

RESOLUTION OF THE GOVERNING BODY OF THE  
THREE AFFILIATED TRIBES OF THE  
FORT BERTHOLD RESERVATION

- WHEREAS, This Nation having accepted the Indian Reorganization Act of June 18, 1934 and the authority under said Act; and
- WHEREAS, The Constitution and Bylaws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the tribes and tribal members thereof; and
- WHEREAS, The Rapid City Indian Health Board contracts under PL-93-638, the Psychiatric Program at the Indian Public Health (Sioux San) Rapid City, South Dakota; and
- WHEREAS, The members of the Three Affiliated Tribes have utilized the services of said program; and
- NOW, THEREFORE BE IT RESOLVED, That the Three Affiliated Tribes are in support of the Rapid City Indian Health Board continuing the Psychiatric Program through the contracting provisions of PL-93-638.

C E R T I F I C A T I O N

I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 7 members of whom 5 constitute a quorum, 7 were present at a Regular Meeting, thereof duly called, noticed, convened and held on the 9<sup>th</sup> day of March, 1995; that the foregoing Resolution was duly adopted at such meeting by the affirmative vote of 6 members, 1 members opposed, 0 members abstained, 0 members not voting and that said Resolution has not been rescinded or amended in any way.

Chairman (voting) (not voting)

Dated this 9<sup>th</sup> day of March, 1995.

Daylon Spotted Bear  
Secretary, Tribal Business Council

ATTEST:

[Signature]  
Chairman, Tribal Business Council

YANKTON SIOUX TRIBE  
RESOLUTION NO. 74-75

WHEREAS: The Yankton Sioux Tribe is an unincorporated Tribe of Indians operating under an amended Constitution and By-Laws approved on April 24, 1963 and June 16, 1975; and

WHEREAS: The Yankton Sioux Tribe's Business and Claims Committee is the elected body constituted for the purpose of conducting the business of and serving the best interest of the Yankton Sioux Tribe; and

WHEREAS: The Yankton Sioux Tribe's Business and Claims Committee has contributed throughout the years to improving the standard and quality of life on the Yankton Sioux Reservation; and

WHEREAS: The Yankton Sioux Tribe has members living in the Rapid City area who are serviced by the Rapid City Indian Health Board; and

WHEREAS: The Indian Health Service is in the process of taking the Psychiatric Program back within its services; and

THEREFORE BE IT RESOLVED, That the Yankton Sioux Tribe is in support of the Rapid City Indian Health Board keeping its Psychiatric Program through the 638 contracting process.

CERTIFICATION

THIS IS TO CERTIFY AND AFFIRM, the above and foregoing resolution was duly authorized and passed by the Yankton Sioux Tribe's Business and Claims Committee on the 29th day of September, 1994, at a meeting held at the Tribal Office, Marty, SD, on the Yankton Sioux Reservation by a vote of 5 in favor, 0 opposed, 1 abstained, 0 not voting, and 3 absent.

ATTEST

Darrell Drapeau  
Darrell Drapeau  
Chairman  
Business and Claims Committee  
Yankton Sioux Tribe

Jolene Arrow  
Jolene Arrow  
Secretary  
Business and Claims Committee  
Yankton Sioux Tribe

## RAPID CITY INDIAN HEALTH BOARD

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COMMUNITY HEALTH REPRESENTATIVES  
SIOUX SAN ALCOHOLISM PROGRAM  
OB/GYN SERVICES

P.O. Box 1608, Rapid City, South Dakota 57709-1608  
Telephone (605) 343-2368 • FAX (605) 343-8871



February 7, 1995

Daylon Spotted Bear  
Tribal Secretary  
Three Affiliated Tribes  
HC3, Box 2  
Newtown, North Dakota 58763

Dear Mr. Spotted Bear:

This is a follow-up to the letter dated January 24, 1995 addressed to the Tribal Chairperson of your respective tribe regarding the Rapid City Indian Health Board Psychiatry Program. In that letter the Rapid City Indian Health Board requested a support resolution for the Psychiatry Program.

The Rapid City Indian Health Board requests your assistance in following-up on the letter sent to the Tribal Chairperson. Enclosed is the letter and the attachments that were sent to the Tribal Chairperson. A letter has also been sent to the Tribal Health Director requesting for their assistance in soliciting a support resolution from your respective tribe for the RCIHB Psychiatry Program.

Should you have questions, please call Victoria Lee, Executive Director, at (605) 343-2368. Thank you.

