

# RMTLC Health Sub-Committee



**January 19-20, 2022**

## RMTLC Health Subcommittee

### Meeting Notes

<b>Day 1, Wednesday, October 19, 2022</b>	<b>Day 2, Thursday, October 20, 2022</b>
<ol style="list-style-type: none"> <li>1. Dorothy Dupree, Facilitator</li> <li>2. William F. Snell, Executive Director RMTLC</li> <li>3. Ada Bends, Tobacco Coordinator-GHWIC</li> <li>4. Brook McDonald, MSU HRSA Opioid RMTLC</li> <li>5. Byron Larson, Fort Belknap Tribal Liaison</li> <li>6. Carole Lankford, CSKT Tribal Council</li> <li>7. David White,</li> <li>8. Dyani Bingham, Notes</li> <li>9. Erin Dobrinen, Epidemiologist in E pact RMTLC</li> <li>10. Helen Tesfai, RMTLC Director EPI</li> <li>11. Jason Smith, Montana Consortium for Urban Indian Health</li> <li>12. Jordan Dresser, Chairman Northern Arapaho</li> <li>13. Julian Shields, Fort peck Tribal Health Director</li> <li>14. Lani Paulson, Opioid Data Analyst, RMTLC</li> <li>15. LeeAnn Bruised Head, Crow Tribal Health Director</li> <li>16. Matthew Maruziak, Blackfeet CEO</li> <li>17. Michelle Begay, Health System Specialist</li> <li>18. Molly Wendland, Little Shell Tribal Health Director</li> <li>19. Patricia Hibbeler, Director Tribal Member Services, CSKT</li> <li>20. Pharah Morgan, RMTLC</li> <li>21. Richard Brannan, Northern Arapaho Representative</li> <li>22. Lani Paulson, Opioid Data Analystist, RMTLC</li> </ol>	<ol style="list-style-type: none"> <li>1. Dyani Bingham, Notes</li> <li>2. Pharah Morgan, RMTLC</li> <li>3. LeeAnn Bruised Head, Crow Tribal Health Director</li> <li>4. Molly Wendland, Little Shell Tribal Health Director</li> <li>5. Lesa Evers, Tribal Relations Manager</li> <li>6. Helen Tesfai, RMTLC Director EPI</li> <li>7. Brook McDonald, MSU HRSA Opioid RMTLC</li> <li>8. Carole Lankford, CSKT Tribal Council</li> <li>9. Joel Rosette, Rocky Boy Tribal Health Director</li> <li>10. Todd Wilson, Director Helena Indian Alliance</li> <li>11. Byron Larson, Fort Belknap Tribal Liaison</li> <li>12. William F. Snell, Executive Director RMTLC</li> <li>13. Erin Dobrinen, Epidemiologist in E pact RMTLC</li> <li>14. Anna Whiting- Sorrell, Evaro Hill Consulting</li> <li>15. Elizabeth Palmarozzi, College of Osteopathic Medicine Montana</li> <li>16. Wes Old Coyote, Indian Family Health Clinic, Great Falls</li> <li>17. Richard Brannan, Northern Arapaho Representative</li> <li>18. Cinda Ironmaker, Organizer RMTLC</li> <li>19. Tina Bierle, RMTLC</li> <li>20. Ada Bends, Tobacco Coordinator-GHWIC</li> <li>21. Patricia Hibbeler, Director Tribal Member Services, CSKT</li> </ol>

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<p>23. Joel Rosette, Rocky Boy Tribal Health Director</p> <p>24. Anna Whiting- Sorrell, Evaro Hill Consulting</p> <p>25. Wes Old Coyote, Indian Family Health Clinic, Great Falls</p> <p>26. Skye Gillham, Blackfeet Community College</p> <p>27. Tressie White, MHCF</p> <p>28. Robert Ironmaker, NADC</p> <p>29. Desiree Fox, Behavioral Health Director CSKT</p> <p>30. Cinda Ironmaker, Organizer RMTLC</p> <p>31. Curt Muller, OIG (Office of Inspector General), Presenter</p> <p>32. Presenter</p> <p>33. Presenter</p> <p>34. Lesa Evers, Tribal Relations Manager, Presenter</p> <p>35. Dr. Steve Williamson, Chief Medical Officer Billings Area</p> <p>36. Tafuna Tusi, Financial Management Officer, RMTLC</p>	<p>22. Jason Smith, Montana Consortium for Urban Indian Health</p> <p>23. Tafuna Tusi, Financial Management Officer, RMTLC</p> <p>24. Lani Paulson, Opioid Data Analyst, RMTLC</p> <p>25. Sonya Big Leggins, GHWIC Program Director, RMTLC</p> <p>26. Laura Little Owl, GHWIC Program Coordinator</p> <p>27. Heather Zimmerman, MPH Epidemiologist</p>
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**Wednesday, January 19, 2022**

