American Indian Health Leaders

Meeting Summary | Bozeman |March 1-2, 2018

Contents

Next Meeting

May 31-June 1, 2018 – Polson, Montana

Overview

On March 1-2, 2018, the American Indian Health Leaders (AIHL) group—including the leadership of four tribal health departments, Councilwoman Kim McKeehan of the Little Shell Tribe, four urban Indian health centers, and Fort Peck's Health Promotion/Disease Prevention Program—held a quarterly meeting (eighth meeting) in Bozeman. 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:

- Department of Health and Human Services (Marie Matthews, Medicaid and Health Services Branch Manager; Lesa Evers, Tribal Relations Manager;)
- Kitty Marx, Director of Tribal Affairs, CMS
- Rocky Mountain Tribal Epidemiology Center (Mike Andreini, Director)
- Indian Health Services (Dorothy Dupree, Billings Area Director)
- Montana Healthcare Foundation (Aaron Wernham, CEO; Tressie White, Senior Program Officer)
- Missoula Urban Indian Health Center (LeeAnn Bruised Head, Executive Director)
- North Dakota State University (Donald Warne, Department of Public Health Chair)
- Dr. Bruce Goldberg (Consultant, and former director, Oregon Health Department)

Highlights of the many important discussions at the meeting include:

1) T-HIP: Marie Matthews informed the group that there was an error in how the total amount of funding per tribe was calculated She explained that a change in the eligibility caused a calculation error and explained that only tribal members who are eligible for the Passport Medicaid program and have a physical address on the reservation are counted in T-HIP program. Previous calculations included *all* Medicaid eligible tribal members who lived on the reservation. Lesa Evers will work with DPHHS to correct this error and get tribes accurate numbers.

2) Conference planning: LeeAnn informed the group about a conference that is taking place in Billings April 10th-12th at the Double Tree.

3) AIHL non-profit needs assessment and feasibility study: Dr. Donald Warne presented findings from the feasibility study he and his team conducted, and the group discussed the findings and next steps during the Friday business meeting.

4) Dr. Bruce Goldberg shared with the group the work he did in Oregon to negotiate a 100% FMAP shared savings agreements between the state of Oregon and Oregon tribes.

Summary of Actions Taken

1. After presentations by Dr. Warne and discussions among the group, AIHL decided not to pursue becoming a 501c(3) at this time. Instead would like to continue to meet quarterly to work on top priority areas; the Montana Healthcare Foundation agreed to continue supporting these meetings and to support action on the AIHL's priorities through staff time and/or grants and contracts as needed.

2. The AIHL reviewed and updated their priorities for 2018, and settled upon the following:
    a. 100% FMAP Policy
    b. Tribal Health Improvement Program planning and implementation
    c. Supporting the development of the Billings Urban health program
    d. Home and community-based Tribal waiver programs.
    e. Trauma informed schools and suicide prevention

Health Leaders Updates:

Health directors discussed current projects, progress, and challenges:

Confederated Salish and Kootenai Tribal Health Department – Anna Whiting Sorrell:

- Tribal health department is going live with Epic (electronic health record system) on March 19th.
- Began Tier 1 of Tribal Health Improvement Program (T-HIP) on Feb. 1st Received first payment for T-HIP on Feb. 27th.
- Health and Wellness committee is working in CSKT; one focus of this group is suicide prevention. Entire department engaged to respond to suicide in CSKT and department will be presenting the model they used at an upcoming SAMHSA conference.

Missoula Urban Indian Health Center- LeeAnn Bruised Head:

- Missoula Urban Indian Health Center is expanding services: recruiting a doctorate student who is graduating this spring to provide behavioral health services; dental suite is set up and volunteer dental hygienists will be providing services; and medical provider interviews to take place soon.
- Health Center is focusing on being integrated and trauma informed. Working with National Council of Behavioral Health for technical assistance and training for integrated health services.
- Hopes tribal health systems and tribal systems can become trauma informed organizations.

