

## **Report on Tribal Consultation and Urban Confer on the Organization and Structure of the Great Plains Area Indian Health Service**

In a June 2, 2016-dated Tribal and Urban Indian Organization Leader Letter and a June 3, 2016-dated *Federal Register* Notice (81 FR 35876), Ms. Mary Smith, former Principal Deputy Director, Indian Health Service (IHS), announced that the IHS initiated a 90-day comment period to request comments from Tribes, Tribal Organizations, and Urban Indian Organizations on the organization and structure of the Great Plains Area IHS. Additional letters and *Federal Register* Notices published on June 29, 2016, and September 16, 2016, extended this comment period until December 10, 2016. Pursuant to IHS policies on Tribal Consultation and Confering with Urban Indian Organizations, this report summarizes the Consultation and Urban Confer activities and input on the organization and structure of the Great Plains Area IHS.

### **1. Subject of Consultation and Confer: Organization of the Great Plains Area IHS**

The Great Plains Area IHS, located in Aberdeen, South Dakota, works in conjunction with its 19 IHS Service Units, tribally managed Service Units, and Urban Indian Organizations to provide health care to approximately 130,000 American Indians who reside in North Dakota, South Dakota, Nebraska, and Iowa. Great Plains Area Service Units include the following: (7) hospitals; (8) health centers; and several smaller health stations and satellite clinics. Together the hospitals, health centers, and satellite clinics provide inpatient and outpatient care and conduct preventive and curative clinics.

The intent of the Consultation and Confering activities on the organization and structure of the Great Plains Area IHS was to improve the operations of the Area Office as part of ongoing efforts to enhance patient-focused care and more effectively meet the needs of the American Indians within the Great Plains Area IHS. The IHS requested comments and recommendations on the following topics: the geographic location of the Great Plains Area Office; centralization or further decentralization of Area Office services; staffing; budget; local involvement; transparency and oversight; partnerships; accountability; monitoring; and how the Area Office can support the Service Units.

### **2. Consultation and Confer Process**

The Tribal and Urban Indian Organization Leader letters and *Federal Register* Notices announced various opportunities for Tribes, Tribal Organizations, and Urban Indian Organizations to provide input. In addition to submitting written comments online via [consultation@ihs.gov](mailto:consultation@ihs.gov) or [urbanconfer@ihs.gov](mailto:urbanconfer@ihs.gov), Tribal and Urban Indian Organization Leaders could also provide comments during teleconference calls and during in-person sessions.

<b>Date</b>	<b>Consultation</b>	<b>Setting</b>
6/22/2016	Teleconference	Teleconference
7/15/2016	Face to Face	Best Western Ramkota Hotel Rapid City, South Dakota
8/10/2016	Teleconference	Teleconference
8/30/2016	Face to Face	Direct Service Tribes Annual Rushmore Plaza, Holiday Inn Conference Rapid City, South Dakota

### **3. Summary of Recommendations**

#### **Teleconference Sessions**

During the first teleconference session on June 22, 2016, comments focused on the need for increased communications and financial information. Tribal and Urban Indian Organization Leaders expressed interest in a monthly call to discuss topics such as the Area Director recruitment status, accreditation, staffing and recruitment, funding data, and updates on Great Plains Area facilities. Tribal Leaders also expressed concerns with how detailed personnel were paid, financial assistance to review and assess the Great Plains Area Office structure, Urban program funding needs for the treatment of methamphetamine and heroin addiction, detailed funding and spending of the Great Plains Area Office, and third-party revenue generation.

At the second teleconference on August 10, 2016, comments focused on consolidating the notes received on the consultation process and clarification of financial data. Specifically, Tribal and Urban Indian Organization Leaders and Representatives requested information packets that provided information on the Great Plains Area finances, residual amounts, and facility data. Other comments focused generally on the overall state of the Great Plains Area IHS and its health care concerns.

#### **In-Person Sessions**

The IHS hosted two face-to-face sessions during this Consultation and Confer period on July 15, 2016, in Rapid City, South Dakota, and August 30, 2016, in Rapid City, South Dakota, in conjunction with the IHS Direct Service Tribes Annual Conference.

On July 15, 2016, 20 representatives from Tribes, Tribal Organizations, or Urban Indian Organizations provided comments. A majority of comments focused on either decentralizing or shutting down the Great Plains Area Office. Participants noted that reallocating resources or decentralizing Great Plains Area Office functions would assist in addressing key deficiencies in communication and hiring processes, and could increase partnerships with Tribes by using a liaison between the Tribal and Urban programs and the IHS. Additionally, decentralizing Great Plains Area Office functions would enhance specific functions. For example, the Great Plains Area Office of Information Technology (OIT) was relocated to Sioux Falls, South Dakota and, consequently, electronic health record services improved and customer service improved. There were also requests to review and instruct Tribes on Area Tribal Shares, specifically regarding residual amounts and functions and Area Director Funds. Regarding the geographic location of the Great Plains Area Office, an Urban Indian commenter stated that moving the Area Office from Aberdeen, South Dakota, to Sioux Falls, South Dakota, would allow easier, equitable, and less expensive access to the IHS. Changing the location of the Area Office could also result in more effective recruitment and retention of qualified employees for the Agency.

