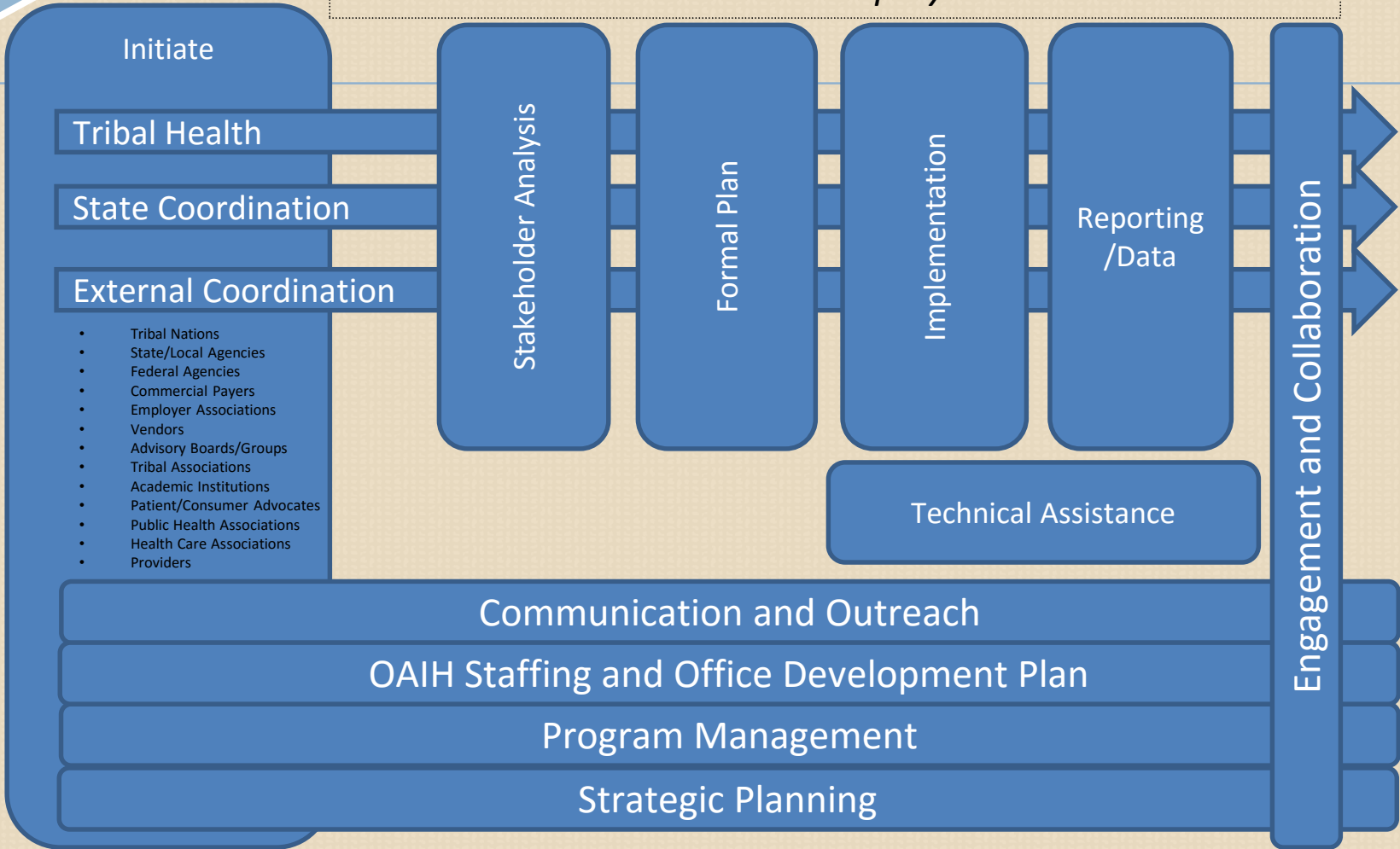
- **Research / Data**

- Actualize concept of “*Collaborative Data Group*”
 - “How do we use data?” – “How can we help each other?” – “How can we collaborate on data analysis?”
 - Indian Health Service
 - Rocky Mountain Tribal Epidemiology Center
 - DPHHS
 - Tribal and Urban Indian Health Leadership
- American Indian and Alaska Native Health Research Advisory Council (HRAC) (U.S. Department of Health and Human Services, Office of Minority Health)
 - Submitted Inquiry
- U.S. Census - The National Advisory Committee (NAC)
 - Considers topics such as hard to reach populations, race and ethnicity, language, aging populations, American Indian and Alaska Native tribal considerations, new immigrant populations, populations affected by natural disasters, highly mobile and migrant populations, complex households, rural populations, and population segments with limited access to technology. The Committee also advises on data privacy and confidentiality, among other issues.
 - Submitted Inquiry

Office of American Indian Health (OAIH)

