

TRIBAL LEADERSHIP ADVISORY COUNCIL

June 10, 2022

9:00 am to 11:00 am

WELCOME AND INTRODUCTIONS: Introduction of Department, Tribal, and IHS Officials

REVIEW OF LAST MEETING NOTES: Motion to approve heard.

PUBLIC HEALTH DIVISION – Stephanie Pyle, Senior Administrator:

- Good morning, everyone. I am Stephanie Pyle. I am the senior administrator of the Public Health Division with the Wyoming Department of Health. I just have a few quick items that we wanted to share with the group today. I am sure you have heard about the formula shortage across the country. I did want to let you know what we are doing here in Public Health. Our WIC unit is continuing to work with the USDA, stores, and infant formula manufacturers to try to place orders for formula for WIC participants. A couple of things we have done to help participants navigate through this is we have opened options for participants to be able to use benefits to purchase other formula brands and sizes. Our Maternal and Child Health Unit has developed informational resources for Public Health Nursing offices to give out to individuals who have questions. Also, our County Public Health Nursing agencies are providing information locally and supporting families where needed. We are hopeful that that the supply will continue to increase. I do know that there are some stores that are limiting what individual families can purchase so that they can try to curtail the supply issue.
- Also, we are learning about the infant COVID vaccines that are currently being considered this month by FDA for emergency use authorization based on CDC recommendations. If the FDA authorizes the vaccines, the first shipments of vaccine could be received in Wyoming the week of June 20. The Moderna vaccine is for children six months to five years old and is likely to be a two-dose series. The Pfizer vaccine is for six months to four year olds and is likely to be a three-dose series. Along with everyone in the country, we are really trying to monitor those developments and be prepared if and when the green light is given so that we are ready to be distributing that.
- Our Maternal and Child Health Unit was awarded a pediatric mental health care access grant through HRSA. That is being overseen by the Youth and Adult Health program manager. They will be conducting a needs assessment of primary care providers, mental health providers, and families that will be conducted in the next year to inform the work of this program. The coordinator position should be built soon, and the funding is \$445,000 per year for five years. The grant goals include improving access to pediatric mental health services via primary care providers in Wyoming, developing necessary infrastructure to reliably access pediatric mental health care services with a focus on geographically isolated and frontier populations, and

establishing common language and shared measurement standards to guide statewide efforts to improve pediatric mental health care access.

- I also wanted to mention that we do have a new lab administrator. I am sure you are familiar with our Public Health Lab. In the fall, our lab administrator took a position outside of the country. She actually started right when the pandemic started and then had an exciting opportunity out of the country. We then had an individual who was serving in the interim role who was then selected as the lab administrator and his name is Joe Reed. He has been with us for quite some time and has really helped us to operate the lab seamlessly while we did the search for the lab administrator.
- The final thing I wanted to mention is that Public Health is working on updating its strategic plan. We are excited about this work. We are thankful that we have an opportunity to sort of get a breath of fresh air and turn our attention to more day to day operations. I am really looking at the strategic plan on how we want to realign our goals, so we are asking for input on that. If you have suggestions on who we should reach out to in your organization, we are happy to hear those recommendations. Otherwise, we will just work our normal channels to get input from all of our partners in terms of the development of our strategic plan. With that, I am certainly happy to answer any questions. It is nice to see everyone on the call. Hopefully I will be up in your area soon and can stop in to see you in person.
- **Question:** This is Rick Brannon. The first question I have has to do with COVID testing. I heard that the State is discontinuing the status. What we have decided is that we will continue to test as many people as we can. Usually testing on demand correlates with the fear in the community in terms of COVID infections. When we have a spike, there are a lot of people that come in to get the tests. What I have noticed is a lot of complacency today in terms of COVID on the reservation. There is a medical staff call every Monday morning, I believe. The COVID infection rate has been steadily increasing. I think last week it was about 32 infections, so I am assuming the variant spiked in New York or on the East Coast and found its way to Wyoming. The question I have is would we still be able to send our tests to the State Lab like we did before? Is there capacity for us to do that? **Answer:** Thanks for that question. I believe that is the case. I will confirm that with both Ashley and Allie to make sure that that is still our intended arrangement, but I do believe it is. If not, then one of us will reach out to you. I know Ashley is in frequent contact with everyone in terms of just the ongoing COVID response and testing issues, but if that is not the case, one of us will reach out to you.

