



Community Health Improvement Plan

Blackfeet Tribal Health Department

2018



TABLE OF CONTENTS

Credits and Acknowledgements	1
Executive Summary	2
Part 1: Background Information	4
Part 2: Priority Areas	7
Substance Use	8
Mental Health	26
Breastfeeding	44
Part 3: Summary and Next Steps	55
References	57



CREDITS AND ACKNOWLEDGEMENTS

Blackfeet Tribal Health Department Community Health Improvement Plan August 2018

CHIP Planning Group

Rosemary Cree Medicine, Director, Blackfeet Tribal Health Department

Michelle Brown, Southern Piegan Health Center
Dorothy Champine, Blackfeet WIC Program
Katelin Conway, Mountain Pacific Quality Health
Leland Crawford, Northern Winds Recovery Center
Danny Edwards, Northern Winds Recovery Center
Kayla Gilham, Northern Winds Recovery Center
Aubrey Ground, Blackfeet Head Start
Cheryl Ground, CHR Program
Andi Hall, Northern Winds Recovery Center
Nikki Hannon, Browning Public Schools
Louella Heavy Runner, Crystal Creek Lodge
Hailie Henderson, Browning High School Student
Jade Heather Lepotokisi, Honor Your Life (BTHD)
Angela Malatare, Blackfeet Community College
Dr. Georgia Matt, Indian Health Services
Terry Michell, CHR Program
Kate Mitchell, Indian Health Services
Kiana Nalui, Northern Winds Recovery Center
Kimberlee Ollinger, Browning High School Student
Roy Old Person, T-HIP Program

Tara Peterson, Indian Health Services
Patricia Running Crane, Indian Health Services
Sharon Silvas, Indian Health Services
Ashton Smith, Good Medicine Program (BPS)
Sienna Speicher, Tamarack Grief Recovery Center
Kimberly Tatsey-McKay, Good Medicine Program (BPS)
Erica Toppen, Four Winds Church
Patty Welch, CHR Program
Herman Whitegrass, Crystal Creek Lodge
Nonie Woolf, FAST Blackfeet
Cissy Worth, Planned Parenthood of Montana
Bernadette Yellow Owl, Honor Your Life (BTHD)

CHEER Team

Anne Merewood, Boston University
Jacqueline Berger, Consultant, Boston Medical Center
Cinda Burd (*Blackfeet*), Consultant, Boston Medical Center
Mike Geboe (*Chippewa Cree/Northern Arapaho*)
Consultant, Boston Medical Center
Kirsten Krane, Boston University
Amanda Ozee, Boston University



Photo by Rosemary Cree Medicine

On behalf of the Blackfeet Tribal Health Department, I would like to extend thanks to all of the people and organizations who participated in the many hours it took to create this Community Health Improvement Plan (CHIP). The focus areas of this CHIP organically arose from community interest and priority health concerns. The plans were thoughtfully designed by many different organizations which were dedicated to working across programs and silos to get this important work done. I am so humbled and thankful to everyone involved, especially to Kirsten Krane for her hard work and dedication to the Blackfeet people.

Rosemary Cree Medicine
Blackfeet Tribal Health Department (August 2018)

This Community Health Improvement Plan represents a collaborative effort on behalf of the Blackfeet Tribal Health Department and the Center for Health Equity, Education, and Research (CHEER) at Boston Medical Center (BMC) between September 2017 and August 2018. Funding was provided by the Rocky Mountain Tribal Leaders Council's Good Health and Wellness in Indian Country and the State of Montana's Department of Health and Human Services in partnership with the Montana Healthcare Foundation.

EXECUTIVE SUMMARY

This Community Health Improvement Plan (CHIP) was created to guide the collaborative priorities and work of the Blackfeet Tribal Health Department (BTHD) over the next five years (Aug 2018 – Aug 2023). With the support of the BTHD, our community partners will lead the efforts in the different areas of the CHIP based on their strengths and organizational capacity to create a healthier Blackfeet community. The priority areas in this CHIP are based off of the priorities set through the Blackfeet Community Health Assessment (CHA) which was conducted in 2016-2017. Three priority areas were chosen for the focus of this CHIP to improve the likelihood of successful implementation of all identified interventions over the next five years. For each priority area, the Planning Team identified goals, objectives, intervention strategies, outcome measures, action plans, and plans to monitor and evaluate the progress of the CHIP's implementation.

The health priorities of focus in this CHIP are:

- Substance Use
- Mental Health
- Breastfeeding

Priority Area: Substance Use

GOAL 1: Increase collaboration and partnerships among substance use prevention and treatment services.

Objective 1: Establish an online directory and calendar of events for substance use prevention and treatment programs.

Objective 2: All organizations working in substance use prevention and treatment in Blackfeet will refer participants from one organization to another using the secure Blackfeet Connect platform.

Objective 3: Consistently collect and monitor youth substance use rates across Blackfeet and disseminate to SUD prevention and treatment organizations.

GOAL 2: Increase access to SUD treatment.

Objective 1: Offer Medication Assisted Treatment to 250 people with Opioid Use Disorders through a tribal partnership with Community Medical Services by 2023.

Objective 2: Enroll at least 200 pregnant and postpartum women in Family Spirit annually by 2023.

Objective 3: Expand support groups to increase additional treatment options from 75 people to 275 people with SUD by 2023.

EXECUTIVE SUMMARY

Priority Area: Mental Health

GOAL 1: Increase access to mental health professionals throughout the Blackfeet Nation.

Objective 1: By 2023, have 10 Licensed Clinical Professional Counselors (LCPC) and Licensed Clinical Social Workers (LCSW) providing mental health services in Blackfeet.

Objective 2: By 2023, 50 tribal employees will have utilized counseling services through a tribal employee worksite wellness program.

GOAL 2: Improve youth mental health on the Blackfeet Nation.

Objective 1: Provide mental health support services to 400 students in the school setting each school year from 2018-19 through 2022-23.

Objective 2: Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Youth Mental Health First Aid by 2023.

GOAL 3: Improve suicide aftercare on the Blackfeet Nation.

Objective 1: Employ a Suicide Response Team to support families and victims in 100% of known suicides and suicide attempts in 2023.

Priority Area: Breastfeeding

GOAL 1: Improve access to lactation professionals.

Objective 1: Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.

GOAL 2: Improve community support for breastfeeding.

Objective 1: By 2023, 15 worksites on the reservation that maintain a policy supporting women to take time to breastfeed or express their breastmilk throughout the day.

Objective 2: By 2023, 10 worksites on the reservation will provide a private space (not a bathroom) where women can breastfeed or express their breastmilk throughout the work day.

Objective 3: Serve 60 women with breastfeeding peer support through a peer support specialist or support group by 2023.

This CHIP was created through deliberate and thoughtful, community-driven input and direction. The CHIP was created with the knowledge that this plan is as alive and as subject to change as the community for which it was designed. Therefore, we will review the plan as a Planning Team at least annually and make any course corrections as necessary at those times.

The Blackfeet Tribal Health Department believes that because of the collaborative nature of the plan and the dedication of our community partners to conduct high quality work, we will notably improve the health and well-being of the people of the Blackfeet Nation over the next five years.

PART 1

BLACKFEET RESERVATION

Background and Community Health Resources

- History of the Blackfeet People
- Establishment of the Blackfeet Reservation
- Present-Day Community
- Blackfeet Government
- Community Health Resources

BACKGROUND

HISTORY OF THE BLACKFEET PEOPLE



Blackfeet community leaders Denise Juneau, Earl Old Person, and Harry Barnes at 2016 Native American Indian Days in Browning, MT.

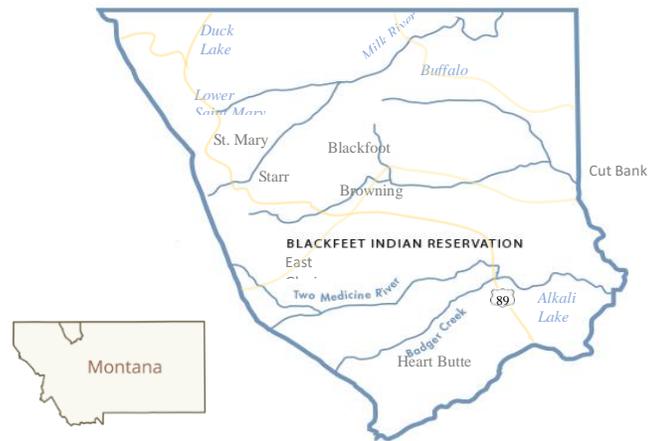
For the last 10,000 years, the Blackfeet people have lived in the Rocky Mountain region. Primarily nomadic, the Blackfeet previously occupied large areas of the northern plains, tracking the seasonal migration of buffalo herds (*BF CULTURE 2016*). Following the introduction of horses to the plains in the 18th century, the Blackfeet were one of the most powerful tribes of the region. The Blackfoot Confederacy or Niitsitapi (“the real people”) is historically composed of four bands: the North Piegan, the South Piegan, the Blood, and the Siksika (*BF CULTURE 2016*). In modern times, the North Piegan, the Blood, and the Siksika reside in Canada, and are recognized as First Nation governments by Canadian law. Members of the Blackfeet Nation in the United States are primarily descendants of the South Piegan or Piikani, and reside in Montana (*BF CULTURE 2016*).

ESTABLISHMENT OF THE BLACKFEET RESERVATION

Home to the Blackfeet Nation in the United States, the Blackfeet Indian Reservation is located in northwest Montana. Following the encroachment of Europeans and the large-scale destruction of buffalo herds in the 19th century, the Blackfeet were confined to an increasingly smaller territory. Established through the 1855 Blackfeet Treaty, the original Blackfeet Reservation encompassed most of the northern half of Montana (*BF LANDS 2016*). The 1895 “Agreement” further decreased Blackfeet land holdings, and failed to include ownership of the Badger-Two Medicine area, long considered sacred by the Blackfeet people. Though the Blackfeet Nation has continued to have reserved hunting and fishing rights to this area, recent efforts have only partially protected the sacred land from energy development (*BADGER-TWO MEDICINE 2017*).

PRESENT-DAY COMMUNITY

One of the largest in the United States, the current Reservation spans approximately 1.5 million acres or 3,000 square miles. The Reservation is bordered to the west by Glacier National Park, to the north by the Canadian province of Alberta, and Cut Bank Creek and Birch Creek form parts of the eastern and southern borders. Home to many species of fish and wildlife, the Reservation has more than 518 miles of streams and 180 bodies of water, including 8 large lakes (*BF LANDS 2016*). Communities on the Reservation include Browning, Blackfoot, East Glacier, Heart Butte, Babb, St. Mary, Starr School, and Seville. The population of the Reservation was estimated to be 11,392 people as of 2014 (*US CENSUS BUREAU 2015*). For the purpose of the Tribal CHA, the “community” refers to all individuals residing within the confines of the Blackfeet Reservation.