On August 30, 2016, seven Tribal Representatives provided comments. The majority of comments made during the in-person session favored decentralizing the Great Plains Area IHS. Tribes noted the distance between their reservations and Aberdeen, South Dakota, was a barrier, and if the IHS were to decentralize the Great Plains Area IHS, Tribes would like assurances that any remaining funds would be distributed among Great Plains Area Tribes. There were additional requests to establish workgroups to address quality of care, behavioral health, recruitment and retention, and Area Tribal Shares. This final face-to-face Consultation and Urban Confer concluded with the IHS committing to reviewing all comments within 30 days of the comment deadline on November 30, 2016 (the consultation period was extended one week until December 10, 2016).

### **Written Comments**

The IHS received three sets of written comments through the IHS [consultation@ihs.gov](mailto:consultation@ihs.gov) Website. One set of comments and recommendations were received from the Great Plains Tribal Chairmen's Health Board (GPTCHB), a Tribal organization representing 17 Tribes in the Great Plains Area IHS; a second set of comments were received from the Oglala Sioux Tribe (OST); and a third set of comments were received from a Tribal member of the Three Affiliated Tribes, on December 7, 2016. As summarized below, the majority of the comments did not specifically address the organization or structure of the Great Plains Area IHS, instead comments collectively requested information and resources to make detailed recommendations as to how the Great Plains Area IHS should be restructured.

- To make informed recommendations, the GPTCHB and OST requested that the IHS commit to formalize and fund an IHS-Tribal Area Workgroup and five proposed subcommittees charged with seeking, evaluating, and analyzing information requested by the GPTCHB. These subcommittees were: (1) Behavioral Health Committee; (2) Budget Committee; (3) Purchased/Referred Care Committee; (4) Human Resources Recruitment/Retention Committee; and (5) Third-Party Recovery/Billing/Business Office Committee.

- The GPTCHB and the OST recommended that the IHS provide Tribes with budget information for each of the Great Plains Area IHS Office's contractible programs, services, functions, and activities (PSFAs).
- The GPTCHB and OST requested that the IHS identify staff associated with each PSFA.
- The GPTCHB and OST recommended that the IHS provide the Service Unit budget books to Tribal Leaders.
- The GPTCHB and OST called for the IHS to complete the Great Plains Area IHS budget books and provide it to Tribal Leaders.
- The GPTCHB and OST recommended that the IHS identify all Great Plains Area IHS programs listed in Table 6, "Breakdown of Area Allowances," including citations for legislative and/or Appropriations authorities, and the individuals served.
- The GPTCHB and OST have requested that the IHS identify all special programs listed in Table 6 and the individuals served by the programs.
- One individual commenter suggested that the IHS provide orientation/education of American Indian culture, approved by the Great Plains Regional Tribes, as part of the Great Plains Area IHS recruitment process or at the time of candidate selection, and that this type of information should be included as part of a job description.
- An individual commenter recommended that the Great Plains Area IHS implement a "hotline system" in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations for individuals to report incidents of unfairness or complaints directly to IHS Headquarters.
- One commenter stated the Great Plains Area IHS needs to be more accountable for networking with Tribes to support Tribal Consultation announcements and other time-sensitive communications that need responses and/or recommendations.
- One commenter recommended that the Great Plains Area IHS needs to establish improved telephone business etiquette procedures.
- One commenter recommended that the IHS should improve mechanisms for background checks and monitor IHS staff more frequently to monitor patient safety.
- In addition, in a December 7, 2016, letter, the GPTCHB transmitted a Tribal Resolution dated June 1, 2016, to close the Great Plains Area IHS and recommended that monies used to operate it be distributed to the individual IHS Service Units.

#### 4. Follow-up Action Items

Below are activities that the IHS has taken in response to requests made related to Great Plains Area Tribal Consultations and Urban Confers.

- During the 13th Annual Direct Service Tribes National Meeting and 6th Annual GPTCHB Health Summit in Rapid City, South Dakota, on September 1, 2016, the IHS held a training session with Great Plains Area Tribal Leaders to discuss and address funding issues related to Great Plains Area Tribal Shares and budget formulation.
- Revised workbook information containing Tribal Shares was e-mailed to Great Plains Area Tribal Leaders on September 8, 2016.
- Transmitted revised Tribal Shares update to Great Plains Area Tribal Leaders via e-mail on September 20, 2016.
- On October 25, 2016, in Rapid City, South Dakota, the IHS met with Great Plains Area Tribal Leaders and Urban Indian Organization Leaders to work on funding issues related to Great Plains Area Tribal Shares. Great Plains Area Tribal Leaders and Urban Indian Organization Leaders submitted additional verbal requests for information. The GPTCHB recommended that joint workgroups be created to examine issues related to Tribal Shares in response to a Tribal Leader's Resolution through the formation of five subcommittees (i.e., Budget, Behavioral Health, Purchased/Referred Care, Third-Party Billing, and Human Resources or Recruitment).
- On December 12-13, 2016, an IHS Budget Formulation meeting took place at the Holiday Inn Rushmore Plaza in Rapid City, South Dakota.
- Staff from the Great Plains Area IHS met with GPTCHB staff on February 21 and 22, 2017, to discuss Tribal Shares worksheets and PSFAs. Additional clarifications were also provided to questions raised regarding financial data shared in November 2016.
- The IHS was unable to fund an IHS-Tribal Workgroup as requested in the GPTCHB's letter dated December 7, 2016. The GPTCHB was notified about the lack of funding by the Acting Director, IHS, on March 10, 2017, and by the Acting Area Director, IHS, on the same date during a Consultation session in Niobrara, Nebraska.