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| Recorder: Jennifer McLaughlin | Date: April 24, 2018 |
| Session Title: Self-Governance Success Stories and Best Practices |
| Panelists: Kenny Baker, Board Chair, Spirit Lake Tribe Health CenterArdell Blue Shield, Tribal Health Director, Spirit Lake Tribe HealthMichelle Belt, CEO Of the Spirit Lake Health CenterJohn Stephens, Program Administrator, Swinomish Tribe Social ServicesGeoff Strommer, Partner, Hobbs, Straus, Dean & Walker, LLPRaymond Loretto, DVM, Jemez Pueblo Tribal Council Representative on Self-GovernanceDavid Tempest, MD, Medical Director at Jemez Comprehensive Health CenterJennifer DeWinne, Director of Jemez Comprehensive Health CenterModerator - Terra Branson, Self-Governance Coordinator, Muscogee (Creek) Nation |
| Summary of Issues and Items Discussed: **Spirit Lake Tribe (North Dakota)**Kenny Baker - Previously Tribal Council Member and at that time we were looking at disparities and how we could improve our health system and how they were not getting anywhere with IHS. It was suggested that they take over the health clinic – it was a process and not easy but got there and coming up on two years in June and going great. Youth are our future and what we do today is for them. Spirit Lake located central eastern part of the state. The Lake means Spirit Water – Lake has magical healing that people come from miles for – reservation – 5 Tribes in North Dakota. Dakota Chiefs of Spirit Lake – Treaty signed in 1876 with sister Tribe Sisseton Wahpeton. As treaties broken got split up into small areas. Tribal Headquarters Fort Totten. History of Traditional Health – people use to use roots and things from Mother Earth to heal our people. Trying to introduce traditional health into health system but hard because not a lot of traditional healers left so often travel to other reservations to bring them in. HIS established in 1955 and use to have a hospital but it was closed a number of years ago. Tribal WIC program – took over Tribal health in 1995-2016 93-638 and in 2016 started Self-Governance. Located in two separate facilities – Tribal health in headquarters and clinic half mile away. Why begin this journey? It took a lot of work. We listened to our people. Some Members of Tribal Government were not too sure but Chairwoman took lead and said we need to listen to our people and move forward. Consultant helped Tribe on setting up Self-governance. IHS Area Office delays in getting paperwork to Tribes. Tribe went to DC and raised hell with McSwain and eventually the area office started getting things done. Date was June 1, 2016 but finally received documents in January so they had to rush to compile and get it ready and IHS had to rush to get things completed as well. Negotiator came from Oklahoma because Area Office didn’t have anyone experienced in compacting. Tribal Headquarters creation story – one of elders said we come from a red rock and we are fighting to get that red rock it is not protected. We want to bring the rock home to our homelands. Our people were chased from traditional area in Minnesota – Abe Lincoln ordered most Dakotas be hung and he pardoned most except 38 and that is why the bands split to escape.Ardell Blue Shield – Came on board with Spirit Lake 2014 and several issues so met with the Council and had prior experience with 638 and SG and used everything learned to help Tribe through the process. It gives Oyate authority over their funding and the Tribes will redesign strives to meet needs of people. We wanted to do the entire healthcare in every place in Spirit Lake – Master Contract – health, 4 district areas, and college to give better healthcare. When first began did surveys (500) to community – people wanted more services, better specialty clinics, better customer service, more providers and increase children’s services – gave information to council. Michelle Belt hired 2016 and we transitioned to Self-governance. Spirit Lake Health Board established in 2017 – engage in Strategic Planning with Crown Consulting. Partnerships – make sure partner with all programs and everyone you can partner with – SAMHSA< College, NIHB, Great Plains Health Board, Women’s Way. We did Strategic Planning with Doctors, Nurses, Health Board and Executive Staff. Local partnerships – local and state grants. We have a lot of partnerships – we took our funds and redesigned our programs. One was Dakota Tribal Health and Wellness Transportation Program – researched what PRC dollars are used for and there are transportation provisions in there – restructured Purchased and Referred care dollars and put it in this program – now 6 drivers, a coordinator and patient load doubled to 3000. We also bill. Sacred Life Fitness Center – SDPI – created fitness center and now have 600 members not only people with diabetes but those that want to prevent diabetes go – there are massage chairs and meditation room – example of how we redesigned out program.Michelle Belt – Self-Governance is the best thing that you can do. It is also very difficult. It has been a very frustrating exhausting journey but also has benefits. Staff really helps and picks me up when I need it. When first started working they had 46 government employees and now up to 102 staff and 46% are Spirit Lake Enrolled Tribal Members. Accomplished a lot in two years – went through accreditation and got word we passed it. When first started only one provider (Nurse Practitioner) and now we have 8 providers and we will be bringing a psychiatrist on staff. I am a working CEO – diving in and working with everyone got us where we are today. It was frustrating working with IHS and getting our Tribal shares but we did it. It helped to have all the processes and policies in place. Hired consultants who helped us for a year – develop policies, strategic planning and training for the health board. Sonosky Law Firm really helped them as well. Blessed and honored to be part of this movement. In Great Plains Area – Spirit Lake is the first Tribe to do this and this is Michelle’s first time to be a CEO – wanted to show people we can do it – work hard, put team together, know weaknesses and look for help in the community. We also had a doctor help us access the Medical Community. Believe in yourself and your community and it can be done. **Swinomish Tribe**John Stevens – Working for Swinomish for 38 years and on a personal note – mother Irish and descendent of Haida Nation. Dental Health Aid therapy – Swinomish on journey to transforms dental health delivery and working with NPAIH to develop legal framework. On Dental side only had hygienists. On 1995 Tribe went SG and Senate asked where biggest health disparities and said Dental health. 