Map of the Blackfeet Reservation including major roadways, towns, and water ways; created by the CHA team based on a map from the Blackfeet Nation website, blackfeetnation.com.

BACKGROUND

BLACKFEET GOVERNMENT

The Blackfeet Nation is governed by the Blackfeet Tribal Business Council, which oversees the management of tribal lands, resources, businesses, programs, and services. Consisting of nine members, the Council is responsible for all powers of government as defined by the Blackfeet Constitution and By-laws. Representing four districts, members are elected by the tribe to serve four-year terms. The terms are staggered and elections are held in June of every even-numbered year (*BF GOVERNMENT 2016*). The Blackfeet Tribal Health Department administers many of the health-related programs on the Reservation, and is overseen by the Health and Human Services Committee, a committee of the Blackfeet Tribal Business Council. A list of council members, as well as the constitution and historic treaties, are available on the tribal website: www.blackfeetnation.com/government/

COMMUNITY HEALTH RESOURCES

Blackfeet Community College *Various health programs, associate degree programs in nursing and community health, USDA Extension Agent, health research projects* bfcc.edu

Blackfeet Community Health Representatives *Services for all ages, home visitation, transportation, screenings, Family Spirit Program*

Blackfeet Head Start and Early Head Start *Parenting classes, health screening and service coordination, child nutrition program* inaksim.com/index.html

Blackfeet Long-term Care Center www.blackfeetcarecenter.com

Blackfeet Tribal Health Department *Programs for various health issues: domestic violence prevention, tobacco prevention, suicide prevention, bullying prevention, diabetes prevention, youth capacity building*

Browning Public Schools *School nurses, mental health programs and counseling, child nutrition programs, school-community garden site in Browning, Backpack Program, Families in Transition Program* www.bps.k12.mt.us

Crystal Creek Lodge and Treatment Center *Inpatient treatment of alcohol dependency* www.blackfeetcd.org

Eagle Shields Senior Center *Senior independent living, Senior congregate meal site*

Heart Butte Senior Center *Senior congregate meal site*

Heart Butte Public Schools *Mental health programming, child nutrition programs*

Indian Health Service Blackfeet Service Unit *Hospital in Browning and satellite clinic in Heart Butte. Primary care, emergency and inpatient services, dental, optometry, nutrition, physical therapy* www.ihs.gov/billings/healthcarefacilities/blackfeet/

Northern Winds Recovery Center *Outpatient mental health counseling for individuals and groups, substance abuse counseling and program support* nwrecoverycenter.wixsite.com/nwrc

Southern Piegan Diabetes Project *Diabetes prevention and education, fitness center*

Southern Piegan Health Clinic and School-based Health and Wellness Center *Primary care services*

Special Supplemental Nutrition Program for Women Infants and Children (WIC) *Nutrition counseling, breastfeeding support, food security*

BLACKFEET RESERVATION

Priority Areas

- **Substance Use**
 - Background and Rationale
 - Goals and Objectives Framework
 - Action Plans
 - Monitoring and Evaluation
- **Mental Health**
 - Background and Rationale
 - Goals and Objectives Framework
 - Action Plans
 - Monitoring and Evaluation
- **Breastfeeding**
 - Background and Rationale
 - Goals and Objectives Framework
 - Action Plans
 - Monitoring and Evaluation

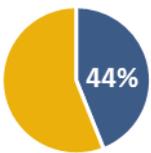
SUBSTANCE USE: Background and Rationale

Substance Use

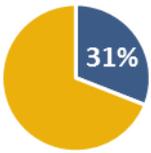
The 2017 Blackfeet Community Health Assessment (CHA) 2017 Blackfeet CHA, identified substance abuse as the biggest health concern on the Blackfeet Reservation. A wide range of substances are misused, often in combination with one another. Substance abuse has devastating consequences on individuals, families, and the community at large.

According to qualitative input from well-informed community members, methamphetamine and opioids are the most commonly abused illicit drugs in the community. In the 2017 Blackfeet CHA survey, 71% of people indicated that they had a close friend or family member using illicit drugs at the time of the survey (including marijuana), and 51% indicated they had a close friend or family member who was using an illicit substance other than marijuana (*BF CHA SURVEY 2017*). On the Preventive Needs Assessment Survey, 42% of Browning High School students reported that a family member has severe drug or alcohol problems (*BF PNA 2016*). Chart reviews of prenatal and birth records from the IHS Blackfeet Community Hospital indicated that almost one-third of women were using opioids at the time of giving birth. (*IHS BAOR 2017*)

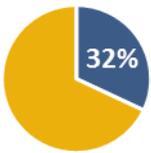
IHS BCH DELIVERY CHART REVIEW DATA: METHAMPHETAMINE USE



21 out of 67 pregnant women tested for illicit substances tested positive for methamphetamine.



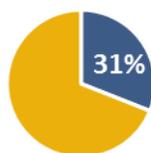
25 out of 71 women tested for illicit substances at delivery tested positive for methamphetamine.



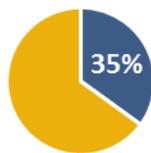
25 out of 143 total women giving birth tested positive for methamphetamine at delivery.

IHS BAOR 2017

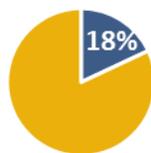
IHS BCH DELIVERY CHART REVIEW DATA: OPIOID USE



29 out of 67 pregnant women tested for illicit substances tested positive for opioid use.



44 out of 143 women delivering at IHS BCH tested positive for opioids at delivery.



46 out of 143 infants delivered showed signs of neonatal abstinence syndrome (NAS) during their stay.

IHS BAOR 2017



A quarter of Browning High School students think it would be somewhat or very easy to get access to methamphetamines.

BF PNA 2016

Among all adults who completed the survey conducted for the 2017 Blackfeet CHA, 12% had indicated that they have used methamphetamines at some point in their lifetime, 43% have used marijuana in their lifetimes and 11% indicated that they used it within the past 30 days. Additionally, 33% of Browning 8th graders and 20% of Browning 10th graders indicated they had used marijuana in the 30 days prior to when they completed the MT DPHHS Preventative Needs Assessment in 2016. Alcohol abuse is also common on the Blackfeet Reservation. It was the 2nd leading ER diagnosis among all individuals admitted between the ages of 13-45 years old (*IHS BSU ER 2016*). Among Browning 8th graders, 25% indicated they binge drank in the past two weeks, 14% of Browning 10th graders, and 29% of adults who completed the 2017 Blackfeet CHA survey indicated they had done the same in the past month (*BF PNA 2016, BF CHA SURVEY 2017*).

SUBSTANCE USE: Background and Rationale

SUBSTANCE USE

Blackfeet Reservation Goals	Montana Goals	Healthy People 2020 Goal <i>(HP2020)</i>
<p>GOAL 1: INCREASE COLLABORATION AND PARTNERSHIPS AMONG SUBSTANCE USE PREVENTION AND TREATMENT SERVICES.</p>	<p>Addressing Substance Use Disorder in Montana, Strategic Plan: Interim Draft Report 2017-2019 (MTDPHHS SUD SP 017)</p> <ul style="list-style-type: none"> Support ongoing cross sector meetings between stakeholders working to address substance use disorder. <p>DPHHS “A Healthier Montana”: Strengthening the Public health and Health Care System (MTDPHHS SIG 2018)</p> <ul style="list-style-type: none"> F.1 Strengthen partnerships between the health care sector and public health agencies. 	<p>HC/HIT-13: Increase social marketing in health promotion and disease prevention</p>
<p>GOAL 2: INCREASE ACCESS TO SUD TREATMENT</p>	<p>“2018-2022 Montana State Health Improvement Plan (SHIP) Priority Areas” (MTDPHHS SHIP 2018)</p> <ul style="list-style-type: none"> Identifies “Behavioral Health: Prevention, Treatment, and Recovery Services: <i>This priority area will focus on prevention of and treatment for alcohol, illicit drug use, and opioid abuse. Focus will be on access to care and suicide prevention as well.</i>” <p>DPHHS “A Healthier Montana”: Strengthening the Public health and Health Care System (MTDPHHS SIG 2018)</p> <ul style="list-style-type: none"> F.6 Promote the use of evidence-based interventions and practice guidelines across the public health and health care systems. 	<p>SA-8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year.</p> <p>MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders</p> <p>ECBP-10.5: Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services substance abuse</p>



SUBSTANCE USE: Goals and Objectives Framework

Goal 1: Increase collaboration and partnerships among substance use prevention and treatment services.

Objective 1: Establish an online directory and calendar of events for substance use prevention and treatment programs.

Intervention Strategy:

1. Identify organizations and individuals working in substance use prevention and treatment in Blackfeet through the Blackfeet Resource Directory. End product will be an online Geographic Information System for the Blackfeet Nation including substance use prevention and treatment, along with other community assets identified. A virtual calendar will also help link participants to resources needed in the community.

LEAD: Mountain-Pacific Quality Health (MPQH)

Outcome Measure(s):

1. All SUD organizations in Blackfeet, will be represented with up-to-date information on the Blackfeet Resource Directory.

Objective 2: All organizations working in substance use prevention and treatment in Blackfeet will refer participants from one organization to another using the secure Blackfeet Connect platform.

Intervention Strategies:

1. Ensure all prevention and treatment programs are enrolled in Browning Connect and are utilizing the platform to send and receive referrals.

LEAD: Good Medicine Program

Outcome Measure(s):

1. Percent of SUD organizations who are enrolled in Blackfeet Connect.
2. Percent of SUD organizations who use Blackfeet Connect to send referrals.

Objective 3: Consistently collect and monitor youth substance use rates across Blackfeet and disseminate to SUD prevention and treatment organizations.

Intervention Strategies:

1. Collaborate with Browning Public Schools (BPS) and Heart Butte Schools (HBS) to encourage participation in the YRBS and PNA surveys and collect results annually.

LEAD: Honor Your Life

Outcome Measure(s):

1. Number of years of participation of BPS and HBS in YRBS and PNA from 2019 through 2023.
2. Number of years that BTHD disseminates the results of YRBS and PNA to SUD service providers.