Health Equity

Original Approach



Initiate

Tribal Health

State Coordination

External Coordination

- Tribal Nations
- State/Local Agencies
- Federal Agencies
- Commercial Payers
- Employer Associations
- Vendors
- Advisory Boards/Groups
- Tribal Associations
- Academic Institutions
- Patient/Consumer Advocates
- Public Health Associations
- Health Care Associations
- Providers

Stakeholder Analysis

Formal Plan

Implementation

Reporting /Data

Technical Assistance

Engagement and Collaboration

Communication and Outreach

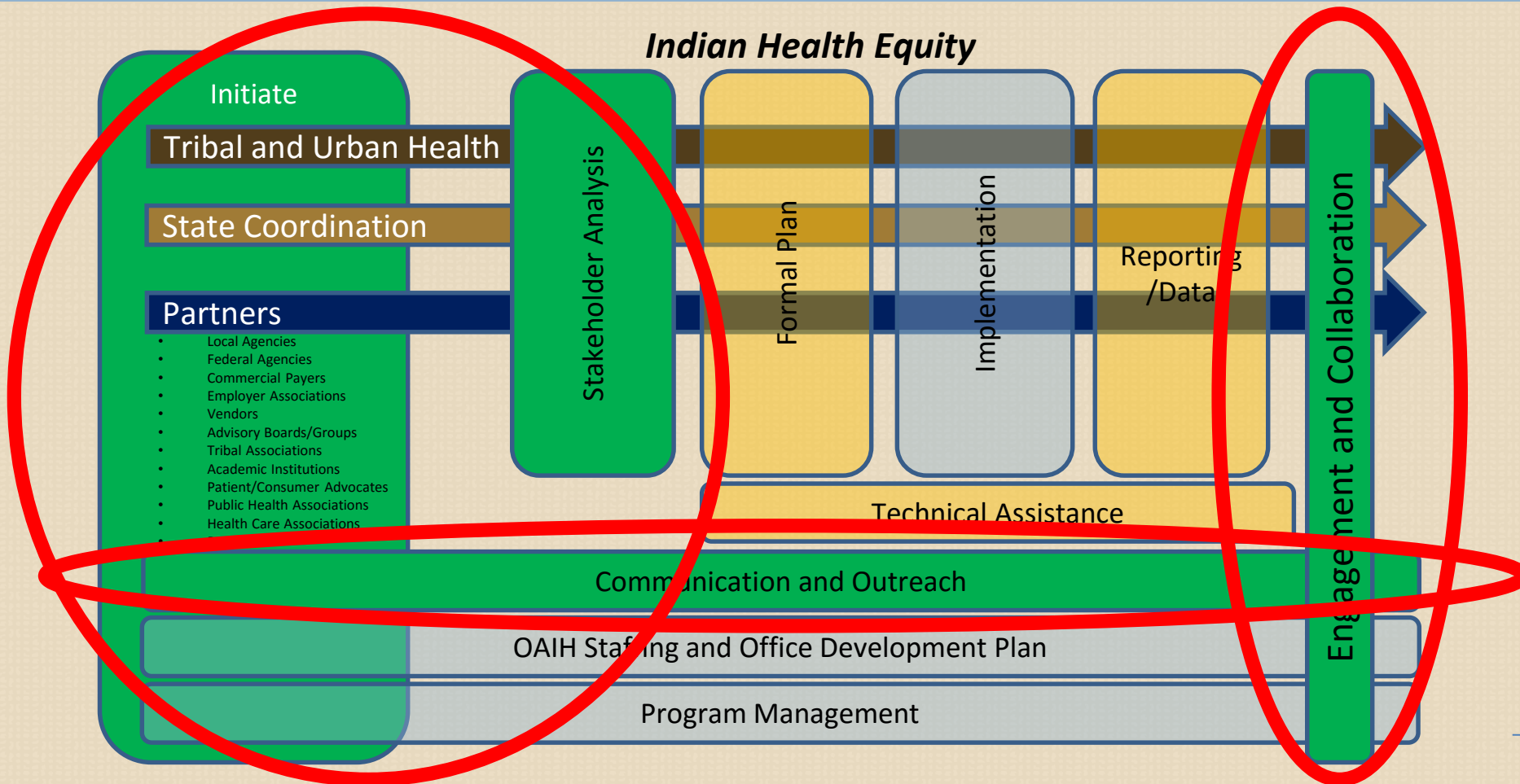
OAIH Staffing and Office Development Plan

Program Management

Strategic Planning

Guiding Principles: Collaboration and Partnership; Recognition and Respect Sovereignty; Government to Government Relations; Recognizing and Addressing Tribal Issues and Concerns; Mutual Resolution; Communication and Positive Relations; Formal and Informal Communication; Health Delivery and Access; Distinctive Needs of American Indian Population; Establishing Partnerships; Intergovernmental Coordination; Cultural and Linguistic Competency; Stewardship.

