

**2013**



**COLORADO COMMISSION  
OF INDIAN AFFAIRS  
HEALTH AND WELLNESS  
ROUNDTABLE**

**AUGUST 19-20, 2013  
IGNACIO, CO**

## **Contact Information of Attendees**

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## **Goals of the Health and Wellness Roundtable**

- The Health and Wellness Roundtable was established to build capacity and augment the effectiveness of funding designated toward health initiatives.
- Specifically, the goals of the Roundtable are to identify the top objectives of both Ute Tribes and to facilitate communication through an open discussion and dialogue.

## **Summary of the Previous Health and Wellness Discussion**

- At the last roundtable in January 2010, the group discussed formalizing a Tribal consultation agreement that is uniform across agencies; this policy is now in place, and a copy of the agreement is available upon request.
- The group discussed emergency preparedness, and both Tribes received funding from the Colorado Department of Public Health and Environment to improve emergency communications.
- A partnership was formed with 140th Medical Wing, Colorado Air National Guard, so that training happens domestically rather than internationally.
- Conversations regarding Medicare/CHP+ began with both Tribes, resulting in clear guidelines for determining eligibility of tribal members, especially with regard to documentation of finances.

## **Tribal Health Focus Areas and Potential Areas for Initiatives**

- **Priorities vs. initiatives:** Chairman Hayes, Ute Mountain Ute Tribe (UMUT), stated that from 2000-2010, the average death rate for Native Americans was 54 for women and 50 for men, which shows that health issues are interdependent and epidemic. Using the language of “priorities” risks some issues being ignored, despite the importance of addressing health from a broad and inclusive perspective. Chairman Hayes suggested conceptualizing the issues as “initiatives.”
- **Preventative care:** Councilwoman Goodtracks, Southern Ute Indian Tribe (SUIT), joined by Mr. Sekaynmpetewa, emphasized the importance of focusing on preventative care, which will require a lot of education.
- **Health facilities:** Councilman Torres mentioned that the current SUIT health facility is not adequate. The Ute Mountain Ute Tribe would benefit from having its own diabetes center and its own wellness center, which could focus particularly on obesity and cardiovascular issues.
- **Veterans’ health:** Councilwoman Eagle, SUIT, brought up the need for increased veterans’ health services. Currently many veterans cannot fully utilize services or fill prescriptions and several must travel to Grand Junction or Albuquerque for healthcare.

- **Planned parenthood:** The high percentage of unintended pregnancies was described. The Department of Public Health and Environment has Ten Winnable Battles, one of which is unintended pregnancy.
- **Diabetes, food distribution, better nutrition:** Embracing the White House’s ‘Let’s Move’ campaign may help with awareness.
- **Aging population:** There was concern expressed about who is going out to visit the elders and who provides elders services. There could be an integration of nursing homes and day care facility, or elders could be in school district acting as mentors.
- **Behavioral health services:** Services need to be improved at all levels, including emergency and short and long term, as well as a range of issues from substance abuse to psychiatric care.
- **Coordinated physical and behavioral healthcare:** There is a need to have an interdisciplinary team of people, such as doctors and nutritionists, to coordinate care for individuals.
- **Tribal enrollment:** Some of the criteria are income based, so Southern Ute Tribal members are often not eligible. Thus, the Southern Ute Indian Tribe must develop its own programs to address issues. There are also problems with eligibility for individuals who transition to urban areas from the reservation because they lose access to services, and there is a disconnect with determination of eligibility for Medicaid, TANF and other support services.

## **Action Items**

The numbering used to designate each issue area is intended for ease of reference and does not denote an order of priority.

### **Issue 1: What are the needs that Tribal services see in the community?**

- **Plan of Action:**
  - Councilwoman Goodtracks will pull together people within Southern Ute Indian Tribal services to gather information about key areas of need. She will work the staff and Tribal Council to help provide state agencies with a comprehensive vision.
  - There are funds available from the Colorado Department of Public Health and Environment for the Ute Tribes to work on their own public health improvement plans, rather than having to participate with the local counties. This was confirmed in a communication between Mr. Palacio and Kathleen Matthews, Director of the Office of Partnership and Planning at CDPHE. Mr. Palacio will provide the follow-up on this connection with assistance from Mr. Esquibel.