SUBSTANCE USE: Goals and Objectives Framework

Goal 2: Increase Access to SUD Treatment

Objective 1: Offer Medication Assisted Treatment to 250 people with Opioid Use Disorders through a tribal partnership with Community Medical Services by 2023.

Intervention Strategies:

1. Establish a MAT Clinic to serve people with Opioid Use Disorders.

LEAD: SPHC and BTHD

Outcome Measure(s):

1. Number of people with Opioid Use Disorders who receive MAT services through the SPHC from 2018 to 2023.

Objective 2: Enroll at least 200 pregnant and postpartum women in Family Spirit annually by 2023.

Intervention Strategies:

1. Re-establish the Family Spirit Program as a Tier 2 intervention under T-HIP in collaboration with the CHRs.

LEAD: T-HIP and CHRs

Outcome Measure(s):

1. Number of eligible pregnant and postpartum women who are enrolled in the Family Spirit program annually.

Objective 3: Expand support groups to increase additional treatment options from 75 people (2018 at NWRC) to 275 people with SUD by 2023.

Intervention Strategies:

1. Determine barriers and incentives to attending support groups in the Blackfeet community before re-launching in community-coordinated approach.

LEAD: BTHD and NWRC

Outcome Measure(s):

1. Number of support groups offered in the Blackfeet Community that relate to SUD treatment.
2. Number of people served through SUD treatment support groups in the Blackfeet Community.



SUBSTANCE USE: Action Plans

GOAL 1: Increase collaboration and partnerships among substance use prevention and treatment services.

OBJECTIVE 1: Establish an online directory and calendar of events for substance use prevention and treatment programs.

INTERVENTION STRATEGY: Identify organizations and individuals working in substance use prevention and treatment in Blackfeet through the Blackfeet Resource Directory. End product will be an online Geographic Information System for the Blackfeet Nation including substance use prevention and treatment, along with other community assets identified. A virtual calendar will also help link participants to resources needed in the community.

LEAD: Mountain-Pacific Quality Health (MPQH)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Secure Arc GIS License & Build Template	August 2018	Katelin Conway, MPQH	License, GIS knowledge	N/A	License secured, working on template draft, develop categories and definitions for services form
2. Develop and send surveys to community organizations to get details about the services each provide	October 2018	Katelin Conway, MPQH; Blackfeet Community Wellness Coalition	Contacts of known Blackfeet organizations, Software Survey123	Indian Health Service, Wellness Coalition	Finalizing survey questions
3. Create calendar to include in online resource directory	October 2018	Katelin Conway, MPQH; Blackfeet Community Wellness Coalition	Input from team	Indian Health Service, Wellness Coalition	Draft form in place
4. Create live url website	December 2019	Katelin Conway, MPQH	Contracts, feedback	Blackfeet Community	



SUBSTANCE USE: Action Plans

GOAL 1: Increase collaboration and partnerships among substance use prevention and treatment services.

OBJECTIVE 2: All organizations working in substance use prevention and treatment in Blackfeet will refer participants from one organization to another using the secure Blackfeet Connect platform.

INTERVENTION STRATEGY: Ensure all prevention and treatment programs are enrolled in Browning Connect and are utilizing the platform to send and receive referrals.

LEAD: Good Medicine Program (GMP)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Make a list of all behavioral health organizations working in SUD prevention and treatment	August 2018	Kim Tatsey, Good Medicine Program	Input from behavioral health organizations	BTHD, Honor Your Life Program, Northern Winds, IHS	
2. Meet individually with each of the behavioral health organizations who are not on Blackfeet Connect to determine barriers and promote sign up	September 2018	Kim Tatsey, Good Medicine Program	Support from BTHD Director	BTHD	
3. Hold large planning meeting with all of the behavioral health organizations. Work through scenarios of several referrals.	October 2018	Kim Tatsey, Good Medicine Program	Support from BTHD Director	BTHD	



SUBSTANCE USE: Action Plans

4. Follow up weekly, for a month, with each of the organizations using Blackfeet Connect to ensure they are using this instead of other referral methods (i.e. fax)	November 2018	Kim Tatsey, Good Medicine Program			
5. Make a plan to cover funding for the Blackfeet Connect platform	January 2019	Kim Tatsey, Good Medicine Program	Support from BTHD Director	BTHD, Honor Your Life Program, Northern Winds, IHS	
6. Annual meetings for Blackfeet Connect with all behavioral health organizations to plan the best way to use the platform	June 2019 June 2020 June 2021 June 2022 June 2023	Kim Tatsey, Good Medicine Program	Support from BTHD Director	BTHD	
7. Track and report usage statistics to behavioral health organizations	June 2019 June 2020 June 2021 June 2022 June 2023	Kim Tatsey, Good Medicine Program		BTHD	

GOAL 1: Increase collaboration and partnerships among substance use prevention and treatment services.

OBJECTIVE 3: Consistently collect youth substance use rates across Blackfeet and disseminate to SUD prevention and treatment organizations.

INTERVENTION STRATEGY: Collaborate with Browning Public Schools (BPS) and Heart Butte Schools (HBS) to encourage participation in the YRBS and PNA surveys and collect results annually.

LEAD: Honor Your Life



SUBSTANCE USE: Action Plans

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Create a 5 year calendar “cheat sheet” for Superintendents to show them important dates for each of the surveys	Aug 2018	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	YRBS = <ul style="list-style-type: none"> • Oct of Odd Years: Superintendents contacted and asked if the school will participate. • Feb of Odd Years: Survey administered • May of Even Years: Results available PNA = <ul style="list-style-type: none"> • Nov of Odd Years: Superintendents contacted and asked if the school will participate. • Feb-Apr of Even Years: Survey administered • Sept of Even Years: Results available
2. Meet with BPS and Heart Butte Superintendents to get 2018 PNA Results	Sept 2018	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	
3. Blackfeet Tribal Health Director will distribute the HB and BPS YRBS 2017 data and PNA 2018 data to SUD treatment and prevention organizations annually.	May 2019	Rosemary Cree Medicine, BTHD	YRBS and PNA data from Honor Your Life, Contacts for all SUD programs	Honor Your Life	



SUBSTANCE USE: Action Plans

4. Meet with BPS and Heart Butte Superintendents to request that they approve for both YRBS (Feb 2021) PNA (March 2020) surveys to be conducted.	Sept 2019	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	
5. Meet with BPS and Heart Butte Superintendents to get 2019 YRBS Results	May 2020	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	
6. Blackfeet Tribal Health Director will distribute the HB and BPS YRBS 2019 data and PNA 2018 data to SUD treatment and prevention organizations annually.	May 2020	Rosemary Cree Medicine, BTHD	YRBS and PNA data from Honor Your Life, Contacts for all SUD programs	Honor Your Life	
7. Meet with BPS and Heart Butte Superintendents to get PNA results	Sept 2020	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	
8. Blackfeet Tribal Health Director will distribute the HB and BPS YRBS 2019 data and PNA 2020 data to SUD treatment and prevention organizations annually.	May 2021	Rosemary Cree Medicine, BTHD	YRBS and PNA data from Honor Your Life, Contacts for all SUD programs	Honor Your Life	
9. Meet with BPS and Heart Butte Superintendents to request that they approve for both YRBS (Feb 2023) PNA (March 2022) surveys to be conducted.	Sept 2021	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	



SUBSTANCE USE: Action Plans

10. Meet with BPS and Heart Butte Superintendents to get 2021 YRBS Results	May 2022	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	
11. Blackfeet Tribal Health Director will distribute the HB and BPS YRBS 2021 data and PNA 2020 data to SUD treatment and prevention organizations annually.	May 2022	Rosemary Cree Medicine, BTHD	YRBS and PNA data from Honor Your Life, Contacts for all SUD programs	Honor Your Life	
12. Meet with BPS and Heart Butte Superintendents to get PNA results	Sept 2022	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	
13. Blackfeet Tribal Health Director will distribute the HB and BPS YRBS 2021 data and PNA 2022 data to SUD treatment and prevention organizations annually.	May 2023	Rosemary Cree Medicine, BTHD	YRBS and PNA data from Honor Your Life, Contacts for all SUD programs	Honor Your Life	
14. Meet with BPS and Heart Butte Superintendents to request that they approve for both YRBS (Feb 2025) PNA (March 2024) surveys to be conducted.	Sept 2023	Jade Heather Lepotokisi, Honor Your Life		Superintendents of Browning and Heart Butte Public Schools	



SUBSTANCE USE: Action Plans

GOAL 2: Increase access to SUD treatment.

OBJECTIVE 1: Offer Medication Assisted Treatment to 250 people with Opioid Use Disorders through a tribal partnership with Community Medical Services by 2023.

INTERVENTION STRATEGY: Establish a MAT Clinic to serve people with Opioid Use Disorders.

LEAD: Southern Piegan Health Clinic (SPHC) and Blackfeet Tribal Health Department (BTHD)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
<i>See Business Plan and Work Plan for Detailed Action Steps. Listed here are major timeline goals only.</i>					
1. Secure STR funding and hire a program director	Aug 1, 2018	BTHD	Financial assistance to provide first month expenses prior to reimbursement	SPHC, MT Chemical Dependency Bureau, CHEER	
2. Contract with CMS to place Medication Unit in the Blackfeet MAT Clinic	Aug 1, 2018	BTHD			
3. Begin enrolling patients	Oct 1, 2018	MAT Program Manager	Clinic space, trained employees	SPHC, MT Chemical Dependency Bureau, CHEER, CMS	



SUBSTANCE USE: Action Plans

4. Data collection and performance assessment	Oct 1, 2018 - Ongoing	CHEER	Contract for services	CHEER, Blackfeet MAT, CMS, SPHC, BTHD	
5. Establish wrap around community support network	Oct 1, 2018 - Ongoing	MAT Program Manager, CHEER	Contract for services	CHEER, Blackfeet MAT, CMS, SPHC, BTHD	
6. Goal of 50 patients provided care through the Blackfeet MAT Clinic since opening	Oct 1, 2019	MAT Program Manager	Fully functional MAT clinic	Blackfeet MAT, CMS, SPHC, BTHD, CHEER, Wrap Around Partners	
7. Begin working toward OTP status under SAMHSA	Oct 1, 2019	MAT Program Manager, SPHC, CHEER	Funding for Program MD	Blackfeet MAT, CMS, SPHC, BTHD, CHEER, Wrap Around Partners	
8. Goal of 100 patients provided care through the Blackfeet MAT Clinic since opening	Oct 1, 2020	MAT Program Manager	Fully functional MAT clinic	Blackfeet MAT, CMS, SPHC, BTHD, CHEER, Wrap Around Partners	
9. Established as an independent OTP under SAMHSA	Oct 1, 2021	MAT Program Manager, SPHC, CHEER	Funding for Program MD	Blackfeet MAT, CMS, SPHC, BTHD, CHEER, Wrap Around Partners	



SUBSTANCE USE: Action Plans

10. Goal of 150 patients provided care through the Blackfeet MAT Clinic since opening	Oct 1, 2021	MAT Program Manager	Fully functional MAT clinic	Blackfeet MAT, SPHC, BTHD, CHEER, Wrap Around Partners	
11. Goal of 200 patients provided care through the Blackfeet MAT Clinic since opening	Oct 1, 2022	MAT Program Manager	Fully functional MAT clinic	Blackfeet MAT, SPHC, BTHD, CHEER, Wrap Around Partners	
12. Goal of 250 patients provided care through the Blackfeet MAT Clinic since opening	Oct 1, 2023	MAT Program Manager	Fully functional MAT clinic	Blackfeet MAT, SPHC, BTHD, CHEER, Wrap Around Partners	

GOAL 2: Increase access to SUD treatment.

