

RMTLC Health Sub-Committee

April 19-20, 2022

Meeting Notes

Day 1, Tuesday, April 19, 2022	Day 1, Tuesday, April 19, 2022
<ol style="list-style-type: none">1. Dorothy Dupree, Facilitator (Virtual)2. Dyani Bingham, Notes3. Erin Dobrinen, Epidemiologist in E pact RMTLC4. Jordan Dresser, Chairman Northern Arapaho (Virtual)5. Molly Wendland, Little Shell Tribal Health Director6. Pharah Morgan, RMTLC7. Richard Brannan, Northern Arapaho Representative (Virtual)8. Joel Rosette, Rocky Boy Tribal Health Director9. Tressie White, MHCF10. Robert Ironmaker, NADC (Virtual)11. Cinda Ironmaker, RMTLC12. Lesa Evers, Tribal Relations Manager (Virtual)13. Jacob Stops, Contracts and Grants Director, Crow Representative (Virtual)14. Sunny Goggles Duran, White buffalo Recovery, Northern Arapaho Tribe15. Cory Sangrey, Stone Child College, President (Virtual)16. Heather Takes Horse, Montana Native Women's Coalition, Executive Director (Virtual)17. Lea Wetzel, Montana Peer Network (Virtual)18. Amanda Bremner, Project Coordinator, RMTLC (Virtual)19. Ada Bends, Tobacco Coordinator-GHWIC (Virtual)20. Robert Ironmaker, NADC, Business Manager (Virtual)21. Terrence LaFromboise, Zero Suicide Grant Manager, MDHHS (Virtual)22. Cherilyn Mulluk, Budget Specialist, RMTLC	<ol style="list-style-type: none">1. Dyani Bingham, Notes2. Pharah Morgan, RMTLC3. Molly Wendland, Little Shell Tribal Health Director4. Lesa Evers, Tribal Relations Manager5. Helen Tesfai, RMTLC Director EPI6. Carole Lankford, CSKT Tribal Council7. Joel Rosette, Rocky Boy Tribal Health Director8. Todd Wilson, Director Helena Indian Alliance9. Byron Larson, Fort Belknap Tribal Liaison10. Erin Dobrinen, Epidemiologist in E pact RMTLC11. Anna Whiting- Sorrell, Evaro Hill Consulting12. Richard Brannan, Northern Arapaho Representative13. Cinda Ironmaker, Organizer RMTLC14. Ada Bends, Tobacco Coordinator-GHWIC15. Tafuna Tusi, Financial Management Officer, RMTLC16. Lani Paulson, Opioid Data Analyst, RMTLC17. Sonya Bigleggins, GHWIC Program Coordinator, RMTLC18. Laura Little Owl, GHWIC Program Coordinator19. Tanya Wofford, IHS20. Greg Ault, IHS21. Dillon Black Eagle, Revenue, IHS22. Jennifer Show, IHS23. Karren Yazzie, Tribal Health Director, Fort Belknap24. Heather Takes Horse, Montana Native Women's Coalition25. Jean Bearcrane, Montana Women's Coalition26. Dannette Spotted Horse, Montana Women's Coalition27. Lea Wetzel, Montana Peer Network

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<p>23. Rebecca Bright Wings, Administrative Assistant, RMTLC</p> <p>24. Jennifer Show, Fort Belknap</p> <p>25. Karren Yazzie, Tribal Health Director Fort Belknap</p> <p>26. Gerald Gray, Acting Chairman RMTLC Health Subcommittee</p> <p>27. Todd Wilson, Helena Indian Alliance, Urban Representative</p> <p>28. Carole Lankford, CSKT Tribal Council, CSKT Representative</p> <p>29. Aishitha Chembeti, Injury Epidemiologist, RMTLC</p> <p>30. Lana Schenderline, Project Coordinator, RMTLC</p> <p>31. Morgan Witzel, Monitoring and Evaluation Specialist, RMTLC</p> <p>32. Elaine Cummins, Injury Prevention Project Coordinator, RMTLC</p> <p>33. Elma Brown</p> <p>34. Amber Williamson, SAMHSA Native Connections: Blackfeet Tribe</p> <p>35. Sonya Bigleggins, GHWIC Program Director, RMTLC</p>	<p>28. Terrence LaFromboise, Zero Suicide Grant Manger, MDHHS</p> <p>29. Cherilyn Mulluk, Budget Specialist, RMTLC</p> <p>30. Jacob Stops, Contracts and Grants Director, Crow Representative</p> <p>31. Amber Williamson, SAMHSA Native Connections: Blackfeet Tribe</p>
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Tuesday, April 19, 2022