### **Issue 2: Colorado Interagency Coordinating Council needs to have a representative of CCIA or from one of the Tribes.**

- Description of the Council position:
  - The mission of Council is to advise and assist CDHS in implementing the requirements of Part C of the Individuals with Disabilities Education Act (IDEA).
  - The position is Governor appointed.
  - Council meets quarterly, usually in Denver.
  - Next meeting is September 26-27, 2013 in Frisco, CO.
  - One seat currently available, but more applications are welcome.
  - Candidates must submit an application form and resume and will go through two appointing processes.
  - The length of term is two years, with an option to renew.
  - A travel stipend is available, but conference calling is not possible due to the interactive nature of the meetings.
- **Plan of Action:**
  - Ms. Martinez will write a brief summary of the position and email it to each of the Tribes, specifically to Councilwoman Goodtracks and Mr. Trocheck.
  - Because of expressed interest in having more representatives from the Tribes involved in Boards and Commissions, Mr. House will send out a list of all the Boards and Commissions. There is one application for all positions.
  - Additionally, each department has its own internal committees that present opportunities for Tribal members to be engaged. Ms. Martinez will work with Mary to bring more information about possible positions to the Tribes at the next Health and Wellness Committee meeting. For instance, the State Child Welfare Taskforce may need a Southern Ute Indian Tribe representative.
  - More information about Boards and Commissions, the application form, and a list of current and future vacancies can be found at:  
<http://www.colorado.gov/cs/Satellite/GovHickenlooper/CBON/1249674847715>

### **Issue 3: Do patients have access to tele-medicine?**

- Mercy Hospital in Durango (part of Centura Health System) may have the capabilities to support tele-medicine.
- Indian Health Services (IHS) has some tele-medicine capacity, such as performing retinal readings and providing psychiatry services. IHS may also be starting tele-medicine services for dermatology.
- UMUT does not have tele-medicine services because they have local psychiatrists, and the retinal readings require technology that the UMUT does not currently have.
- **Plan of Action:**
  - Ask Ms. Meinhold for an update on developments regarding tele-medicine capabilities from the Colorado Department of Health Care Policy and Financing (HCPF).

**Issue 4: State Innovation Model (SIM) grant planning, which operates through the Colorado Health Care Policy and Financing (HCPF), seeks to integrate physical and behavioral health.**

- Background information on HCPF:
  - The mission of HCPF is to improve health and be good stewards of resources. The Affordable Care Act protects consumers and improves affordability (this is where the SIM grant fits in) and extends Medicaid to Colorado residents making 133 percent of the federal poverty level. Starting in October, HCPF will work to expand health coverage for the uninsured. HCPF also works on payment reform.
  - The new health insurance marketplace goes into place in October for people to begin looking at the options for private health insurance coverage and getting enrolled with a private health plan. Coverage will begin in January 2014. Medicaid is still a month-to-month enrollment program, where eligibility determined by date of application. HCPF works closely with Connect for Health Colorado.
  - Currently, individuals can apply for public benefits (food assistance, medical assistance, Colorado Works/TANF, and adult financial assistance) on the Colorado PEAK website (<http://coloradopeak.force.com>), or over the phone, or in person at a county social services office. People are currently being trained to help others apply for health benefits and private health insurance.
- Background information on SIM grant:
  - The goal of SIM is to contain costs by better integrating health care and behavioral healthcare (currently physical and behavioral healthcare are divided, which drives up cost). Colorado's vision is to become the healthiest state by coordinating healthcare, integrating physical and behavioral health, create outcome-based payment system, and make the system patient-centered. The SIM grant is also meant to focus on specific populations, including Tribal and homeless populations.
  - Colorado received a \$2 million grant, and a model must be submitted by November 30. After developing this plan, other grants (of up to \$60 million over three years) will become available in January or February so that the integration of physical and behavioral health can be tested. Eventually the goal is for healthcare to become bi-directional, so that an individual in a behavioral health setting can address physical needs and vice versa.
  - Mr. Ward noted that Indian Health Service (IHS) already has integrated behavioral health into primary care by bringing in nutritionists, pharmacists, and specialists. Behavioral health patients are screened, which triggers an internal referral (and it is later decided if an external referral is necessary). IHS only pays for priority one referrals. In October IHS will pick up co-pays of referrals that are priority two and three. However, this integration is grant dependent and does not

have sustainable funding. It would be helpful to converse about the current status of integration of services and how that integration can be improved and sustained.

