AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE

2019-2020 AIHC Policy/Project Work

Project	Background	Goals	Lead/Partners	Status
AI/AN Provider Access and Indian Health Care Provider Protections	Currently, 638 tribal compact/contract tribes, Indian Health Service sites, and Urban Indian health programs (I/T/Us) face many challenges in ensuring that health insurance issuers are properly complying with the (1) payment and referral process; and (2) provider and facility licensure exceptions in the Indian Health Care Improvement Act (IHCIA) and the Patient Protection and Affordable Care Act (ACA).	• As Indian health care providers move forward with the implementation of the ACA and stronger protection in IHCIA, they will need clear guidance as to what steps to take when issuers fail to comply with the state and federal law. By partnering with the OIC the AIHC can provide ongoing training and education to issuers and providers regarding the specific American Indian and Alaska Native (AI/AN) protections and federal rules for interacting with Indian health care providers. Lastly, it will be important for both Indian health care providers and insurance issuers to understand which state and federal agencies are responsible for enforcing these rules.	Lead: Heather Erb Partners: OIC/AIHC	**Partially funded- need for ongoing work** 4/25/2018- Tribal/Insurance Carriers Health Fair and Roundtable
Tribal Coordinating Entity for Medicaid Transformation	Washington State applied and received $1.2 billion in CMS funding for Medicaid transformation to improve population health, increase patient experience and decrease the cost of Medicaid services in our State. The State developed the Healthier Washington Initiative with CMMI Funds and created regional Accountable Communities of Health (ACH) with the intent to move to value based payments for Medicaid providers. Although there was Tribal and UIHP representation on HILN and engagement with Tribes and UIHPs, the State never clearly understood the difficulties that would happen by forcing the Indian Health Care Delivery system into their regional ACHs. Lack of appropriate Tribal representation on ACH Boards continues to be a problem, concerns about a new payment model impacting Tribal clinic budgets. AIHC worked with HCA to create Tribal Protocols for the 1115 Waiver that would ensure IHCP have access to MDT funding directly from HCA not through ACHs. A Tribal ACH did not quite make sense so a Tribal Coordinating Entity was developed and AIHC contracted with HCA to do the work.	•	Lead: Vicki Lowe Partners: HCA, AIHC, Tribes, UIHPs, ACHs	**Funded through HCA Administrative funds up to $250K per year 2021**
Uniform Washington State Tribal Consultation Policies	Tribal leaders currently have numerous tribal consultation policies to familiarize themselves with. Often these policies have lacked clarity on (1) what issues require consultation; (2) the process for notifying tribes, (3) the requirements for consultation; and (4) the difference between consultation versus collaboration.	• Tribal consultation that truly respects the government-to-government relationship with tribes provides (1) clear expectations regarding when to consult; (2) proper tribal leader notification; (3) the opportunity for tribes to initiate consultation; (4) requirements for people with the authority to	Lead: Heather Erb Partners: HCA, DOH, OIC	**Unfunded- Partially complete** DOH consultation policy updated; OIC policy update in in process- signed June 2016 HCA to be updated in 2019- still working on