Current State



Guiding Principles: Collaboration and Partnership; Recognition and Respect Sovereignty; Government to Government Relations; Recognizing and Addressing Tribal Issues and Concerns; Mutual Resolution; Communication and Positive Relations; Formal and Informal Communication; Health Delivery and Access; Recognizing the Distinctive Needs of American Indian Population; Establishing Partnerships; Intergovernmental Coordination; Cultural and Linguistic Competency; Stewardship.

OAIH Website



Function of OAIH Website

- **Short Term:**
 - Communication Tool
 - Share information
 - Publishing of Information
 - Awareness/Public Relations
- **Long Term**
 - Work Tool
 - Exchange information with Tribal and Urban Indian Health Directors, Tribal Leaders, Other Stakeholders

Richard Opper, Director
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Children/Families Disabilities Seniors Health Medical Assistance

Home » American Indian Health

American Indian Health

Executive Order Establishing a State Office of American Indian Health (June 16, 2015)
Urban Indian Centers of Montana
State Health Improvement Plan
Tribal Nations
Governor Bullock Announces Mary Lynne Billy-Old Coyote to Lead Office of American Indian Health

Office of American Indian Health

Welcome to the Office of American Indian Health. Governor Steve Bullock created this office in 2016 through an executive order to address health equity disparities of American Indian people in Montana and is currently staffed by Mary Lynne Billy-Old Coyote. This new office resides in the Director's Office at the Department of Public Health and Human Services.

Mary Lynne brings over 20 years of experience working with American Indian health programs at both the state and federal level. She is an enrolled member of the Chippewa-Cree Tribe.

The Office of American Indian Health will be responsible for:

- Oversee the development and implementation of an action plan that identifies specific factors contributing to health disparities and strategies DPHHS will pursue for addressing those factors.
- Coordinate efforts within DPHHS to develop, implement, and monitor strategies that reduce health disparities.
- Establish regular and consistent opportunities for consultations with and input from tribal government leaders, tribal health leaders, urban Indian health centers, American Indian health experts, federal government agency representatives and other stakeholders committed to reducing health disparities in Indian Country.
- Coordinate efforts with other state agencies whose work is critical to reducing health disparities through policies and practices that address social determinants to health in areas such as commerce, insurance, housing, transportation, criminal justice and education.
- Identify and develop a list of eligible state programs that are accessible to tribal health programs and communicate such information directly to tribal representatives.
- Provide annual updates on actions taken and progress made in reducing disparities in American Indian health.

In her own words:

"I am eager to help support and foster quality health care solutions, delivery and partnerships for Montana's Native people. I plan to work collaboratively with our state's Tribal leaders, urban communities to build partnerships. The American Indian people residing in our state are not only citizens of the state, but they are also citizens of tribal nations. Each nation possesses unique culture, beliefs, value systems, and history as a sovereign nation. I am committed to strengthening collaboration with Montana's Tribal nations and key stakeholders so we can move forward to create a healthier and safer community for American Indian people."

Contact: Mary Lynne Billy-Old Coyote, 406-444-2748 or mbilly@mt.gov

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Path Forward

- **DPHHS**
 - **Internal Partnerships – Focused upon “Targeted Solutions”**
 - **American Indian Health Training:**
 - Internally within DPHHS provide education through a direct American Indian Health Training effort to help foster understanding of key services, methods, practices, and policies related to Indian Health Care in Montana.
 - **Internships**
- **Governor’s Council on Healthcare Innovation**
 - Support and actively engage
- **OAIH Mission, Vision, Strategic Plan, and Goals**
 - Develop Draft Plan
- **Four Focus Areas**
 - Internal
 - External
 - Technical Assistance
 - Research/Data



“Improving Indian Health Care Quality and Access in Montana”

Policy Roundtable

- U.S. Senate Committee on Indian Affairs– Office of the Vice Chairman and Office of American Indian Health co-hosted to discuss American Indian Health Care in Montana.
- Roundtable discussion on current challenges and opportunities related to providing quality healthcare solutions in Montana’s tribal communities. The goal of our discussion will be to strengthen partnerships throughout Montana and to inform the legislative policies of the Governor’s Office and the Senate Indian Affairs Committee.
- Date: Thursday, August 11, 2016
- Time: 10:15 am
- Location: 111 N Sanders St - Auditorium
- Participants:
 - Montana Tribal Leaders
 - Montana Tribal Health Directors
 - Office of American Indian Health – Director Mary Lynne Billy-Old Coyote
 - U.S. Senate Committee on Indian Affairs – Vice Chairman Tester’s Staff