**I. Meeting called to order**

- a. **Prayer and blessing: Ada Bends**
- b. **Welcome Address: Dorothy Dupree**
- c. **Roll call: Dorothy Dupree**

<b>Tribe/Organization</b>	<b>Attendance</b>
<b>BLACKFEET</b>	<b>Yes</b>
<b>CHIPPEWA CREE</b>	<b>Yes</b>
<b>FORT BELKNAP</b>	<b>Yes</b>
<b>FORT PECK</b>	<b>Yes</b>
<b>CROW</b>	<b>Yes</b>
<b>NORTHERN ARAPAHO</b>	<b>Yes</b>
<b>EASTERN SHOSHONE</b>	<b>No</b>
<b>CSKT</b>	<b>Yes</b>
<b>LITTLE SHELL</b>	<b>Yes</b>
<b>SHOSHONE BANNOCK</b>	<b>No</b>
<b>URBAN</b>	<b>Yes</b>

**i. Quorum established**

**d. Approval/Changes to Agenda**

- i. Discussion for approval items at the beginning of the meeting. Items that the council wants to try and add to the agenda should be emailed before the meeting date.
- ii. Motion to accept the agenda as it is presented
  - 1. Motion by Molly Wendland. Second by Matthew. All in favor. Motion carries.
- e. Who drafts resolutions?
  - i. Actual resolutions were not submitted to the Tribal Leaders at the Quarterly meeting. There was miscommunication about the process and how to get them approved. Whomever asks for the resolution is responsible for creating the document.

**II. Tribal Representative Introductions**

- a. Blackfeet: Matthew
  - i. He has been working for several years for several tribes. Blackfeet is the 4<sup>th</sup> tribe he has worked for. He has a military background as an Army hospital administrator. His priorities are re-organization of programs, streamlining and coordinating of thirty plus programs combining under

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one executive team, service expansion as they are moving EMS beyond Browning and will have satellite clinics. Those clinics will be in Babb, Heart Butte, Cut Bank and Seville. There are holes in mental health, and they want to coordinate and get people to services they need. They are working on four or five projects to battle mental health.

- b. Rocky Boy: Joel Rosette, Rocky Boy Health Center
  - i. Covid outbreak is trumping lots of priorities. They are creating a space for their admin. They are bolstering behavioral health at White Sky Hope Center. They are looking into having more behavioral health services, tele-health, space for groups including a safe space for healing. They are moving to a patient centered medical model and hiring more staff. They have the 105L agreement and have had it for about three years now. They created a mobile clinic.
- c. CSKT: Carole Lankford
  - i. We have needed this committee for a long time, and we need it to be strong. Carole says Dorothy helps, guides, stays on track, and believes it is important that there are voices on national and state level. CSKT priorities are starting a clinic in Ronan that Patricia services, Mental Health, Drug and Alcohol Prevention. CSKT would be interested in being the location of the Regional Treatment Center if there is land available. There is money for assistance to get this off the ground as well. Patricia Hibbler is happy to be working with CSKT Tribal Health. She is focusing on social determinants of health (homelessness, feasibility of a warming center, food sovereignty, and traditional foods). Dorothy is happy they are going through with Social Determinants of Health. The SDOH (SOCIAL DETERMINANTS OF HEALTH) Framework will be presented at a future meeting. There will be a Holistic approach to clients.
- d. Fort Belknap: Byron Larson, Consultant
  - i. Byron is a contracted consultant for Fort Belknap with a few different things. Fort Belknap is working on things that revolve around improving things under Title 1. Covid response and recovery, there have been comments on Build Back Better, they are developing a Public Health surveillance system as well. Medicaid expansion in the state of Montana really needs to put out policy. They are working on the development of needs associated with Broadband Infrastructure. They work with Eastern Shoshone and Northern Arapaho.
- e. Crow: LeeAnn Bruised Head

