

Programs, Functions, Services and Activities of the Michigan ITC Health Services Division

1. Technical Assistance/Consultation

- a) Program planning and evaluation maintenance, extension of services.
- b) Health systems and or individual program policy development.
- c) T.A. to plan and implement the Healthy People 2010 objectives for health promotion and disease prevention.

Other T.A./consultation needs of individual Tribes

- d) Managed Care and Health Care Reform
- e) Medicaid/Medicare Program Liaisons
- f) Updates on federal/state legislation that impact Tribal programs
- g) Business Office enhancement through training, i.e., third party reimbursement

2. Resource Development

- a) Functions as Grant Writer on behalf of Michigan Tribes and MITC.
- b) Locate new and currently available resources (i.e., dollars, organizations and entities, educational material, curriculums, at the Federal, State, Local levels that be uses by Tribes).
- c) Staff recruitment – Health professionals, nursing, health education, environmental services, mental health, etc.
- d) Work with Tribal staff, with Medicaid/Medicare program and other third party reimbursement mechanism.
- e) Respond to speaker requests from Universities and Federal agencies, regional offices, etc.

3. Advocacy, Networking, Liaison

With the sanction of Tribes, represent their Health and Human Services needs and interests by participation in Federal, Statewide, and Coalitions, and Regional Committees, Task Forces, and Boards that should be working with Tribal Health and Human Services Systems.

Example

- State Indian Health Advisory Committee
- Health/Medial Entity specific committee – Breast Cancer, Substance Abuse, Mental Health, Multi-Cultural, Medicaid/F.Q.H.C., Early On-Part H, State Cancer consortium, etc., Native Health Coalition, etc.

4. Training and Education

- a) Setting a schedule of training opportunities for Medical and Health and Human Services, Professionals needing continuing education hours.
- b) Provide Environmental Services training as defined by Tribal establishments, Safety Committee, OSHA, and other regulating entities for Environmental Services.
- c) Provide in-service to Tribal Health and Human Services staff, based on specified needs.
- d) Provide Quality Assurance Training to staff through the Total Quality Management curriculum.
- e) Other – respond to speaker requests from universities, State agencies, local agencies, representing Native American health status issues and concerns.

5. Quality Assurance Programming

- a) Respond to Tribes who wish to initiate JCAHO accreditation and other accreditation process such as CARF, etc. – assist on-site with their efforts to become accredited.
- b) Recruitment of qualified individuals in nursing, environmental health, health education, etc.
- c) Assist in the writing of Policy, Procedures and Document in the Health and Human Services Programs/Departments and Ambulatory Care.
- d) Provide training on T.Q.M. and Q.A. to the department at the Tribal level.
- e) Other – as requested by the Tribes.

6. Community Health Assessments and Profiling through Data Systems Management

- a) Assist Tribes to set up morbidity profiles through their RPMS Systems and or other Data Bases.
- b) Assist Tribes to conduct community health needs assessment, and or to reflect health needs to Tribes in the State of Michigan Department of Community Health efforts to assess the health needs of communities in general.
- c) Participate in State funded/initiated efforts to conduct community health needs, assessments, and or to data profile the needs of Communities of Color.
- d) Assist Tribes to tap into the National Health Data Base initiative currently in progress.
- e) Assist Tribes with MIS development for Diabetes tracking and program development.

7. Communication – Federal State, Local Initiatives, MITC and Tribal Advisory Committee

- a) Conduct/schedule no less than two Health Education staff meetings (bi-yearly).
- b) Set-up and/or continue a mailing communication process that alerts Tribes to issues that impact their Health Programming efforts.
- c) Other

8. Respond to the Health Promotion Disease Prevention Needs of Tribes

- a) Chronic Disease, other risk factors such as tobacco use prevention, F.A.'s maternal and child health to include immunizations, etc. Priority this year – Diabetes, Cancer, Cardiovascular Disease, Maternal Child Health and Women's Health.

9. Delivery of Comprehensive Environmental Services/Programs

- a) Assign staff to Resource Development and research available funds for use by Tribes.
- b) Continue to provide the array of direct Sanitarian services as stipulated by the I.H.S. Sanitation Annual Plan to the one Tribe part of this annual funding agreement.

10. System Enhancement

- a) Continue working with Tribal programs on enhancement of their business office structure and management information systems structures work towards Medicare program reimbursement.