Blackfeet Tribal Health Department – Rosemary Cree Medicine:

- Blackfeet Tribal Health Department is working to prepare for T-HIP. Received a MHCF grant to hire a T-HIP coordinator.
- Asked state for Hub and Spoke funding and is negotiating funding to provide Medication Assisted Treatment services.
- Community Health Assessment is complete and now working on Community Health Improvement Plan.
- Health Fair planned for April 4-5, 2018.

Northern Cheyenne Tribal Board of Health – Eugene Little Coyote:

- Have two suicide prevention programs who serve 24 years and younger.
- Currently working on a Community Health Assessment. Mental health and substance use are identified as the highest priorities.
- T-HIP has been talked about in Northern Cheyenne but needs to be designed. Ft. Peck HPDP program is providing guidance as they plan for T-HIP.

Helena Indian Alliance – Todd Wilson:

- The Helena Indian Alliance (HIA) renovated some of the offices to expand services for mental and behavioral health services; HIA hopes to renovate other areas to expand and provide additional health services. Behavioral health services bring in the majority of third party revenue and they plan to bring in more staff behavioral health services. State budget cuts have resulted in many referrals for substance use and mental health services as clients are directed to state approved programs and away from agency contracted providers.
- Todd is watching budget negotiations at the federal level.
- HIA signed additional contract with Veterans Affairs of Sheridan, WY to provide cultural and traditional services to VA Behavioral Health program.

Fort Belknap Tribal Health Department – Craig Chandler:

- Nurse practitioner (Jennifer Show) in Fort Belknap is working as a diabetes coordinator and is doing a lot of good work in Ft. Belknap. Diabetes clinic opened two months ago.
- Kick off date for T-HIP was Feb 1st (in Tier 1) and is going well so far. Fort Belknap is engaging with other tribes to provide and receive "lessons learned" for implementing T-HIP.
- Using MHCF grant funding to establish a health board.
- Working with tribal college to get training for new LACs; tribal college will help provide training.

- Suicide prevention specialist is working long hours; hoping to hire someone to assist in this work.
- Finished Community Health Assessment survey; hoping to develop a report in the coming weeks.

Little Shell - Kim Mckeehan:

- The Little Shell Tribe is continuing to work on gaining Federal recognition.
- Kim has been participating in the state-wide suicide prevention task force and has been working with local high schools.

North American Indian Alliance, Butte – Dale Good Gun:

- NAIA's chemical dependency program became state approved and is now able to serve non-Natives to provide CD treatment services. Dale is asking for people from other tribes to come in and share spiritual views as a part of recovery.
- NAIA is currently looking for a medical director.
- NAIA is working on a community needs assessment.
- Clinic remodel is underway.

Billings Urban Indian Health and Wellness Center- Leonard Smith

- They have received guidance from Kenny Smoker and LeeAnn Bruised Head throughout the planning process thus far.
- BUIHC established their health board and is getting feedback from board on building the center.
- Advertising for an operations manager for the center.
- Striving to sustain operations and focus on economic development.
- Looking at developing food sustainability programs after visiting Tucson to view tribal programs.
- Moved in to new building on Feb 28th.
- Would like to hire someone to provide cultural training to clinic staff.
- Would like to get alcohol and drug abuse services implemented early on.
- Housing and youth services are identified needs of the community.

Fort Peck Health Promotion/Disease Prevention Program – Kenny Smoker:

- HPDP program is working on 27 different initiatives with funding from T-HIP (Tier 2) and other funding streams. Hoping to work towards Tier 3 in T-HIP. HPDP is focusing on safety at school by working with local veterans. Working on mobilizing health services to provide dental care to tribe.
- Implemented tele-health services with grant funding and will begin providing services this month.
- Fort Peck is looking at "growing their own" health care providers.
- HPHP is starting green houses and gardens at schools to promote healthy eating (funding from NADC).
- Wellness Center is still being planned.

Fort Peck Health Promotion/Disease Prevention Program- Linda Azure

- Linda is working in the T-HIP program implementation and providing technical assistance to other tribes as they request assistance.
- Linda is working to train CNAs by starting training in schools which will lead to hiring from the community.