AGING DIVISION – Lisa Osvold, Senior Administrator:

- Good morning, everyone. It is nice to see you. I have a rather short update from the Aging Division. I am not sure how familiar the group is with a new Veterans Skilled Nursing Facility, so I wanted to make sure I touch on that. As you may or may not recall, in March of 2019, which seems like a long time ago, the Wyoming Legislature passed legislation approving the construction of the Wyoming State Skilled Nursing Facility, which is really exciting because then we were the only state in the nation that did not have a skilled nursing facility. We have an assisted living facility in Buffalo. The construction began in September of 2020. Rather than having a traditional type of building, the Wyoming Legislature and the Federal government, which provided a loan or at least part of the loan to build these buildings, required us to use a more of a resident-centered approach. Therefore, instead of traditional buildings, we will be

having three 12-bed cottages. Each resident will have their own bedroom and bathroom, which creates very much like a home like environment. Meals will be prepared and their activities will be done in the cottages, again much like home. The new facility sits on the campus, as I mentioned, of the Veterans Home.

- Residents who are in need of a higher level of care are required to transfer off campus and sometimes out of Buffalo to another skilled nursing facility, so this is really exciting because those veterans who are currently at our facility and need a higher level of care will be able to stay on campus. This is really impactful because many of our veterans are estranged from their family and so the staff and the other residents are their family, so it is really exciting to know that they now stay on campus. The completion is expected to be in September or early October. We also know that there are some challenges due to construction with some of the supply and demand issues, so we are really keeping our fingers crossed for early October being able to have those buildings. There will be a process that we have to get certified from Medicaid and Medicare and the State, so there might be a little bit of delay getting open. We are keeping our fingers crossed and are really excited about that.
- I just wanted to let folks know we will be accepting new residents as well and are starting the wait list. I will get that number sent out to you as to the Veterans Home administrator, as it is creating a waitlist. I will get that number to you so if people are interested and know someone that might need a place to live and be cared for, please let us know. It is primarily for veterans. However, we do make exceptions for those who have no military background and also allow for spouses of veterans to go there. Please let us know and we would be happy to visit with you about this. The Veterans Home phone number is 307-684-5511. This goes directly to the administrative assistant, who can assist with questions and help with the wait list.
- I just wanted to touch on real quickly that the Aging Division received ARPA dollars for senior centers and other aging network providers to help meet the needs of our older adults during COVID. Some of the dollars will be distributed using our current formula to our existing providers. However, we are carving out some funding for new providers and hope that we can broaden our network and also create some innovation if anyone is interested. The other dollars are not out there yet. We are expecting to get them out later this summer and will be announcing that on our website. I believe we are going to do an RFP as well but more to come on that. If you are just interested and feel like you might be have the capacity to offer services for older adults and have some creative ideas, please reach out to Jeff Clark at 777-5340. Again, that is Jeff Clark. He is the Community Living Section Manager and is helping us administer both grants. We are hoping to find some new, innovative ways to serve older adults in vulnerable populations around the state.
- **Question:** This is Rick Brannon. Here on the reservation, we have a lot of grandmothers. There are some wanting to have a grandmother's program or some type of respite care that can kind of give them a break from all of their grandbabies and an opportunity to have a little bit of rest. Would that be something innovative? **Answer:** Yes, I think that is a perfect example. I am going to agree with you and say thank you for grandma. I really do believe that it is an innovative idea, something that we are looking for. If you if you would like, you can reach out to me directly or you can reach out to Jeff Clark and we can talk through that with you. We do have a family caregiver program as Title II of the Older Americans Act. In that program, there is some funding carved out for exactly what you are explaining, but I think we could probably do

something even a little bit more innovative if necessary. I am going to write that down and can get in touch with you. Jeff is out until next week, but I will visit with him as soon as he gets back. Would you like to set up a time to visit and maybe offline? We could do that. I have your contact information, so I am going to plan on reaching out later next week when he gets back.