I. Meeting called to order

- a. Prayer and Blessing:
- b. Welcome Address: Gerald Gray, Acting Chairman, RMTLC Tribal Health Subcommittee
- c. Roll Call: Cinda Ironmaker

Tribe/Organization	Attendance
BLACKFEET	NO
CHIPPEWA CREE	YES
CSKT	YES
CROW	YES
EASTERN SHOSHONE	NO
FORT BELKNAP	YES
FORT PECK	NO
LITTLE SHELL	YES
NORTHERN ARAPAHO	YES
SHOSHONE BANNOCK	NO
URBAN	YES

i. Quorum Established

d. Approval/Changes to Agenda

- i. Add any updates on tribal resolutions to the agenda.
- ii. **Motion** to accept the agenda.
 1. Motion to accept the agenda by Joel Rosette. Second by Todd Wilson. All in Favor. Motion Carries.

II. Tribal Representatives Introductions/Updates

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a. Carole Lankford: CSKT Tribal Council:

- SUD, Mental Health, Behavioral Health

b. Joel Rosette: CEO, Rocky Boy Health Center

- Narcan, Integrated Behavioral health, Regional Treatment Center, Environmental Health (Clean water issues, integrating grants with main plan, vaccination rates are great (over 80%).

c. Karen Yazzie: Fort Belknap Tribal Health & Jennifer Show, Chief Health Officer (BH & CDC)

- Behavioral Health (638), integrate CDC and BH in I.H.S building, assumed program in June 2021, psych, 1 LCPC, 3 suicided prevention advocates, 1 school outreach, partnership on John Hopkins (suicide research) (clinical site Partnership, rural medicine consideration), COVID-19 public health nursing contact tracing, regular immunizations, home visits, foot clinics (diabetes prevention), COVID-19 vaccine and 2nd booster.

d. Todd Wilson: Director, Helena Indian Alliance

- 5 urban centers priorities, increase funding, support for increase urban Indian health line item in I.H.s. budget, meeting with delegations to educate about urban Indian health issues, need to meet with Rosendale, politics role of leadership positions, big push advance appropriations (all the Tribes, Urbans, I.H.S.), still haven't received contract funds, waiting for mods to be processed, SDPI funding continuation (re-authorization next year, Tribes are on different schedules), FMAP (state hasn't entered into any negotiations on rates (bens/non bens) working on an increased rate, NCUIH advocacy for permanent language for FMAP (all-inclusive rates) for urbans for encounter (want to get closer to rates that are for Tribes), HIA (new clinic, contract language at I.H.S., expand into dental, school based, outreach to native families in Helena to engage in HIA services, WIC, diabetic foot exams, retinopathy), can do a lot more with increase all-inclusive rates, awarded MT Public Health Association President's Award for COVID-19 response with the community.