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		act to be present; and (5) requirements to comply with the Centennial Accord of 1989 and R.C.W. 43.376. AIHC recommends that agencies propose to the tribes for their approval consultation policies modeled after the Washington Health Benefit Exchange Tribal Consultation Policy since this policy was not drafted by the agency but rather from the tribal perspective to address the issues outlined above.		
Tribal Assister Program	The Tribal Get Covered Workgroup formed under Level 2 Establishment Grant through the WHBE, continued under two more grants. The TGCWG began April of 2013. From April through September of 2013, the group met twice monthly through webinar to prepare Tribal Assisters to enroll Washington State AI/AN through the Washington HealthPlanfinder (HFP). In addition to these meetings, the AIHC worked with the WHBE to create and implement training for Tribal Assisters to pass the exam and gain access into the HPF which allows them to partner (connect) with accounts and help process the applications and manage these accounts. October 1st, 2013 to June 1, 2016, this group met weekly, to help provide support for enrollment issues. The AIHC worked closely with the WHBE and the HCA to help Tribal Assisters work through their enrollment issues and create systems and processes to resolve these issues. There are still some technical issues with application and need for ongoing training for new Tribal Assisters are hired as well as working to resolve sponsorship issues in the HPF system. The AIHC has also created an online manual to aid Tribal and Urban Health program staff as well as other individual's signing AI/AN's up for coverage.	• Continue TGCWG webinars once or twice per month • Quarterly in person meetings for Tribal Assisters to share best practices • Continue Certification training for new or recertifying Tribal Assisters Continue updating online manual	Lead: Vicki Lowe Partners: WAHBE, HCA, NPAIHB, IHS	**Partially Funded/ Ongoing need to continue work** Tribal Assister certification/training and monthly meetings taken over by WAHBE 9/13/2017 and 4/21/17 Tribal Assister In-Person Training funded by WACMHC 4/25/18 Tribal Assister In-Person Training funded by MCOs No funds to update manual
Create access to behavioral health inpatient services for AI/ANs in crisis.	The crisis system created through the Regional Support Networks (RSNs) and later the Behavioral Health Organizations (BHOs) still creates access issues for AI/ANs in crisis, these facilities are referred to in Washington State as Evaluation and Treatment (E&T) facilities. There are not enough inpatient crisis beds to meet the needs statewide for access, and there are not any culturally appropriate facilities for AI/AN to receive care until they can safely return home. Through a budget proviso, the Washington State Legislature appropriate funds to the Department of Behavioral Health and Rehabilitation (DBHR) to work	Continue work under the Tribal Evaluation and Treatment Budget Proviso to create a crisis system that work for AI/ANs, has culturally appropriate care and understands the Indian Health Care Delivery system.	Lead: Charlene Abrahamson Partners: DSHS, HCA, AIHC, NPAIHB, Governor's Office	**Funding through June 2019 under budget proviso. Request for new proviso to continue work for 2019-20 biennium**

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	with the Tribes and UIHPs to develop recommendations for building a Tribal Evaluation and Treatment Facility. Funding was for 2018-19 biennium, but the work was not begun until December of 2018. Report is due to the legislature in April of 2019. This funding provides an opportunity for the Tribes, UIHPs and the State to work together on a solution to a longstanding issue and thoughtfully build access to the care that will have improved outcomes.			
Maternal and Infant Health Strategic Plan Implementation: Reduction of Native American Maternal and Infant Health Disparities	The AIHC Maternal and Infant Health (MIH) Strategic Plan was developed in 2010 and widely distributed beginning in early 2011 to State and Tribal leaders. The plan outlines a clear methodology, including evidence based and best practices, with a budget attached, to address the severe MIH disparities among American Indian women and infants in Washington State. It is a mutual goal of our state governor, in the "Results Washington" plan, and the AIHC, to reduce low birth weight and infant mortality.	• State Agencies, including the Department of Health, the Health Care Authority, and the Department of Social and Health Services will engage in meaningful dialogue with the AIHC to plan for the funding of the initiatives and programs outlined in the budget section of the Strategic Plan, to reduce the Maternal and Infant Health disparities in American Indian women and infants in Washington State and improve the health of our communities.	Lead: Cindy Gamble/Jan Olmstead Partners: DOH, HCA, WIC, DSHS, MSS	**No movement** on coordination of comprehensive funding plan with health agencies based MIH Strategic Plan. **Progress**: funding of the WIC research project, collaboration on the AIHC Maternal Infant Early Childhood Home Visiting summits, DOH and AIHC collaboration on Results WA, Community Health Representatives accepted as a billable provider type for MSS First Steps team, the PRAMS project, and support offered as requested to Tribes/UIHOs working on MIH projects. DOH provides funds to AIHC to: provide technical assistance to Tribes/UIHPs and to work with DOH and other health agencies on MIH related strategies and interventions. The **additional request for $150,000 to update the MIH Strategic Plan remains** unfunded.
Need for Data and Data Access: Pregnancy Risk Assessment	The PRAMS survey is one of our best sources for maternal and infant health data on American Indian women and infants here in Washington State. Response rates are declining. We require reliable data to develop	• Washington State DOH will engage with the AIHC, Tribes, and Urban Indian Health Organizations to plan for and execute a PRAMS survey of 100% of the self-identified American Indian (eligible) mothers and fathers in Washington State.	Lead: Cindy Gamble/Jan Olmstead	**There is still a need for an additional PRAMS survey. Initial discussions with MIH and PRAMS DOH staff.**

