- WHEREAS, the Rosebud Sioux Tribe is a federally recognized Indian Tribe organized pursuant to the Indian Reorganization Act of 1934 and all pertinent amendments thereof; and
- WHEREAS, the Rosebud Sioux Tribe is governed by a Tribal Council made up of elected representatives who act in accordance with the powers granted to it by its Constitution and By-Laws; and
- WHEREAS, the Rosebud Sioux Tribal Council is authorized to promulgate and enforce ordinances for the maintenance of law and order, and to safeguard the peace and morals, and general welfare of the Tribe, pursuant to the Rosebud Sioux Tribe Constitution and By-Laws, Article IV Sections 1(k), and (m); and
- WHEREAS, the Rosebud Sioux Tribe has established the Tribal Budget and Finance Committee pursuant to the RST Ordinance No. 80-07, to operate with input from the directors of tribal programs and Tribal Council members to develop and coordinate all aspects of tribal budget activities in accordance with the Rosebud Sioux Tribe's Constitution and By-Laws; and
- WHEREAS, the Rosebud Sioux Tribe has been awarded the Tribal Self Governance Planning Grant #HHS-2019-IHS-TSGP-0001, in the amount of \$120,000, with a project period of one year; and
- WHEREAS, RST Health Administration will administer the Tribal Self Governance Planning Grant #HHS-2019-IHS-TSGP-0001, in the amount of \$120,000 with the evaluation of current level of satisfaction of IHS services, processes, and explore the perspectives on the tribe assuming management of the Rosebud IHS facility and its current PSFAs, and explore the concerns, attitudes, hopes, and goals regarding the 638 process, and create a dialogue on the current health status and policy changes that reduces existing misinformation and identify themes of community opinions that would drive the decision to continue pursuing a Title V contract; and
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THEREFORE BE IT RESOLVED, that the Rosebud Sioux Tribal Council authorizes the acceptance of the Tribal Self Governance Planning Grant # HHS-2019-HIS-TSGP-0001, to be implemented by Health Administration and approves of the approved and awarded budget in the amount of \$120,000 and in-kind training and support; and

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ATTEST:

Wayne Boyd, Secretary Rosebud Sioux Tribe

Rodney M. Bordeaux, President Rosebud Sioux Tribe

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Rodney M. Bordeaux, President

Rosebud Sioux Tribe



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS Rosebud Agency Post Office Box 228

Mission, South Dakota 57555

IN REPLY REFER TO:
Office of the Superintendent

MAR 0 2 2020

Honorable Rodney Bordeaux President, Rosebud Sioux Tribe Post Office Box 430 Rosebud, South Dakota 57570

Attention: Louis Wayne Boyd, RST Secretary

Dear President Bordeaux:

The following resolutions, received in this office on 02/27/2020 have been reviewed and rerouted to the appropriate branches.

Resolution No. 2019-292 Resolution No. 2019-293 Resolution No. 2020-06 Resolution No. 2020-07 Resolution No. 2020-08 Resolution No. 2020-19 Resolution No. 2020-20 Resolution No. 2020-22 Resolution No. 2020-23 Resolution No. 2020-24 Resolution No. 2020-26 Resolution No. 2020-26 Resolution No. 2020-26	Resolution No. 2020-41 Resolution No. 2020-42 Resolution No. 2020-44 Resolution No. 2020-45 Resolution No. 2020-46 Resolution No. 2020-47 Resolution No. 2020-47 Resolution No. 2020-49 Resolution No. 2020-50 Resolution No. 2020-50 Resolution No. 2020-57 Resolution No. 2020-57 Resolution No. 2020-58 Resolution No. 2020-59 Resolution No. 2020-60 Resolution No. 2020-61
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Sincerely,

Delores Springer
Superintendent

Enclosure

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Rosebud Sioux Tribe Tribal Self-Governance Planning Cooperative Agreement

Budget Justification and Narrative

A. Personnel

Position

Position	Name	Salary	Level of Effort	Salary Charged
Tribal Health Director	Tori Whipple	In-Kind	5%	to Grant
			Request	\$0

Justification

1. The Health Director, Tori Whipple, M.S., will provide daily oversight of the grant and will be responsible for managing the implementation of the project activities. She will serve as the liaison between the Rosebud Sioux Tribe, Indian Health Services, and all community partners, and will convene meetings between all parties as appropriate. She will work closely with the Grant Evaluator to ensure that evaluation is effectively integrated with project activities.