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e. Gerald Grey: Chairman, Little Shell Tribe

Molly Wendland: Tribal Health Director, Little Shell Tribe

- SUD, MH, April 7th opening of LS Clinic, working with I.H.S. to get services operational, working on dental, Tribal Health programs, continue to offer incentives for vaccinations, masks, and home tests. Working on mobile units. The first mobile unit will be ready in a month and services operational by the end of the summer.

f. Richard Brannon: Northern Arapaho/Wind River Cares

- 6 years, going for Title 5, purchased a building (homeless shelter, office space, dialysis chairs, construction phase), opening fourth clinic (prevention clinic, cirrhosis among younger Tribal members), mobile clinics (well child, trauma,), recent trip to DC (Cliff Wiggins), third party collections, must operate with a business mind

g. Dorothy Dupre: RMTLC Tribal Health Subcommittee Consultant

- Items of concern to Dorothy is funding distribution, observation about COVID funding, Decision was made to use existing systems (for Title 5 that is a great process because it goes directly to Tribes, on direct service it comes down piece meal to whatever 638 programs they have and it may not correspond to Tribe), need to be more mindful of how funding comes down and a Tribal Consultation is needed, funding distribution and grant distribution needs to talk about at HHS consultation, Medicaid (FMAP is designed to be govt to govt relationship in the law) FMAP (states get reimbursed at negotiated rate and Tribes get all-inclusive rate) We have never done a study on what it costs us to deliver care

III. REGIONAL TREATMENT CENTER UPDATE: TRESSIE WHITE, MONTANA HEALTHCARE FOUNDATION

See Presentation/Attachments

i. Update and Discussion

- Sunny-likes the idea of looking at the 7 Directions modules in Washington. They have a great cultural model. Look at the treatment centers and Indian Health Facilities in what we can

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model, what works and does not work. Encourage talking with the CD directors and seeing what they have seen be effective with the youth.

- **Carole (CSKT)** requested a trip to see the work that has been done by proposed contract
- **Joe (Rocky Boy)** I has an in “Healing Lodge” (Spokane, WA), he can share that contact and Tressie also requested the request may be better received if it came from a Tribal leader (Gerald Grey said he would),
- Duluth site visit July 25-27 – 15 slots open – Tressie will follow up
- Housing Directors have been outreached (will follow up with Tressie on getting Housing integrated)
- **Todd (Urban)** 7 Generations is a suggestion (lots of experience doing clinical projects) out of Midwest (is there a difference from 7 Directions)
- Will add links to all the proposed websites
- Timeline:
- **Sunny Goggles** – Director, White Buffalo Recovery Center (likes 7 healing lodges, youth have excellent feedback and great cultural model) (what modality, what structure, MH, SUD providers? dual diagnosis is normal, look at I.H.S led facilities, also have worked with Kaufmann and Seven Directions (both youths focused)
- **Dorothy (RMTLC Consultant)** looking for specialists that understand MT and WY, building? needs assessment, program/modality study?
- Medicaid rule – border state discussion (within fifty miles of the border) (need demonstration language if miles go beyond that)
- Trauma to Resilience Discussions – MTATTC July meeting –
- Tressie will share RFP with Dorothy for her feedback
- Delivery plan and service plan
- Envisioning representation from each Tribe on treatment committee
- Two possible locations discussed were Billings and Great Falls

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- **Carole (CSKT)** needs strength of standing up Tribal programs (wants it at Salish Kootenai (they have land, etc.) but it is not centrally located