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- i. Currently the Tribal Health Director for Crow. She is diving into the issues that they are having. The substance abuse program is wanting to do a lot of networking and coordinating of services to maximize the program they have. Lots of the community are coming down with COVID and the priority is to get a handle on that. They started a program last year and it is called Good Medicine Series. LeeAnn shared it with a lot of tribal leaders and wants to go after a grant to help with mental health including mental health first aid, self-care, suicide prevention, resiliency, trauma informed care. They received funding from Tribal leaders to get tablets and do virtual appointments with counselors for mental health. She will be hiring more staff and implementing services more for the community.
- f. Northern Arapaho: Richard Brannan, CEO Wind River Cares
  - i. They did a 638 with IHS (Indian Health Service). January 15th, they celebrated their 6<sup>th</sup> anniversary. Started out with one clinic and now have three with constructing of a 4<sup>th</sup>. The fourth clinic will focus on prevention. They are constructing a kidney dialysis center. Priority for the year is mobile clinics. They have four on order. Two will be primary health care clinics where they will go to the schools and provide health care to all the children from early head start to high school. They are working towards doing immunizations and counseling and teen clinics. They have done MOAs with school districts. In the future they are looking towards opening a new pharmacy in Lander. Looking to get into durable medical equipment. They also do not have Medicaid expansion. The Senator that represents the reservation will be bringing Medicaid expansion through his committee. The last time it passed the house but not the senate. The business council is giving out \$50 incentives to get the covid vaccine and another \$50 for getting the booster. Right now, they have eight trailers that are used for COVID isolation and quarantine camps.
  - ii. Dorothy: Durable medical equipment is probably the most fully reimbursable equipment in the United States. Medicare modernization act was passed and in section 1101 made an exception for tribes who want to establish their own durable medical equipment program to be waived from certain requirements.
- g. Little Shell: Molly Wendland, THD
  - i. Says that last year they had a plan and it got changed daily because of Covid. They did a community needs assessment, and they came up with their priorities: prevention, early childhood development, and covid-19.

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Mental health and substance use have become a big priority. They are still working with IHS to get their clinic open. Housing is a huge priority and is something they work on. Molly says housing is healthcare.

- h. Tribal Health Subcommittee Updates: Dorothy Dupree
  - i. Dorothy goes through the tribal data systems resolution that she created. The Epi center will be assisting the tribes develop their data systems. She wants the tribes to reach out to all their programs and get the data captured. All of it would be analyzed. They will be analyzing the data, taking it back to the tribes. It was presented to the Tribal Leaders Council in December. Trying to help data be useful and timely as right now the data is years behind.
  - ii. Byron: wondering with the resolutions if they will be recommending changes to the documents or developing them together.
  - iii. Dorothy says that the process is that it goes through RMTLC first, but she was asked to make them herself. They have not been signed yet, so if they want to make changes, she does not see an issue with that, but it must stay consistent with what was shared at the tribal leader's board meeting. From this point forward they will have the resolution ready beforehand.
  - iv. Byron suggests that the committee should be able to vote on the resolutions and changes to the documents.
  - v. Carole agrees that the resolution should of came to them before the board meeting so they could go through them and act as a committee.
  - vi. Dorothy agrees and says that the subcommittee should develop a process for which they are taking actions and work is to get done to move forward to the tribal council. There should be follow-up meetings made. If they coordinate the meetings with the Tribal Leaders Council, they will have to have some feet on the ground to do the work and put everything together to get things to the tribal leaders council in a timely matter.
  - vii. Byron recommends that they should be doing motions and they can put things forward to the council to act on. The subcommittee should do the work in advance and then take it to the tribal leaders council. He wants to get things out of the committee and suggests that they start with things that are not so controversial.
  - viii. Dorothy: The subcommittee is a recommending body; it then goes through the chairperson and the chairperson going to the tribal leaders meeting and presenting the work of the subcommittee. The tribal leaders council will then act on it.