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Monitoring System Survey (PRAMS)	appropriate and effective plans to reduce maternal and infant health disparities, to measure our progress, to identify trends, and to implement effective maternal and infant health programs.	• Washington State will collaborate with AIHC to determine a funding strategy for the survey to help reduce the American Indian maternal and infant health disparities and in so doing, help build healthy communities. • Funding to promote PRAMS survey to AI/AN mothers. • Washington State will collaborate with AIHC to make the PRAMS data easily accessible to our Tribes and Urban Indian Health Organizations.	Partners: DOH, AIHC	**Unfunded, Cost undetermined**
Hepatitis C Research, Outreach, and Education	Hepatitis C affects American Indian people in disproportionate numbers to the general population. This disease is underdiagnosed, and costly in terms of human lives and productivity and in treatment dollars. The data shows that between 2009 and 2011 there was a 137% increase in Hep C in Native Americans. Many Tribal Providers say that they are facing “epidemic proportions” in their clinics. The cost of treating just one Hep C patient seriously impacts Tribal Health funding (CHS) dollars and could precipitate a “priority one” status.	• The State should engage with AIHC, Tribes, and UIHO’s to investigate the true scope of the Hepatitis C issue in Indian Country; identify funding options to conduct an education campaign for patients and providers about Hepatitis C, including how Hep C affects pregnant women, newborns, and breast feeding; information about the new treatment options available; and connecting Tribal providers to the free screening kits through DOH and educate them on the Patient Assistance Programs for financial assistance with the appropriate medications for their patients. • Hire Consultant to coordinate efforts surrounding Hepatitis C with AIHC, NPAIHB and WA DOH	Lead: Jan Olmstead/Wendy Stevens Partners: DOH, AIHC	**Unfunded. Continuing request Cost undetermined**
Public Health Emergency Preparedness Funding	The first year that PHEPR funds were available to Washington State tribes (2003 – 2004), the Tribes, the Washington State Department of Health (DOH), the Northwest Portland Area Indian Health Board and the American Indian Health Commission agreed to use a funding methodology similar to that used for tribal tobacco cessation funds to distribute the PHEPR funds. The DOH adopted this recommendation and the formula has been used since then to allocate available funds to Tribes. Methodology Funding was split into two categories - Category 1: Approximately 75% of the total available funds distributed to all 29 federally recognized tribes	• Agree to reallocate funds that are not contracted by Tribes towards benefiting all Tribes’ efforts to strengthen their capacity to prepare and respond to public health emergencies. (For example, training, exercises, technical assistance, etc.) Consider modifying the funding allocation formula.	Lead: Lou Schmitz Partners: DOH, Tribes, AIHC	**Completed-** February 8, 2016, DOH announced preservation for any funds that are allocated for Tribes, but not contracted for the contract year 2016-17. Funds were set aside for Tribes and Indian organizations to submit applications for special projects completed by June 30, 2017. Announcement was made July 7, 2016, application deadline was August 31, 2016. DOH will convene a review panel to select projects for funding. Once the process

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	- Category 2: Approximately 25% of the total available fund distributed to 26 tribes that had tribally operated clinics For Category 1 funds, 30% was distributed equally to all tribes and 70% was distributed proportionally based on the most recent available IHS user population for each tribe. For Category 2 funds, 50% was distributed equally to all tribes and 50% was distributed proportionally based on the most recent available HIS user population for each tribe.			is complete, Tribes will be able to assess this new approach to tribal PHEPR funds. Tribes stated the preservation of non-contracted funds was the first priority, and they will address the funding allocation formula review after the non-contracted funds issue is resolved.
Improve immunizations rates in Tribal and Urban Indian communities by addressing vaccine hesitancy by health care workers.	American Indians and Alaska Natives are impacted the most by illnesses that could have been prevented through proper immunizations. This has raised concerns about vaccine hesitancy among health care workers and the implications for Tribal and Urban Indian communities. AIHC and the Tribal Health Immunizations Workgroup (THIW) conducted an assessment in 2012 on tribal health care workers knowledge, attitudes and practices. The AIHC Tribal Health Immunizations workgroup prioritized its recommendations and has established a work plan to address Tribal and Urban Indian community vaccine hesitancy.	• Develop immunization policy to address health care worker vaccine hesitancy using PES approach, including • Conducing a comprehensive review and analysis focused on long term solutions for sustainable health care worker immunizations policies using a policy, environment, and systems approach, • Engaging the Tribal Health Immunization Workgroup to review and bring forward recommendation to AIHC • Working with Tribes/Urban Indian Clinics to implement the immunization policy. • Develop Tribal and Urban Indian specific educational materials regarding vaccine hesitancy, including: • Materials for multiple audiences, e.g., health care workers, community members, etc. • Engaging the Tribal Health Immunizations Workgroup to create, review and bring recommendations to the AIHC • Engaging Tribal leaders' immunizations promotional campaign, "I'm immunized; how about you?" Participate in development of immunizations promotional campaign. • Convene Tribal and Urban Indian Immunization Summit in 2015 in partnership with Tribes, UIHOs, NPAIHB, IHS, DOH Immunizations and others. • Establish Summit Planning Committee • Identify funds	Lead: Jan Ward Olmstead/ Partners: DOH, AIHC, NPAIHB, IHS	2017 DOH Funded: Feasibility of Tribal Immunization Summit& identify potential source of funding current Group Health Foundation (GHF) supported day-long Tribal Immunization work session to identify tribal coalition priorities **2018-19 Funded:** GHF funding for Immunizations Coalition Development DOH provided funding to support: • 2015 MIH/Youth Summit to include HPV education focus, • Convening Immunization workgroup, current • convening tribal workgroup/coalition, site visits and participation in state initiatives