T-HIP Discussion

On March 1, 2018 the group discussed lesson learned, progress, and concerns with implementing T-HIP:

CSKT: Would like to know how Medicaid enrollment numbers were determined.

- Medicaid enrollment numbers for CSKT were less than predicted; unsure why reduction in ~1,000 Medicaid eligible T-HIP recipients occurred. Concerned about ability to meet DPHHS's estimate based on current Medicaid numbers and Tier status.
- Raised a question regarding DAPHNE's approach to data loss.

Group: Discussed different Tiers and various reimbursement rates and what that means financially for tribes.

- Discussed requirement of T-HIP that people included in Medicaid count and T-HIP funding determination have a physical address that lies within the reservation boundaries.
- Discussed requirements to report on physical health measures (i.e. A1C, blood pressure) and methods used to report.

Outside Speaker Updates

There were several presentations by outside speakers (see appendix A). These notes are not a complete summary of the meeting and presentations. Below are a few key points that were discussed by presenters and health leaders.

Aaron Wernham and Tressie White- CEO & Senior Program Officer, Montana Healthcare Foundation

Aaron and Tressie shared the funding opportunities that are available for tribes and urban health centers in 2018 including Strengthening Health Services; American Indian Health Governance and Leadership Development; and Reducing American Indian Health Disparities. To discuss project ideas for invited proposals, contact Tressie White, Tressie.white@mthcf.org.

Lesa Evers- DPHHS, Tribal Relations Manager

Lesa provided an updated on DPHHS suicide prevention efforts and the Montana Native youth prevention effort.

- Coalition was built and recommendations from coalition have been implemented. Second round of funding for $250,000 was awarded to continue this work. DPHHS will hold a second meeting late in 2018 to review current plan and prepare for conversations with legislators in 2019.

Lesa provided an update on the Office of Public Assistance in relation to state budget cuts.

- 19 OPA offices have closed due to budget cuts.4 tribes (Blackfeet, Rocky Boy, CSKT, and Fort Belknap) have agreements with the state for tribal TANF programs which will reduce effects of

these closures. DPHHS is working to improve call lines to OPA for benefit coordinating and working to establish local benefits coordination in several counties in MT.

Lesa shared information regarding the tribal consultation meeting that is happening on March 27th. The goal of the call is to seek feedback on federal consultation topics.

Marie Matthews- DPHHS, Medicaid and Health Services Branch Manager:

Marie provided the group with general Medicaid policy updates:

- DPHHS is implementing budget cuts mandated by MT legislation via rate reductions for Medicaid. Rate decrease does not affect all-inclusive rate. Substance abuse policy changes are still being determined and public comment period is still open, and everyone is encouraged to submit comments. DPHHS is shrinking MT Passport (Medicaid) program infrastructure and the Health Improvement program is being replaced by a complex care program that will target high utilizers. Program numbers estimated to be in the hundreds.

Substance abuse policy changes:

- Final rule will be released next week.
- Imposed limits will apply to tribal providers but the payment structure will not change.

Waiver services:

- Updates will mandate that individuals require 3 services to stay on the waiver.
- Home and community-based waiver are designed to provide community-based services in place of institutional care.
- Tribal home and community-based waivers are being explored and Medicaid is looking at different options. They have been hitting a road block with CMS but will continue to explore options.
- Local county health offices have waivers to provide services to high-risk pregnant women.

Tribal Health Improvement Program:

- Counts when estimating T-HIP two years ago are inconsistent with current Medicaid waiver; this has resulted in counts being different between now and when T-HIP numbers were first calculated. DPHHS will visit tribal councils and explain this calculation error and provide correct estimates. Previous numbers included Medicaid patients who were not on Passport; this resulted in 20-25% difference in per member/per month number and therefore reduced funding to tribes.
- T-HIP covers people who are American Indian, living on the reservation, Medicaid eligible, and enrolled in Passport.
- T-HIP is authorized under a waiver that has been around for decades; not considered a high-risk waiver so it not unlikely T-HIP will be discontinued.
- T-HIP does not mandate the use of DAPHNE; excel documentation is also available for tribes who do not wish to use DAPHNE.