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- ix. Tafuna: Moving forward, anything that comes through the committee should be vetted, edited, voted on, and move it along to tribal leaders through the Chairman. Once it gets to the Tribal Leaders they may also want to edit or make changes before voting.
- x. Joel: He said the problem is trying to get things to the board in a timely fashion and then only having a meeting quarterly. Wants to do email consensus or a vote via email with all the documents as a suggestion.
- xi. Molly: The resolution regarding the treatment center is looking like duplicated work. They are also working on it with American Indian Health Leaders group. She wants to make sure that they are using everyone's time wisely.
- xii. Carole: Dueling issues working with AIHL and the subcommittee. Seems the work is being duplicated. We are all dealing with the same issues. RMTLC has more authority to talk with tribal leaders.
- xiii. Tressie: AIHL group has been meeting with the MT Healthcare Foundation for at least the past five years. Tribal leadership is always welcome. Health programs come together and share priorities, support each other, and organize. Through the work of AIHL, re-establishing the Health Subcommittee was seen to be of great value.
- xiv. Bill: Normally resolutions that come to tribal leaders council are reviewed beforehand and sometimes at the sessions they will look at them and approve them. The tribe gave Dorothy authority to draft the resolutions and present them. The resolutions should be sent to tribal leaders a few days ahead of the meeting for review and then they go for signature. One thing that will be helpful for the committee is developing a flow chart. The functions of the AIHL and the RMTLC health subcommittee are different, and the roles should be clarified. Bill suggests that the subcommittee review the resolutions and make comments and then send it on to the tribal leaders for further review and signatures.
- xv. Dorothy: Cinda will be sending out the resolutions with a timeframe to the subcommittee for feedback and edits.
- xvi. Bill: The action that is needed is to get comments on the resolutions first and obtain comments from the subcommittee. Once that is decided on, then it will go to a vote. It will then move forward to tribal leaders for review and then signatures.
- xvii. Dorothy: She thought that the process was to take the information to the tribal leaders before the documents were made. But the documents need to be made beforehand from now on to go to the tribal leaders.

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- xviii. Byron: Wants to see the documents that the tribal leaders voted on and approved
  - xix. Dorothy: The minutes for the board meeting have not been finalized.
  - xx. Bill: The tribal leaders approved of the writing of the resolutions. The health subcommittee will then look at them for comments and edits. Then they would go on to the tribal leaders for review, then would go out for signatures. Other than what Dorothy presented to the tribal leaders, there was not much discussion after that.
  - xxi. Dorothy: Two-week timeframe to get edits and feedback back from the subcommittee. February 2<sup>nd</sup> deadline.
- i. Office of Inspector General-Office of Investigations, Kansas City Region: Curt L. Muller, Special Agent in Charge. (RECORDING OF PRESENTATION NOT ALLOWED)**
- i. He recently presented to I.H.S. Their office covers 11 states and includes Montana and Wyoming. They are working on training sessions to be posted virtually. The website is [oig.hs.gov/AIAN](http://oig.hs.gov/AIAN). On the website they have alerts, enforcement, audits, etc. The HHS/OIG responsibilities include oversight, independent and objective, and direct access to records. The Voluntary Tribal Compliance Agreement is a structured living document related to compliance. The Office of Counsel works in hospitals, clinics, etc.
  - ii. Richard Brannon commends OIG for the OIG Alerts. I would like a follow-up presentation with research and citations needed. The OIG Alert information is important to educate new Tribal Leaders.
  - iii. Dorothy: Programs that generate income, that income can be used for other health services.
- j. Medicaid Plan of Action Discussion: Lesa Evers, DPHHS**
- i. Lesa gives a presentation to inform of their plan of action. She states that AIHL and the Tribal Health Subcommittee are different and have different purposes. The Public Health Emergency has been expanded as of January 16<sup>th</sup>. Stephanie Iron Shooter will be starting February 7<sup>th</sup> as the American Indian Liaison as Montana State.
- k. FACA/TAC Vacancies, Tafuna Tusi, RMTLC**
- i. Tafuna: At the last board meeting the subcommittee forwarded approval for some committee members and was taken to TLC for approval. If the name is a council member, they are automatically approved. The list will then be sent to the proper agency. There are a lot of vacancies due to some of the committees being elected officials and they did not make it back from the election, there needed to be some changes made. Grant



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Stafne, RMTLC secretary, wants to make sure that tribes have a chance to submit names for the vacancies. They have until the end of February. Even though the name comes from the health subcommittee and is not on a council, there needs to be a resolution from the Chairman or tribe delegating non-elected tribal leader. If the tribes do not get back to Tafuna, he will forward the vacancies to the health subcommittee to fill the spots. The voice of the tribe is the tribal leaders.