The big **WHY**



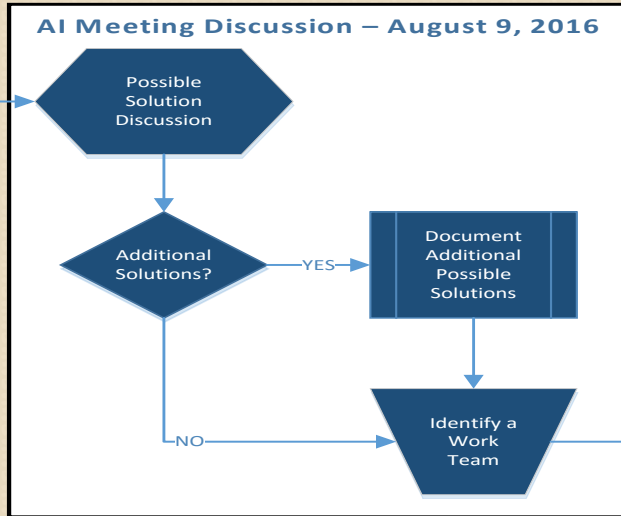
Priority #2

TECHNICAL ASSISTANCE AND CAPACITY BUILDING

Priority #1 - Technical assistance & capacity building (administration, coding, billing)

- Summary of discussion – April 22, 2016
- Participants talked about the many administrative challenges involved in building and running a successful health program—638 contracting, billing, compliance, data systems, and many others. Technical assistance and training on billing and coding, ACA implementation, accessing Medicaid waiver programs, and general administration is essential for capacity building, self-determination, and addressing key health challenges.
- Next steps:
 - This group can collectively identify resources and advocate for better technical assistance from IHS, state, and other sources.
 - Tribes could apply for IHS Tribal Management grants (TMG), which provide funding to help work on a specific issue such as billing, 638 contracting, tribally-sponsored health insurance programs (“TSHIP), or related issues. IHS recently announced a TMG opportunity.
 - Participants could ask Montana Medicaid to provide technical assistance on the various waiver programs.

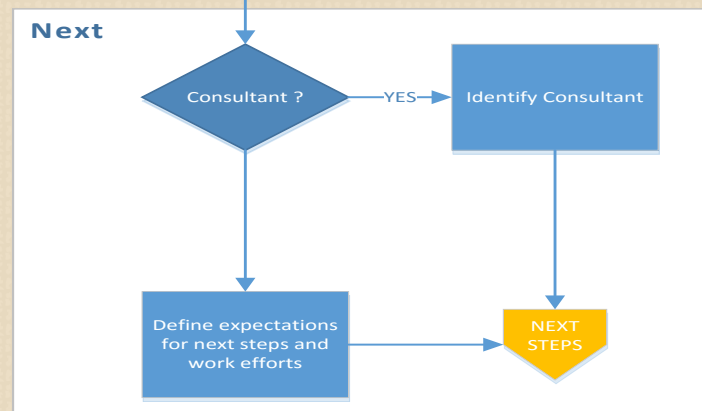
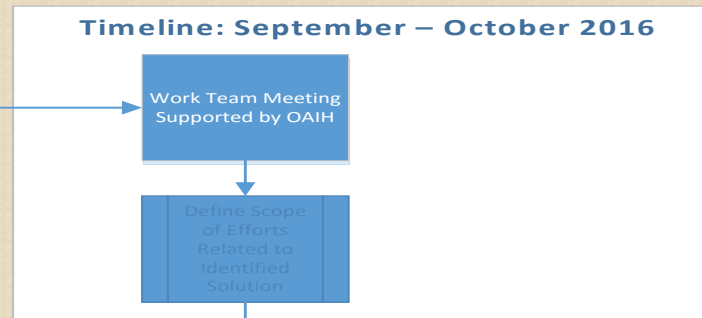
Priority #1 - Technical assistance & capacity building (administration, coding, billing)



American Indian Tribal Health Leaders Technical Assistance and Capacity Building

Coding, Billing, and Infrastructure

Impact Points: Capacity Building, self-determination, collective collaboration, health equity (support), revenue generation, workforce development



Key Questions:

1. Possible Solutions?
2. Role of MTHCF and OAIH?
3. Funding?
4. Work Team Concept?
5. Other

DRAFT DISCUSSION ONLY

Priority #1 - Technical assistance & capacity building (administration, coding, billing)

- Ideas...