IV. TRIBAL HEALTH SUBCOMMITTEE

❖ RMTLC Health SC Resolution

- Review & Preparation to Propose to RMTLC Full Board on April 21
 - a. Dyani. Resolution is a draft of the discussion and follow up on the meeting we had on Feb 7th, 2022. The draft resolution is on the legislative and policy push that we want to put forward.
 - b. Dorothy This came from the February 7th meeting where a smaller group of the subcommittee came together. As a result, there is a push to establish an annual meeting or group to go to Washington DC to advocate for the changes that are needed for tribes and urban areas.
 - c. Joel (Rocky Boy) on the consultation meeting most of the people on were Washington tribes. They control the narrative, gather, and prepare their leaders. It is important that we get gathered and we prepare our leaders for these talks.
 - d. Todd (Urban) Got on the Budget Formulation group and when they broke up into area groups, he was the only one on. He wasn't in the meeting to represent the Billings area he was there to get more information and see how the Formulation processes works. We need that representation at the table.
 - e. Dorothy (RMTLC Consultant) The tribal areas that have good representation have already written prepared papers with them. Dorothy drafted a resolution for facilities. We know we are going for Regional Treatment centers. It is in the resolution that this area has a Tribal Consultation on Facilities. Having a resolution from this group (RMTLC Tribal Health Subcommittee) prepared to go to the RMTLC is helpful. We know we need money to build a facility, we need money do design a facility. We need to have a consultation to find out where is all the money going that is available. Most of the money coming down has already been committed because we have tribes that have already been prepared like we are trying to be prepared to have that share of money. This resolution is for action. We can't be quite anymore we need to be organized.
 - f. Carole (CSKT) We use to active when we had Lena Belcourt and Anna Sorrell hitting the pavement. Dorothy is the new front person for the two people that we use to have. We need to strengthen this committee. We are just getting back together, and we need to stress to leaders that we need to be at the table. We must train those new tribal leaders up. Every time we get new leaders up, we start all over again.

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- g. Dorothy (RMTLC Consultant) Another example is the upcoming Consultation Session with the State. We have discussion on the FMAP and all-inclusive rate and it is nowhere on the agenda. We also had discussion on CHAP that also needs to be brought up.
 - h. Dorothy (RMTLC Consultant) Looking for a grant or funding to establish a staff person or persons specifically for the subcommittee.
 - i. Dyani (RMTLC) Spoke with Tressie White about possibly funding that staff person for the subcommittee. Some other things to help us get a little more organized is a calendar for 2023. The calendar would have those Consultation dates, FACA meeting dates and other priorities.
 - a. Carole (CSKT) Made a **motion** to approve the resolution from the RMTLC Tribal Health Subcommittee to support policy and legislative affairs and improvement for the Billings area.
Second by Todd (Urban).
All in favor, none opposed.
Motion Carries
- ❖ Co-Chair Discussion
- a. Carole (CSKT) Made a motion to nominate as RMTLC Tribal Health Subcommittee Co-Chair.
Second by Todd (Urban)
All in favor, no opposed
Motion Carries
- ❖ Other
- Agenda for April 20, 2022
 - RMTLC brief Agenda for April 20, 2022
 - RMTLC Tribal Health Subcommittee update on April 21, 2022
 - Dorothy (RMTLC) Rocky Vista University

MEETING RECESS FOR DAY

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Wednesday, April 20, 2022

I. Meeting Call to Order- Co-Chairman Joel Rosette

- a. Roll Call: Established of Quorum
- b. Recap of Day One

Tribe/Organization	Attendance
BLACKFEET	NO
CHIPPEWA CREE	YES
CSKT	YES
CROW	NO
EASTERN SHOSHONE	NO
FORT BELKNAP	YES
FORT PECK	NO
LITTLE SHELL	YES
NORTHERN ARAPAHO	YES
SHOSHONE BANNOCK	NO
URBAN	YES

II. BILLINGS AREA INDIAN HEALTH SERVICE: Bryce Redgrave, B.S, M.B.A., DIRECTOR INDIAN HEALTH SERVICE BILLINGS AREA OFFICE

- ❖ Health Services Budget & Facilities Budget for Billings Area (FY21/FY22)
- ❖ FY 2023 Presidents Budget

- See presentation attachments

Joel (Rocky Boy)

- CSC (contract support costs)
- 105 processes (takes a year to get your money) (105 is own line item – not included in facilities/env. Health)
 - o Michael Weaver – Tribes sends proposal to Tribal Programs – goes to HQ – Goes to Area – Goes back to HQ
 - o New FMO is working on making that process more timely
 - o Feels like a big wait and back and forth and still must keep asking and don't really get a notice that you did get it
 - o Better communication is needed (don't know when it is going to show up) not fair or equitable – it is hard to budget

