

American Indian Health Leaders

Meeting Summary | Helena | February 9-10, 2017

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Next Meeting

May 4-5, 2017 – *Tentative.*

Overview

On February 9-10, 2017, the American Indian Health Leaders (AIHL) group—including the leadership of five tribal health departments, Chairman Grey of Little Shell, three urban Indian health centers, and Fort Peck’s Health Promotion/Disease Prevention program—held a fourth 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, Health Policy Advisor) and Jason Smith (Office of Indian Affairs Director)
- The Montana Department of Public Health and Human Services (Sheila Hogan, Director; Laura Smith, Deputy Director; Mary Dalton, State Medicaid Director; Lesa Evers, Tribal Relations Manager and Mary Lynne Billy Old Coyote, Office of American Indian Health Director)
- Rocky Mountain Tribal Leaders Council (Bill Snell, Executive Director)
- Rocky Mountain Tribal Epidemiology Center (Mike Andreini, Director)
- Montana Healthcare Foundation (Aaron Wernham, CEO)

The meeting finished with a business session on Thursday afternoon and late Friday morning during which the health leaders spent time discussing goals and options for further discussion with DPHHS regarding formal consultation on the recently announced movement of the OAIH from DPHHS to GOIA and 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

The group reaffirmed that they intend to proceed with a feasibility and business plan for a Montana-based, American Indian health-focused non-profit. This non-profit would serve as a stable, technical resource to support efforts to improve American Indian health. Recent conversations with the IHS and RMTLC have been productive and emphasized the value of strong collaboration: participants agreed, and emphasized the importance of collaboration going forward.

Action:

Helena Indian Alliance to lead feasibility study: the group considered options for the best way to conduct the feasibility study. All agreed with hiring an experienced contractor. Options for management include MHC directly, a tribal health department, or an urban Indian Health Center. On a prior call with many of the participants, Helena Indian Alliance had been suggested, and in the interim, Tressie White obtained a board resolution supporting this. By general consent, the group agreed with having Helena Indian Alliance contract with an expert to lead the feasibility study and business plan. All agreed that the consultant would need to work closely with all members of the group as well as key partners at the state, HIS, and RMTLC.

Movement of the Office of American Indian Health to the Governor's Office

Action:

Requesting a tribal consultation before the plan to move the OAIH is finalized: Jason Smith announced at the meeting, on February 9, that the Office of American Indian Health would be moved to the Governor's Office. During a group discussion at the business meeting, it was suggested and the group agreed that a tribal consultation should be held given the importance of this office, and the fact that the current plan for the office was established through a tribal consultation. The group agreed to send a letter to DPHHS Director Hogan requesting a consultation.

AIHL Co-Chair Updates

Meeting with Rocky Mountain Tribal Leaders Council

Kevin Howlett and Tressie White discussed recent meetings with RMTLC. On January 4, Kevin, Tressie, and Aaron Wernham met with the IHS (Dorothy Dupree and Bryce Redgrave), RMTLC (Bill Snell, Tafuna Tusi, and Mike Andreini), and DPHHS (Mary Lynne Billy) to discuss opportunities for collaboration. The meeting was constructive. Kevin gave a history and overview of the American Indian Health Leaders group and discussed the need for stable, expert staff to provide stable, expert technical assistance and support for improving American Indian health in Montana. The expansion of Medicaid and strong support at the state level have created unprecedented opportunities to advance this work. The meeting concluded with an agreement to collaborate closely going forward. Kevin issued a standing invitation to RMTLC to attend and participate in American Indian Health Leaders meetings. Bill reaffirmed that he will always make time on the meeting agenda of RMTLC for the health directors. All participants also agreed

on the importance of including urban Indian health programs at the table, given the size of the urban Indian population in the state and the opportunities for collaboration between tribal and urban health programs.

On January 31, Kevin presented an update on the AIHL group and plans to the RMTLC board.

Health Director Updates

Health directors discussed current projects, progress, and challenges:

Rocky Boy Health Board:

Jessica Windy Boy talked about internal protocols in regards to working with suicide and drug use in schools; and mentioned the need to maximize third party dollars by continuing to work on billing efforts.