Medicaid work requirements that are being implemented in other states:

Gov. Bullock does not support adding a work requirement to Medicaid eligibility and DPHHS is exploring the potential impacts a Medicaid work requirement would have in MT.

Mike Andreini and Tufana Tusi—Director, Rocky Mountain Tribal Epidemiology Center & Financial Management Officer

Mike provided RMTEC and RMTLC activities update. Tafuna provided an update and overview of the Indian Health Service Budget formulation process and work group. Top 10 2020 budget priorities have been selected. Funding for urban health clinics is proposed to be increased by $32 million nationwide. 2021 budget priorities are to be determined and the tribal leaders lead the budget process. A small percentage of the budget line item is dedicated to evaluation.

Dorothy Dupree- Indian Health Services, Billings Area Director

Dorothy provided an update on work taking place at IHS:

- Total to date IHS is funded at 47% of the total needed to operate at full capacity. 2019 Budget increases IHS from $6.36 to $6.77 billion. 2019 Budget cuts to health education and CHR program.
- Alaska's dental health aide program is spreading to lower 48 states, but it remains unclear how this may be funded. State authorization is required to fund a dental health aide program in Montana.
- IHS is exploring options for using telemedicine to fill service gaps.
- Billings area is restructuring and is emphasizing a 638 focus.
- IHS conducted a trauma informed assessment and the results demonstrated the need to improve trauma informed training within the IHS service unites with an additional need for historical trauma training.

LeeAnn Bruised Head- Missoula Urban Indian Health Center

LeeAnn invited group to attend an IHS/Tribal health summit in Billings on April 10-12 at the Double Tree.

Mike LaValley- Senator Tester's Office

Mike provided an update from Senator Tester's office:

- Senator Tester supported the Opioid Response Enhancement Act which creates tribal set aside funding.
- Senator Tester has co-sponsored the Urban Indian Health Parity Act which would allow urban clinics the ability to bill at 100% FMAP.
- Senator Tester is encouraging the White House Administration to expediate the process to fill the vacant Indian Health Service leadership positions.

Don Warne- North Dakota State University, American Indian Public Health Resource Center

Don shared the findings of the business plan/feasibility study he and his team conducted including presentation of the SWOT analysis and pros and cons of establishing a new organization.

Group discussion that included:

- Role of AIHL's and role of elected tribal officials
- Role of RMTLC and role of AIHL's
- Initial role and purpose of AIHL's
- IHS's contract with the RMTLC and the nature of the work happening with that contract
- RMTLC health board subcommittee that used to be in place
- Role of the state to work with elected tribal officials

March 2, 2018

Don Warne- North Dakota State University, American Indian Public Health Resource Center

Don continued his presentation on the finding of the business plan/feasibility study he and his team conducted.

Group discussion about technical assistance needs and history for AIHLs:

- Identified need for consultation and assistance with complicated health systems on a local level.
- Identified need for a "voice" on the national level to influence federal policy.
- Need to understand federal policy requirements and how they affect local tribal health.
- Need to be informed on federal policies that are being proposed and how AIHL's can respond to those proposals.
- Identified need to support one another in achieving better health outcomes.
- Identified need for collective decisions to move progress forward.
- Discussed the option of identifying technical assistance providers who could be brought in to help on the priority areas identified by the AIHLs. MHCF will support bringing in TA experts to work with AIHL.
- Group discussed history of AIHL's and what led to the exploration of the formation of a 501c(3)
- Group discussed role and functions of health boards, including the National Indian Health board
- Group discussed role and function of the Rocky Mountain Tribal Leaders Council

Group elected to continue to meet with a set of identified priorities where technical assistance in needed; MHCF will continue to support AIHL's and provide support in getting content experts to AIHL's meetings

Kitty Marx, Medicaid and Chip, Director of Tribal Affairs

Kitty provided information on CMS 100% FMAP. Anna explained the "four walls" conversation that has been taking place with Medicaid and the requirement in place to provide services within the "four walls" of the clinic to continue to receive the all-inclusive rate; Anna and others asked for a definition of the "four walls".