OBJECTIVE 2: Enroll at least 200 pregnant and postpartum women in Family Spirit by 2023.

INTERVENTION STRATEGY: Re-establish the Family Spirit Program as a Tier 2 intervention under T-HIP.

LEAD: Tribal Health Improvement Program (T-HIP) & Community Health Representatives (CHR)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Explore funding options under T-HIP	Oct 1, 2018	Roy Old Person, T-HIP Director	More information from State Medicaid re: Tier 2 program requirements	BTHD, CHEER/RMTEC	

SUBSTANCE USE: Action Plans

2. Establish a planning team	Dec 1, 2018	Roy Old Person, T-HIP Director		BTHD, CHEER/RMTEC, CHRs	
3. Create a plan: financial, personnel, program structure	Jan 1, 2019	Roy Old Person, T-HIP Director		BTHD, CHEER/RMTEC, CHRs	
4. State Medicaid to approve plan under T-HIP	Feb 1, 2019	Roy Old Person, T-HIP Director		State Medicaid	
5. Hire staff	March 1, 2019	Roy Old Person, T-HIP Director		BTHD, CHEER/RMTEC, CHRs	
6. Train staff	April 1, 2019	Family Spirit Coordinator	Family Spirit Training Opportunity	Johns Hopkins Family Spirit Program	
7. Establish MOUs to support referral process	April 1, 2019	Family Spirit Coordinator		IHS, WIC, SPHC, NRMC	
8. Enroll first participants	May 1, 2019	Family Spirit Coordinator	Trained staff	IHS, WIC, SPHC, NRMC	
9. Begin data collection, submission, program performance assessment	May 1, 2019	Family Spirit Coordinator	TA around data and performance	CHEER/RMTEC	
10. Provide Family Spirit support to 50 pregnant and postpartum women since beginning the program	May 1, 2020	Family Spirit Coordinator	Trained staff	IHS, WIC, SPHC, NRMC	

SUBSTANCE USE: Action Plans

11. Provide data reports to stakeholders and review performance assessments	May 1, 2020 May 1, 2021 May 1, 2022 May 1, 2023	Family Spirit Coordinator	TA around data and performance	CHEER/RMTEC	
12. Provide Family Spirit support to 100 pregnant and postpartum women since beginning the program	May 1, 2021	Family Spirit Coordinator	Trained staff	IHS, WIC, SPHC, NRMC	
13. Provide Family Spirit support to 150 pregnant and postpartum women since beginning the program	May 1, 2022	Family Spirit Coordinator	Trained staff	IHS, WIC, SPHC, NRMC	
14. Provide Family Spirit support to 200 pregnant and postpartum women since beginning the program	May 1, 2023	Family Spirit Coordinator	Trained staff	IHS, WIC, SPHC, NRMC	

GOAL 2: Increase access to SUD treatment.

OBJECTIVE 3: Expand support groups to provide additional treatment options for 200 people with SUD by 2023.

INTERVENTION STRATEGY 1: Determine barriers and incentives to attending support groups in the Blackfeet community before re-launching in community-coordinated approach.

LEAD: Blackfeet Tribal Health Department (BTHD)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Identify funding for this project	December 2018	BTHD, NWRC	Grant funding support for paid time to work on this project	Good Medicine, Tamarack Grief, Honor Your Life, Four Winds Assembly of God, MAT Clinic, MT Health Care Foundation	

SUBSTANCE USE: Action Plans

2. Contract with a project coordinator	June 2019	BTHD	Grant funding support for paid time to work on this project		Is it possible that one of the LACs from the MAT might be able to lead this with the community.
3. Develop detailed plan to determine barriers and incentives to utilizing support groups + identification of necessary support groups + partners to run support groups	July 2019	Project Coordinator		Good Medicine, Tamarack Grief, Honor Your Life, Four Winds Assembly of God, MT Health Care Foundation	
4. Conduct inquiry re barriers and incentives to support groups in Blackfeet	Jan 1, 2020	Project Coordinator		Good Medicine, Tamarack Grief, Honor Your Life, Four Winds Assembly of God	
5. Launch series of new support groups with partner agencies	March 1, 2020	Project Coordinator		Good Medicine, Tamarack Grief, Honor Your Life, Four Winds Assembly of God	
6. Continue to collect and analyze data on support groups and participant patterns to improve success	March 1, 2020-2023	Project Coordinator	Access to Support Group Participants	Good Medicine, Tamarack Grief, Honor Your Life, Four Winds Assembly of God	
7. Provide annual report on number of support groups offered and number of people participating to BTHD	June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Project Coordinator	Access to Support Group Participants		



SUBSTANCE USE: Monitoring and Evaluation

SUBSTANCE USE: Monitoring and Evaluation Chart

PRIORITY AREA: SUBSTANCE USE							
Goal 1: Increase collaboration and partnerships among substance use prevention and treatment services.							
Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
1.1.1 All SUD organizations in Blackfeet, will be represented with up-to-date information on the Blackfeet Resource Directory.	0%	100%	June 2019	Annually	Blackfeet Resource Directory Website		
1.2.1 Percent of SUD organizations who are enrolled in Blackfeet Connect.	TBD	100%	Jan 2019	Annually	Good Medicine Program Enrollment		
1.2.2 Percent of SUD organizations who use Blackfeet Connect to send referrals.	0%	100%	Jan 2019	Annually	Good Medicine Program Enrollment		
1.3.1 Number of years of participation of BPS and HBS in YRBS and PNA from 2019 through 2023.	0	5	Sept 2023	Annually	Blackfeet Tribal Health Department		
1.3.2 Number of years that BTHD disseminates the results of YRBS and PNA to SUD service providers.	0	5	Sept 2023	Annually	Blackfeet Tribal Health Department		

SUBSTANCE USE: Monitoring and Evaluation, Continued

SUBSTANCE USE: Monitoring and Evaluation Chart

PRIORITY AREA: SUBSTANCE USE							
Goal 2: Increase Access to SUD Treatment							
Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
2.1.1 Number of people with Opioid Use Disorders who receive MAT services through the SPHC from 2018 to 2023.	0	250	Sept 2023	Annually	MAT Clinic Participation Roster		
2.2.1 Number of eligible pregnant and postpartum women who are enrolled in the Family Spirit program annually.	UNKNWN	200 Annually	Sept 2023	Annually	Family Spirit Participation Roster		
2.3.1 Number of support groups offered in the Blackfeet Community that relate to SUD treatment.	UNKNWN	20	Sept 2023	Annually	NWRC, MAT Clinic, CCTC Support Group Logs		
2.3.2 Number of people served through SUD treatment support groups in the Blackfeet Community.	75	275	Sept 2023	Annually	NWRC, MAT Clinic, CCTC Support Group Participation Rosters		



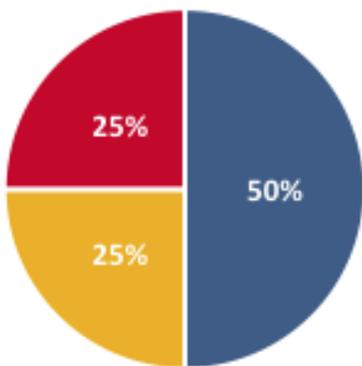
MENTAL HEALTH: Background and Rationale

Mental Health

Historical trauma, racism, and poverty, as well as geographic isolation and lack of access to care all play into the complex issues surrounding mental health on the Blackfeet Reservation. During the 2017 Blackfeet CHA Report Feedback Meeting, participants also pointed to the lack of mental health professionals who practice on the Blackfeet Reservation. In the 2017 Blackfeet CHA Survey, 1 in 4 adults reported experiencing 4 or more Adverse Childhood Events (ACE). *(BF CHA SURVEY 2017)* Additionally, one-third of adults indicated they felt sad or depressed most days over the past year. *(BF CHA SURVEY 2017)*

BLACKFEET ACE SCORES

Percent of CHA Survey respondents in each ACE Score category:



■ 0-1 ■ 2-3 ■ 4+
BF CHA SURVEY 2017

Suicide is also a common concern among Blackfeet health leaders. The 2017 Blackfeet CHA Survey showed that 6% of adults who participated in the survey had attempted suicide in the past year. According to the 2016 Preventative Needs Assessment, 33% of Browning Middle School students attempted suicide in the previous year along with 8% of Browning High School students. *(BF PNA 2016)*

DEPRESSION

The CHA Survey asked the same question about depression that Browning Middle and High School students receive on Montana's Preventive Needs Assessment Survey. Here are those results compared to the results from Browning and Montana Public Schools:

In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?"	
Answers: "YES! Yes, No, NO!"	% YES! or Yes
Adults (18+ Years) in Blackfeet	33%
8 th Grade Browning Middle School	60%
8 th Grade MT Middle School	42%
10 th Grade Browning High School	37%
10 th Grade MT High School	43%

MTDPHHS PNA 2016, BF PNA 2016, BF CHA SURVEY 2017

40% of survey respondents reported experiencing anxiety symptoms that make daily life at least somewhat difficult or more. In comparison, only 18% of adults in the United States experience anxiety.