Confederated Salish and Kootenai Tribal Health Department:

- They are undertaking an extensive reorganization as a result of Kevin's direction that nursing and community health integrate with medical services. It's important to recognize that tribally-run health services have a unique opportunity to integrate public health and medical care to more effectively achieve the goal of health improvement.
- They are forming a case management committee for high utilizers, that includes pharmacy, PT, CHRs, and other services.
- The new integrated behavioral health program (MHCF funded) had its first "warm handoff" of a patient, allowing the person to go immediately from medical to behavioral health on the same visit.
- The community suffered another recent suicide and attempt, and Anna made the point that one of the most important things this group can do is support each other through these hard times, which seem to happen much too often.

Indian Family Health Center, Great Falls:

Ernestine Belcourt noted that this is the first meeting she's been able to attend, and is delighted to be joining the group. She made the point that urban Indian health programs serve everyone, and operate on a shoestring that is controlled by the IHS.

Little Shell:

Chairman Gerald Grey gave a brief update on the Tribe's progress on federal recognition. He also gave a "shout out" to thank the urban Indian health programs, which have been vitally important to health access for the Little Shell people.

Fort Peck Health Promotion Disease Prevention Program:

- They are working with Trina Health, and artificial pancreas treatment, to learn more about the benefits it might offer to their diabetic population.
- Dept. of corrections recently asked them to provide care and medication management for inmates.
- They are working with student councils on suicide prevention. They noted that they have tracked roughly 30 suicidal ideations per month. They are working on a range of activities that focus mainly on keeping kids engaged and supported.
- Working on establishing a daycare to help teenage moms stay in school, and also to care for staff's children if needed.

- Their telemedicine grant has had a slowed timeline but they are now making good progress getting started.
- They are in discussions with St. Vincent in regards to potentially purchasing their mobile unit.

Northern Cheyenne Tribal Board of Health:

- President Jace Killsback noted that even though he is now an elected official, he continues to appreciate and strongly support this group. A prime purpose, in his view, is that improving the health system has to transcend politics, and this group creates a platform to achieve that.
- Eugene Little Coyote (a former President of the tribe) is acting director of health. He reported on current activities:
 - Continuing to work on 638 contracting their shares of the Crow-Northern Cheyenne hospital.
 - Renovations to start this summer on the old Thunderbird facility in Wyoming.
 - Starting up their TSHIP program.
 - Building a fitness and healing center to meet needs of people with co-occurring disorders.
 - Starting partnership with St. Vincent on integrated, well-coordinated prenatal and behavioral health services for pregnant women with drug addiction.
 - They are working on expanding their 3rd party billing across all health programs.
 - Starting planning for a drug court.

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.
- They will hold an honoring the second week of September for the late Moke Eaglefeathers and all are invited to attend.

Helena Indian Alliance:

- They are now providing medically-assisted treatment (MAT) for opioid addiction. They initiate treatment with an on-site clinic visit, then do follow-ups via telemedicine. They are working on ACA application renewals.
- They are producing a best practice manual for MAT (via MHCF grant).
- They are making good progress on their “behavioral health home” pilot funded by a DPHHS/SAMHSA grant. The project is allowing them to integrate primary care, behavioral health, and substance use disorder treatment. They recently hired a care coordinator. The project focuses on youth ages 16-24. They are also approved now to bring in peer support as part of this program.

Fort Belknap Tribal Health Department:

- Velva Doore retired. Craig Chandler attended for the tribal health department, and noted he was there to listen.
- The IHS service unit CEO also recently left his position. They are hoping to have both positions filled soon.

Crow Tribal Health Department:

- Shannon Bradley and Rosella Holds attended to listen. Todd Wilson was not retained by the new Tribal government, and a new health director has not been hired yet.

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. Here are a few key points that were discussed by presenters and health leaders:

Jessica Rhoades—Governor’s Health Policy Advisor

Jessica recently took this position after serving as the DPHHS policy advisor. She reported on several important state and federal health policy issues. She noted that public support for the ACA seems to be increasing, and that Congress has shifted focus from an immediate repeal to, more recently, a piecemeal effort to replace or repair parts of the law. She noted that in 71,000 Montanans including 9,000 American Indian people now have insurance through Montana’s Medicaid expansion. In the state legislature, bills have been introduced that would repeal all or part of the HELP Act—the fate of these bills is not certain at this point.

Jason Smith—Governor’s Office of Indian Affairs Director

Mr. Smith announced that the Office of American Indian Health would be relocated from DPHHS to the Governor’s Office after the legislative session. He also affirmed that the DPHHS tribal relations manager would not be affected, and would remain in DPHHS.