- Chairman Hayes mentioned that the juvenile detention center in Towaoc has exam rooms and a treatment facility that have never been opened because the project needs more support. IHS is cutting back on mental health and substance abuse funding and services, so this population really needs resources. How much of the \$60 million grant will be dedicated to Tribes? Tribes could provide input for the grant proposal.
- Mr. Sekaynmpewa inquired about what amount of the money can be designated to the Tribes.
- **Plan of Action:**
  - Mr. House will follow-up with Ms. Meinhold and HCPF to get a conference call going to find out input, participation, and potential inclusion of the two Ute Tribes for funding request and part of the SIM proposal being submitted. Mr. House will check with Ms. Meinhold to see if a summary of the SIM grant can be sent to the Tribes.
  - Mr. House will coordinate a follow-up conversation with Ms. Meinhold, Mr. Sekaynmpewa and Mr. Shemberger (SUIT) and Mr. Ward and Mr. Trocheck (UMUT) within the next 2-3 weeks to discuss the involvement of the tribes with the SIM grant.
  - Please CC Councilwoman Goodtracks and Chairman Hayes on this information.

**Issue 5: There needs to be clarification regarding the eligibility status of UMU Tribal members living on UMU Tribal lands in White Mesa, Utah. How will these individuals access services provided by Connect for Health Colorado?**

- In terms of the private health insurance marketplace, now known as Connect for Health Colorado, Ms. Taber clarified that individuals must apply for insurance in the state in which they reside.
- There is a cost calculator to help estimate insurance rates on the Connect for Health Colorado website right now, and users can put in the number of people in the household and income. Ms. Taber noted that there could be plans that have no cost to people who have a big enough tax credit, depending on income. The cost calculator will soon be updated. The calculator does ask if you are a member of a federally recognized Tribe, and that will be taken into consideration. For further information about insurance rates, the Division of Insurance website has postings at:  
[http://www.dora.state.co.us/pls/real/Ins\\_RAF\\_Report.main](http://www.dora.state.co.us/pls/real/Ins_RAF_Report.main)
- Mr. Ward brought up the issue of “premium aggregation.”
- **Plan of Action:**

- Ms. Taber will provide the immediate answer to this question to Chairman Hayes and will also discuss what can be worked on in the future. Ms. Taber will include Mr. Ward in this conversation.

**Issue 6: The U.S. Department of Health and Human Services has compiled a 100 page Excel spreadsheet of federal funding opportunities to which Tribes are eligible.**

- Representatives of federal agencies within the U.S. Department of Health and Human Services have communicated to Tribes that some portion of federal funds managed by states are intended for programs and services in Tribal communities. In an effort to further clarify this, Secretary Sibelius has requested the accounting of federal funds to which Tribes are eligible recipients either through direct grants or via state-managed processes.
- **Plan of Action:**
  - Chairman Hayes will share the Excel spreadsheet of federal funding to state partners.
  - State partners will review the spreadsheet to see if there may be any other funding sources that are managed by the state departments and will pass along comments and possibly additions to Chairman Hayes. State partners can explore [www.tribalhealth.org](http://www.tribalhealth.org) to look for alignment of funding sources.
  - It is important to continue to consider how this document can be put into action.

**Issue 7: Could there be an option for a master contract from state with the two Ute Tribes, or a master contract within each department?**

- **Plan of Action:**
  - Mr. Esquibel and Mr. House will follow-up with this. A master contract, particularly within each state department, with an addendum for additional projects may be efficient for both state government and the Ute Tribes.

**Issue 8: CDPHE has funding available for the Chronic Disease Management Program and for education and screening of breast and cervical cancer.**

- The Chronic Disease Management Program entails paying for community people to be trained in a model of self-management who then can assist others with chronic pain. The program is 6 weeks, and people with different chronic health problems work together with two trained leaders, who themselves have chronic diseases. The program requires a license, but CDPHE can help cover that cost. There are currently efforts to expand this program to older adults (60+) and adults (18+) with disabilities.
- There is \$5,000 available to the SUIT for education for breast and cervical cancer. UMUT is already access these funds. Ms. Ybarra is the contact person and would like to offer this service to both Tribes.

- **Plan of Action:**
  - CDPHE will follow-up with Mr. Shemberger on the Chronic Disease Management training opportunity and the breast and cervical cancer education and screening funding.
  - There will be a conference call set up to include CDPHE representatives, Mr. Shemberger, and Mr. Sekaynptewa.
  - There are one-page information sheets about both opportunities that will be distributed to the Tribes within 30 days.
  - Ms. Ybarra will contact Mr. Ward, along with Emily Kinsella, Ivy Hontz, and Kelly McCracken of CDPHE, Kathleen McInnis of the Southwestern Colorado Area Health Education Center , and Marissa Maxwell-Kaime, UMU Public Health Director, to follow-up on the next steps with the contract that is already being prepared between CDPHE and UMU.
  - The contact person for patient navigation is Kelly McCracken at CDPHE. Ms. Ybarra is willing to facilitate a connection for those interested.