KESSLER 2005



MENTAL HEALTH: Goals and Objectives Framework

MENTAL HEALTH		
Blackfeet Reservation Goals	Montana Goals	Healthy People 2020 Goal (HP2020)
<p>Goal 1: Increase access to mental health professionals throughout the Blackfeet Nation</p>	<p>“2018-2022 Montana State Health Improvement Plan (SHIP) Priority Areas” (MTPHHS SHIP 2018)</p> <ul style="list-style-type: none"> Behavioral Health: Prevention, Treatment, and Recovery Services. <i>This priority area will focus on prevention of and treatment for alcohol, illicit drug use, and opioid abuse. Focus will be on access to care and suicide prevention as well.</i> <p>“MHA Montana Health Improvement Strategic Plan” 2015 (MHA SP 2015)</p> <ul style="list-style-type: none"> Develop a workforce with focus toward improving access to mental health (pg 18) 	<p>MHMD-4: Reduce the proportion of persons who experience major depressive episodes (MDEs)</p> <p>MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment</p> <p>PHI-4: Increase the number of public health or related graduate degrees, post-baccalaureate certificates, and bachelor’s degrees awarded</p> <p>ECBP-8: (Developmental) Increase the proportion of worksites that offer an employee health promotion program to their employees</p>
<p>Goal 2: Improve youth mental health on the Blackfeet Nation</p>	<p>“Montana Native Youth Suicide Reduction Strategic Plan. January 2017” Updated for 2018. (MT NY SRP 2017)</p> <ul style="list-style-type: none"> Pillar 2: Support local community healing and transformation <ul style="list-style-type: none"> Target resources to train local staff and community in best practices. Initiate community partnerships. 	<p>MHMD-2: Reduce suicide attempts by adolescents</p> <p>MHMD-6: Increase the proportion of children with mental health problems who receive treatment</p> <p>ECBP-2: Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity</p>
<p>Goal 3: Improve suicide aftercare on the Blackfeet Nation</p>	<p>“2018-2022 Montana State Health Improvement Plan (SHIP) Priority Areas” (MTPHHS SHIP 2018)</p> <ul style="list-style-type: none"> Behavioral Health: Prevention, Treatment, and Recovery Services. <i>This priority area will focus on prevention of and treatment for alcohol, illicit drug use, and opioid abuse. Focus will be on access to care and suicide prevention as well.</i> 	<p>MHMD-1: Reduce the suicide rate</p> <p>ECBP-10.3: Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services mental illness</p>



MENTAL HEALTH: Action Plans

Goal 1: Increase access to mental health professionals throughout the Blackfeet Nation

Objective 1: By 2023, have 10 Licensed Clinical Professional Counselors (LCPC) and Licensed Clinical Social Workers (LCSW) providing mental health services in Blackfeet.

Intervention Strategies:

1. Tribal council support to make Master’s level counseling education options more attainable through improved funding assistance, and additional hours for tribal employees to spend on higher education.

LEAD: BTHD and SPHC

2. Tribal council support to create a new wage scale for professionals that could offer competitive pay for medical professionals.

LEAD: SPHC

Outcome Measure(s):

1. Number of Master’s degree level counselors who are providing mental health services.

Objective 2: By 2023, 50 tribal employees will have utilized counseling services through a tribal employee worksite wellness program.

Intervention Strategy:

1. Create a worksite wellness program for tribal employees that would include access to counseling services for tribal employees.

LEAD: T-HIP

Outcome Measure(s):

1. Number of tribal employees who utilize counseling through the tribal employee worksite wellness program.

Goal 2: Improve youth mental health on the Blackfeet Nation

Objective 1: Provide mental health support services to 400 students in the school setting each school year from 2018-19 through 2022-23.

Intervention Strategies:

1. Preserve the Good Medicine Program so that it can serve up to 350 students per year.

LEAD: Good Medicine Program and BTHD

2. Expand the Honor Your Life MSPI program to serve 50 students per year by 2022 - 2023 school year.

LEAD: Honor Your Life MSPI Program

3. Involve youth as stakeholders in community mental health program design and improvement efforts.

LEAD: Good Medicine Program and BTHD

Outcome Measure(s):

1. Number of students who receive mental health support services through Browning Good Medicine Program.
2. Number of students who receive mental health support services through Honor Your Life MSPI mentor groups.



MENTAL HEALTH: Action Plans

Objective 2: Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Youth Mental Health First Aid by 2023.

Intervention Strategies:

1. Provide regular training opportunities, at least annually, in Youth Mental Health First Aid to tribal employees.
LEAD: Good Medicine Program and BTHD
2. Provide regular training opportunities, at least annually, in Youth Mental Health First Aid to BCH IHS employees.
LEAD: Good Medicine Program and BTHD

Outcome Measure(s):

1. Number of tribal employees who attend Youth Mental Health First Aid training.
2. Number of BCH IHS employees who attend Youth Mental Health First Aid training.

Goal 3: Improve suicide aftercare on the Blackfeet Nation

Objective 1: Employ a Suicide Response Team to support families and victims in 100% of known suicides and suicide attempts in 2023.

Intervention Strategies:

1. Establish a suicide response team to serve individuals who attempt and serve family and friends of those who complete.
LEAD: Tamarak Grief Resource Center

Outcome Measure(s):

1. Number of individuals served by the proposed suicide response team in 2019-2023.
2. Percent of suicide attempts and completions for which the suicide response team provided care coordination.
 - 2.1. a. Number of suicide attempts and completions documented on the Blackfeet Nation.
 - 2.2. b. Number of suicide attempts and completions for which the suicide response team provided care coordination.



MENTAL HEALTH: Action Plans

GOAL 1: Increase access to mental health professionals throughout the Blackfeet Nation

OBJECTIVE 1: By 2023, have 10 Licensed Clinical Professional Counselors (LCPC) and Licensed Clinical Social Workers (LCSW) providing mental health services in Blackfeet.

INTERVENTION STRATEGY 2: Tribal council support to create a new wage scale and contract process for professionals to offer competitive pay for medical professionals.

LEAD: Southern Piegan Health Clinic (SPHC)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Compare pay scales from IHS and other local medical clinics (specifically ensure that counseling positions are included) + Identify issues around Tribal Contracting rules related to hiring medical professionals	December 1, 2018	Lyle Rutherford, SPHC	Meeting with IHS BOA HR	Honor Your Life, T-HIP, BTHD	Created a document comparing IHS, VA, Northern Rockies Medical Center pay scales for most common health professionals (June 2018)
2 Assemble stakeholders to begin planning and advocacy process	Mar 1, 2019	Lyle Rutherford, SPHC		Honor Your Life, T-HIP, BTHD	
3 Create a plan that includes the steps necessary for the Tribe to be able to adopt a new Professional Wage Scale and Professional Contract process	Dec 1, 2019	Lyle Rutherford, SPHC		Honor Your Life, T-HIP, BTHD	
4 Council and Human Services to adopt recommended changes to support Professional Wage Scale and Contracting Process	June 1, 2020	Lyle Rutherford, SPHC		Honor Your Life, T-HIP, BTHD	



MENTAL HEALTH: Action Plans

GOAL 1: Increase access to mental health professionals throughout the Blackfeet Nation

OBJECTIVE 2: By 2023, 50 tribal employees will have utilized counseling services through a tribal employee worksite wellness program.

INTERVENTION STRATEGY 1: Create a worksite wellness program for tribal employees that incorporates self-care and wellness programming, as well as access to counseling services for tribal employees.

LEAD: Tribal Health Improvement Program (T-HIP)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Research the options available for offering worksite wellness opportunities through the T-HIP	Oct 1, 2019	Roy Old Person, T-HIP Director			T-HIP cannot provide services that are reimbursable under Medicaid
2 Assemble a group of stakeholders to begin the planning process necessary to implement a Tribal Employee Worksite Wellness Program	Nov 1, 2019	Roy Old Person, T-HIP Director		SPHC, BTHD	Ensure partnership with either SPHC or BTHD to provide coverage of counseling services associated with the program
3 Present plan of Tribal Employee Wellness Program to Human Resources and Tribal Council	Jan 1, 2019	Rosemary Cree Medicine, BTHD Director & Roy Old Person, T-HIP Director		SPHC	
4 Hire a Worksite Wellness Program Coordinator	March 1, 2019	Roy Old Person, T-HIP Director	T-HIP Funding		



MENTAL HEALTH: Action Plans

GOAL 1: Increase access to mental health professionals throughout the Blackfeet Nation

OBJECTIVE 2: By 2023, 50 tribal employees will have utilized counseling services through a tribal employee worksite wellness program.

INTERVENTION STRATEGY 1: Create a worksite wellness program for tribal employees that incorporates self-care and wellness programming, as well as access to counseling services for tribal employees.

LEAD: Tribal Health Improvement Program (T-HIP)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Research the options available for offering worksite wellness opportunities through the T-HIP	Oct 1, 2019	Roy Old Person, T-HIP Director			
2. Assemble a group of stakeholders to begin the planning process necessary to implement a Tribal Employee Worksite Wellness Program	Nov 1, 2019	Roy Old Person, T-HIP Director		SPHC, BTHD	Ensure partnership with either SPHC or BTHD to provide coverage of counseling services associated with the program
3. Present plan of Tribal Employee Wellness Program to Human Resources and Tribal Council	Jan 1, 2019	Rosemary Cree Medicine, BTHD Director & Roy Old Person, T-HIP Director		SPHC	
4. Hire a Worksite Wellness Program Coordinator	March 1, 2019	Roy Old Person, T-HIP Director	T-HIP Funding		



MENTAL HEALTH: Action Plans

5. Initial survey tribal employees to determine their worksite wellness interests	June 1, 2019	Worksite Wellness Program Coordinator	Surveys Printed, Contacts for all Tribal Employees	Tribal Human Resources	
6. Update Tribal Employee Policy and Procedure Handbook to allow Tribal Employees to participate in Tribal Worksite Wellness Activities	June 1, 2019	Worksite Wellness Program Coordinator		Tribal Human Resources	
7. Approximate launch of Worksite Wellness Program	June 1, 2019	Worksite Wellness Program Coordinator	Comprehensive Plan, Trained Staff, Space	BTHD, SPHC, Tribal Human Resources, Tribal Departments	
8. Annual report to determine number of Tribal Employees who utilized counseling services through the Worksite Wellness	June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Worksite Wellness Program Coordinator		BTHD, SPHC	

GOAL 2: Improve youth mental health on the Blackfeet Nation

OBJECTIVE 1: Provide mental health support services to 400 students in the school setting each school year from 2018-19 through 2022-23.

INTERVENTION STRATEGY 1: Preserve the Good Medicine Program so that it can serve up to 350 students per year.

