

American Indian Health Leaders

Meeting Summary | Helena | November 17-18, 2016

Contents

- Next Meeting 1
- Overview 1
- Summary of Actions Taken During the Meeting..... 2
 - Establishing a non-profit with staff to support AIHL goals 2
 - Leadership of AIHL 2
- Leadership discussion: relationship of AIHL to tribal councils..... 2
- Updates on AIHL initiatives 3
 - Meeting with Governor Bullock and Medicaid on CMS 100 Percent FMAP policy 3
- Health Director Updates 3
- Other Important Updates 6
- Appendix A: Agenda..... 8
- Appendix B: Attendee List..... 10
- Appendix C: Motion 11

Next Meeting

February 9-10, Helena. Details will be sent soon.

Overview

On November 17-18, the American Indian Health Leaders (AIHL) group—including the leadership of six tribal health departments, four urban Indian health centers, and Fort Peck’s Health Promotion/Disease Prevention program—held a third 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:

- Rocky Mountain Tribal Epidemiology Center (Mike Andreini, director)
- The Montana Department of Public Health and Human Services (Lesa Evers, state-tribal relations; Ann Buss, maternal child health; Linda Kinsey and Joy Langstaff, substance abuse management; Linda Kinsey, chemical dependency; Brandn Green, epidemiology)
- Mountain Pacific Quality Health (Sara Medley and Mary Erickson)
- Montana Healthcare Foundation (Aaron Wernham, CEO)
- Alaska Department of Health and Social Services (Valerie Davidson, commissioner)

The meeting finished with a closed session on Thursday afternoon and Friday morning during which the health leaders spent time discussing goals and options for establishing a formal structure to support the group's objectives.

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

Establishing a non-profit with staff to support AIHL goals

Currently there is no Indian Health Board or other organization in Montana that provides technical assistance, training, convening statewide discussions on key health challenges, and carrying out expert policy analysis to contribute to key state and federal policy decisions that affect the tribal health system in Montana. The group feels that having professional staff would allow them to make progress on tribal health improvement goals.

Action:

Feasibility Study: the group passed a motion (appendix C) to conduct a feasibility study to examine the possibility of establishing a non-profit to provide stable staffing for the AIHL. The group discussed options for conducting this study, including having a contractor hired by the Montana Healthcare Foundation, or by CSKT.

Leadership of AIHL

Actions:

1. *Resignation of Jace Killsback as co-chair:* Jace Killsback resigned as co-chair pursuant to being elected as the President of the Northern Cheyenne Tribe. He expressed his continued strong support for the purpose and goals of the group, and his intent to remain involved.
2. *Election of Kevin Howlett as co-chair:* given Jace's resignation, Anna Whiting Sorrel conveyed Kevin Howlett's willingness to resume a leadership role in the group. Kevin was elected by consensus to serve as co-chair. No one dissented.

Leadership discussion: AIHL's relationship to tribal councils

The group reaffirmed that their goal is to serve as a technical resource for tribal and urban Indian health center leadership. The group does not speak on behalf of tribes, but rather seeks to provide good lines of communication and professional expertise to inform state and tribal discussions on health improvement.

Participants talked about the importance of keeping tribal leadership informed of these discussions, and noted that they are continuing to do so as appropriate within each tribe's governance structure.

Some participants have obtained tribal resolutions authorizing their participation, and others stated that a resolution or other formal authorization is not required within their leadership structure, but could be sought if needed for some action by the group in the future. All participants are comfortable that they are following proper lines of authority.

Updates on AIHL progress

Meeting with Governor Bullock and Medicaid on CMS 100 Percent FMAP policy

At the August AIHL meeting, participants requested a meeting with Governor Bullock to discuss the use of any savings generated by tribal efforts to implement this new CMS policy.

On September 26, 2016, members of the AIHL met with Governor Bullock and senior DPHHS staff. The Governor stated that he supported using savings to support efforts to improve American Indian health, but also noted that many details would need to be worked out before any final decision or agreement could be reached. He asked that senior administration staff schedule a meeting to begin working on the details.

On November 4, 2016, Jessica Windy Boy and Anna Whiting Sorrel met with Medicaid Director Mary Dalton, Budget Director Dan Villa, and senior DPHHS and Governor's Office staff. The meeting was positive, and the group agreed to pursue further discussions on implementation, but acknowledged that progress would likely be slow through the legislative session.

Jessica Windy Boy and Anna Whiting Sorrell agreed to assist in getting the number of visits that may be eligible for this funding. They acknowledged that most of numbers reside in IHS, and will get in contact with Billings Area.