Additional Topic

TRIBAL PREMIUM SPONSORSHIP SUMMIT

Montana Tribal Premium Sponsorship Summit



- **Purpose:**
 - Introduce, foster, and facilitate discussion and opportunities for Montana Tribal Premium Sponsorship
- **Goals**
 - Introduce Current Tribal Premium Sponsorship Opportunities
 - Facilitated constructive discussion regarding T-SHIP
 - Support understanding, support, and engagement through the use of keynote speaker involved directly with a successful TSHIP effort (Fond du Lac)
 - T-SHIP Policy Discussion and Options, including present the consideration of a statewide or collective approach to tribal health insurance sponsorship (e.g, Alaska Tribal Health System Tribally-Sponsored Health Insurance)
- **Format: Summit**
 - Formal and productive with a focus upon specific and facilitated topics/discussion.
 - A meeting of Tribal Leaders, Tribal Health Directors, Urban Indian Health Directors, and other top leadership (e.g., Payors). Event will be focused upon top leadership, or people of influence. The intention is to provide a setting for active learning, discussion, debate, and support.
 - Hear information there first. New and current T-SHIP information shared, as well as opportunity to provide input first on topic.
 - Prearranged agenda. Before attending a summit, participants will know what is being discussed so they may come prepared to engage in active discussion. Keynote speakers will be individuals who are actively involved in successful T-SHIP efforts, and/or considered experts related to T-SHIP.
 - Keynote Speakers: Fond Du Lac– Jennifer Dupuis; Doneg McDonough; Other
 - Invitation will focus upon the value of the invited guest’s opinions, input, voice, and respected position. The emphasis will be the opportunity to network with other influential Tribal and non-Tribal leaders. While he/she is at the summit, he/she will have the opportunity to influence the debate, will hear information there first, and will grow collaborative and supportive opportunities.
- **Co-Host/Sponsor**
 - Montana Cancer Coalition; MTHCF ????
- **Location:**
 - Radisson, Helena, Montana

A Sequenced Approach



Visionary

November, 2016

Montana Tribal Premium Sponsorship Summit

Introduce, foster, and facilitate discussion and opportunities for Montana Tribal Premium Sponsorship. A meeting of Tribal Leaders, Tribal Health Directors, Urban Indian Health Directors, and other top leadership (e.g., Payors). Event will be focused upon top leadership, or people of influence. The intention is to provide a setting for active learning, discussion, debate, and support.

Participants: Tribal Leaders, Tribal Health Directors, Urban Indian Health Directors, IHS, Payros, Tribal CFO/Finance Officer, Chief of Staff, DPHHS, RMTLC, MTCC, MAIWAC

Strategies

February, 2017

Montana Tribal Premium Sponsorship Workshop

Based upon the collective and support from the Summit, the workshop will focus upon specific engagement by individuals directly involved in the formation, creation, and management of a Tribal Premium Sponsorship program or plan. Individuals will be involved in discussing a plan and policies for the performance and implementation of a plan. At the conclusion of the workshop, a best practices tool kit will be provided to support the next steps.

Participants: Tribal Health Directors, Urban Indian Health Directors, IHS, Payros, Tribal Finance, Providers (top 10?), DPHHS, RMTLC, MTCC, MAIWAC

Performance

April, 2017

Montana Tribal Premium Sponsorship Training

The Montana Tribal Premium Sponsorship Training will focus upon providing learning to create the necessary performance and execution of the Program or Plan. The training will be based in activities and actions related to the program function. The training will discuss necessary operational infrastructure, administration, staffing, and management. This differs from the two previous offerings as training will support the implementation and performance of the program to achieve expectations and measurements necessary for success.

Participants: Tribal Health Directors, Urban Indian Health Directors, Staff (Tribal/Urban) IHS, Payros, Finance, DPHHS, RMTLC, MTCC, MAIWAC

Appendix

REFERENCE

External Collaboration and Coordination

External

- **External Collaboration and Coordination**

- Montana Cancer Coalition
- American Cancer Society
- MAHWAC
- Rocky Mountain Tribal Leaders Council (RMTLC)
- Rocky Mountain Tribal Epidemiology Center
- Messengers for Health (Crow)
- North Dakota Indian Affairs Commission
- Blackfeet Community College
- Stone Child Community College
- Blaine County Commissioners
- Hill County Commissioners
- Big Horn County Commissioners
- MACo
- HHS Office of the Secretary-Office of Minority Health
- HHS Office of the Secretary-Office of Women's Health
- HHS-Indian Health Service
- Billings Area IHS Director's Office
- NAMI
- Blackfeet Tribal Council
- Ft. Belknap Tribal Council Members
- Chippewa-Cree Tribal Council

- Blackfeet Tribal Health (and others – Planning, Housing, EMS, Nursing Home, Social Services)
- Rocky Boy Health Board
- Ft. Belknap Planning
- Crow Tribal Health
- Crow Tribal Chairman
- Northern Cheyenne Tribal Health
- Northern Cheyenne-Rosebud Lodge
- Planned Parenthood
- Senator Tester's Office
- MCDC
- Montana Healthcare Foundation (MTHCF)
- Missoula Urban Indian Health Center
- Helena Indian Alliance
- Indian Family Health Clinic (Great Falls)
- Coalition Against Domestic and Sexual Violence
- Little Shell Tribal Council
- Ft. Peck Tribal HP/DP
- Rocky Boy TANF
- Montana Crime Control Board
- University of Montana
- Montana State University
- Billings Clinic
- St. Vincent's (Billings)