**Issue 9: The Tribes would like to set up a presentation and training so staff can help others navigate the Colorado PEAK system.**

- Background information:
  - Colorado PEAK (Program Eligibility and Application Kit) is a Website tool for applying for public assistance benefits. The application can be completed online and submitted electronically to the County Office. Also, there is a function of the Website for individuals to determine if they are eligible for food, medical or cash assistance. Colorado PEAK is also now linked with Connect for Health Colorado, which is the health insurance market place.
  - Ms. Martinez mentioned that an online interactive application allows one to enter his or her city and county to find sites and people available to help with the application process.
  - Training in case management and patient navigation is sustainable because the skills remain with the community, even after grant money is used.
  - It is important to develop transportation for indigent people to get to places with computers. Mobile applications may be useful.
- **Plan of Action:**
  - Mr. Esquibel will follow-up on training opportunities for the two Tribes.
  - Councilwoman Goodtracks will check with the SUIT to find out any interest in hosting a training session.
  - The contact person for Colorado PEAK is Patrick Kelly.
  - Connect for Health Colorado has developed a program called Assistance Network Sites, and the two Tribes will be part of the assistance network. Sovereign nations will have their own health coverage guides.

## **Issue 10: Data collection on health issues is currently not effective.**

- Background information:
  - Chairman Hayes pointed out the problem with grant writing is collecting the appropriate data to understand issues and create a strong application.
  - Mr. Ward said the data entered into the IHS data systems are not always easy to retrieve.
  - Mr. House brought up that tribal health data is available from the Albuquerque Area Southwest Tribal Epidemiological Center. There are organizations and universities willing to collect data, but this creates problems with Tribes regarding how long the data are kept and how the data will be used. It is important to protect any data gathered.
  - Mr. Sekaynmtewa proposed that the Tribes in Colorado develop their own mechanisms to collect and store data so that data collection remains separate from the politics of other Tribes.
  - Mr. Palacio introduced an innovative way to collect data by using an automated response system at community gatherings or trainings.
- **Plan of Action:**
  - From the Public Health side, Mr. Palacio will have a conversation with Alyson Shupe, an epidemiologist at CDPHE, to clarify the relationship between the Tribal Epi Center and the state, including who has what data and what kinds of agreements currently exist. Mr. Palacio will also check with the new commissioner Linda Berhansstipanov, who has done data collection and analysis at the national level.
  - Tribes will determine what kind of data they have already. This will be a follow-up item at the next CCIA Health and Wellness Committee meeting.
  - Mr. Ward mentioned the only information that goes to the state is mandatory reporting documents and immunization records, and Mr. Ward will check on exactly where this information goes. He will also find out who exactly in Shiprock is handling the IHS data and why.
  - There will be an invitation to Kevin English, Director of the Albuquerque Area Southwest Tribal Epi Center to join this discussion. Mr. Esquibel will contact Mr. English.
  - Mr. Esquibel will make contact with the Colorado Regional Health Information Organization (CORHIO) to find out how information is being collected from the Tribes.
  - There is a need for another meeting to discuss data collection and distribution.

**Issue 11: In Colorado, the Indian Child Welfare Act (ICWA) Block Grant, administered by the Division of Child Welfare in the Colorado Department of Human Services (CDHS), has about \$900,000 dollars that could be utilized for a variety of purposes.**