2015 DHAT trained in AK brought in. Legal process is long and complex legal journey. First Tribe in country to exercise SG and Regulatory control over oral health license and under SG adopted own Ordinance to license our providers. Brian Wilber is the Chairman of the Oral Health Licensing Board – first Tribe to exercise authority and sovereignty and it has lots of applications in the health delivery system. Established licensing board and reciprocity so we can license other Tribes DHAT. Port Gamble will be the second Tribe in lower 48 to get licensed DHAT and Lummi and Colville are in the que. State passed legislation which authorized what we already did under Tribal authority. We did it because not allowed to use Indian Health Service money for DHAT because language in the IHCIA. It put the states between the Tribes and States to use Health money. Dental Health Therapy – access and workforce development issue for Tribes. DHAT can be trained for 46 procedures in two years. It is a tremendous amount of the workload that dentists are doing. Workforce development – you can hire DHATs for half of dentist’s salary but still good money. We still try to pull from the community. Portland Area has taken the initiative to modernize oral health. Tribal members are in training in AK – 10. We have dramatically reduced wait times at Swinomish and expect it to be down to zero in a year. Infrastructure – build dental therapy education program in partnership with Skagit Valley College – 2 year program. Hope to have the program up and running by the fall of 2020. Everyone from IHS is helping us to fund this educational program. We will be going from five chairs to 17 chairs in our clinic. Education program is modeled after the AK program. Even though first Tribe in lower 48 but we are replicating the AK program in the lower 48. We are setting it up for WA, OR and ID and hopefully become model for rest of the country. There is a concurrent policy development going on – interim policy IHS will share to expand CHAP in lower 48 and it will come out in A Dear Tribal Leader Letter and there will be consultation. IHS asked Tribe to help draft the policy. We got a significant amount of money from Kellogg Foundation to do a feasibility Study – conduct a gap analysis. Break ground two weeks ago 2018 – it is a reality. Tribe committed $3.1 million dollars and money in the pipeline for the college to proceed with set up. It is all a direct result of SG. Redesign a program to improve efficiency. Behavioral Health and Community Health Aid expansion will start soon. WA committed 550,000 to set up DHAT education – goal is to do Medicaid transformation. We have active involvement of some foundations and confident the money will be there to see this through to fruition. Geoff Strommer – It is the next stage of the exercise of Tribal SG. Offer ideas on how you can exercise your full sovereign authority. DHA program existed in AK for 50 years and designed to provide services to small rural communities. These communities needed infrastructure in place to provide basic healthcare. It includes behavioral health, community health aids and dental health aids. It is a feature of federal law and it serves to preempt state law. Community Health Aid program in AK is based and rooted in concept it is a federal program taken over by Tribes and it preempts state law. In 2010 when IHCIA enacted it authorized expansion of community health aid program expansion to lower 48 but exempted dental health aids. It said only exist in states that authorized themselves. WA did not authorize DHA when Swinomish started so Tribe turned to own Tribal sovereign authority to create the program. How did they do it? They closely mimicked what had been done in AK, - created as a matter of Tribal law a licensing service for all dental practitioners – comprehensive framework for all matters related to licensing of dental professionals. Similar to framework the state of WA would use and similar to the licensing scheme to behavioral health in AK but it is rooted in Tribes authority, treaty and is very Tribal specific. It enacted separately a tort ordinance which serves as Federal tort claims act – if patient believes something done improperly the patient has recourse but it is limited to amount of insurance in place (similar to federal) but provides a vehicle if Trial member feels malpractice was committed. Intent of Tribe when created code makes it comprehensive enough to survive a legal challenge by WA licensed dentists. In AK when Tribes took over the American Dental Association sued and they lost. Swinomish operates in a framework without Federal law because of provision in IHCIA so the ordinance was structured with this in mind. In January 2017, WA state legislature enacted law which authorized DHAT on Tribal lands. Swinomish initial decision to follow AK model was good because it had procedures and standards that were required by the state of WA. It is still limited on reservation – not sure yet if limited to services to Indian people. Other Tribes in WA. It illustrates how Tribes use inherent authority to create new programs at Tribal, Regional and National level. **Pueblo of Jemez**Healthcare side of SG began in 2011 – we have an outpatient clinic with primary care. Dr. Loretto – Served as Governor for two terms and serve on the Tribal Council now and I am the representative for Self-Governance. Our story is about how we started and to make changes in NM is difficult to do. The process was methodical. 