- ii. Dorothy: If there is an elected tribal leader that wants a position, would they take the spot of someone that works with the tribe?
- iii. Tafuna. Yes, since the voice of the tribe is the tribal leaders themselves.
- iv. Byron: Needs clarification. Since there are three representatives on the committee, with two not meeting criteria, are assignments going to go back to RMTLC?
- v. Tafuna: The council member from Fort Peck wanted to wait to get a list of names from tribes. Bryce Kirk was put on a committee. Bryce Kirk is now the delegate for that committee, and Byron is moved to delegate number two. If there is an elected official, they usually go for the vacancies instead of trying to replace someone that already has a spot.
- vi. Whoever serves on the committees needs to report back to the tribes. They are representing the whole region and not just themselves.

**I. Billings Area IHS: Dr. Steve Williamson, Chief Medical Officer**

- i. Dr. Williamson goes over the 2021 budget and covid-19 funding. Shows the continuing resolution funding for costs. Gives an overview of the CDC (Centers for Disease Control) guidance and recommendations for the Omicron Variant. Shows the Covid-19 vaccination numbers and percentages for Montana and Wyoming. Dr. Williamson shows the new employee announcement.

Thursday January 20, 2022

**I. Meeting called to order**

**a. Prayer and blessing: LeeAnn Bruised Head**

**b. Opening: Dorothy Dupree**

- I. Dyani will email out with the four resolutions and the documents that were presented to the Rocky Mountain Tribal Leaders Council. One of

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the drivers in this are the deadlines established like the Indian Health Service Budget and the deadlines they imposed. As the RMTLC Subcommittee we need to do some strategic planning to look at dates and see when work needs to be completed.

- II. Montana Health Care Foundation is putting together a feasibility study on a center. This study would be to find out how many people are not getting services, who this center would be serving, where they would be located, and do we have a center or two. We need to be advocating for that funding today.

**c. Roll call: Dorothy Dupree:**

<b>Tribe/Organization</b>	<b>Attendance</b>
<b>BLACKFEET</b>	<b>No</b>
<b>CHIPPEWA CREE</b>	<b>Yes</b>
<b>FORT BELKNAP</b>	<b>Yes</b>
<b>FORT PECK</b>	<b>No</b>
<b>CROW</b>	<b>Yes</b>
<b>NORTHERN ARAPAHO</b>	<b>Yes</b>
<b>EASTERN SHOSHONE</b>	<b>No</b>
<b>CSKT</b>	<b>Yes</b>
<b>LITTLE SHELL</b>	<b>Yes</b>
<b>SHOSHONE BANNOCK</b>	<b>No</b>
<b>URBAN</b>	<b>Yes</b>

**I. Quorum established**

**II. Recap of Day One:**

- a. Facilitator: Dorothy Dupree
  - i. The bulk of the day one discussion was around the coordination and how we work through passing resolutions to the RMTLC. Also discussed were issues that surfaced at the RMTLC quarterly meeting. There were several issues that were put forward. The draft write ups and the draft resolutions

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that were done after the RMTLC meeting. We came to the agreement that we would be preparing resolutions and reviewing the resolutions in this Subcommittee. Once we are all in agreement then we move forward to the council and give a report. The chair of the Tribal Health Subcommittee will present this report to the RMTLC.