- To be eligible for 100% FMAP, facilities must be operated by IHS or the Tribe; care coordination agreement must be in place between IHS and non-IHS providers for non-IHS providers services to be eligible for 100% FMAP.
- 638 tribal programs and urban centers can choose to enroll as an FQHC or a Medicaid certified health center.

- Montana would need to submit a state plan amendment (SPA) if all-inclusive rate for alternative payment methodology; unclear if Montana has done this yet.
- Services "outside the four walls" need to be an FQHC approved service; need to know what these services are under current state plan.
- Urban Indian Health centers are not included; Urban clinics can be a "non-IHS" provider and act as a referral entity under an IHS care coordination agreement.

Dr. Bruce Goldberg

Bruce described work in Oregon with Urban program and tribes to negotiate and implement 100% FMAP shared savings:

- Began with a weekly, hour long conference call with tribal health directors and urban Executive Director (or designated staff).
- Bruce did work in between meetings to move priorities forward (i.e. draft care coordination agreements, data collections, etc.)
- Tribal health directors also did work in between meetings to move priorities forward
- Identified two opportunities: 100% FMAP and contract state had to coordinate care with tribal communities.
- Recognized the opportunity to save tribes money by creating care coordination agreements with specialty care providers in Oregon

All Oregon tribes now have care coordination agreements with local hospitals. Oregon claims 100% federal funds for services; state receives 10% of savings and tribes receive 90% of savings. Tribal and urban partnership led to strong advocacy in pursuing jointly identified goals.

Group discussed need to continue conversations with Montana to discuss a State Plan Amendment and the potential of shared savings with the State of Montana.

Group discussed need to prioritize how to use funding (new and saved) based on health needs and with the goal of improving health.

Group discussed state budget cuts and ways tribes can work with state to address budget cut issues.

Business Meeting

- Group discussed desired structure of AIHLs moving forward.
- Group discussed need to engage policy makers to move health priorities forward so that program and policy efforts will be aligned.
- Group discussed need to look at SWOT analysis created by Dr. Warne.
- Group discussed option of creating several priority areas and focusing on working on those areas in the coming year.
- Group discussed chemical dependency group and CHR group and how those groups are structured.
- Group discussed need to community health assessment data to be accurate and gathered in partnership with the tribes.

Group opted to continue to meet quarterly and would like to develop a strategic plan over the next ten years to decrease health disparities.

Group developed five priority areas:

1. 100% FMAP Policy
2. Tribal Health Improvement Program planning and implementation
3. Supporting the development of the Billings Urban health program
4. Home and community-based Tribal waiver programs.
5. Trauma informed schools and suicide prevention

Appendix A: Agenda

American Indian Health Leaders Meeting Agenda

March 1-2, 2018
Bozeman, MT | Hilton Garden Inn

Thursday, March 1

8:00 AM **Breakfast**

8:30 AM **Introduction and Prayer**
- Prayer
- Welcome and goals *(Jessica Windyboy and LeeAnn Bruised Head)*
- Overview of the day *(Tressie White)*

8:45 AM **Health Leaders Updates**
- Co-chairs updates
- Progress in priority areas
- Exciting news
- Challenges

10:15 AM **Break**

10:30 AM **MHCF Updates** *(Aaron Wernham and Tressie White)*
- 2018 Initiatives and funding opportunities

11:15 AM **DPHHS Updates** *(Marie Matthews and Lesa Evers--invited)*

12:00 PM **Lunch**

1:00 PM **RMTLC/RMTLC Epidemiology Center Update** *(Bill Snell, Mike Andreini)*

1:30 PM **I.H.S. Update** *(Dorothy Dupree, Billings Area Director)*

2:15 PM **Break**

2:30 PM **IHS/Tribal Health Conference** *(LeeAnn Bruised Head)*

3:30 PM **Business plan/Feasibility Study: *Presentation of findings*** *(Dr. Donald Warne, NDSU)*