RAPID CITY INDIAN HEALTH BOARD

  
Melvin Miner  
Chairperson

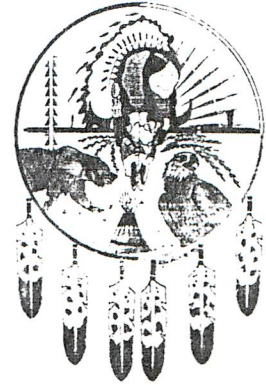
*attachment to 95-72-DSB*



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January 24, 1995

Honorable Russell Mason  
Three Affiliated Tribes  
Ft. Berthold Tribal Office  
HC-3-Box 2  
New Town, North Dakota 58763

Dear Mr. Mason:

The Rapid City Indian Health Board, Inc. is requesting support resolutions for its Psychiatry Program from the respective tribes in the Aberdeen Area. The Rapid City Indian Health Board currently contracts the Psychiatry Program from Aberdeen Area Indian Health Service through P.L. 93-638.

The RCIHB was presented three options to retain this program, letter from IHS is attached. The RCIHB chose to pursue the option of soliciting support resolutions from the respective tribes in the Aberdeen Area.

Furthermore, the RCIHB has been providing psychiatric services to the tribes within the Aberdeen Area for the past 5 years. The RCIHB is soliciting support resolutions due to limited funding for psychiatric services. The RCIHB Psychiatry Program has been providing comprehensive psychiatric services although there is inadequate funding.

The Rapid City Indian Health Board wishes to retain the Psychiatry Program and continue to provide comprehensive, quality psychiatric services to the tribes of the Aberdeen Area. Therefore, the RCIHB is requesting your assistance in obtaining a support resolution from your respective tribe. A sample support resolution is attached. The support resolution should be received in the Rapid City Indian Health Board office by March 10, 1995.

Should you have questions or request the presence of the Rapid City Indian Health Board to answer questions of the Tribal Council, please call (605) 343-2368. Your assistance with this request is appreciated. Thank you.

RAPID CITY INDIAN HEALTH BOARD

Melvin Miner  
Chairperson

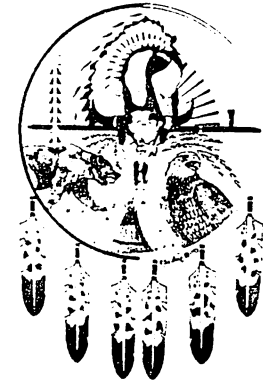
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### RAPID CITY INDIAN HEALTH BOARD MENTAL HEALTH PROGRAM



#### I. PROGRAM DESCRIPTION:

The Regional Mental Health Program (RMHP) has functioned at the Rapid City Service Unit (RCSU) since 1978. Since 1989 the Rapid City Indian Health Board (RCIHB) has operated the Psychiatric Physician Program to provide psychiatrist for the RMHP. Since then, the RMHP has functioned as a cooperative effort between the 638 Psychiatrists and the IHS Mental Health staff provided by the RCSU and presently functions as an Area Mental Health Program (AMHP). The AMHP has provided an in-patient program for patients with psychiatric problems of mild to moderate acuity who are referred primarily from the surrounding reservations of Cheyenne River, Pine Ridge and Rosebud and the Rapid City community. In addition, it has accepted referrals from any of the Aberdeen Area tribes as well as patients from Bemidji and Billings areas for the in-patient program. It is of note that this is the only IHS In-Patient Psychiatric treatment facility within the continental United States.

Out-patient mental health services have been provided by the clinicians of the AMHP mainly for Native American adults residing in the Rapid City area. In 1993, the RCIHB hired a Child and Adolescent Psychiatrist with the goal of developing mental health services for the children and families with an emphasis on early intervention and prevention. This service is provided on-site medical-psychiatric services and consultation to the Cheyenne River, Pine Ridge and Rosebud reservations.

The AMHP has utilized a multidisciplinary team approach to provide comprehensive mental health care. This team consists of the 638 Psychiatrist, a Psychologist, a Social Worker, a Recreation Therapist and a Secretary. Additional members of the clinical program who play integral roles in the AMHP include psychiatric nurses, a nurse's aide and consultant staff members that provide specialized services in neuropsychological assessment, chemical dependency evaluations and administrative support.

This workload provided by the AMHP has remained relatively stable over the course of the contract. This is due in part to limitations on bed space and nursing staff available to the In-patient program. The Out-patient program at the RCSU and the surrounding reservations are limited only by a number of staff available to provide services. At times, there has been difficulty in recruiting and retaining psychiatrists and over the past several years the RCIHB intermittently had to operate the program with only one psychiatrist. Despite these difficulties, the workload of the

AMHP is significant. Estimates over the past fiscal year were that admissions to the In-patient program represented 48% of total admissions to Sioux San Hospital and produced revenues in the range of \$500,000. Unfortunately, the RCSU administration does not allocate back to Mental Health any of the third party funds it generates and thus, the mental health services provided remain relatively static and unable to expand appropriately.