Sheila Hogan—DPHHS Director

Ms. Hogan thanked the group for inviting her to come and meet with them. She noted that she is committed to ensuring that the Office of American Indian Health gets the resources it needs for success, and will work with Lesa Evers to develop a resource team that will support the office and its work. She also reviewed the department’s mission statement, provided background on herself and committed to traveling after the legislative session is over to meet with tribal governments.

Laura Smith – DPHHS Deputy Director

Ms. Smith introduced herself, passed out and discussed the department organizational chart. The deputy director position is new to the department.

Mary Lynne Billy Old Coyote—Office of American Indian Health Director

She reviewed progress over the last year, and in response to a question from the group regarding how they could support the work of this new office, offered several suggestions. With regard to implementing the new CMS policy on 100% FMAP, she reminded the group that the state budget director asked for data to show the size of expenditures that would likely be impacted by this; she called attention to the importance of supporting the benefits the ACA and Medicaid Expansion have had for tribes; she noted the importance of engaging the OAIH at a community level; and she noted that she is working on data use MOU with RMTEC to support better data on health issues facing American Indians in Montana.

Mary Dalton—State Medicaid Director

Mary reported on:

- 100% FMAP for services received through an IHS or Tribal facility: a recent CMS call created some question as to whether tribes need to become FQHCs.
- Tribal access to Medicaid waiver programs: two department staff are researching this.
- Health Improvement Program state plan amendment: their “unofficial” response was submitted on December 27, 2016—they’re hoping for a discussion with CMS this month.

Lesia Evers—DPHHS Tribal Relations Manager

Lesia reported on the American Indian Youth Suicide Prevention initiative. The coalition did amazing work and the report is good. The Montana Native Youth Suicide Reduction Plan was finalized early by Kauffman and Associates to ensure it would be considered during this legislative session. On January 20, 2017, several coalition members, tribal leadership and health leaders testified about its importance at the Health and Human Services Appropriations Subcommittee and also delivered a copy directly to Lt. Governor Mike Cooney. DPHHS has accepted the recommendation of the coalition, with a few minor modifications, and are now working on a Director appointed coalition-planning for a Zero Suicide Academy, and will give remaining dollars out to tribes to help plan and prepare.

Bill Snell—Rocky Mountain Tribal Leaders Council (RMTLC):

Bill agrees with the critical importance of improving the health system that serves American Indian people in Montana, and noted that historically the tribal health system has always had to operate on a shoestring without enough staff or funding. He emphasized the importance and value of close collaboration between tribal leadership and this group, and his commitment to helping to facilitate that. He offered that, for example, when RMTLC considers a resolution important to health, they would consult the tribal health directors. He also mentioned that he provided a directive to his staff to travel to each reservation, meet with each tribe and their health director and be more visible in tribal communities as an effort to strengthen relationships. Bill talked about their efforts to work with the state in regards to the peer support program and the ultimate goal of being able to bill Medicaid for the services delivered as Wyoming is allowed to do this already.

Mike Andreini—Rocky Mountain Tribal Epidemiology Center:

Mike and his staff reported on several efforts underway. Good Health and Wellness in Indian Country is a five-year CDC grant focused on chronic diseases such as diabetes. For its first two years, the project focused on Blackfeet and Crow, and on regional surveillance. They are now looking at opportunities to expand the program. He also talked about the IHS budget formulation to be held in DC on the week of February 14, and invited a representative of the urban Indian health centers in Montana to join them. Tressie White will attend. Mike passed out draft community profiles to the respective tribal representatives. Contact: Mike Andreini, mike.andreini@rmtlc.org

Montana Healthcare Foundation:

Dr. Wernham 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. The recruitment has been slow to date, because this is a specialized and very important position. Contact: Aaron Wernham, aaron.wernham@mthcf.org

Appendix A: Agenda

American Indian Health Leaders Meeting Agenda

February 9-10, 2017

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

Thursday, February 9 – Governor Room

8:00 AM **Breakfast**

8:30 AM **Introduction and Prayer**

- Prayer
- Welcome and goals (*Kevin, Jessica*)
- Overview of the day (*Aaron*)

8:45 AM **Health Leaders Updates**

- Progress in priority areas
- Exciting news
- Challenges

10:30 AM **Break**

10:45 AM **Co-chairs updates**

11:00 AM **Governor's Office, Introduction and Montana response to ACA Repeal** (*Jessica Rhoades*)