Budget Director Villa suggested a revenue sharing opportunity with the saving the State of Montana would realize, similar to a medical home model with care coordinators located at the tribal facilities and funded by the State. State staff were going explore this idea.

Dr. Wernham reported on conversations with Oregon Medicaid, which just began to implement this policy. The state has agreed to share savings with tribes, but it has taken months of hard work to work out the details.

Health Director Updates

Health directors discussed current projects, progress, and challenges:

Confederated Salish and Kootenai Tribal Health Department:

On Dec 1, 2016, the tribal health department will re-assume management of the Purchased and Referred Care program (PRC) from the IHS. The health department is currently holding extensive staff meetings and community listening sessions to inform implementation of this new program, and to inform the community of the rich network of services offered by the tribal clinics.

Little Shell:

Chairman Gerald Grey attended again, and said that he finds these meetings a valuable way to learn more about the health system. He noted that since the Little Shell don't have their own tribal health department, many members rely on the Great Falls Indian Clinic for services.

Blackfeet Tribal Health Department:

- The tribe started providing services at their diabetes clinic and school-based health center under a new 638 contract, and things are going very well so far.
- Working on a community health assessment with assistance from DPHHS and RMTLC.
- Received an MHCF grant to support centralized third party billing and revenue enhancement.

- The tribal health department, tribal council, and planning department recently held a two-day strategic planning session focused on developing a long-term plan for health improvement.

Indian Health Board – Billings:

- Robert Ironmaker noted that their mental health and substance use services are very busy.
- Participating on the suicide coalition run by Kauffman and Associates, and felt the recent meeting was very positive.
- Serving as co-chair of the Yellowstone County Human Trafficking Task Force.

Fort Peck Health Promotion Disease Prevention Program:

- Providing services in four schools across the reservation.
- Recently hired four CNAs to work with students on personal hygiene.
- They focus on partnerships to meet community needs, and highlighted the partnership with Yale and Billings Clinic on telemedicine which is due to start services in January.
- Participating in the Tribes' planning process for a methamphetamine treatment center.

Fort Peck Tribal Health Department

- Working on 3rd party billing application.
- Doing some work on compliance issues for contractors—can make the process slower but will be helpful in the long run.
- Participating in working group on establishing the methamphetamine treatment center.
- They are doing a health assessment with Roosevelt County and are waiting for the final report.

North American Indian Alliance – Butte:

- Searching for a permanent executive director (Arnie Salcido has been serving as the acting director since March 2016).
- Beginning work on 3rd party billing through a partnership with Helena Indian Alliance and funding from MHCF.

Helena Indian Alliance:

- They are working on ACA application renewals.
- Integrated behavioral health (DPHHS) pilot project in progress.
- Medication assisted therapy services will be offered on-site starting in mid-December.

Fort Belknap Tribal Health Department:

- Partnership with the state to train PCAs as CNAs.
- They recently "IPA'd" a diabetes nutritionist from the IHS, and via a 638 contract they hope to start billing for this service.
- Challenges:
 - IHS is writing prescriptions for DME and asking the tribe to cover the costs.
 - No providers in outlying clinics

Fort Belknap Tribal Council (Lynn Cliff)

- Conducting a feasibility study for a tribally-operated Integrated Behavioral Health program through an IHS tribal management grant.
- They have a spring target to break ground on a new facility in Hayes.

- They are doing a food co-op and farm to school project in partnership with the MSU extension program in Bozeman.

Crow Tribal Health Department:

- They settled the health education 638 budget dispute with IHS favorably. They hired new staff and updated the security scope of work.
- Helping the Colville Tribe advocate for a Medicaid state plan amendment similar to Montana's to increase the nursing home rate.
- Working on an MOU to provide behavioral health services to nursing home tenants rather than the people having to go out to get services. Todd is happy to share any information that would be helpful.
- Security: after a recent incident they have updated their security policy to protect clinic staff. Security staff can now apprehend and hold individuals.

Missoula Urban Indian Health Center:

- Helena Indian Alliance has helped them with their third-party billing and they are working to increase revenues.
- Focused on becoming more trauma-informed. They are using the Community Resiliency Model (out of CA) for trainings.
- They have a position open for an LAC to provide chemical dependency services.
- SDPI was renewed as well as contracts with the county and state.
- They are working on remodeling a dental suite.

