

Commission on Native Children

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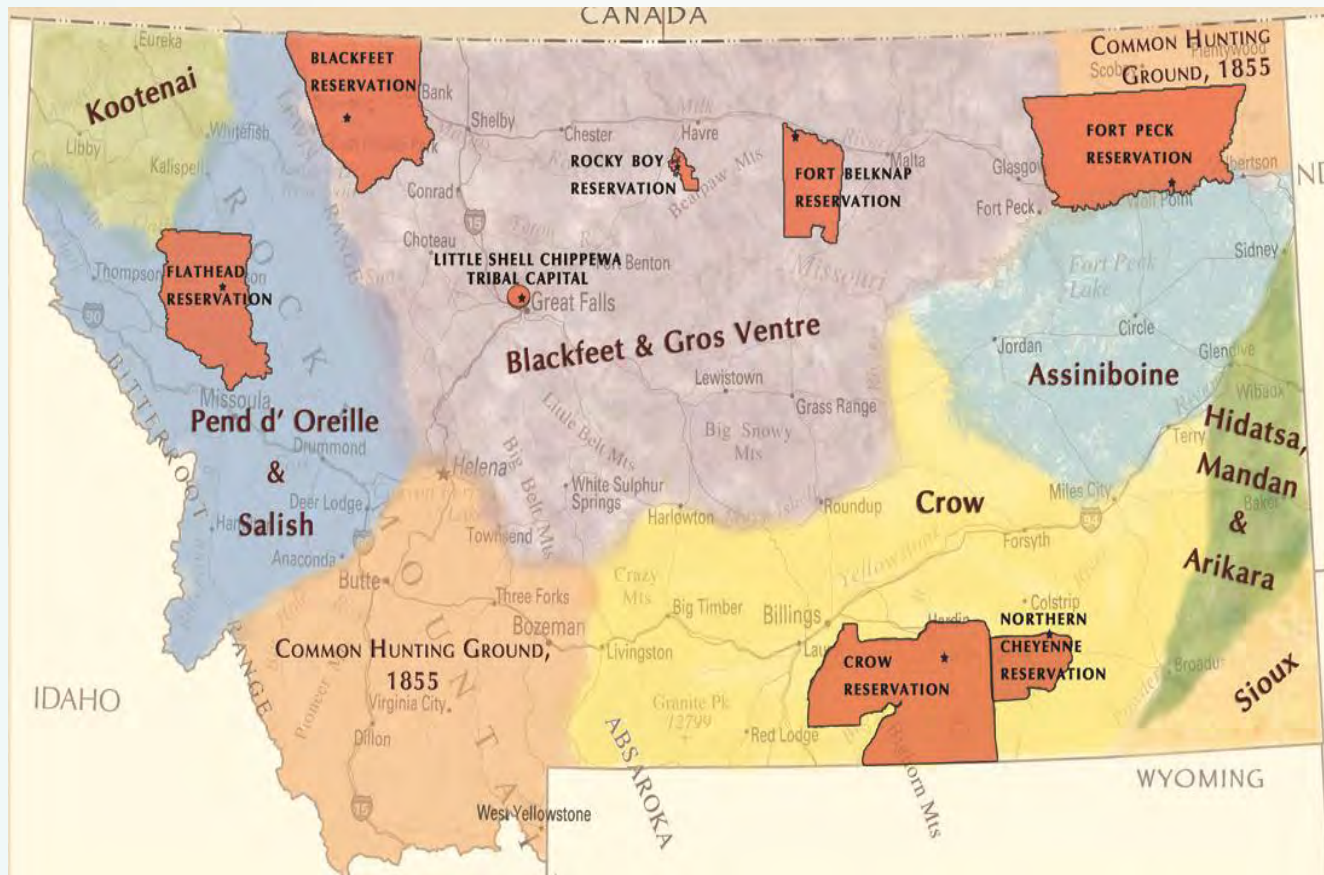


Serving American Indian Children & Families Better

- **Garrett Lee Smith Suicide Prevention (RMTLC – SAMHSA)**
- **Montana Mental Health Settlement Trust Fund (1915i Waiver/Medicaid – Wraparound/SOC Menu Item)**
- **American Indian School Mental Health Coordinator (MT OPI – SAMHSA)**
- **Office of American Indian Health Director (MT DPHHS)**



Service Area: Reservation/Urban Areas



- Confederated Salish & Kootenai Tribes
- Blackfeet
- Fort Belknap Assiniboine & Gros Ventre
- Fort Peck Assiniboine & Sioux
- Little Shell Tribe of Chippewa Indians
- Northern Cheyenne
- Rocky Boy Chippewa Cree
- Crow
- Urban Indian Family Health Clinic
- Helena Indian Alliance
- Billings Urban Indian Health & Wellness Center
- Butte American Indian Wellness Center
- All Nations Wellness Center



What is Working

- **Developed Department-Wide internal AI Customer Service Survey (3,000 employees statewide)**
- **Fostering an internal OAIH Team to develop strategies of Tribal engagement**
- **Providing historical knowledge to Department staff and key partners on AI Health Disparities (Historical Trauma/ACEs)**
- **Fostering relationship building from the inside out; Department to Tribes**
- **Provide Department with Education on tribal protocols, way of life**
- **Utilizing state/tribal data to inform strategy development (SHIP/SHA)**



Challenges

- **Sharing of information (data, programs, information)**
- **Lack of coordination at every level (Federal/State/Tribe)**
- **Lack of knowledge of Montana Tribes (population served)**
- **Uncertain funding climates; inconsistency, sustainability**
- **Lack of culturally appropriate language and messaging**
- **Politics at every level – priorities change with each election (Federal/State/Tribe)**
- **Unrealistic expectations on NOFOs/evaluation/reporting at every level (Federal/State/Tribe) – too complicated**
- **Lack of meaningful consultation**
- **Victim Mentality – move toward resiliency instead of focusing on trauma**



Recommendations

- **Taking trust responsibilities more seriously – effective tribal consultation**
- **Recognize the data challenges in Indian Country (capacity issues, red tape)**
- **One size does not fit all (EACH tribe is different) – Rigidity in NOFOs**
- **Recognition that culturally based solutions are already Evidence Based (Fathers of Tradition, Mothers of Tradition)**
- **Integration of Traditional Cultural Practices within all health areas (In depth Tribal Consultation)**
- **Increased support for coordination at every level (Regional or State TA)**
- **Support the development and sustainability of Tribal Safe Homes for youth. (homeless, unsafe homes) – American Indian Youth Respite Care**
- **Support WELLNESS perspective of health – not only deficits, balance**





Questions?



Resources

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