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				Ongoing request: Fund Immunizations Report: health care worker vaccine hesitancy recommendations.
Healthy Communities: *Pulling Together for Wellness*, framework.	The American Indian Health Commission (AIHC) has facilitated the development of a Tribal/Urban Indian-driven *Healthy Communities* framework. The framework focuses on a comprehensive prevention strategy integrating Native and western knowledge to reduce risk factors for chronic disease among American Indians and Alaska Natives (AI/AN) in Washington State. This model utilizes a Policy, Environment, Systems (PES) change approach and incorporates cultural appropriate strategies designed for Tribal and Urban Indian communities.	• Support the Healthy Tribal and Urban Indian Communities: *Pulling Together for Wellness* framework. • Integrate concepts and principles of the Healthy Tribal and Urban Indian Communities: *Pulling Together for Wellness* framework in planning processes to address chronic disease prevention through a policy, environment and systems approach. • Partner with Tribes and Urban Indian programs to seek funding to implement the framework. • Obtain funding for demonstration project: 2 Tribes, 1 Urban Indian Organization, Northwest Indian College and AIHC.	Lead: Jan Ward Olmstead Partners: AIHC, Tribes, DOH	**AIHC and DOH continue to jointly seek funding for demonstration project**. Continuing effort to seek demonstration project funding.
Nutritional Program for Woman, Infants and Children (WIC)	The American Indian Health Commission Maternal-Infant Health Strategic Plan documents and addresses the material and infant health disparities in Washington's AI/AN pregnant women and their infants and also identified opportunities for change. The plan includes best and promising practices and programs to help address these disparities. The WIC Nutrition Program is one of the established programs that Tribal leaders asked to be addressed in the strategic plan by developing and implementing strategies to improve AI/AN access and Tribal Health program ability to provide WIC services. The WIC Nutrition Program is collaborating with AIHC to identify barriers to participation in WIC among AI/AN pregnant women and their children. Together we are working to develop Tribally-driven strategies to enhance eservices to the Tribes and Urban Indian health organizations. The collaboration effort is in direct response to concerns over high infant mortality and morbidity experience in Tribal Communities.	• Improve American Indian/Alaska Native (AI/AN) access to WIC services through a tribally-driven process to determine barriers and concerns. • Further goals of the WIC Program in the access to food, breastfeeding, health education and information and referral to other programs & services for the AI/AN population. • To determine and advocate for culturally relevant and Tribal Community accessible programs and services. •	Lead: Cindy Gamble Partners: Tribes, WIC, AIHC	**Funded**

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Maternal Infant Early Childhood Home Visiting	AIHC is working with the Department of Early Learning and Department of Health to ensure the promotion of health and the state home visiting structure includes Home Visiting programs is that are culturally appropriate and effective in tribal and urban Indian setting.	• Identify the needs and capacity in Tribes and Urban Indian settings • Develop culturally appropriate home visiting options • Add to the national collective pool of home visiting knowledge regarding Tribal/Urban home visiting practices. • Co-Sponsor annual Home Visiting Summit • Provide TA to the Tribal Home Visiting Demonstration Project • Collaboration with HV partners in development of statewide services.	Lead: Jan Olmstead Partners: Tribes, DEL, DOH, AIHC	**Funded**
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