B. Travel

Purpose	Destination	Item	Calculation	Teores Cont
Local travel to meetings with community, partners, families	Various, including patient residence, clinics, other medical facilities	Fuel for POV	.58 x 1,500 miles	Travel Costs \$870
			Request	\$870

Justification

1. Local travel is needed for the Tribal Health Director to travel to local meetings with community, meet with partners, and families.

C. Equipment - N/A

D. Supplies

Item	Rate	Cost	
Paper	1 ream	49.00	
Pens	10 packs * 8.99	90.00	
Folders	16.87 pack x 5 packs	85.00	
	Total	224.00	

Timeline		
Activity	Timeframe	Evaluation Pla
Retain consultant(s) according to tribal policy	By 12/12/1	- ' wi watti O11 1 10
 Work with tribal council and consultants to prepare outreach materials, including advertisements, newspape columns, and talking points 	By 1/15/20	Completion of materials
3. Schedule and conduct community education meetings between council and consultants and Tribal Council, Health Board, and executive staff to plan project and gather information regarding tribal programs and organization	By 1/30/20	Meetings held ar periodic reports
 Plan, schedule, and conduct community involvement meetings with community, Health Board, Tribal Council, and Treaty Council 	By 2/28/20, 5/31/20, 8/30/20, 11/29/20	# of meetings hel # of participants, and periodic reports
5. Conduct focus group with tribal health director	By 4/30/15	Periodic progress reports
6. Schedule and conduct key informant interviews	By 2/28/20, 5/31/20, 8/30/20, 11/29/20	# of interviews held, # of participants interviewed, and analysis of interviews.
 Conduct site visits or teleconferences with appropriate tribal leaders to follow-up on information requests and discuss information provided Prepare analysis of IHS services, processes, and structures and give every to tribal. 	By 2/28/20, 5/31/20, 8/30/20, 11/29/20 By 1/31/20	# of meetings held # of participants, and periodic reports Written report
structures and give overview to tribal council and community presentations		supported by PPT to present at meetings and council
9. Periodic reports to the Tribal Council and Health Board	By 6/30/16	Periodic Reports
10. Schedule and conduct meetings between counsel and consultants and Tribal Council, Health Board, and executive staff to plan project and present and discuss findings	By 8/30/20	Meetings held and periodic reports
11. Final report to present to Tribal Council and Health Board with plan to move forward with compacting	By 11/29/20 I	Final Report

Project Narrative

PART 1: PROGRAM INFORMATION

Section 1: Needs.

The Rosebud Indian Reservation encompasses 20 communities spread across five counties in south central South Dakota. The Rosebud Sioux Tribe (RST) includes 34,150 enrolled tribal members / Indian Health Service (IHS) beneficiaries, with 29,028 of whom live on the reservation and 5,122 live off the reservation.

The Rosebud Reservation has the third-lowest life expectancy in the United States, with some of the highest rates of chronic diseases, substance use disorders, mental health disorders, and cancer, and an unemployment rate nearly twice that of the nation. The reservation is a medically underserved area, as defined by the Health Resources and Services Administration, with the reservation's central Todd County having a score of 23.9 and a rural designation. Disease-specific challenges faced by the RST include behavioral health problems—arising from historical and intergenerational adverse childhood events and trauma—impact the community's well-being. These behavioral needs are reflected in high rates of interpersonal violence, depression, substance use disorder and suicide.

The reservation's core care site is the Indian Health Service's Rosebud Service Unit (RSU), a 35-bed facility providing inpatient, outpatient, emergency, obstetric, dental and ancillary services. Affiliated services include a public health nursing service, behavioral health care and telespecialty care. The RSU outpatient clinics see 20,000 visits a year with approximately 9,000 unique users. The closest tertiary care center is more than 170 miles away in Rapid City, SD.