- Background information:
  - The oversight for ICWA in Tribal communities is Bureau for Indian Affairs (BIA), who does assessments for social services.
  - Chairman Hayes suggested that ICWA needs to be adjusted because one size does not fit all Tribes.
  - The Colorado state ICWA law is written to go beyond the national ICWA requirements. State cases have been favorable for ICWA but could be stronger.
  - There is typically a lack of communication in rural areas as to whether or not a child should be part of ICWA.
  - Tribal leaders asked about training on ICWA for judges and courts. Mr. Werthwein said that the Court Improvement Project of the Division of Child Welfare and Colorado State Judicial addresses the overall struggle with youth development in the court system. Within this project, there is an ICWA subcommittee because Colorado wants to strengthen its compliance with ICWA.
- **Plan of Action:**
  - Mr. Werthwein will email Janelle Doughty and give an update to the Tribes regarding available funds or reductions from the \$900,000 ICWA block grant. The dollars are meant for at-home placements. Last year, only two-thirds of the money was spent. Mr. Werthwein will also find out the parameters to the funds, specifically if the money can be used for therapeutic care.
  - Possible programs to fund through the ICWA block grant include:
    1. Hiring an additional prosecuting officer because the current officer is prosecuting everything and cannot deal with child abuse cases. There will be a follow-up discussion regarding the work-load of prosecuting officers and the need for additional funding.
    2. Funding the recruitment and training for people caring for children in Tribal and next of kin placements. Therapeutic care requires more resources.
  - Access to Justice, a program under the State Supreme Court, and Justice Greg Hobbs have been advocating for more pro-bono lawyers to assist in ICWA cases and for more ICWA trainings to occur. Mr. House will provide this contact information to Mr. Werthwein.
  - CDHS noted that ICWA needs help with the documentation of Native American heritage so that children can be helped without having to wait on paperwork. CDHS could use feedback on a better definition of family.
  - There is currently not a clear mechanism for follow-up ICWA consultation with the Tribes, but there needs to be one.

**Issue 12: The Colorado Department of Human Services is requesting Tribal input on the Child Welfare Hotline, which is in regard to reporting abuse and neglect.**

- Background information on the statewide hotline:
  - Currently, Tribes and counties manage their own calls, but there is not a statewide hotline for child welfare.
  - It is important that callers are being sent to the appropriate jurisdiction.
  - Several counties want to keep their direct lines, but information from direct lines will still be stored with the 1-800 number so the state can track dropped calls. Smaller counties may contract with larger counties to take after hours calls.
  - There will also be a large public awareness campaign to inform the public about what child abuse/neglect is, how to report, and who needs to report.
- **Plan of Action:**
  - Ms. Martinez will provide the Tribes with examples of how other counties presented their hotline information. This information will be distributed to the Tribes by Friday, August 30.
  - Tribes will contact Mr. Werthwein with concerns and interests regarding the hotline. Mr. Werthwein would like to know:
    1. The current status of hotlines, including information such as the quantity of calls and what happens to calls after hours (i.e. do the calls roll to law enforcement, a different county, and case workers?).
    2. How would the Tribes like to see the statewide hotline operate?
  - Mr. Werthwein will also get phone conference information to the Tribes.
  - Mr. Trocheck will provide information to Mr. Werthwein about how the Ute Mountain Ute police functions under federal law enforcement in regard to child welfare cases.
- **Timeline:**
  - Within 30 days, the Tribes will give Mr. Werthwein their input.
  - Mr. Werthwein needs to compose a recommendation for the Governor by October.

**Issue 13: Medicaid and income guidelines were prepared by the Colorado Department of Health Care Policy and Financing (HCPF) for use in SW Colorado.**

- **Plan of Action:**
  - Mr. Esquibel will follow-up with HCPF staff and pass along the information to Tribal partners.
  - This information is also online, and Ms. LaCombe will send this information to the Tribes.

**Issue 14: Connect for Health Colorado is interested in guidance on framing messages to Tribal members with regard to the new private health insurance marketplace.**

- Fact sheets from Connect for Health Colorado regarding insurance coverage are currently being translated into Spanish, and Connect for Health Colorado is also interested in how to convey information to Native American communities in a culturally sensitive way.
- Possible messaging strategies:
  - Encourage potential customers to look at their specific needs (especially the need for specialists) before shopping for an insurance plan.
  - Convey the message that if you are not eligible for Medicaid, you can purchase private insurance, and the referrals out of IHS will be covered.
  - There could be a checklist between IHS benefits and private insurance benefits; if IHS cannot provide services, then where can people go? It may sometimes be better for individuals to go outside of IHS, like in the case of dental care.
- **Plan of Action:**
  - Tribal members will review the fact sheet entitled, “Health Insurance for Tribal Communities” and give feedback to Connect for Health Colorado about how to make the document more accessible and culturally relevant.
  - In the future when health coverage guides are in place, the guides can work with the Tribes to figure out different “selling points” for potential Tribal customers.

**Issue 15: Requests were made for Connect for Health Colorado to provide information on in-person assisters and certification processes. Specifically, IHS has mandated that IHS Clinics have certified application counselors.**

- **Plan of Action:**
  - Representatives from Connect for Health Colorado will send information on in-person assisters to Mr. Ward, and together they will coordinate on the certification process for assisters. People can be certified by October 1 if IHS is ready.
  - Ms. Taber will send a separate email to Mr. Ward to find out the need for this program within the clinic setting. Ms. Taber emphasized that Connect for Health Colorado can be flexible with the community’s needs.
  - Mr. Ward will let IHS Headquarters know that Colorado has certification available.