Comments: Amy, this is Kelly. Yes, I would be interested in that as well because right now we have done a couple of events with grandmothers. We have done a couple crafts and social settings with grandmothers who are raising grandkids. We have a women's sweat that we do once a month that is highly attended. I agree with Rick that is a highly needed thing, even just time to socialize with each other. We have had them during the school year so that the grandmas had the babies in school and stuff. I would be interested as well. Thanks, Kelly. I will be sure to add you to the list as well as Desiree and the tribal liaison with the Department of Family Services. Rick, I know that you have wanted to pursue that for quite a while, so I think that is a great opportunity. Lisa, if you want to pull me in on that list also, I would be happy to attend that meeting.

MENTAL HEALTH & SUBSTANCE ABUSE UPDATES – Ben Kifer, MHSA Section Administrator:

- I can give a few updates. If you have been following, Joint Appropriations put back in some restoration with our funds. We were the recipient of about \$15 million that was previously removed in step three budget cuts that has since been restored. We are planning to contract that out and restore a lot of that capacity in our community health system, so we are looking forward to that.
- Along with that, we have been the recipient of several Federal grants to include Federal grants and supports for women's and children's services, so we are looking to contract more back out in the state to shore up some of the capacity gaps that are out there. There has been a lot of discussion around that.
- Along with that, a big project that we have taken on is crisis management. We are engaged with a national representative that is providing analysis and technical assistance to help us build better crisis management. Again, there are a lot of components to that, so along with that we are receiving grants to potentially build up mobile crisis to attach to these crisis centers.
- Along with that, we have also invested pretty heavily in CIT training for law enforcement. Again, this is another part of our crisis initiative to provide intervention. We are working with the Department of Corrections to identify and better support the justice-involved population. The way that we are doing that is creating an opportunity to do assessments, so essentially providing the assessments prior to release and the time they exit and entrance to a new treatment program. That is going really well and we are seeing a lot of good data.
- Beyond that, we are just doing a lot of the same. We are pushing out lots of public information and doing ad campaigns, again working hand in hand with prevention and public health to better support it and push out as much information.
- **Question:** I was wondering if you happen to have names of pediatric psychiatrists available to do a telehealth contract. We were attempting to recruit a clinical psychologist for part of our services. I believe we have 10 or 11 counselors right now, and I believe two thirds is their patient workload is children right now. We are trying to increase our behavioral health department as much as possible, because all of our patients suffer from trauma. We are

focusing on prevention as much as we can, but if there are any resources or any information that can be shared with us, we appreciate it greatly.

DEPARTMENT OF HEALTH, VITAL STATISTICS – Guy Beaudoin, Deputy Registrar:

- The role of Vital Statistics is to provide data, and we want to be able to provide timely data. I am just going to reiterate some of our previous discussion with regards to making sure that providers for any of the tribal members that pass in any of the facilities throughout the State that the death certificate is linked back to either IHS or one of the other primary care facilities and that we are able to get the doctor notified as quickly as possible and get that documentation noted on the certificate as accurately as possible. Also, some of the benefits, of course, are being able to support the programs that the government funds on both on the reservation and outside and other support facilities too.
- We used a little bit of CARES money to develop an online portal with the hopes of being able to provide verifications to a number of different clients, stakeholders and partners. We have been working recently with Family Services on the Reservation. This is in an effort to help determine paternity and also eligibility through paternity and other documents like birth certificates that both children and families can more easily receive both verification that they are eligible for programs. We are trying to share these resources as much as possible while maintaining confidentiality with regards to the records. We are hoping that the administrative time that we save those employees and those workers in getting data that allows a member to be enrolled and then provided those benefits, that the outcome is that the benefit helps the people and the residents.
- We are going to show you quickly what the portal looks like on our end. Basically, an approved party can log into the system and enter parameters of either a birth, death, marriage, or divorce in order to get feedback on whether or not the individual is entitled to it. If you have an enrolled member who is a father of a child and that person is not listed, then Family Services is able to either go and obtain the proper paternity documents that can have the member added so that benefit can be passed to the child. This provides them those notifications or verifications for it. The verification can be given a couple of different ways: It can be given just as a simple yes or no match to the data or just a PDF document that you see on the left. It is for official use only. This is really what a birth certificate looks like. In this case, the office would receive just a verification that they can use to either confirm or deny whether or not a father is listed or even the child's name and how the child's name is spelled to ensure that accuracy is there for any of the other enrollment activities that the child might be involved in.
- Lastly, I just wanted to share with you all of our contact information. For births, it is Kaitlyn. For deaths, divorces and marriages, it is Liz. For any statistical information that we might be able to provide, it is Cory. With the new portal, we do have members for DFS that are actually using this resource right now, but I wanted to just present this as an option. We want to do a user agreement with any potential users just to ensure that our requirements are being followed. You have to know that that may be audited with regards to access to the system, but I think if we are able to save members or potential members days or weeks and being able to provide them the resources or at least the benefits to get to the resource, we think that this will be a good opportunity.