- ii. Another item that was brought up was the tribal consultation budget meeting with Indian Health Service. There were several items that came through there.
  - iii. One of the discussions that came up was what the need was for mental health and behavioral health. It was the number one priority. The discussion for a regional treatment center was brought up. How do we get out of talking about it and into action?
- b. Urban: Todd Wilson
- i. We have had this discussion before. How do we stop talking and start doing something? There has been a hang up with this discussion for a long time. He does not want to see this discussion hung up in this process again.
  - ii. Richard Brannan said there is a huge present from other tribal nations in these meetings in DC. The Billings area does not have a strong present in there. The only way we are going to get funding for a treatment center is going to Washington to lobby for this funding. Are we going to sit and continue talking or get organized and vocal and go to Washington DC? We need the data and facts to support us.
  - iii. Dorothy: When tribes go forward, they are legally prepared, they are very sound. Tribes bring their own legal team and council members to the table. We must produce a process that is going to be effective. With the amount of money that is coming down we should have already prepared statements.
  - iv. Richard Brannan: **Made a motion** to make a committee or work group established as soon possible. This group would work to figure out how all the tribes in the Billings area are going to be prepared for testimony and resources. RMTLC can coordinate and develop a set of strategies that we are going to implement for all of us to lobby and coordinate and be prepared.
  - v. Byron: **Second the motion.**
  - vi. LeeAnn: Recommendation that the tribal leaders bring a tribal attorney. Bring the right people to the table. Invite tribal attorney to the table.
  - vii. Byron: Reenforced everything that has been said. In his experience they have had talking points when they go into a senator's offices. We should have a contracted lobbyist out in DC 24/7. We are in competition with other tribes

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and other tribal organizations. We should lay some tactics on this resolution rather than some broad policy stuff. Some things that should happen are we should have an annual delegation of area tribal elected officials and their policy people. We should schedule a day prior to the session or during the session to go to DC. We should have talking points prior to going into offices to talk with Senators.

- viii. Carole: I agree with everything that has been said.
- ix. Dorothy: **Motion one** is for work group or committee to be established on how all the tribes in Billings area are going to be prepared for testimony in DC and what resources we have. There is a strategy that needs to be developed to lobby, coordinate together, share information, and hire a policy analyst. There is the recommendation to bring tribal attorneys to the table, contract a lobbyist in DC and utilizing Senators Tester and Daines.
- x. Byron: Recommendation we write out what we think needs to happen. If RMTLC wants to make edits to our recommendation, then they can modify. Do we want to move forward or be more explicate on what we are doing?
- xi. Dorothy: Let us do a vote and we can set up a follow up meeting.

**Vote:**

Blackfeet	Not Present
Rocky Boy	yes
CSKT	yes
Crow	yes
Easter Shoshone	Not Present
Fort Belknap	yes
Fort Peck	Not Present
Little Shell Molly	yes
Northern Arapaho	yes
Shoshone Bannack	Not Present
Urban Todd	yes

- xii. Byron: Let's set up a meeting in a couple of weeks.
- xiii. Dorothy: Meeting is set for February 7<sup>th</sup>, 9 am until noon.

**III. Touro College Presentation** College of Osteopathic Medicine Montana, ELIZABETH PALMAROZZI, DO, FACOFP Founding Campus Dean (Confirmed).

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- a. Introduction
- b. Committed to an emphasis on delivering healthcare to medically underserved communities, and to increasing the number of underrepresented minorities in medicine.
  - i. Open to questions and answers. Her goal and Touro Colleges goal is how to understand how they can partner. She is happy to listen to any suggestions that the committee might have. She has provided her contact information.
    - i. Dorothy: In the organization of Touro, is there an advisory board and are tribes participating?
    - ii. Elizabeth: They are just putting it together and they will absolutely have representation from the tribes. She is interested in the relationship to continue.
    - iii. Dorothy: Question on placements and residency program. She recommends that Touro reach out to the Chief Medical Officer for IHS, Steve Williamson. We can provide contact information.
    - iv. Joel: Tribal Colleges are having workforce issues. We would like to include tribal colleges in the programs. His suggestion is to try to keep relationships with tribal colleges as they move forward.
    - v. Elizabeth: Wants to get out and develop those connections. She looks forward to communicating.
    - vi. Dorothy: If you are not familiar with Title I and Title IV please reach out and we can familiarize you with them and how they operate. Also reach out to Dr. Warren who is the head of INMED at the University of North Dakota.
    - vii. Elizabeth: Anything they can help let them know. Touro has a law school and other opportunities for collaboration.