**Issue 16: Southern Ute Indian Tribe Health Care System.**

- Background information of the Health Improvement Plan:
  - The SUI is preparing to launch its own health care system with a self-funded tribal member health benefits program that focuses on obesity and access to care. SUI was accredited two weeks ago and will be implemented October 1. The Plan is designed to give incentives to Tribal members to use local services. The program will cover Tribal members only, and members both in state and out of state will be given an access card.

- Within the next 60 days, there will be a modular building added, thereby doubling the capacity of the SUIT health clinic. A new chief medical officer will be starting in September. However, Mr. Shemberger emphasized the need for yet additional personnel and space in order to expand services.
- **Plan of Action:**
  - Connect for Health Colorado is interested in being part of this effort. Mr. Shemberger and Ms. Taber will schedule a time to have a conversation about how to work together and to include Tribal members in the process.
  - Regarding public health and wellness, San Juan Basin Health department staff is willing be a partner with the SUIT.

**Issue 17: Ask the Piton Foundation about expanding their outreach to Tribes regarding the topic of the Affordable Care Act and tax reporting and exemption issue for Tribal members.**

- Background information about possible tax issues for Tribal members:
  - The verification of having some sort of medical insurance will be through tax returns, which raises some issues with regard to Tribal members. Those who do not document some form of private health insurance will be fined.
  - There is concern for Tribal members who are not on the reservation but still need assistance filing taxes.
  - Mr. Ward noted that the U.S. Department of Health and Human Services (HHS) extended the hardship credit to IHS, but an advanced tax credit could pose a problem for seasonal workers because they may owe the IRS money at the end of the year.
- **Plan of Action:**
  - Tribal representatives will bring up these issues at the upcoming HHS meeting.
  - Connect for Health Colorado does not provide tax assistance resources, but Ms. Taber sent Mr. Ward contact information for Melissa Viola, who is in charge of providing tax assistance at Fort Lewis College in Durango, to see about hosting tax clinics in Tribal areas. Ms. Taber will share information regarding this possibility with Mr. Shemberger and Mr. Ward. Webinars may be another resource for tax assistance.
  - The Piton Foundation is working through the community college system on their training with regard to the ACA and tax reporting and exemptions.

## **Opportunities**

**Health Disparities Program:** CDPHE has dollars from the tobacco tax to designate for cardiovascular and pulmonary disease. There are HIV prevention grants and immunization grants. CDPHE also has funds for diabetes and aging and wants to work with the Tribes.

**Juvenile justice:** There is \$25,000 per Tribe available for juvenile justice prevention and intervention services through the Juvenile Justice and Delinquency Prevention Council under the Colorado Department of Public Safety/Division of Criminal Justice.

- The money is currently out to the Southern Ute Indian Tribe.
- The Ute Mountain Ute Tribe still can decide to make use of this money.
- Initiatives regarding juvenile justice agreed upon by national partners, including DHS, DOJ, and others, could be funded through Request for Applications (RFAs).

**Enrollment into Medicaid and CHP+:** The Colorado Health Foundation has funding opportunities to increase enrollment of eligible Coloradoans in Medicaid and CHP+.

- The funding is geared to safety net clinics to partner with counties (Department of Human Services) or Medical Assistance Sites (MA sites).
- The link is [www.coloradohealth.org](http://www.coloradohealth.org).
- The next deadline is October 15th.

**Core Services:** There are \$25,000 for family preservation and unification available to each of the Tribes.

- SUIT has already tapped into the dollars. UMUT has not yet submitted a Core Services Plan.
- **Follow-up:** Mr. Werthwein will check with Melinda Cox at CDHS about technical assistance for completing the plans and exact distribution of money. For UMUT, Janelle is the contact person for social services.

**Colorado Trust Fund:** A Request for Proposal (RFP) is forthcoming from The Colorado Trust Fund for fatherhood programs, parent education, and child abuse prevention.

- Average grant awards are around \$22,000 and will be available in January 2014.
- The Colorado Trust Fund is interested in addressing “food deserts” (lack of nearby access to places that sell food) and health equity. The Tribes can access the Website of The Colorado Trust ([www.coloradotrust.org](http://www.coloradotrust.org)) to see what other types of projects are funded. Tribes can always request a copy of a successful application from the previous year because this is usually available.
- Can we come up with a specific proposal for The Colorado Trust?
- **Follow-up:**
  - Communication will be coming from Scott Bates regarding the fatherhood programs. Ms. Martinez will ensure he has the correct contact information for the Tribes.