5:00 PM **Adjourn**

Friday, March 2— Closed Business Meeting

8:00 AM **Breakfast**

8:30 AM **Business Plan/Feasibility Plan discussion** *(Dr. Warne)*

9:30 AM **CMS 100% FMAP Discussion** *(Kitty Marx, Director of Tribal Affairs, CMS)*

10:00 AM **Break**

10:15 AM **MHCF & Dr. Bruce Goldberg**

- Former Oregon State Health Authority Director

11:00 AM **Closed Business Meeting** *(AIHL's)*

12:00 PM **Adjourn**

Appendix B: Attendee List

Health Directors and Staff:

1	**Arnie Salcido**	NAIA Butte	*Business Manager*
2	**Dale Goodgun**	NAIA Butte	*Executive Director*
3	**Mary Walks Over Ice**	NADC	*Program Manager*
4	**Kenneth Smoker**	Fort Peck HPDP	*Director*
5	**Larry Burshia**	Fort Peck HPDP	*HDHP Board Chairman*
6	**Craig Chandler**	Fort Belknap	*Tribal Health Director*
7	**Rosemary Cree Medicine**	Blackfeet	*Tribal Health Director*
8	**Linda Azure**	Fort Peck HPDP	*T-HIP Manager/RN*
9	**Todd Wilson**	HIA Helena	*Executive Director*
10	**Kim McKeehan**	Little Shell	*Councilmember*
11	**Leonard Smith**	NADC	*Executive Director*
12	**LeeAnn Bruised Head**	MUIHC	*Executive Director*
13	**Conrad Fisher**	Northern Cheyenne	*Administrator*
14	**Eugene Little Coyote**	Northern Cheyenne	*Health Administrator*
15	**Anna Whiting Sorrell**	CSKT Tribal Health	*Director*
16	**Annie Salicido**	NAIA	*Business Manager*
17	**Dale DeCoteau**	Fort Peck	*Mental Health Manager*

Guests:

18	**Aaron Wernham**	MHCF	*CEO*
19	**Tressie White**	MHCF	*Senior Program Officer*
20	**Mike Andrieni**	RMTEC	*TEC Director*
21	**Michele Henson**	MHCF	*Program Associate*
22	**Marie Matthews**	DPHHS	*Medicaid Director*
23	**D. Jeanotte**	Fort Peck Consultant	*Consultant*
24	**Tina Has The Eagle**	RMTLC	*IHS Support*
25	**Sonja Bigleggins**	Fort Peck/RMTLC	*Coordinator*
26	**Alex Adams**	MSU-CAIRHE	*Director*
27	**Katelin Conway**	Mountain Pacific Quality Health	*Community Engagement Sp.*
28	**Michael LaValley**	Senator Tester	*Native American Liaison*
29	**Corbin Shangreaux**	RMTLC	
30	**Dorothy Dupree**	IHS	Billings Area Director
31	**Lesa Evers**	DPHHS	*Tribal Relations Manager*
32	**SK Rossi**	ACLU	*Director of Advocacy*
33	**Meg Singer**	ACLU	*Indigenous Justice Outreach*
34	**Alona Jarmin**	Mountain Pacific Quality Health	*RN Specialist*
35	**Juniper Davis**	Headwaters Health Foundation	*Program Director*
36	**Don Warne**	North Dakota State University	*Chair*
37	**Lesa Evers**	DPHHS	*Tribal Relations Manager*
38	**Jordyn Learman**	RMTEC	*Epidemiologist*
39	**Jordan Vandjelovic**	RMTEC	*Injury Epidemiologist*
40	**Kaylee Vandjelovic**	RMTEC	*Public Health Specialist*
41	**Annie Salicido**	NAIA	*Business Manager*
42	**Bruce Goldberg**		*Consultant*