12:00 PM **Lunch with DPHHS Director Sheila Hogan**

1:00 PM **DPHHS Updates** (*Sheila Hogan, Mary Lynne Billy Old Coyote, Lesa Evers, Mary Dalton*)

3:00 PM **Break**

3:15 PM **Montana Healthcare Foundation updates**

- Updates on Foundation Programming
- 2017 Call for Proposals
- Medicaid/ACA work
- Leadership development funds
- Senior program officer update

4:15 PM **Health leader's business meeting**

5:30 PM **Adjourn**

6:30 PM **Dinner – Helena Room** (*Hosted by MHCF*)

Friday, February 10 – Governor Room

8:00 AM **Breakfast**

8:30 AM **Rocky Mountain Tribal Leaders Council** (*Bill Snell, Mike Andreini*)

10:00 AM **Break**

10:15 AM **IHS Updates** (*Dorothy Dupree*)

11:15 AM **Health leader’s business meeting**

12:00 PM **Adjourn**

Appendix B: Attendee List

American Indian Health Leadership Meeting Sign-In Sheet

February 9-10, 2017

| | NAME | TRIBE/ORGANIZATION | TITLE | EMAIL |
|----|----------------------|---------------------------|-----------------------|---|
| 10 | Mike Andreini | RMTLC | RMTLC Dir | mike.andreini@rmtlc.org |
| 11 | Rebby Madison | Sen. Tester | Reg. Dir | rsbyu_madison@ |
| 12 | Jessica Rhoades | Gov. Bullock | Health Policy Advisor | Tester.Senate@mt.gov jrhoades@mt.gov |
| 13 | Gerald Gray | Little Shell | Chairman | ggray@ang-west |
| 14 | Eugene Little Coyote | N. Cheyenne Tribal Health | Acting Health Admin | director@nctribalhealth.org |
| 15 | LESA EVERS | DPHHS | Tribal Relations Mgr | levers@mt.gov |
| 16 | Michael LeValley | Senator Tester | Tribal Liaison | Michael-LeValley@Tester.Senate.gov |
| 17 | Arnie Salcido | NAAHA | Acting SP | |
| 18 | Bryce Redgrave | BAO IHS | Exec Officer | bryce.redgrave@ihs.gov |
| 19 | Wm Snell | RMTLC | Exec. Director | William.Snell@RMTLC.ORG |

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| | NAME | TRIBE/ORGANIZATION | TITLE | EMAIL |
|---|------------------|------------------------|------------------------------|--|
| 1 | BEN HORN | Helenz Indian Alliance | Licensed Addiction Counselor | bhorn@helenzindianalliance.com |
| 2 | ML Old Coyote | DPHHS/OAHH | Director | mbilly@mt.gov |
| 3 | Craig Chandler | FT Belknap Tribes | Director | Craig.Chandler@ftbelknap.org |
| 4 | Shannon Bradley | Crow CHHS | Asst Director | Shannon.Bradley@crow-nsn.gov 406 679 3727 |
| 5 | Rosella Halls | Crow Tribe Health Dept | MSPC | Rosella.Halls@crow-nsn.gov |
| 6 | Jayne Fraser | Lee Newspapers | | jayne.fraser@lee.net |
| 7 | Emily Hemmick | RMTLC | Health Data Specialist | ehemmick@rmtlc.org |
| 8 | Pharah D. Morgan | RMTLC | Project Director, GIHWIC | pharah.morgan@rmtlc.org |
| 9 | L. Jack Killbuck | NCTribe | President | |

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February 9-10, 2017

| | NAME | TRIBE/ORGANIZATION | TITLE | EMAIL |
|----|------------------|--------------------|---------------------------|-------------------------|
| 20 | Shannon Forathy | Crow | Asst. EPHL director | - |
| 21 | Arms Salcedo | WARA | Acting EP | |
| 22 | Mike Andreini | RMTEC | RMTEC Director | mike.andreini@rmtlc.org |
| 23 | Pharah D. Morgan | RMTEC | ETHWC Project Director | pharah.morgan@rmtlc.org |
| 24 | TAFUNA Tusi | RMTEC | FMO | tafuna.tusi@rmtlc.org |
| 25 | Byron Larson | RMTEC | Health Advisor | byron@xanovia.com |
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