LEAD: Good Medicine Program & Blackfeet Tribal Health Department (BTHD)



MENTAL HEALTH: Action Plans

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Create contingency plan for funding if SOARS is not available	Jan 1, 2019	Kim Tatsey-McKay, Director of Good Medicine		SPHC, BTHD, T-HIP	-Counselors could become SPHC employees and bill through Centralized Billing for the counseling they conduct? -Non-licensed counselors who need hours toward LCPC could be matched with a PhD supervisor -Non-licensed program staff could all become a T-HIP program?
2. Apply for grant funding through SOARS	July 2019	Kim Tatsey-McKay, Director of Good Medicine		Dr. Karla Bird and Jason Andreas	
3. Implement contingency plan if no funding through SOARS grant	August 2019	Kim Tatsey-McKay, Director of Good Medicine	Funding for Good Medicine Program staff, Re-hire staff under new program	SPHC, BTHD, T-HIP, Good Medicine Program Staff	
4. Report to BTHD number of students provided mental health support services through Good Medicine Program	June 1, 2019 June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Kim Tatsey-McKay, Director of Good Medicine		Good Medicine Program Staff	

MENTAL HEALTH: Action Plans

GOAL 2: Improve youth mental health on the Blackfeet Nation

OBJECTIVE 1: Provide mental health support services to 400 students in the school setting each school year from 2018-19 through 2022-23.

INTERVENTION STRATEGY 2: Expand the Honor Your Life MSPI program to serve 50 students per year by 2022 - 2023 school year.

LEAD: Honor Your Life MSPI Program

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Work with the Juvenile Healing to Wellness Court (H2WC) to refer students into the MSPI peer support groups.	June 1, 2018	Jade Heather Lepotokisi, MSPI Director	Referral system to connect H2WC and MSPI,	H2WC	This referral partnership has started. (June 2018)
2 Begin a MSPI peer mentoring group in Napi Elementary	September 1, 2018	Jade Heather Lepotokisi, MSPI Director	MSPI Coordinator time, Support from Napi Elementary, funding for mentor stipends, recruit mentors	Napi Elementary staff, Good Medicine Program	
3 Plan for funding MSPI student groups beginning in 2020-21	Jan 1, 2020	Jade Heather Lepotokisi, MSPI Director	Grant opportunities	SPHC, T-HIP, BTHD	Depending on grant opportunities and how Good Medicine is set up, could this become a project under the Good Medicine Program?
4 Report to BTHD number of students provided mental health support services through MSPI peer mentoring support groups	June 1, 2019 June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Jade Heather Lepotokisi, MSPI Director		MSPI Program Staff	

MENTAL HEALTH: Action Plans

GOAL 2: Improve youth mental health on the Blackfeet Nation

OBJECTIVE 2: Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Mental Health First Aid by 2023.

INTERVENTION STRATEGY 1: Provide regular training opportunities, at least annually, in Mental Health First Aid to tribal employees.

LEAD: Good Medicine Program

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Determine Policy and Procedure allowances for training offered/allowed for Tribal Employees	Nov 1, 2018	Kim Tatsey-McKay, Director of Good Medicine Program	Tribal Policy and Procedure Manual	MSPI/DVPI, T-HIP	Jade Heather Lepotokisi and Roy Old Person have looked into some of the training and education allowed in the P&P manual (June 2018)
2. Meet with the Tribal Human Resources Director to determine best way to organize trainings and get roster of Tribal Employees	Dec 1, 2019	Kim Tatsey-McKay, Director of Good Medicine Program		BTHD, Tribal Human Resources	
3. Identify contact information for all department directors	Jan 1, 2019	Training Coordinator, Director of Good Medicine Program	Contact information / directory access	Tribal Human Resources	
4. Make plan for recruiting Tribal Employees to attend	Feb 1, 2019	Training Coordinator, Director of Good Medicine Program	Stakeholders feedback, calendar of events	Department Directors	

MENTAL HEALTH: Action Plans

5. Conduct training	April 1, 2019	Training Coordinator, Director of Good Medicine Program	Training materials, More individuals trained	Department Directors	
6. Provide roster of completion for report to BTHD Director	June 1, 2019	Training Coordinator, Director of Good Medicine Program		BTHD	
7. Repeat steps 2-6 annually	Sept - June, 2020 Sept - June, 2021 Sept - June, 2022 Sept - June, 2023	Training Coordinator, Director of Good Medicine Program	Funding for Good Medicine Program		

GOAL 2: Improve youth mental health on the Blackfeet Nation

OBJECTIVE 2: Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Mental Health First Aid by 2023.

INTERVENTION STRATEGY 2: Provide regular training opportunities, at least annually, in Mental Health First Aid to BCH IHS employees.

LEAD: Good Medicine Program

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. Meet with the CEO, CNO, and admin to determine best way to organize training for IHS staff	Dec 1, 2019	Kim Tatsey-McKay, Director of Good Medicine Program		BTHD, IHS Community Health Educator	
2. Make plan for informing and recruiting IHS employees to the training	Feb 1, 2019	Training Coordinator, Director of Good Medicine Program	Stakeholders feedback, calendar of events	Department Directors, IHS Behavioral Health Department, IHS Community Health Educator	



MENTAL HEALTH: Action Plans

3. Conduct training	April 1, 2019	Training Coordinator, Director of Good Medicine Program	Training materials, More individuals trained	Department Directors	
4. Provide roster of completion for report to BTHD Director	June 1, 2019	Training Coordinator, Director of Good Medicine Program		BTHD	
5. Repeat steps 1-4 annually	Sept - June, 2020 Sept - June, 2021 Sept - June, 2022 Sept - June, 2023	Training Coordinator, Director of Good Medicine Program	Funding for Good Medicine Program		

GOAL 2: Improve youth mental health on the Blackfeet Nation

OBJECTIVE 2: Train 100 people from a combination of SPHC, BCH IHS, and employees of Tribal programs in Mental Health First Aid by 2023.

INTERVENTION STRATEGY 3: Involve youth as stakeholders in community mental health program design and improvement efforts.

LEAD: Good Medicine Program

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Identify contact information for mental health organizations that serve Blackfeet.	September 2019	Youth Advisory Board Mentor, Good Medicine Program		Tamarack Grief, Honor Your Life, Northern Winds Recovery, IHS, SPHC	Good Medicine Program maintains a Youth Advisory Board who would like to be more involved in providing programming feedback for programs involving youth.

MENTAL HEALTH: Action Plans

2 Send quarterly outreach email from Good Medicine Program to mental health organizations to determine upcoming meetings and trainings that could involve youth advisory component.	Jan 1, 2019 - Quarterly	Youth Advisory Board Mentor, Good Medicine Program	Contact lists,	Tamarack Grief, Honor Your Life, Northern Winds Recovery, IHS, SPHC	
3 Report to BTHD annually on the number of meetings, trainings, attended by the Good Medicine Program Youth Advisory Board	June 1, 2019 June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Youth Advisory Board Mentor, Good Medicine Program		BTHD	

GOAL 3: Improve suicide aftercare on the Blackfeet Nation

OBJECTIVE 1: Employ a Suicide Response Team to support families and victims in 100% of known suicides and suicide attempts in 2023.

INTERVENTION STRATEGY 1: Establish a Suicide Response Team to support families and victims in 100% of known suicides and suicide attempts by 2023.

LEAD: Tamarack Grief Resource Center

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Establish a stakeholder planning group	Sept 1, 2018	Sienna Speicher, Tamarack Grief Resource Center		Honor Your Life, Good Medicine Program, IHS, Heart Butte Academic Counselor, Northern Winds, EMS	



MENTAL HEALTH: Action Plans

2 Create a basic plan of how the Suicide Response Team (SRT) might function	December 1, 2018	Sienna Speicher, Tamarack Grief Resource Center		Honor Your Life, Good Medicine Program, IHS, Heart Butte Academic Counselor, Northern Winds, EMS	
3 Write out the plan so that it can be shared with potential funders or developed into a grant proposal	March 1, 2019	Sienna Speicher, Tamarack Grief Resource Center		Honor Your Life, Good Medicine Program, IHS, Heart Butte Academic Counselor, Northern Winds, EMS	
4 Identify potential grants to fund planning and implementation or explore MHCF as a funding source	June 1, 2019	Sienna Speicher, Tamarack Grief Resource Center		BTHD Director	
5 Hire SRT Coordinator	Sept 1, 2019	BTHD Director	Funding	Tamarack Grief, Honor Your Life, Good Medicine Program, IHS, Heart Butte Academic Counselor, Northern	
6 Goal to begin implementation of SRT	June 1, 2019	STR Coordinator	Trained staff/volunteers, funding, policy & procedures	All necessary partners	
7 Send report to BTHD Director on the number of episodes SRT responded to and number of people served as a result of the SRT	June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	STR Coordinator	Access to collected data	BTHD Director	

MENTAL HEALTH: Monitoring and Evaluation

MENTAL HEALTH: Monitoring and Evaluation Chart

PRIORITY AREA: Mental Health

Goal 1: Increase access to mental health professionals throughout the Blackfeet Nation

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
1.1.1 Number of Master’s degree level counselors who are providing mental health services.	TBD	10	Sept 2023	Annually	Roster of known, practicing LCPCs and LCSWs		
1.2.1 Number of tribal employees who utilize counseling through the tribal employee worksite wellness program.	0	50	Sept 2023	Annually	Employee Worksite Wellness Participant Roster		

MENTAL HEALTH: Monitoring and Evaluation, Continued

PRIORITY AREA: Mental Health

Goal 2: Improve youth mental health on the Blackfeet Nation

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
2.1.1 Number of students who receive mental health support services through Browning Good Medicine Program.	TBD	350	June 2023	Annually	Good Medicine Program Participant Roster		
2.1.2 Number of students who receive mental health support services through Honor Your Life MSPI	15	50	June 2023	Annually	Honor Your Life MSPI Mentor Program Participant Roster		
2.2.1 Number of tribal employees who attend Youth Mental Health First Aid training.	0	25	Sept 2023	Annually	Youth Mental Health First Aid Participant Roster		
2.2.2 Number of BCH IHS employees who attend Youth Mental Health First Aid training.	0	75	Sept 2023	Annually	Youth Mental Health First Aid Participant Roster		

MENTAL HEALTH: Monitoring and Evaluation

MENTAL HEALTH: Monitoring and Evaluation Chart

PRIORITY AREA: Mental Health							
Goal 3: Improve suicide aftercare on the Blackfeet Nation							
Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
3.1.1 Number of individuals served by the proposed suicide response team annually 2019 – 2023.	0	400	Sept 2023	Annually	Suicide Response Participant Roster		
3.1.2 Percent of suicide attempts or completions for which the Suicide Response Team coordinated care.	0%	100%	Sept 2023	Annually	Suicide Response Participant Roster and Suicide Completion/Attempt Log		
3.1.2 a Number of suicide attempts and completions documented on the Blackfeet Nation	UNKNWN	--	Sept	Annually	Suicide Completion/Attempt Log		
3.1.2 b Number of suicide attempts and completions on the Blackfeet Nation for which the Suicide Response Team	0	--	Sept	Annually	Suicide Response Participant Roster		