Indian Health Service
Medicaid/Medicare
Enrollment Pilot Project

Description

- The first priority for IHS is quality care for all patients. We are aggressively working to strengthen and design systems to better serve our patients.
- A four month pilot project to increase Medicaid and Medicare enrollment at six Service Units in four states, expansion and non-expansion.
- This pilot project is an opportunity for patients to enroll in Medicaid and Medicare and for IHS Service Units to increase their third-party revenue and in turn increase their resources available for patient care.
- Another goal of this pilot is to help the IHS to identify best practices to increase Medicaid and Medicare enrollment in our all of our communities.

Sites

- Phoenix Indian Medical Center in Phoenix, AZ
- Pine Ridge Hospital in Pine Ridge, SD
- Rosebud Hospital in Rosebud, SD
- Sioux San Hospital in Rapid City, SD
- Blackfeet Community Hospital in Browning, MT
- Quentin Burdick Facility in Belcourt, ND

Partners

IHS is partnering with:

- Indian tribal governments and health boards
- Centers for Medicare and Medicaid Services (CMS)
- National Indian organizations and Area Indian Health Boards like NIHB, Rocky Mountain Tribal Leaders Council,
- CMS Navigators
- Regional and Local partners like the MHCF, MTPCA

Onsite Reviews by SME Team

- July 18-19: Blackfeet (Browning)
- July 21-22: Quentin Burdick (Belcourt)
- July 25-26: Sioux San (Rapid City)
- July 28-29: PIMC
- August 1-2: Rosebud
- August 4-5: Pine Ridge

Kickoff Event Dates

- **Billings Area**

- Blackfeet Community Hospital in Browning, MT – Wednesday, August 11th

- **Great Plains Area**

- Quentin Burdick Hospital – Kickoff event on Thursday, August 18
- Rosebud Hospital – Kickoff event on Sunday, August 26
- Pine Ridge Hospital – Kickoff event on Monday, August 27
- Sioux San/Rapid City Hospital – Kickoff event on Monday, August 29

- **Phoenix Area**

- Phoenix Indian Medical Center – September TBD

Outreach & Enrollment Event

August 10, 2016

Medicaid & Medicare Enrollment Pilot Project Kick-off Event
Come learn more about health resources available to you!



National Indian
Health Board



Heart Butte Clinic

August 10, 2016
9:00 am–3:00 pm

- ❖ Assistance with Medicaid Enrollment
- ❖ Health Information
- ❖ Blood Pressure/Blood Sugar Screening
- ❖ Door Prizes

What to Bring:
ID Card: State or Tribal
Social Security Number
Estimated Income

Questions? Contact:
Wendy Stiffarm: 338-6369
Ronnalea Gallagher: 338-6449
Stacey Thomas: 338-6151



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Medicaid & Medicare Outreach, Education, and Enrollment Event at Heart Butte Pow Wow

Date: Wednesday, August 10, 2016	Time: 9:00 am-3:00 pm
Location: Heart Butte Health Station, Parking lot of Heart Butte Health Station 81 Disney Street, Heart Butte, MT	
Contact: Stacey Thomas, 406-338-6151	

AGENDA

Time:	Topic:	Speaker:
9:00 am	Welcome and Overview of Agenda	Dee Hutchison, CEO, Blackfeet Community Hospital
9:05 am	Introduction of the Blackfeet Tribal Chairman	Debbie Whitegrass Bullshoe, Injury Prevention for Blackfeet Nation, Children's Activity Day Coordinator for Heart Butte Pow Wow
9:10 am-9:20 am	Topic Importance of Medicaid/Medicare enrollment	Terry Tatsey & Timothy Davis, Blackfeet Nation
9:20 am-9:25 am	Introduction of Speakers	Debbie Whitegrass Bullshoe, Injury Prevention for Blackfeet Nation, Children's Activity Day Coordinator for Heart Butte Pow Wow
9:25 am-9:35 am	Keynote Address: Benefits of the Affordable Care Act and Indian Health Care Improvement Act – Medicaid Expansion Options	Lesia Evers, Tribal Relations Manager, Department of Health and Human Services, State of Montana
9:35 am-9:45 am	How Medicaid/Medicare Dollars are Spent	Dee Hutchison, CEO, Blackfeet Community Hospital
9:45 am-10:00 am	Testimonial	ShawnTyna Bullshoe, Miss Blackfeet
10:00 am-12:00 pm & 1:00 pm-3:00 pm	Performances and Resource Tables: Nutrition, Diabetes, Drug Task Force, Dental, Suicide Prevention, Bullying Program & Infection Control	Various
12:00 pm	Lunch	Provided by Heart Butte Public School
3:00 pm	Closing	Dee Hutchison, CEO, Blackfeet