Northern Cheyenne Tribal Board of Health:

- Jace becomes the tribal president this week. He has a good transition plan in place for health department leadership.
- They are signing their 638 contract for PRC with the IHS, and will use this to start their TSHIP (tribally-sponsored health insurance) program. They hired four people to implement the program. They will start signing up tribal members on January 1. They are willing to share the full contract—there were a lot of technical details to work out that may be helpful to other tribes.
- They have created a new revenue enhancement department, and ended a contract with an outside provider who was doing their billing. To do this, they are hiring an experienced IHS coder.
- They are revamping their HIPAA policy.
- Grants from the Shakopie tribe are allowing them to build a fitness center and healing center. The healing center will follow CSKT's model of housing mental health and chemical dependency treatment under one roof.
- They are working on a proposal to contract their share of the Crow/N. Cheyenne hospital, with a goal of ensuring that the facility serves the needs of N. Cheyenne tribal members.
- They did not receive their IHS tribal management grant due to a technicality.
- They are hiring a case manager for pregnant women struggling with addiction under the MHCF grant to St. Vincent's.

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:

Rocky Mountain Tribal Epidemiology Center (RMTEC):

RMTEC is assuming management for the Good Health and Wellness in Indian Country program.

Contact: Mike Andreini, mike.andreini@rmtlc.org

Mountain Pacific Quality Health (MPQH):

MPQH is a subcontractor to Health Insight, which is the prime contractor on the new CMS/IHS quality improvement program for IHS inpatient facilities. They are just getting started on this work. The CMS announcement of this project is [here](#).

Contact: Mary Erickson, merickson@mpqhf.org and Sara Medley, smedley@mpqhf.org

Montana Department of Public Health and Human Services:

[Lesa Evers](#) reported on the American Indian Youth Suicide Prevention project (a strategic plan will be presented by the end of Feb); key findings from DHPPS's tribal visits (DPHHS would like to extend visits to the urban centers next year); and legislative updates (there is a bill to remove the statute of only allowing one chemical dependency facility per county).

DPHHS will have an important tribal consultation on the Medicaid Health Improvement Program on December 7.

Contact: Lesa Evers, LEvers@mt.gov

[Ann Buss](#) talked about "Centering Pregnancy" and "Promising Pregnancy" models for caring for pregnancy women who are using opioids, methamphetamine, or other drugs. More information on this work is [here](#).

Contact: Ann Buss, abuss@mt.gov

[Brandy Kincheloe](#) from the MT Primary Care Office spoke about health professional shortage areas (HPSA) designations and scores, as well as the National Health Service Corps loan repayment programs, which can be a powerful way to recruit and retain licensed personnel.

Contact: Brandy Kincheloe, brandy.kincheloe@mt.gov

[Linda Kinsey](#) spoke about the DPHHS chemical dependency program.

Contact: Linda Kinsey, fortbusa@hotmail.com

[Brandn Green](#) spoke about the Behavioral Risk Factor Surveillance System, which is a survey that states use to estimate the prevalence of important illnesses and risk factors.

Contact: Brandn Green, bgreen@mt.gov

[Laura Williamson](#) introduced herself: she is the new state epidemiologist, and oversees BRFSS, vital statistics, cancer surveillance, and other data programs at the state. She is looking forward to working with tribes.

Contact: Laura Williamson, LWilliamson@mt.gov

Montana Healthcare Foundation:

MHCF gave an update on their 2017 strategic plan which includes the new invited grant opportunities and focuses on core challenges including improving health services, governance and leadership development, and health disparities.

MHCF is working with a recruiter—Waldron—to recruit a new senior program officer for their American Indian Health focus area.

Contact: Aaron Wernham, aaron.wernham@mthcf.org

Alaska Department of Health and Social Services (by phone):

Commissioner Valerie Davidson spoke to the group about how the Alaska Tribal Health system was formed with a focus on the Alaska Tribal Health Compact. The Commissioner also discussed Alaska's sanitation facilities, 100 percent FMAP, and their groundbreaking dental therapist program.

Appendix A: Agenda

American Indian Health Leaders Meeting Agenda

November 17-18, 2016

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

Thursday, November 17

8:00 AM **Breakfast**

8:30 AM **Introduction and Prayer**

- Prayer (*William Snell*)
- Welcome and goals (*Jace*)
- Overview of the day (*Aaron*)

8:45 AM **Health Leaders Updates**

- Progress in priority areas
- Exciting news
- Challenges

9:45 AM **Co-Chairs Updates**

- IHS/RMTLC meeting
- FACA committees
- 100% FMAP

10:30 AM **Break**

10:45 AM **State-Tribal Relations and Medicaid** (*Lesla Evers*)

- American Indian Youth Suicide Prevention Project
- Key findings from tribal visits
- Legislative update

11:30 PM **Lunch**

12:00 PM **CMS IHS Quality Improvement Project** (*Mary Erickson – by phone, Sara Medley*)

1:00 PM **DPHHS**

- Programs and Recruitment Tools for Healthcare Providers (*Ann Buss and Brandy Kinchloe*)
- Chemical Dependency Programs and Efforts (*Linda Kinsey and Joy Langstaff*)
- Behavioral Risk Factor Surveillance System (*Brandn Green*)

2:30 PM **Break**

3:00 PM **Working Session: what do we need for effective health leadership, and how do we get there?** (*Closed: Health Leaders only*)

- Staff with policy expertise, ability to write joint grant applications, etc.?
- Strong/expert participation on federal and state advisory committees?
- Strategic planning with tribal councils/boards?
- Tribal resolutions: what authorities do you need?