1990s process was presented by the Tribal Administration and Tribal Council and started to discuss if we should get into Title I and how we needed to do it. We had been a Direct Service Tribe for many years and depended on Federal agencies to tell us how to do it. It was difficult and there was a lot of discussion about it. In 1999 Tribal Council started to negotiate with the Indian Health Service on the contracting part of 638. First established Health Advisory Board – selected 7 Tribal members from the Pueblo with professional backgrounds in accounting, legal, medical field but we all spoke language. Pueblo are 75 miles northwest of Albuquerque and healthcare was only offered once a week for doctors and every two weeks for dentists and transportation for members to get care was difficult. Building was very small and couldn’t accommodate what we needed to do – these are some of the reasons we wanted to merge into Title I programs. We should have spent more time asking Tribal members is this the direction that we want to go. Large portion of Tribal members didn’t feel it was the way to go they didn’t want the government to be off the hook with the trust responsibility and as a Tribe they were concerned how we would know how to run it. It was difficult but it was the way we were heading. First Directive was to create Health Advisory Board, hired a Director established bylaws and sat down with HIS. Negotiations were good because the place we needed to take programs was small so we only took what we could handle at that time. Next step was to decide how we could expand our building. We went after a small ambulatory program grant and we were able to match the dollars and we had and we expanded. 26000 square foot facility we now have. A lot of Tribal members were working for IHS and we asked them to come work for us. As we expanded we were able to hire our own providers to provide care and credential all our doctors and dentists. We started working towards collecting 3rd party revenue. Started FQHC Center – allowed us to bill more for Medicare private insurance. It was a leap of faith because it takes dollars to expand. Dental clinic 6 chairs, pediatric chair. People began to see the good decision and now we have 225 Tribal members employed in our community. In 2003 we took on social services as well – drug rehab, senior programs, etc. Worked with state of New Mexico to get transportation going because a lot of members do not have vehicles. In 2011 we become SG as well – the main thing about SG allows us to sit at the table to consult with IHS and it makes a difference when we sit at the table. Bring home changes but we need to keep pushing for changes. We hope to get the grant again to expand even more the building we have right now. Directive we got from Tribal Council – bring healthcare to our facility and provide quality care. Quality care has taken several years but it is there.Doctor Tempest – Dr. Loretto hired me nine years ago. Involved with Community Health in North Carolina for many years and he talked me into coming out here and have been here for 9 years. I came in 2009 and at that time there was just part time doctor and two PA. Medical Director at the time left four months later. I had been practicing for 20 years so I used my skills in this setting. Very impressed with how Jemez did healthcare – said they should open clinic to non-Natives in the corridor – serve other people who sought care 100 miles away. Became accredited in 2012 – and we were more than ready – passed process and we opened our care to the outside community. This was a conversation that the community had to have to go from entitlement to an entitlement and enterprise. We had the capacity and training but it was a risk, We were fortunate because it was about the same time ACA was passed and we applied for new access grant under HRSA and awarded $1 million to provide care to people of Jemez and open door to non-Natives using a sliding fee scale for people without insurance. HRSA brings in more money and it comes with periodic additional money and there are capital grants. Substance Abuse providers – expert counselors were hired. We still maintain the IHS model lot of services in one place but we did put some mental health services in the clinic. Third accreditation in August – 3 full time doctors, 2 PA, 2 contract doctors – adding $4 million addition to fitness center for wellness and visions for new wellness center down the road. This all started from the vision to become SG. HRSA has strings on money and clinical outcome goals and accreditation – so if run own healthcare it is a good thing to have as many people help you set goals and deliver excellent care to your people. Compact money need to show full cost recovery so it cannot leak over to the care of non-Natives and the funding for non-Natives has to be shown to be separate.  |
| Questions from the Audience:Commend all of the presenters this morning – think back to when sessions started 1996/1997 long time ago to get to this point. The Veterans in your communities are also very important and there is an MOU between the VA and IHS so look at the possibilities of including VA services as a source of funding for Tribal health programs. Question - When you decided to take on these programs the first thought is are we going to have enough funding to get started to go into our process for Title I (638).Answer – When we sat down with IHS to go after Tribal shares they provided initial dollars and small ambulatory grant dollars available to get the project off the ground. HIS can assist with this issue and what needs to be done.Answer – There are some resources available like planning grants that Tribes can use to do community assessments. There is also a whole process to follow for providers. The second option is to go from the Federal system to the Tribal system and we involve human resource staff and Tribal staff to make it a clear process.Answer – If you grow your healthcare and expand services you will bring in more money and you will be eligible for more grants.Question – Encourage you to share – you use to be able to take all of these stories and share all of them electronically so you can hear not just the success stories but the trials and challenges you faced moving in this direction. Question – I came to these meetings many times and it was good to look at all the people who took the leap of faith and heard comments yesterday and now we have new champions – new leaps of faith and new directions – been involved 27 years and encouraged to see so many people involved. Healthcare for our people has risen over 40 years – we got a lot of things to be proud of. Don’t forget where the rubber meets the road.  |
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