Themes/Taglines

- Enroll in Medicaid Today...For yourself, for your family, for your community
- Take ownership/control/ of your health – Sign up for coverage today!
- You are in control of your health. Enroll today!
- Take Action! Enroll in health coverage today!
- Take Ownership Of your Healthcare. Enroll In Medicaid
- Take Control of your Healthcare. Enroll in Medicaid
- Empower Yourself. Enroll in Medicaid

Alternative Taglines/Themes

- Medicaid – Part of Improving Patient Care
- Medicaid – Part of improving your health
- Medicaid means more care and more choices
- Medicaid means you have more options
- Medicaid means more choices in your health care
- No cost Medicaid means no cost health care
- Medicaid can mean faster treatment than ever before
- Medicaid gives you priority service at no cost to you
- Medicaid means no cost for diabetes care
- Medicaid means no cost immunizations
- Medicaid means no cost dental for children
- Medicaid means your choice of provider and no cost to you





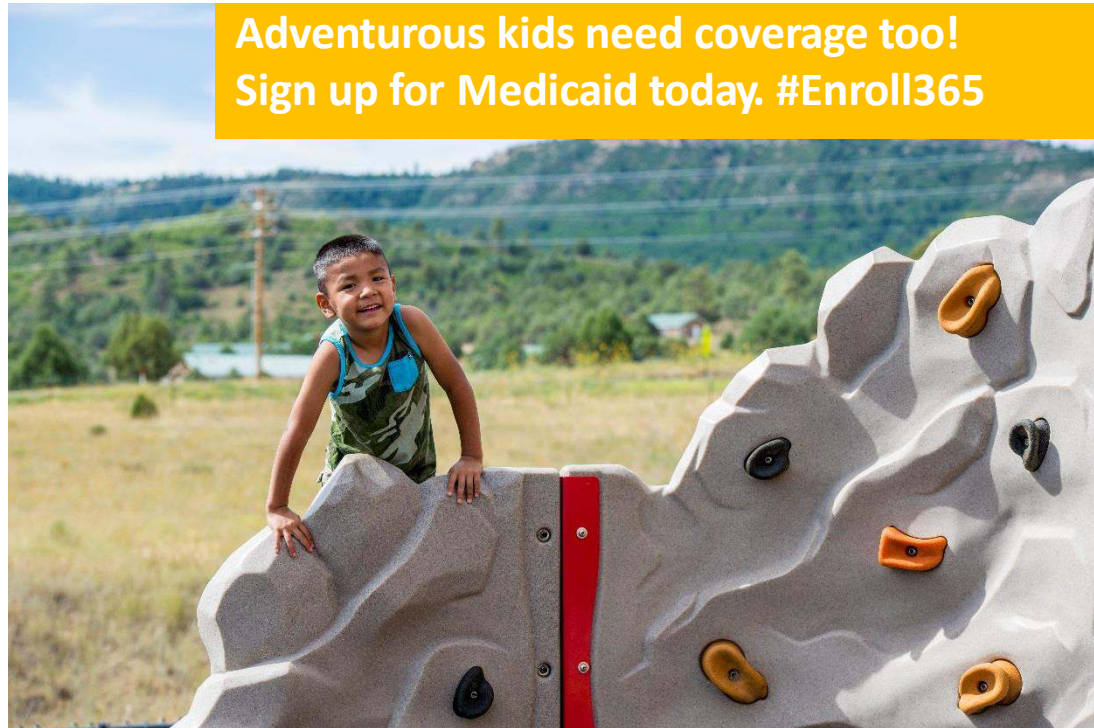
#Medicaid covers preventive
care #Signup #NativeHealth





Health coverage for every adventure. #Enroll365

Health
Care
gov



Adventurous kids need coverage too!
Sign up for Medicaid today. #Enroll365



Moms. Always there for us.
Happy Mother's Day!

Health
Care
.gov

For yourself, for your family
Sign up for #Medicaid
#Enroll365 #tribalhealthcare



Think Teeth

Keep up good dental habits at every age.

#Enroll365



Health
Care
.gov



Healthy teeth = Happy smile
#Enroll365 #HealthyNatives



montana
CHILDREN'S TRUST
fund

Leslie Caye- Board Vice Chair

Jamey Petersen- Director



Who We Are

- *Mission:* To ensure the protective factors are in place in all children, ages zero to 19.
 1. Parental Resiliency
 2. Social Connections
 3. Concrete Support
 4. Knowledge of Parenting and Child Development
 5. Social and Emotional Competence of Children
- Lead agency in Montana for reducing and eliminating maltreatment of children.