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- Dylan – lots of duplicative processes and miscommunication
- Legislative Fix?
 - Dylan – 2023 push to make a mandatory budget
 - Has CSC been discussed locally?
 - Dylan – formally meeting with the Tribes – new FMO (Dan Red Eagle) specializing in CSC (assistance from Jennifer LaMere)
 - PRC (Oklahoma rule) – that consultation will be coming soon – next 12 weeks
 - Medicaid expansion helps with this
- Tafuna – request cost and explanation on DES current projects in contracting
- Joel – other areas are getting more attention to their facilities (FY 22)
 - How do we make sure that our facilities on are those needs (rather than SW< AK, AZ?)
 - Tribal consultations make facilities a priority (only way to get on the list)
 - Staffing is ticket to facilities
 - Joint venture program – what is it?
 - No infrastructure to build new homes for providers
 - How to leverage dollars to build infrastructure for quarters / joint venture?
 - JVP is the program where the Tribe constructs facility and leases back to I.H.S for 20 years
 - No, I.H>S. dollars in construction of facility
 - Gets staffing package (3rd party)
 - Ex. N. Ar. And E. She begins joint venture process (applied in 2010)
 - Mainly for self-governance tribes
- Byron – list should be proportionate to each region
 - TLC resolution needs to change methodology on how these resources are distributed
 - Then each area comes together to decide where money goes for their area
 - Based on formula
- Richard Brannon
- 105 L
 - Hire a commercial appraiser – whatever they appraise facility at per square foot
 - Or do a financial documentation in terms of utilities costs, etc.
 - Question for Dylan – with 638 contract continuing resolution – did get initial allocation – will there be additional funding for Wind Rivers Cares
 - Yes – FY 22 (remainder of reoccurring base for 21, and more for FY 22)
 - Area Rep for Facilities AAB (FAAB)
 - Heavy weight in terms of proximity to E.R.
 - Typically gets out voted

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- Build Back Better Act
- RMTLC needs to get organized with BA-IHS
- Sit down and strategize (what we want to go after, what we want lobby)
 - Caucus before meetings – decide how to vote, benefits
- Facilities – next agenda

New priority system – early 2000s tribal consolation (FAAB)

2022/2023 budget

- 2022 - 6 billion
- 2023 –
- 9 billion

IHS Budget Workgroup – June of every year

- RMTLC health subcommittee needs to be part of this

III. FACA/TAC Vacancies for Billings area, TAFUNA TUSI, RMTLC

- Current FACA/TAC Roster for Billings area
- Proposed Process: How the Health Subcommittee works with the Tribal Leaders Council to fill FACA/TAC positions
- Rocky Mountain Region Vacancies

Comments:

- What is Process
- Getting a list of meetings – for reporting back to Health SC and work with Health SC
- We need to arm this representative
- Need to know who is going to attend (show up, accountability)
- FACA need general support (staff support, technical support around documents, info, and policy matters, be for TACs)
- Summaries needed
- For meetings – regional issues – individual tribal issues

IV. TRIBAL CONSULTATIONS CONVERSATION

- ❖ Apr 20: HHS Tribal Consultation on E.O. 14053
- ❖ FY 2023 President's Budget
- ❖ May 17-18: DPHHS Formal Medicaid Tribal Consultation in Helena
- ❖ Testimony recording on Tribal Health Data Improvement Act of 2021 Hearing

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- ❖ GAO-22-104698, TRIBAL EPIDEMIOLOGY CENTERS_ HHS Actions Needed to Enhance Data Access

Adding MT Medicaid Tribal Consultation

- FMAP
- CHAP
- State Borders

Medicaid Expansion

- MT
- WY
- Establish a quick action team – RMTLC, AIHL, Tribes, Area, Policy People, Legal Staff, Tribal Caucus

Carole – Medicaid Consultation doesn't look like a true consultation from State of MT