Self-Governance is authorized under the Indian Self-Determination and Education Assistance Act, also known as P.L. 93-638. Congress enacted this Law in 1975 and has amended several times. The Tribe currently operates its health programs under Title I of the Act. It is referred to as the "IHS Master Contract" because the award is consolidated into one for all the programs operated by the Tribe. Title V is another authority under the same Act, and the agreement (and funding mechanism) is called a "compact". The Law provides that Tribes may contract Programs, Functions, Services and Activities (PFSAs), currently operated at Service Unit, Area and Headquarters levels of the Indian Health Service. The RST currently operates its health administration, ambulance services, inpatient and outpatient drug and alcohol treatment program, a community health representative program and an assisted living facility through a master Title 1 contract. It also operates a maternal/child health program through a regional grant, a WIC program through a federal grant, a diabetes prevention program through the Special Diabetes Program for Indians and a dialysis center in coordination with Davita. The tribe receives state and federal grants to support a residential opioid and methamphetamine treatment unit. The direct services programs operate telehealth programs with the IHS for clinical care and utilize information technology services from within the tribe and the IHS Great Plains Area Office as applicable. The tribal health board has been active for many decades. This 11-person board serves as an oversight committee that has positions held by tribal leaders, stakeholders, and community members.

In 2015, the tribe obtained a grant through the Tribal Self-Governance Planning opportunity HHS-2015-IHS-TSGP-0001. The findings of that opportunity were presented to the RST Tribal

Rosebud Sioux Tribe Tribal Self Governance Planning Grant

Section 1: Program Plans.

Program Summary

The RST is prepared to undertake further evaluation and planning to pursue a Title V contract. The project period will be used to assess how this contract will be received by the RST community. In addition, it will allow for community participation in the transition process, as well as promotion of accurate information regarding the transition and the contract's intended effects.

This grant would be used to support the following initiatives and activities:

Objective 1: Community Education: There is a spectrum in understanding of the Title V process for RST members, with a significant perpetuation of misinformation. Dr. Donald Warne is a respected professional and community leader who has agreed to provide assistance in providing high quality community education materials and events.

Objective 2: Semi-structured Interviews with Key Informants: This approach will offer a starting point in identifying notable pockets of groups with varying opinions regarding the Title V process. As stated, the RST spans a large area with small communities dispersed throughout the reservation and surrounding land. The key informants will be an ideal method to identify communities that would benefit from further engagement, in addition to other stakeholders.

Objective 3: Focus Group: This approach will be a significant component of the research done. The key informants will be useful in identifying participants for this focus group. The group will be conducted with a semi-structured interview in order to meet the goals listed above. Several community members and stakeholders have offered to help organize and lead this group. Subsequent analysis using an immersion crystallization approach will be done by RST staff and volunteers.

Objective 4: Surveying: A community-wide survey will be disseminated and evaluated on the opinions of RST members following the community outreach efforts and interviews. This will provide a quantitative measure and check to supplement and support the qualitative approaches described.

Objective 5: Regular program meetings: RST staff will meet on a regular basis to review project status and progress. Technical assistance for this project will be provided by the Massachusetts General Hospital (MGH) Department of Medicine's rural programs team. Bimonthly meetings will also include leadership from the RSU Indian Health Service, in order to best facilitate collaboration and communication.

A) The RST will utilize the Self Governance Planning report that was written from the last grant that was secured to help determine which PSFA's the tribe will assume and potentially expand at the Indian Health Service. The Community Readiness Assessment and education will help to determine if we will move forward with Title 1 contracting or Title 5 compacting of Indian Health Service. The funding distribution is currently analyzed in the self-governance report and this will be relayed to the tribal council. This process did not happen in the previous planning grant and is something that will happen

The Tribe oversees extensive economic development initiatives. The Tribe's economic development arm, the Rosebud Economic Development Corporation manages 10 businesses, employing over 30 people. Tribal enterprise activities include farming, a water bottling plant, a quick lube, an auto parts store, tire shop, a smoke shop, an office products company, a propane delivery company, class II gaming development, and 8 (a) gaming contracts with the Departments of Defense and Interior.