What We Do

Top priorities

- Funding effective, primary prevention programs in local communities
- Enhancing communities' capacity to prevent child abuse and neglect
- Supporting public education
- Increasing positive parenting skills



Period of PURPLE Crying©
Montana Tribal Nations Training



Bozeman, MT
June 13-14, 2016
Montana Children's Trust Fund

THE LETTERS IN **PURPLE** STAND FOR

P

PEAK OF CRYING

Your baby may cry more each week, the most in month 2, then less in months 3-5

U

UNEXPECTED

Crying can come and go and you don't know why.

R

RESISTS SOOTHING

Your baby may not stop crying no matter what you try.

P

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not.

L

LONG LASTING

Crying can last as much as 5 hours a day, or more.

E

EVENING

Your baby may cry more in the late afternoon and evening.

**THE WORD PERIOD MEANS THAT
THE CRYING HAS A BEGINNING AND AN END**

**MT CTF sent
representatives to NCSBS
to become certified
PURPLE facilitators**

Serene SunChild, Chippewa Cree

Erna Granbois, Fort Peck

Jody Jones, Salish Kootenai

Kami Kirchberg, MT CTF



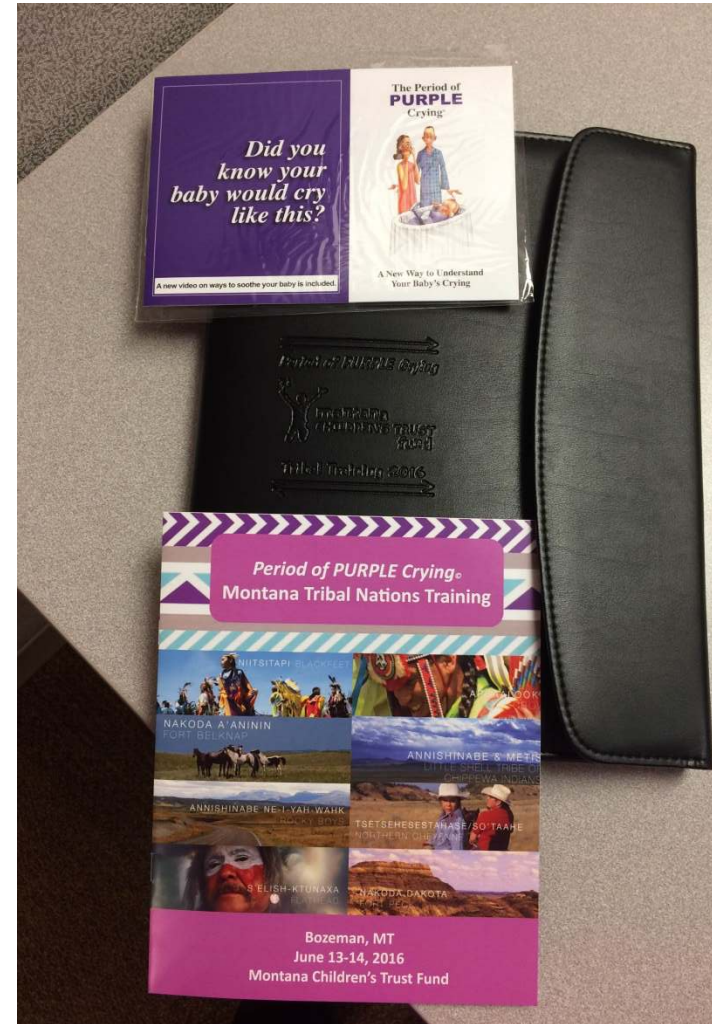


Period of PURPLE Crying Montana
Tribal Nations Training, June 2016



Period of PURPLE Crying Montana Tribal Nations Training, June 2016

Period of PURPLE Crying Montana Tribal Nations Training, June 2016



Period of PURPLE Crying Tribal Training

June 2016

92%

Said they will take these action steps back to their community and begin implementation of this program.

100%

OF THE PARTICIPANTS SAY THERE IS A NEED FOR THIS TRAINING IN THEIR COMMUNITIES

98%

Said they would recommend the training to someone they know.



Recommended Action Steps by Participants:



Start building partnerships that can make this a success



Collaborate with family preservation and Office of Victim Services (OVS)



Talk to tribal councils and community entities



Educating RN's, young mothers, elders, and childcare providers



Family advocates who come into homes post hospital to talk about PURPLE



Network with early childcare programs



Networks with other communities and schools



Getting young people to spread the word since they often have more impact on peers



Plan, advertise, and create incentives



NAKODA A'ANININ
FORT BELKNAP



ANNISHINABE & METIS
LITTLE SPELL TRIBE OF
CHIPPEWA INDIANS



TSETSEHESEBETANASE/SO'TAAHE
NORTHERN OJIBWA



NAKODA DAKOTA
FOOT PECK



NIITSITAPI BLACKFEET



ANNISHINABE NE-I-YAH-WAHK
ROCKY BOYS



ELISH-KTUNAXA
FLYING

Questions?

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