- If we brought one or more representatives of The Colorado trust to meet with Tribes and get their reaction on possible projects for funding, then we can figure out what they are interested in funding.

**Mobility Grant:** CDHS encourages Tribes to apply for grant funds for mobility devices like iPads. The application for these funds will come out in December 2013. There is \$723,000 available.

**Center for Medicare/Medicaid (CMS):** CMS has a \$44 million grant for tribal organization partnerships. Awards range from \$100,000 to \$1 million.

- The funding from this source is very broad and can be used to build capacity. Some ideas for possible funding included:
  - Helping offset some costs for state agencies to create Tribal liaisons within state departments if such connections are not already established.
  - Funding treatment centers for juveniles.
  - Continuing the Health and Wellness Roundtable meeting.
  - Hiring more grant writers for the Tribes.
  - Hiring mental health professionals. Perhaps the Tribes can work together to cost share and have the mental health professionals travel to serve both groups.
- **Follow-up:** Mr. House will get more information from CMS and bring an update to this group at the next gathering. We may need to pull people together using the grant funds for this Roundtable that expire at end of September to figure out how to spend the CMS grant money.
- **Timeline:** Grant proposals are due around the end of October. Mr. House will confirm this date and let everyone know.

**Radon grants:** The Department of Public Health and Environment (CDPHE) brought up that grants are available for radon home testing. It should be clarified to the funders that Tribes are sovereign nations.

**Additional programs through the CDHS:** Child Welfare Training Academy, Safe Care, Family Partnership, and Youth Development Plan

- The Child Welfare Training Academy now has four regional training centers in Colorado, and there is a push to make 60 percent of the courses online. The Denver Indian Family Resource Center (DIFRC) is providing cultural training for workers to be more culturally sensitive.
- Safe Care is an evidence-based home visiting program focused on children ages 0-5 and is in its pilot phase now. If it works, it will be rolled out across state including the Tribes. The program is focused on safety, like having chemicals out of reach of kids. The program has been working with Tribes in Oklahoma.

- Nurse-Family Partnership works with first time mothers from prenatal to when child turns two.
- CDHS will be working with partners on a State Youth Development Plan focusing on youth 9-25 years of age. The intent is to better align programs and efforts that address the various needs of youth and their families.
- Please note that Executive Director Reggie Bicha of CDHS wants to improve communication with minority groups across the state, so there will be more conversations about these programs in the future.

## **Problem Solve**

**Problem: Eligibility for services can be an issue for Tribal members, particularly those in transition from off Tribal lands and descendants of Native Americans.**

- People in transition:
  - There is a push to get people eligible for services where they reside so that they do not experience a gap in services transitioning to a new location. The transient nature of Native Americans needs to be addressed so that services can move with people.
  - There also needs to be stabilization centers and plans for self-sufficiency when individuals transition to urban areas.
- The problem of defining “Indian”:
  - Chairman Hayes brought up the dilemma of the definition of Indian. Each Tribe determines its own eligibility requirements, but federal law mandates that an individual must be a member of a federally recognized Tribe in order to be eligible for services.
  - IHS does recognize descendants. Perhaps there can be a card that identifies individuals as Native American descendants.
- Connect for Health Colorado thinks this is an education/training module.
- Connect for Health Colorado staff stated they will work toward better defining benefits for community members and descendants. If someone does not fall within the current definition of Indian, he or she still has access, just at a different level. There needs to be a better definition at the local level.

**Problem: Navigation of different payers (federal, state, county, Exchange, Medicaid, private insurance) can be difficult. How can we make this process easier?**

- There is currently a state collaborative with regard to this issue.
- **Follow-up:** Mr. Palacio will take this information to his office to figure out how to help.

**Problem: How can ancestral traditions be utilized to improve health?**

- Maybe community cookbooks could emphasize good nutrition based on cultural traditions.
- Every May, Tribes walk from their Tribe to the Four Corners Monument, an event connected to diabetes awareness.
- Councilwoman Goodtracks, among others, expressed interest in doing more initiatives based on Native American culture.