- The last thing I wanted to say is that we are doing a little bit better with regards to our death certification for the providers. They are both Indian Health Services and the other facilities. We can still do better. Just keep that in mind as you go through with providers and providers are noted that they get an email for them to sign the death certificate. We just want them to get on and get it done as quickly as possible. For us records folks, when we call and ask to confirm whether or not a doctor is the right person to be signing the certificate, I have to say kudos. We have had quick responses and the individuals are very helpful with regards to providing that information to us, so want to say thank you in that regard. With that, I will stop presenting. Amy, you can share the slides with anybody that might need them and I will stand for any questions.

ELIGIBILITY & CLIENT SERVICES UPDATES – Coleen Collins, Eligibility and Client Services Administrator:

- Good morning. I am glad to see everyone. I do not have a lot and just want to state how well things are going on the eligibility side with the three workers that we work with here. Their applications are all more timely. They ask great questions. They are really open and wanting to learn. They work well with everybody up here, so thank you. I think there is a great relationship. Their work is also accurate. They are doing fantastic and I just wanted to thank everyone and thank everybody as well for the great communication. Great questions that are being asked. That is all I have at this time. If there are any questions for me, I am open to answering.
 - **Question:** We have been trying to prepare for the public health emergency declaration. I can't remember, but I was reading something about the legislature stating the start date will be April 22 2022. I am not sure if I read that right. I am just trying to get a better understanding. The way I understand it is we will have to go back and do the eligibility determination and have individuals reapply for Medicaid. Is that correct? Then it is like starting all over again.

Answer: That is a great question. With the Public Health Emergency, it is really at the Federal level on who calls the emergency. All states have been informed that we will have at least 60 days' notice. The way Health and Human Services works with that is they do a renewal or review every 90 days, so we would have had our 60-day notice if it was going to end to about two weeks ago. They are going to extend that and that extension will probably be, as it has been, pretty close to the current, which is around mid-July. We are expecting that they will extend again for another 90 days and that will take us to October. I will tell you on the side, even though it is just the sessions going on, we are being told that it appears that that they will probably extend it again in October because of midterm elections. However, we will get a 60-day advance notice.

 - They do not have to reapply, but they do have to renew. We have been working with our system vendor, who is Deloitte for our eligibility system, and we are going to take the maximum time that we can per CMS guidance. We will initiate renewals over a period of 12 months. We have 14 months to complete. We have three groups, as I call it, that we have identified a group that we are getting reports on and we get

reports mostly on who looks like they are probably not eligible. Maybe it is because they have aged out or it looks like they are overly income or resource guidelines, for example. The second group are people that their renewal date was in the past, but we have had to keep them on. Then you have the third group or current where we know they are eligible and then move them along. We are going to take a bit out of each bucket each month to renew so that we do not have a huge workload impact for workers and that goes on for those 12 months so that when the next year rolls around and those folks have to renew again, workers are not in a situation of having to renew a lot of people in certain months. It has evened out and evened out the workload, so that is the plan. We have worked with Deloitte already on this.