#### **IV. REGIONAL COMMUNITY HEALTH AIDE PROGRAM (CHAP) UPDATE, BYRON LARSON (Confirmed)**

- i. Byron: The Billings area does have a Community Health Aid Program. There is a total of 12 areas. (See presentation on RMTLC website)
- ii. Byron: Open to questions.
- iii. Joel: What from the tribal perspective can we do to help support those efforts? How can we involve our tribal colleges?
- iv. Byron: Having a representation from the college on the academic review team. Reaching out to colleges for collaboration. He offered to spend time with the college President to get her familiar with what they can do.

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- v. Dorothy: Do we have all tribes represented on the area certification board?
- vi. Byron: Three tribes that still need representation Crow, CSKT and Little Shell. Byron is willing to sit down with Chairman Gray and Molly for a meeting.
- vii. Dorothy: Where can people go to find out information on CHAP?
- viii. Byron: They are working on a website and will let everyone know when that is available.

**V. ROCKY MOUNTAIN TRIBAL LEADERS' COUNCIL PROGRAM UPDATES**

- ❖ Rocky Mountain Tribal Epi Center Steering Committee
  - o Data Misclassification (Data Linkages) Project Update, Helen Tesfai and Heather Zimmerman, MT DPHHS Epi
    - i. The presentation is on services that the Epi center provides. They will also discuss the data access issues we are facing, especially during the pandemic. (See presentation on RMTLC website.)
  - o Data Access Issues During COVID-19 Pandemic, Helen Tesfai
    - i. Byron: Racial classification is an issue in Indian Country is an issue. The real issues are the death certificates and how we are recording. Until we correct that problem, we are always going to have racial misclassifications.
    - ii. Heather: She always intended to meet with tribes to figure out what is an agreement that would be agreeable to everyone. We could start with a data use agreement. We would like to work with individual tribes to see what the best agreement would be.
    - iii. Byron: When it comes to sharing it is about getting access to data. It is also about who owns the data and how it is distributed. CST is collecting data in Montana on behalf of tribes. Are they collecting data on Covid 19 are broken off on racial and ethnic groups?
    - iv. Heather: She is not part of that group. She can find that out when they are on their meeting with CST.
    - v. Byron: It is critical that if there is any data colling on behalf of the state, it is critical that the tribes would want to have some knowledge about that and some ability to authorize CSTE in providing their data to providing their data to any outside entity outside the tribe and RMTLC.
- ❖ Environmental Protection Agency Grant, Ada Bends
  - i. Ada: Sent the participation agreement out to ten tribes. The are waiting on a couple more to finalize that. Energy Labs will be providing the test water tubes for the tribes and water testing analysis that will be paid for

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TRIBAL HEALTH SUBCOMMITTEE

Virtual Meeting  
January 19-20, 2022

by the Epi grant. As we get all contracts in place, on the next Health Subcommittee we will be able to give you more on participation. They are getting trained on a weekly basis. As they move forward, she will be able to give a more detailed report.

**Closing:**

- i. Dorothy: On the Epi Center and EPA grant we will be including them as standing agenda items so there is opportunity for the to report out. Dorothy: at the end of the agenda. We have February 7<sup>th</sup> as the meeting. She is going to go over the specific requests in the motion that was put forward and put those items as talking points for the agenda on the 7<sup>th</sup>. I would ask each of you to add or detract from that agenda. We have three hours to get through what we need to do.
- ii. Dyani: We have made a deadline of the 24<sup>th</sup>. We would like to get everyone's feedback on the resolutions. This is for the four resolutions that we had discussed. In those emails we will provide the resolutions and background material that was presented to RMTLC in December. We will keep track of all the changes for the final wording for those resolution.
- iii. Dorothy: We will be working on the issues with the website. We will try and get materials posted timely and soon as possible.
- iv. Byron: Can you provide statements that were included with those documents from RMTLC?
- v. Dyani: We will send those as attachments.
- vi. Dorothy: Any closing remarks? The next meeting is scheduled for April 20-21. Send out an appointment to put that on their calendar. There is a meeting on February 7<sup>th</sup> and the due date for the resolutions is January 24<sup>th</sup>.

END OF MEETING

CLOSING REMARKS: DOROTHY DUPREE, FACILITATOR

CLOSING PRAYER: ADA BENDS