The key project staff person will be the Tribal Health Director, Tori Whipple. She will provide direct oversight and direction including supervising consultants and outreach activities. Ms. Whipple's resume is enclosed. The qualifications of Dr. Donald Warne and JR LaPlante are also enclosed along with scope of work.

Program Evaluation

Objective 1: Community Education will be achieved if the community develops an understanding on the Tribes considerations regarding contracting or compacting for clinical services from the Indian Health Service under PL 93-638. This understanding will be achieved through meetings with community members, tribal leaders, discussions with retained consultants and review of a report prepared by consultants. If the meetings and discussions do not occur, and report are not prepared, then the objective is not met.

Objective 2: Semi-structured Interviews with Key Informants: The key informants will be an ideal method to identify communities that would benefit from further engagement, in addition to other stakeholders. will be achieved if the community develops an understanding on the Tribes considerations regarding contracting or compacting for clinical services from the Indian Health Service under PL 93-638. This understanding will be achieved through meetings with community members, tribal leaders, discussions with retained consultants and review of a report prepared by consultants. If the meetings and discussions do not occur, and report are not prepared, then the objective is not met.

Objective 3: Focus Group: This approach will be a significant component of the research done. The key informants will be useful in identifying participants for these focus groups. The groups will be conducted with a semi-structured interview in order to meet the goals listed above. Several community members and stakeholders have offered to help organize and lead this/these groups. Subsequent analysis using an immersion crystallization approach will be done by RST staff and volunteers. If this analysis is not prepared and discussed among tribal leadership, then the objective is not satisfied.

Objective 4: Surveying: A community-wide survey will be disseminated and evaluated on the opinions of RST members following the community outreach efforts and interviews. This will provide a quantitative measure and check to supplement and support the qualitative approaches described. Detailed recommendations regarding organizational changes to better integrate existing programs and to support assumption of additional PSFAs. If such recommendations are not included in the report and discussed among tribal leadership, then the objective is not satisfied.

Rosebud Sioux Tribe Tribal Self Governance Planning Grant

To increase the flow of revenue to the tribe, health administration hired a consultant in 2018 to maximize third-party billing for the ambulance service. The team also reopened two homeless shelters to service both single men and family units, hired a care coordinator to assist tribal members in navigating complex care systems, and hosted summer interns to complete research projects related to tribal health.

While decrying the shortfalls of the local IHS system, the RST and its health programs have also continued critical work in collaboration with the IHS RSU. Work has included on grant-based projects in maternal/child health, with clinical initiatives, and established a regular meeting schedule with IHS RSU leadership.

The RST has piloted health promotions activities with its Medical Mobile Unit (MMU). The MMU is a modern two-exam room mobile medical unit equipped with high-speed satellite internet, refrigeration systems, x-ray capabilities, exam tables, examination equipment (otoscopes, ophthalmoscopes, blood pressure cuffs), video monitors, a kitchenette, and other amenities. In 2017, the program also received a planning grant from the Great Plain Tribal Chairman's Health Board to use the mobile medical unit as a link between clinical and community care, culminating with the piloting of the MMU with an IHS physician at a summer health fair. Tours of the MMU have been provided at community health fairs. In summer 2019, the MMU attended health fairs each week to the reservation's outlying communities. Activities on the MMU included tours and health promotion with rotating students. Teams from the University of South Dakota and MGH are also participating in discussions with the RST Health Administration to consider pathways toward clinical service delivery, including through small pilot efforts that do not involve instituting policies/procedures, credentialing, and other complex logistics.

The RST has high-speed internet access, WiFi, phone/fax systems, several trailer spaces of available office space, modern computers for staff.

The MMU is a modern two-exam room mobile medical unit equipped with high-speed satellite internet, refrigeration systems, x-ray capabilities, exam tables, examination equipment (otoscopes, ophthalmoscopes, blood pressure cuffs), video monitors, a kitchenette, and other amenities.

The RST has signed a Memorandum of Understanding with Massachusetts General Hospital, which in turn also partners with the IHS RSU, and that team has provided technical assistance, logistical support and clinical staffing for many of the initiatives listed above.

No IT specialist support will be needed through this opportunity.

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