- We are trying to get the most updated contact information on our clients. We have a bit of an advantage in this state because of the new claim system that was put out. We sent out new Medicaid cards to everyone, so anyone we did not have an updated address before, we got the cards back and have people checking and contacting them to get updated information. We have been fairly successful and have pretty close to a 60% rate with getting the new contact information.
- Our plan when we get notified of the 60 days is that we are really going to do a blast in text and on our website. We are working with the navigators, public health, DFS and others to provide some information on if people need to update their contact information to please contact us. We are going to lead them to the client web portal for the most part because it is a quick and easy update, although folks can call in to update their information or that type of thing.
- **Question:** I have one additional question. Our Child Protection Services have a different Medicaid application that they complete. I do not know if it is under WYCAPS. We are trying to work out an agreement between the State Medicaid program and our organization where we would assist our Child Protection Services children get on Medicaid once they get placed. I was not sure if that is still feasible or I just have not had a chance to really follow up. **Answer:** What we have is a two-page application that we have from DFS that they submit when the child goes into custody, which they submit and it goes to our Customer Service Center, and that is how these children are put on foster care. There is a time limit that our CSC has to work those cases because those are critical and they need to be put on quickly. The Customer Service Center has a few people in there that focus on the foster care and adoption applications that come in through the Child Protective Services worker

HCBS UPDATES – Lee Grossman, HCBS Section Administrator:

- Good morning everyone. I am Lee Grossman, the HCBS Section Administrator. For those who aren't familiar, the HCBS Section serves to support individuals with services in their homes. This

includes older adult and people with disabilities, as well as individuals with developmental disabilities and intellectual disabilities. I have some updates today, as you can see on the agenda.

- The first is a rate increase implemented in February that is specific to our program, which resulted in an approximately 7% increase in overall expenditures to the program. Right now we are also working on an additional rate increase in that program that was authorized and that was about \$3.2 million annually. I would encourage you to take a look at that spending plan. We update that on a quarterly basis and are always trying to get input on that. We had an initial round of stakeholder calls last summer when developing that plan and this year will check back with stakeholders to see how some of those initiatives are growing and also where some are most needed.
- The last update is to let you all know that a draft has been provided for our Community Choices Program. This is our Medicaid Waiver Program that is targeted to serve older adults. This has been shared with providers.

TRIBAL UPDATES:

- **David Meyers, Eastern Shoshone Tribal Health:**
 - We have continued moving forward with the COVID operations with building capacity and mask use indoors. However, due to opening everything up and lifting those mandates, it has been a bit challenging from a tribal standpoint and it is a bit difficult to get programs and stuff to follow suit. It is kind of trying to keep the message out there that COVID is still out there and we are still dealing with it and taking some of those steps as best we can to minimize as the best approach. It is challenging, but we are still working through that and working as best we can. Some of the discussion was shifted as to those types of operations. Now it's not as much enforcing guidelines strongly but measures of protection, information and education, and utilizing the vaccinations to counteract COVID.
 - We are definitely finding a lot of positive cases and working through those, so we are still working on that quite a bit if needed to provide that support if they need that and if they requested that from us. We are still pretty involved with operations, keeping up with the biweekly meetings and just working on those plans. This summer has kind of been the first time we have kind of gotten back out. We are trying to do in program stuff too as well, getting back out with community information and so on so forth.
 - We have started working on a location, trying to centralize tribal health next to Sunshine Recovery so services are kind of close by. At one time both programs were within the same building, but the building didn't house enough for a full program, so it is kind of a way to still get back together but not be in the same building but being the same area.
- **Kelly Webb, Eastern Shoshone Recovery Center:**
 - I am the program director for Eastern Shoshone Recovery. Like Dave said, we have a building out off of Shipton Lane. We will be moving out there as well, so hopefully that will provide some collaboration and comprehensive services in the tribal health and recovery programs.