**Problem: UMUT Emergency Preparedness is looking for about \$75,000 for a generator to cover the health clinic.**

- Mr. Trocheck will follow-up with the group about whether or not other funding came through.
- **Follow-up:**
  - Mr. Palacio will put in a word with CDHE about the need for a generator.
  - Mr. House suggested amending the Stafford Act to allow Tribes to go directly to federal government for emergency assistance.
  - Mr. House said that Eaglenet should contact Mr. Trocheck soon with mapping details.
  - Tracy Kaziz from the Colorado Information Analysis Center wants to meet with Mr. Trocheck and the Southern Ute Indian Tribe.

## **Ideas**

**Idea: The Tribes, state, and counties could partner on funding opportunities and improve connectivity between the three with regard to current funding for services.**

**Idea: Tribal liaisons could be in more state departments to maintain regular contacts between the two and move more quickly on common priorities and to address emerging issues.**

- There is a need to formalize and streamline communication:
  - Community transformation grants require a relationship with the partnering community, but often grant writers are given a short timeframe in which to compose the grant. A baseline is needed so that Tribes can quickly apply for grants.
  - There is no specific communication mechanism between the urban Indian population and the state.
  - Authorizing language and protocols between Tribes and states/counties are needed to deal with health issues.
  - The communication model between Tribes and the State that Colorado adopts will be used as an example for the nation.

- Tribal liaison in more state departments could increase access to funding sources, especially federal funds that are managed by the state.
- Emergency provisions are needed ahead of time.
- Suggestions for improving connections between the Tribes and state:
  - CDHS welcomed the Tribes to reach out to any agency that they would like to visit their community.
  - It is important to remind state agents that the Tribes are sovereign entities and to tailor resources to be culturally appropriate.
  - Colorado could look to other states to find out how relations work elsewhere.
  - CCIA is a point of contact for Tribes and can help relay information to other state agencies.

**Idea: Documentation and tracking of services delivered for individuals is an issue among the Tribes.**

- Suggestions for how to begin tracking services include:
  - Possible Smart PHR, a Web-based personal health record system that is secured and HIPAA compliant and accessible by individuals, is a solution for tracking services by individual.
  - Electronic health records (EHRs), which are associated with a specific provider, could also be considered, especially with interoperability capabilities to connect with other EHRs and PHRs.
  - Collecting data from case workers.
  - Creating a checklist for case workers to follow so that services like home checks are performed on a regular basis.

**Idea: Tribes would benefit from more health facilities.**

- Nursing homes, juvenile treatment centers, substance abuse centers, safe houses and foster homes, and domestic violence and sexual assault safe houses are all examples of needed facilities.
- A center where the elderly can share wisdom and culture with youth would strengthen the community.
- **Follow-up:** Ms. Boyd will post information about Behavioral Health Court, which tries to keep people with substance abuse issues out of the jail system.

**Idea: Tribes could have their own public health implementation plan.**

- Tribes can partner with each other and/or counties on the development of a Public Health Improvement Plan.
- **Follow-up:** Mr. Palacio will send out a description of this opportunity, including the available resources, funding, and state personnel.

- **Timeline:** Open

**Idea: Capturing the history of the working relationship between the Tribes and state would be a helpful orientation for newcomers.**

- State and Tribal leaders agreed that a document laying the groundwork of relations would be beneficial in moving forward.
- The Tribes would like to know what newcomers want to know and what experienced state agents would find helpful.
- November is Native American Heritage Month. How can we integrate education on Indian affairs into state agencies during this time?

**Idea: Mapping the process that clients go through when accessing health services would be helpful.**

- Information available to clients could include a description of the organization, who is involved in the organization, and what the possible resources are.

**Idea: Tribes could partner with universities to write up grants for research on certain diseases and for training programs.**

- Universities could work with Tribal populations to help with grant writing.
- Universities could also collaborate with the Tribes to increase training opportunities for case workers and health workers.

## **Suggestions for the Next Health and Wellness Roundtable**

- Ask a regional director of IHS to give a presentation.
- Invite more state agents, including the Lt. Governor, out-of-state representatives, and other state agents.
- Invite Tribal organizations, patients from each of the Tribes, and representatives from La Plata and Montezuma counties.
- Include the urban Indian population, possibly by including representatives from Denver Indian Health and Family Services Center and the Denver Indian Family Resource Center.

## **Next Steps**

- Following the CCIA meeting on September 12-13th, there will be follow-up via conference call or meeting so everyone can give updates on all the above items.
- Tribes could have town hall meetings to determine other needs of community members.
- In the future, we could have a health summit with more Tribes and more agencies in order to create a more collaborative approach to health issues.