5:00 PM **Adjourn**

Friday, November 18 – Health Leaders Only

8:00 AM **Breakfast**

8:30 AM **Business Meeting**

- Review of meeting
- Establishing goals:
 - Next quarter
 - Next year
- Date and agenda requests for next meeting
- Other topics?

9:00 AM **Montana Healthcare Foundation Updates**

- 2017 Strategic Plan: feedback and advice
- Meeting with tribal councils and health boards
- Staff recruitment
- MTPR

10:00 AM **Educational Session:** Alaska Commissioner of Health, Valerie Davidson
(*by phone*)

11:30 AM **Adjourn**

Appendix B: Attendee List

TRIBES			
	Name	Tribe/Organization	Title
1	Rosemary Cree Medicine	Blackfeet	Tribal Health Director
2	Todd Wilson	Crow	Tribal Health Director
3	Anna Whiting Sorrell	CSKT	Operations Director
4	Velva Doore	Fort Belknap	Tribal Health Director
5	Lynn Cliff Jr	Fort Belknap	Councilmember
6	Jennifer Show	Fort Belknap	Coordinator
7	Dennis Four Bear	Fort Peck	Tribal Health Director
8	Dale DeCoteau	Fort Peck HPDP	Suicide Prevention Coord.
9	Dale Four Bear	Fort Peck SBRRRC	Director
10	Duane Jeanotte	Fort Peck	Consultant
11	Gerald Grey	Little Shell	Tribal Chairman
12	L. Jace Killsback	Northern Cheyenne	Tribal Health Director
13	Robert Ironmaker	IHBB	Health Manager
14	Dennis Limberhand	IHBB	Director
15	Jenny Denny	IHBB	Health Specialist
16	Arnie Salcido	NAIA Butte	Acting Executive Director
17	Tressie White	Helena Indian Alliance	Executive Director
18	LeeAnn Bruised Head	Missoula Urban	Executive Director
GUESTS			
23	Lesa Evers	DPHHS	Tribal Relations Manager
24	Ann Buss	DPHHS	Maternal Child Health
25	Linda Kinsey	DPHHS	Chemical Dependency
26	Brandy Kinchloe	DPHHS	MT Primary Care Office
27	Brandn Green	DPHHS	Epidemiology Office
28	Joy Langstaff	DPHHS	Data Management
29	Laura Williamson	DPHHS	State Epidemiologist
30	William Snell	RMTLC	Executive Director
31	Mike Andrini	RMTLC	RMTEC Director
32	Sonya Big Leggins	RMTLC	Coordinator
33	Linda Gilcrist	RMTLC	Administrative Coordinator
34	William Parish	RMTLC	AmeriCorps Vista
35	Mary Erickson (by phone)	MPQH	Health Technology (CMS)
36	Sara Medley	MPQH	CEO
37	Aaron Wernham	MTHC	CEO
38	Denis Prager	MTHC	Board Chair
39	Melinda Buchheit	MTHC	Communications Coordinator
40	Valerie Davidson (by phone)	Alaska Health Department	Commissioner of Health

American Indian Health Leaders

November 17, 2016

Motion

Arnie Salcido moved and Todd Wilson seconded a motion to conduct a feasibility study, funded by the Montana Healthcare Foundation, to examine the possibility of forming a non-profit to provide stable staffing for the American Indian Health Leaders. The motion was passed unanimously.

Tregina White, Helena Indian Alliance
North American Indian Alliance

Dennis Johnson, Director, Tribal Health Dept., Flathead Tribes

Robert Irons, Indian Health Board of Billings, Billings, MT. 59102

Spennan Cheppelone, Blackfoot Tribal Health Browning MT 59417

Jayne Cliff, Fort Belknap Lodge Pole MT 59524

Liz Ann Bruns, Missoula Urban Indian Health Center

Vicki K. Dore, Director Tribal Health - Fort Belknap

Jeffrey, Operation Director - CSKT - TH

Gerald Gray, Chairman, Little Shell Tribe

Tom Wilcox, Ex Dir Crow Health & Human Services

Shelby HPP - Abee Tribe -