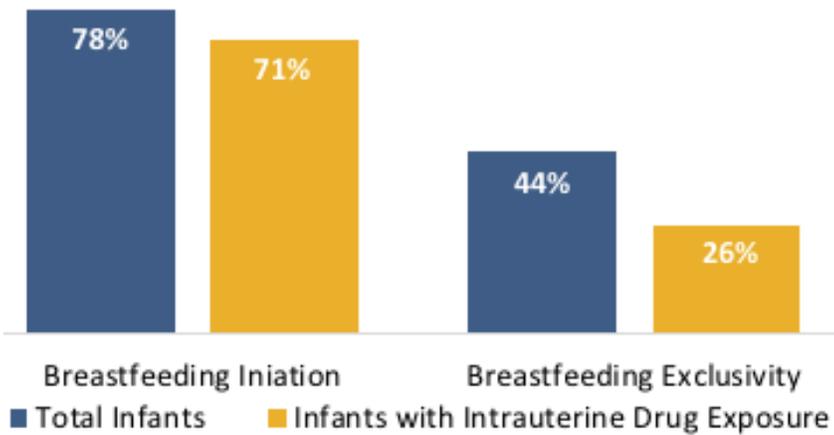
BREASTFEEDING: Background and Rationale

Breastfeeding

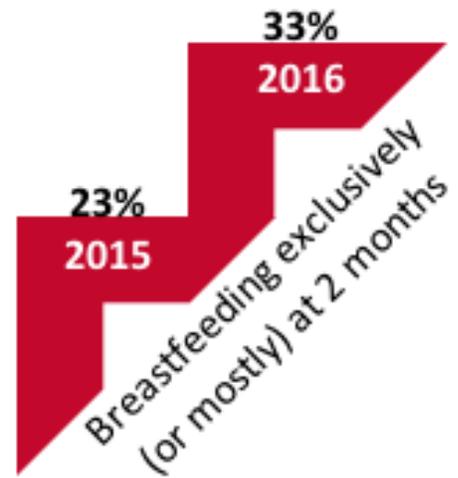
In 2014, the IHS BCH became only the second hospital in Montana to receive the World Health Organization's prestigious Baby-Friendly® designation. The hospital received the award after passing an external assessment and meeting the *Ten Steps to Successful Breastfeeding*. In 2017, the Blackfeet Tribal Health Department established a Breastfeeding Coalition to compliment and expand breastfeeding support services in the community.

Breastfeeding is largely seen as a culturally important practice that can improve the physical health of mothers and their children, the mental and social health of families through bonding. Additionally, breastfeeding will incur more far-reaching benefits, improving the economic health of families, the environment, and toward the work of the tribe's food sovereignty efforts.

BREASTFEEDING RATES IN THE HOSPITAL



BF GPRA 2016, IHS BAOR 2017



BF GPRA 2016



BREASTFEEDING: Goals and Objectives Framework

BREASTFEEDING		
Blackfoot Reservation Goals	Montana Goals	Healthy People 2020 Goal (HP2020)
GOAL 1: IMPROVE ACCESS TO LACTATION PROFESSIONALS.		<p>MICH-21: Increase the proportion of infants who are breastfed</p> <p>MICH-23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life</p>
GOAL 2: IMPROVE COMMUNITY SUPPORT FOR BREASTFEEDING.	<p>MT DPHHS Nutrition and Physical Activity Program (MTDPHHS NPAP 2018)</p> <ul style="list-style-type: none"> • Mother-Friendly Worksites Initiative 	<p>MICH-21.3: Increase the proportion of infants who are breastfed at 1 year</p> <p>MICH-22: Increase the proportion of employers that have worksite lactation support programs</p>



BREASTFEEDING: Action Plans

PRIORITY AREA 2: Breastfeeding

Goal 1: Improve access to lactation professionals	
Objective 1: Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.	
<p>Intervention Strategies:</p> <ol style="list-style-type: none"> Blackfeet Head Start to send staff from each community to CLC course or IBC courses. LEAD: Blackfeet Head Start All Family Spirit paraprofessionals will become IBC or CLC certified. LEAD: T-HIP 	<p>Outcome Measure(s):</p> <ol style="list-style-type: none"> Number of practicing IBC/CLCs each year in 2019-2023. Number of individuals who attend IBC/CLC training each year in 2019-2023. Percent of Family Spirit paraprofessionals who are IBC/CLC trained each year in 2019-2023.
Goal 2: Improve community support for breastfeeding	
Objective 1: By 2023, 15 worksites on the reservation that maintain a policy supporting women to take time to breastfeed or express their breastmilk throughout the day.	
<p>Intervention Strategy:</p> <ol style="list-style-type: none"> Work with Tribal Human Resources to enact a policy that would require all tribal worksites to support breastfeeding mothers. LEAD: Blackfeet Breastfeeding Coalition 	<p>Outcome Measure(s):</p> <ol style="list-style-type: none"> Number of worksites with a current policy to support time and space for breastfeeding employees to express breastmilk throughout the day.
Objective 2: By 2023, 10 worksites on the reservation will provide a private space (not a bathroom) where women can breastfeed or express their breastmilk throughout the work day.	
<p>Intervention Strategies:</p> <ol style="list-style-type: none"> Identify and assist workplaces that would like to set up breastfeeding rooms on their campus. LEAD: Blackfeet Breastfeeding Coalition 	<p>Outcome Measure(s):</p> <ol style="list-style-type: none"> Number of worksites with a space where women can go to express their breastmilk throughout the workday, each year in 2019-2023.



BREASTFEEDING: Action Plans

Objective 3: Serve 60 women with breastfeeding peer support through a peer support specialist or support group by 2023.

Intervention Strategies:

1. WIC to secure funding through the state to employ a WIC peer counselor.
LEAD: Blackfeet WIC
2. Develop a breastfeeding / parenting Facebook peer support group.
LEAD: Blackfeet Breastfeeding Coalition

Outcome Measure(s):

1. Number of women served by a breastfeeding peer support specialist either individually or in a group setting.
2. Number of women who are members of the Facebook breastfeeding support group.

GOAL 1: Improve access to lactation professionals

OBJECTIVE 1: Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.

INTERVENTION STRATEGY 1: Blackfeet Head Start to send staff from each community to CLC course or IBC courses.

LEAD: Blackfeet Head Start

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1. At least one staff from the outlying Head Start centers receive the courses.	Aug 2020	Aubrey Ground, Head Start	Head Start Grant funding	Blackfeet Breastfeeding Coalition	Can send 1-2 people each year (2018, 2019, 2020) until coverage is established. Babb-1 EastGlacier-1 Seville-1 HeartButte-1 StarrSchool
2. Two staff members from central Head Start to receive the courses.	Aug 2020	Aubrey Ground, Head Start	Head Start grant funding	Blackfeet Breastfeeding Coalition	Can send 1-2 people each year (2018, 2019, 2020) until coverage is established.



BREASTFEEDING: Action Plans

GOAL 1: Improve access to lactation professionals

OBJECTIVE 1: Have 10 people living and working in Blackfeet who are current in their certification as an Indigenous Breastfeeding Counselors (IBC) and/or Certified Lactation Consultants (CLC) by 2023.

INTERVENTION STRATEGY 2: All Family Spirit paraprofessionals will become IBC or CLC certified.

LEAD: Tribal Health Improvement Program (T-HIP)

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 ESTABLISH PLAN WHEN FAMILY SPIRIT IS RE-ESTABLISHED		T-HIP & CHR leadership		Blackfeet Breastfeeding Coalition	Due to current changes to the CHR and T-HIP programs, we will wait to make a detailed plan once the program is re-established

GOAL 2: Improve community support for breastfeeding

OBJECTIVE 1: By 2023, 15 worksites on the reservation that maintain a policy supporting women to take time to breastfeed or express their breastmilk throughout the day.

INTERVENTION STRATEGY 1: Work with Tribal Human Resources to enact a policy that would require all tribal worksites to support breastfeeding mothers.

LEAD: Blackfeet Breastfeeding Coalition

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Draft a policy	2017	CHEER, Blackfeet Breastfeeding Coalition	Meeting time	Blackfeet Legal Department	Policy was created and provided to Blackfeet Tribe Human Resources in Sept 2017.

BREASTFEEDING: Action Plans

2 Policy to be reviewed by Human Resources	March 2018	Dana Pemberton, Tribal HR		Blackfeet Breastfeeding Coalition	Policy was reviewed by Human Resources in early 2018
3 Tribal Legal Department to approve policy as part of the Employee Policy and Procedure Handbook	Sept 2018	Dana Pemberton, Tribal HR and Blackfeet Legal Department			
4 Create a 1 page info sheet about the new breastfeeding policy and distribute to Tribal Employees	December 2018	Blackfeet Breastfeeding Coalition Chair	Member time to create and review, graphic design	BCC graphic design student, health intern	
5 Annually distribute the policy overview to Tribal Employees during World Breastfeeding Week.	August 2019 August 2020 August 2021 August 2022	Blackfeet Breastfeeding Coalition Chair	Coalition member time, contact information of all tribal workplaces	Blackfeet Tribal Human Resources	

GOAL 2: Improve community support for breastfeeding

OBJECTIVE 2: By 2023, 10 worksites on the reservation will provide a private space (not a bathroom) where women can breastfeed or express their breastmilk throughout the work day.

INTERVENTION STRATEGY 1: Identify and assist workplaces that would like to set up breastfeeding rooms on their campus.