- I have not been on the Tribal Leadership Advisory meetings for quite some time, but we had applied for several of the SAMSA grants and were awarded several grants on interventions and emergency mental health programming and one that we called Indigenous Healing, so with that we have been able to get quite creative. We now have three mental health providers on our staff, along with substance use providers, so it is very integrated, and we have seen the benefit of having the providers here at the facility.
 - Even though we did have a collaborative effort prior to this, we are doing a lot of community efforts. With COVID we had to get creative and so ended up doing a lot of social media groups, which are fairly well attended. We are back open and are doing individual and group services at the program under the guidelines this summer, similar to Dave, and are getting outside as much as we possibly can. We have our first youth programming this week, so it is a combination of some clinical services and then just getting them out outdoors and doing experiential stuff so that they take advantage of the beautiful mountains and weather that we are having recently. We are getting prepared to participate in the Shoshone Reunion and doing some talking circles there for those relatives who are coming in for that. We are getting our building extended, which will provide three more offices for clinicians and then an office for telehealth services as well, so it will be designated specifically for July.
 - We have applied for a couple of opioid grants. We got the tribal opioid grant and are participating with some funding for the new grant, which provides funding for our Path to Wellness app, which is a recovery app that we collaborate with the University of Wisconsin with, and so that app is available as a recovery support. We are just really busy, and I am looking forward to continuing that.
 - I have just one hiccup and that is, and I don't know if it is my inability and lack of skills, but I really have had difficulty enrolling providers in provider enrollment. It is just getting rejected. I'm going to have to have someone help me again just so we can have all of our providers in there so we can continue billing for Medicaid services here. I don't know if it is anybody else and am sure it is just my lack of skills, but that has not been user friendly for me.
 - It has been an interesting two years with COVID. It required that we become more creative and innovative. One thing out of that is that the program and the staff really adjusted and accommodated our participants as far as we could during that time.
- **Sunny Goggles-Duran, White Buffalo Recovery Center:**
 - Good morning, everybody. First off, we also have had some issues with getting our providers enrolled. Amy is very aware of the issues. I think that right now all of our providers are enrolled, so we are waiting to finally catch up on billing and get things processed. It has been a lot of trial and error and getting that system set up specifically and so it has been fun. We are very thankful for the support and the assistance and having the ability to call somebody when we have questions and we have a lot of questions, so again I really do appreciate that. I know Heather appreciates that a lot -- She said if she didn't have resources, she would probably be going crazy by now.

- We currently have three providers. We had 189 appointments last month that were extended, so we are really struggling with getting the services that our community needs to our people without having those providers. Hopefully we can get those issues remedied as soon as possible because we are having to refer now because we are not able to take any new clients and that has been really, really difficult for our community. I appreciate all of their help and willingness to work with our clients. Hopefully we can get things ready soon so that we could get some of those positions filled and we can get services out to our community.
- We did get some ARPA awards to the tribe and so we will be adding on to our building here at Arapahoe. We will be bringing in another modular specific to the Recovery Support Program and our peer specialists, which are amazing and one of our biggest resources with our programs, and so they will have actual individual offices where they can meet with their clients right now. They are just kind of in one big group and they will have a space specifically for the recovery support groups. A lot of our recovery support groups are culturally based, so it is not just the space to have like your e-books and things like that. We also do language and culture and we do traditional crafts and we do the drumming sessions and we do circles too, so we need space to keep all of the supplies that go with that.
- We definitely don't have any attendance issues as far as people not coming in. I think you know that a lot of the probation visits started back up and so, where people were not necessarily supervised like they were before, they are now are leading DUI classes once every other month. We have been pretty consistent on the class attendance. We still try and keep our attendance a little bit low just because of COVID, so we only take 10 people per group and that has been difficult. We do have a waiting list for them to get in our DUI class, but it gets full pretty quick.
- One of the big things that we are doing is at the end of June we are doing a community forum, which is going to provide education on substance abuse for our community. We are very blessed with the amount of speakers that we have coming in. We just want to provide education to our community on substance abuse. We have a variety of speakers coming in. This will be open to the community and is the first kind of big event we have had for the community. We are also going to have people set up so people can get to resources and things like that. It will be at the Intertribal Center at the CWC on June 27th. I can send out a flyer for that if anybody is interested. It is a great opportunity. We are planning on around 200 people. I think one of our biggest issues is trying to get that information out to the community. We have really been trying to do a lot more media, posters and things like that.
- We also have a White Bison training coming up in August where we are bringing the training here and we are hosting it at the Wind River Casino. This will be the Mending Broken Hearts training, and that is for unresolved historical trauma and will be open to anybody. There is a cost for it through WiFi. We are sending 10 staff to ours, but that is available training within our community.
- We are going to get ready for two summer camps. Again with the funding we got from the ARPA funds, we were able to purchase the vehicles for the camps and for the youth prevention program. We are also able to start the process to look at a youth center.