- MT State statute re: consultation +++++ Agenda Item
- Refer to that

V. **ROCKY VISTA UNIVERITY:** DAVID PARK, DO, FAAFP, FACOEP, VICE PRESIDENT AND RVU-MCOM FOUNDING DEAN

- Approved for 160 students (max)
- Building up clinical rotation network (have until July 2025)
- Will have largest simulation center in MT
- Buffalo as animal symbol (abundance, generosity, life, native to MT,
 - o Technically a bison
- What is Rocky Vista planning to do for Native community in particular?
 - o Asks what our needs are
 - o Hope to encourage and inspire (Native American students)
 - Pipeline pathways
 - Mentorship pathways
 - o Carole – shortage of medical personnel within all reservations
 - Hopefully will bring people and hopefully will end up in our MT tribal communities too
 - Teaching culture, understanding and hope they live here
- Perhaps a Tribal Medicine Track (teach by necessity cultural competency for all cultures)
- Met Misty Kuhl re: cultural competency
- For profit company (privately run with tuition and private equity, self-sufficient in all of funding)
- Will be paying 3.3 million in taxes into community annually
- Private donor – Med fork

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- Housing for students' question – 720 apartment units being built (walking distance to the campus)
- Future health subcommittee meetings on campus when it is ready (absolutely)
- Financing education question – (scholarships, follow up with Dr. Williamson) – Dorothy
- Letters of Support (CKST asked as well) others? That would be wonderful
- Pro Forma on where resources are coming from (private company)
 - o Bank loans, invest in themselves,
- Root cause process would be beneficial to share

V. HEALTH SUBCOMMITTEE PLANNING FOR RMTLC BOARD MEETING UPDATE on April 21 at 9:30 am

- **HRSA – update from Dorothy**
 - o **Work with CHAP**
 - o **CHW Toolkit – app process from HRSA**
 - o **Get info from Helen/Dorothy**

Todd (Urban) will do the RMTLC Tribal Health Subcommittee update to the RMTLC.

- More organized at RMTLC (getting folks prepared for TAC/FACA accountability, reporting back to HSC and TLC)

Joel (Rocky Boy) will follow up with Lisa on the state Medicaid Tribal Consultation, FMAP, Boarder, CHAP

Joint meeting with I.H.S and HSC/RMTLC – what should that look like?

Letting TLC – that HSC is free to address questions with I.H.S. as well

Follow up meeting (Todd, Joel, Bill, Gerald, Dorothy, etc.)

Agenda setting – please let us be aware (we will do the work)

- Add description and proposed outcome to discussion
- What are you going to present? Why?
- What is your action/proposed outcome?
 - o Look at CSKT forms
- What do you need from us?

We need to have timely minutes.

- Highlight action items
- Go back

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Byron (Fort Belknap) - Specifically state via resolution (what is needed, how it should be funded)

- Direct RMTLC admin
- ACTION ITEM
- Dorothy will DRAFT RESOLUTION ON THIS! (NEXT AGNEDA)
- Define structure, meat and bones, role of health is huge
- Communication structure (agenda development, recommendations to actual council)
- List of action items (from old and new agendas)
- SharePoint for RMTLC HSC (drop box as well)
- CSKT training on TEAMS
- Revising the health subcommittee charter (look at tactics, how we get from point A to point B)

VI. ROCKY MOUNTAIN TRIBAL LEADERS' COUNCIL PROGRAM UPDATES

❖ Rocky Mountain Tribal Epi Center Steering Committee

- **Substance Use, Suicide & Domestic Violence Prevention, and Forensic Healthcare: Needs Assessment Findings**
- **COVID-19 Vaccine: Needs Assessment Findings**
Pharah Morgan, MS, MPH, Lead Epidemiologist, RMTEC

- Presentations attachments

❖ **Environmental Protection Agency Grant**, Ada Bends

- Update from Ada (for notes)

END OF MEETING

CLOSING REMARKS: Joel Rosette, Co-Chairman