LEAD: Blackfeet Breastfeeding Coalition

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Create comprehensive list of worksites in Blackfeet (including outlying communities) with contact information	October 1, 2018	Blackfeet Breastfeeding Coalition	Meeting Time, Blackfeet Resource Directory, et al Resource Directories	Tribal Human Resources	

BREASTFEEDING: Action Plans

2. Estimate amount needed per site to purchase items	October 1, 2018	Blackfeet Breastfeeding Coalition	Meeting Time, Access to Internet		
3. Assign sub-groups of worksites (ie. non-profit, retail, government) for coalition members to personally contact to determine sites' willingness to establish breastfeeding space	February 1, 2019	Blackfeet Breastfeeding Coalition	Resource Directories		
4. Determine which worksites require funding and how much per site	March 1, 2019	Blackfeet Breastfeeding Coalition			
5. Identify potential sponsors for purchasing items	April 1, 2019	Blackfeet Breastfeeding Coalition	Meeting Time		
6. Identify potential grant sources and submit applications	May 1, 2019	Blackfeet Breastfeeding Coalition			
7 Assist 3 worksites per year to set up breastfeeding spaces	December 1, 2019 December 1, 2020 December 1, 2021 December 1, 2022	Blackfeet Breastfeeding Coalition			
8 Provide updated list of workplaces with breastfeeding spaces to BTHD annually.	June 1, 2019 June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Blackfeet Breastfeeding Coalition			



BREASTFEEDING: Action Plans

GOAL 2: Improve community support for breastfeeding

OBJECTIVE 3: By 2023, serve 60 women with breastfeeding peer support through a peer support specialist or support group.

INTERVENTION STRATEGY 1: Blackfeet WIC will establish a peer counselor program.

LEAD: Blackfeet WIC

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Set up meeting with State WIC officials to discuss funding opportunity and when grant funding application is available.	November 1, 2018	Dorothy Champine, Blackfeet WIC		State WIC Department	
2 Write for Peer Support grant	2019	Dorothy Champine, Blackfeet WIC & Sharon Silvas, IHS Community Health Educator	Grant writing support	State WIC Department, Blackfeet Breastfeeding Coalition	
3 Hire a Peer Counselor	2019	Dorothy Champine, Blackfeet WIC	Grant funding	State WIC Department, Blackfeet Breastfeeding Coalition	
4 Set up referral system to Peer Support Counselor from community organizations	Jan 1, 2020	Peer Counselor	List of appropriate community organizations	Blackfeet Breastfeeding Coalition	
5 Provide number of women served through Peer Support services annually	June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Peer Counselor	Assistance with record keeping	BTHD Director	

BREASTFEEDING: Action Plans

GOAL 2: Improve community support for breastfeeding

OBJECTIVE 3: By 2023, serve 60 women with breastfeeding peer support through a peer support specialist or support group.

INTERVENTION STRATEGY 1: Develop a breastfeeding support Facebook peer support group.

LEAD: Blackfeet Breastfeeding Coalition

Action Steps	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure or Progress Notes
1 Dedicate a portion of each Blackfeet Breastfeeding Coalition meeting to planning Facebook peer support	September 2018 - September 2019	Breastfeeding Coalition Chair, Blackfeet Breastfeeding Coalition			
2 Funding for Facebook Peer Support Coordinator (CLC or IBCLC)	September 1, 2019	Blackfeet Breastfeeding Coalition	Grant writing TA		
3 Identify Facebook Peer Support group coordinator	September 1, 2019	Blackfeet Breastfeeding Coalition		Blackfeet WIC, Blackfeet Head Start, Family Spirit Program	
4 Launch Facebook peer support group	Jan 1, 2020	Peer Support Facebook Coordinator			
5 Provide number of women served through Peer Support services annually	June 1, 2020 June 1, 2021 June 1, 2022 June 1, 2023	Peer Support Facebook Coordinator	Assistance with record keeping	BTHD Director	

BREASTFEEDING: Monitoring and Evaluation

BREASTFEEDING: Monitoring and Evaluation Chart

PRIORITY AREA: Breastfeeding

Goal 1: Improve access to lactation professionals

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
1.1.1 Number of practicing IBC/CLCs each year in 2019-2023.	UNKNOWN	10	Sept 2023	Annually	Blackfeet Breastfeeding Coalition CLC/IBC Roster		
1.1.2 Number of individuals who attend IBC/CLC training each year in 2019-2023.	0	2-3	Sept 2019	Annually	Blackfeet Breastfeeding Coalition CLC/IBC Roster		
1.1.3 Percent of Family Spirit paraprofessionals who are IBC/CLC trained each year in 2019-2023.	0%	100%	Sept 2023	Annually	Family Spirit Staff Training Files		

BREASTFEEDING: Monitoring and Evaluation, Continued

BREASTFEEDING: Monitoring and Evaluation Chart

PRIORITY AREA: Breastfeeding

Goal 2: Improve community support for breastfeeding

Outcome Measure	Baseline	Target	Target Date	Monitoring Organization or Frequency	Data Source	Results	Actions Taken Based upon Results
2.1.1 Number of worksites with a current policy to support time and space for breastfeeding employees to express breastmilk throughout the day.	3	15	Sept 2023	Annually	Blackfeet Breastfeeding Coalition Roster of Worksites with Policy		
2.2.1 Number of worksites with a space where women can go to express their breastmilk throughout the workday, each year in 2019-2023	5	10	Sept 2023	Annually	Blackfeet Breastfeeding Coalition Roster of Worksite Spaces		
2.3.1 Number of women served by a breastfeeding peer support specialist either individually or in a group setting.	0	60	Sept 2023	Annually	WIC Peer Counselor Participant Roster		
2.3.2 Number of women who are members of the Facebook breastfeeding support group.	0	60	Sept 2023	Annually	Facebook Support Group Members		

PART 3

BLACKFEET RESERVATION

Conclusion, References, and Appendices

- Summary and Next Steps
- References

SUMMARY AND NEXT STEPS

The Blackfeet Tribal Health Department produced this CHIP over a year-long process of conducting community leader and stakeholder meetings. Though this CHIP lays out an ambitious amount of work, many important focus areas and intervention ideas were left out in an effort to realistically outline work that is possible based on the capacity of our Blackfeet health workforce. The absence of these priorities from this document does not negate their importance in our community, but simply calls community health leaders to prioritize these issues when they are forced to make difficult programming and resource allocation decisions.

The Blackfeet Tribal Health Department will reconvene the Blackfeet CHIP Planning and Action Team annually to reassess progress, track elements outlined in the monitoring and evaluation sections, and update the Action Plans for each Intervention Strategy.



REFERENCES

Citation Code	Citation
BADGER TWO-MEDICINE 2017	Badger-Two Medicine Committee. (2017). <i>Committee Website</i> . Browning, MT: Blackfeet Nation. Retrieved from http://www.badger-twomedicine.org/
BF CHA SURVEY 2017	Blackfeet Community Health Assessment Team. (2017). <i>Blackfeet Community Health Assessment Survey 2017</i> . Browning, MT: Blackfeet Tribal Health Department.
BF CULTURE 2016	Blackfeet Nation. (2016). <i>Tribal Website: Our Culture</i> . Browning, MT: Blackfeet Nation. Retrieved from http://blackfeetnation.com/our-culture
BF GOVERNMENT 2016	Blackfeet Nation. (2016). <i>Tribal Website: Our Government</i> . Browning, MT: Blackfeet Nation. Retrieved from http://blackfeetnation.com/government
BF GPRA 2016	Indian Health Service. (2016). <i>Government Performance and Results Act (GPRA) Clinical Performance Summary – Blackfeet Service Unit</i> . Billings, MT: IHS Billings Area Office.
BF LANDS 2016	Blackfeet Nation. (2016). <i>Tribal Website: Our Lands</i> . Browning, MT: Blackfeet Nation. Retrieved from http://blackfeetnation.com/lands/
BF PNA 2016	Montana Office of Public Instruction. (2016). <i>Prevention Needs Assessment - Browning Middle School and High School</i> . Helena, MT: MT OPI Reports and Data. Provided by Browning Schools.
HP2020	Healthy People 2020. (2017). <i>Healthy People 2020</i> . Rockville, MD: US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from https://www.healthypeople.gov .
IHS BAOR 2017	Indian Health Service. (2017). <i>Chart review of all deliveries in one calendar year (undisclosed), 2013-2017</i> . Billings, MT: IHS Billings Area Office
IHS BSU ER 2016	Indian Health Service. (2016). <i>Blackfeet Service Unit – Top Emergency Room Diagnosis at IHS BCH by Age Group</i> . FOIA Request to Billings Area Office - provided to Blackfeet Tribal Health Department on Oct. 25, 2016. Billings, MT: IHS Billings Area Office.
KESSLER 2005	Kessler, R.C., Chiu W.T., Demler O., & Walters E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). <i>Archives of General Psychiatry</i> , 62(6), 617-627.
MHA SP 2015	Montana Hospital Association. (2015). <i>MHA Montana Health Improvement Strategic Plan</i> . Retrieved from https://www.mtha.org/wp-content/uploads/2016/09/MHA-Montana-Health-Improvement-Strategic-Plan-v8-12-22-15.pdf .
MT NY SRP 2017	Kaufman & Associates Incorporated. (2017). <i>Montana Native Youth Suicide Reduction Strategic Plan</i> . Billings, MT: Montana Native Youth Suicide Reduction Coalition.
MTDPHHS NPAP 2018	Montana Department of Public Health and Human Services. (2018). <i>Montana Nutrition and Physical Activity Program: Mother-Friendly Worksites Initiative</i> . Retrieved from https://dphhs.mt.gov/publichealth/NAPA/MotherFriendlyWorksite .
MTDPHHS PNA 2016	Montana Department of Public Health and Human Services. (2016). <i>Prevention Needs Assessment Information</i> . Helena, MT: MT DPHHS - Chemical Dependency Bureau, Addiction and Mental Disorders Division. Retrieved from http://dphhs.mt.gov/amdd/SubstanceAbuse/CDDATA/PNADATA/2016PNADData .
MTDPHHS SHIP 2018	Montana Department of Public Health and Human Services. (2018). <i>Montana State Health Improvement Plan Brochure, 2018-2022</i> . Retrieved from https://dphhs.mt.gov/Portals/85/ahealthiermontana/SHASHIPHandout_5-1-18.pdf
MTDPHHS SIG 2018	Montana Department of Public Health and Human Services. (2018). <i>A Healthier Montana: System Improvement Goals, by 2018</i> . Retrieved from https://dphhs.mt.gov/ahealthiermontana/healthsystem .
MTDPHHS SUD SP 2017	Montana Department of Public Health and Human Services. (2017). <i>Addressing Substance Use Disorder in Montana, Strategic Plan: Interim Draft Report, 2017-2019</i> . Retrieved from: https://dphhs.mt.gov/Portals/85/Documents/AddressingSubstanceUseDisorderInMontana.pdf
US CENSUS BUREAU 2015	United States Census Bureau. (2015). <i>American Community Survey 5-year estimates, 2011-2015; 2015 year report: Selected Social Characteristics</i> . Washington, DC: US Census Bureau, American FactFinder. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP02&prodType=table