We are working on land acquisition. To start working on a youth center would be an eternity and the funding that we have will help provide the architectural design and things like that and then we can come up with a funding plan and kind of go from there. Our main focus is utilizing culture as prevention so we don't want it just to be a gym as a youth center that kids play basketball in. We want it to be a theater where they can look at arts and crafts and nutritional knowledge and we want to work with elders there in our language. Because our culture really is prevention because as a people substance abuse was never a part of our lives traditionally and so we want to get back to that and provide that type of education to help our youth with their identity and who they are. Eventually we want to get to the point where we have an area like an indoor horse arena, a cultural center with still a focus on sports and some action physical activity that would really incorporate our culture and our traditions and really teach our youth to be proud of who they are. These are some of the things that we are working on in the next year and are excited for.

- Like I said, we are kind of struggling on the clinical side with getting services out, but we are hoping to get that remedied as soon as possible so we can really start working with the people at the office and specifically our adolescent population. We are working with the schools and are going to actually meet with them in the next couple of months and meet with the school board as far as how to streamline a lot of those services and get those seats into services because they do drug testing on all of their clubs and activities starting from eighth grade. Otherwise, I think that is about it. We are really excited for the summer. This is kind of a year for us to get out of the building.
- Hopefully we will get our Sober Living open in July. That has been a five-year project/headache, but I am really going to be excited when we finally get it open this week. They will have sober living apartments right here within our community. They will be single apartments, but I know that is going to be an amazing resource for people since 48% of my population is considered homeless or landing with relatives. They don't have their own place to live, so we really want our clients to be provided that structure combination that is going to support their recovery.

Vivian Swallow, Wind River Cares: Good morning. My name is Vivian Swallow, Population Health Supervisor. Population Health is a new or maybe I should say restructured division of Wind River Cares. They are Bachelor degreed individuals that provide wraparound services under case management. We have the COVID shelter and cure kit deliveries. In addition to case management, we have COVID case investigators. COVID testing and environmental health is also a division of population health as well as the public health response coordinator. There is a home education program that provides education to prenatal and postpartum up to the age of three. Unfortunately, our grant will end in July, but it is our hope that we will continue the services. There is also the Diabetes Prevention Program as well as public health nursing.

Rick Brannan, Wind River Cares:

- With population health, we have a primary care provider and are busy recruiting primary health providers. We are short staffed, but there has already been a family

nurse practitioner that has been selected to oversee the medical portion of population health and public health. I felt like we needed a primary care provider as a link up with public health because I didn't want to infringe on our clinical operations. Basically, what I have is two chief medical officers, one preventive chief medical officer and one clinical chief medical officer. The reason for this is that our organization has grown so big and the job of a chief medical officer is so humongous for one person. Our pediatric providers will also be overseeing our school-based program once we get our mobile clients in place to go out to the school districts and facilities to provide services directly out of the school buildings. This is the way we built it in IHS and I am assuming that should still hold true even though when you are a 638. We probably need guidance from you on that. What we are looking at is maximizing the services we provide the children. I know that Medicaid does not reimburse for preventive health services.

- **Question:** We probably need to have a conference call with you on that as well as the other area that we are working on, which is White Buffalo. They do an astronomical number of encounters with young people. It is more than preventive care actually, you know, providing services to young people. We want to figure out the appropriate documentation and what we need so we can get reimbursements for White Buffalo. The majority of their population don't have children. Therefore, they don't qualify for Medicaid. We need to figure out how we can consider the use portion of Sunnie's program so we can offer the services that would make her program much more financially viable to assist in terms of her program. **Answer:** Basically, we would need to go over the services they provide. I would have to rope in the other program managers so that they can speak to their programs and what is covered and what is not covered. For example, Brenda Stout will probably need to be involved when we talk with Sunnie and about her program and then, with Vivian and the public health nurses, that is probably Lindsay. We may need to have more than one meeting. We can also go through the manual and look through and see what preventative services we do cover because for preventative health services, we do cover a lot of those for under the age of 21, so we just need to maybe go through the manual and look at some of the codes that are in there and services that you are providing and see if any fit up. We have done this before and it is about time maybe we did it again.

MEETING CLOSE:

- **NEXT MEETING:** TO BE DETERMINED
- **FUTURE TOPICS:**
 - PCMH and remote monitoring possibilities
 - Population health and community health workers