There are significant problems with program administration that have arisen due to the contracting of only the psychiatric physicians. Although the hospital bylaws and previous 638 contracts delegated administrative authority for the Mental Health Program to Psychiatric Medical Officer, issues arose and it was determined that the mental health staff who were federal employees could not be under the administrative authority of a Tribal employee. The position of an IHS Administrative Director of the Mental Health was created in an attempt to address this. The end result of this has been the relegation of the psychiatrists to a role as "consultants" who have no effective authority within the program despite retaining the title of Clinical Director. This division of authority within the program has led to discord and confusion among the interdisciplinary team and the loss of the clinical direction that the psychiatrist, because of their extensive training, has to offer to the overall program.

As noted above the demand for mental health services in this area is great and psychiatrists carry workloads that are significantly greater than in private settings. This, in addition to the clinical-administrative position that they have been placed in, where they retain responsibility and liability for clinical programs but have insufficient authority, make physician burnout a likely outcome and will impact the long term viability if the AMHP is to provide services to Native Americans.

In light of the chronic problems in the operation of the current 638 Psychiatric Physician contract:

- there is a need for the program to expand to better serve the target population
- there is the inability of the program to be able to retain its third party revenues to fuel this expansion
- the different sources of funding and administrative origins of the personnel staffing the AMHP should be researched thoroughly
- the division of authority which has led to discord and lack of clear leadership and direction needs to be addressed immediately and objectively

The RCIHB proposes to amend the current contract so as to consolidate the Mental Health Program by adding the ancillary staff of the AMHP at the RCSU and the psychiatric consultant detailed to the Aberdeen Area Regional Mental Health Branch Chief to be re-detailed to the psychiatric position currently under tribal contract. The purpose of the consolidation is to unify and centralize the administration of the Mental Health Program to provide the program with the capability of retaining third party revenues it generates and use these to expand the scope and size of mental health care services to the Native American population it has been serving.

## II. TARGET POPULATION

The population to be served by this contract will consist of the provision of direct services to the eligible Indian members of Rapid City, Pine Ridge, Rosebud and Eagle Butte with referral services to the Aberdeen Area.

The Indian population at Rapid City for FY 91 was 10,951.

The Indian population of Pine Ridge for FY 91 was 19,078.

The Indian population of Eagle Butte for FY 91 was 7,463.

The Indian population served at Rosebud for FY 91 was 10,971.

The Aberdeen Area Indian Health Service Planning Office in a report entitled "Fiscal Year 1991, Leading Diagnosis and Admissions, May 1993", reported the following workload data for patients in mental health categories for the Service Units;

### Rapid City Service Unit:

Direct Inpatient (FY 91)	115
Outpatient (FY 91)	3,338

### Cheyenne River Service Unit:

Direct Inpatient (FY 91)	33
Outpatient (FY 91)	885

### Rosebud Service Unit:

Direct Inpatient (FY 91)	62
Outpatient (FY 91)	2,098

### Pine Ridge Service Unit:

Direct Inpatient (FY 91)	31
Outpatient (FY 91)	2,111

Total Inpatients (FY 91)	241
Total Outpatients (FY 91)	8,432

The demographics of the Indian population in the Aberdeen Area continue to have a significant impact on health care. A recent survey by the RCIHB indicated that the Rapid City Indian population has an unemployment rate of approximately 65%, a rate well over the state and national averages. Unemployment significantly impacts the quality of mental health by lowering self esteem, increasing rates of substance abuse, and creating despondence.

The Indian clients, their families and communities that are served by the RCIHB Psychiatry Program continue to live in poverty which has led to a number of mental health problems and created dysfunctional family situations.

The IHS reported that the two leading causes of inpatient psychiatric admissions are due to alcohol psychosis and alcohol dependency syndromes. Substance abuse continues to be a major health care problem for the Aberdeen Area.

### III. GOALS AND OBJECTIVES:

#### Statement of Goals:

The primary goal of the RCIHB Mental Health Program is to provide a full range of psychiatric services. The addition of a Child and Adolescent Psychiatrist to the RCIHB Mental Health Program reflects the desire to meet the mental health needs of the children and their families in addition to adults. The use of the Psychiatric units at RCRH reflects the desire of the Mental Health Program to meet the needs of those patients requiring inpatient treatment in a more intensive and locked facility. The expansion of psychiatric physician services to RCRH and the Black Hills Children's Home also provides the capability to provide inpatient services to children and adolescents which has not been possible at Sioux San. The RCIHB proposal for the psychiatrist at Sioux San to seek admitting privileges at RCRH is in agreement with recommendations from the IHS Headquarters Mental Health Program Support review which took place in September 1992. Being able to admit and care for patients at these facilities will provide a means to provide greater continuity of care. As third party funds are accumulated they will further expand the program by allowing the funding for additional staff positions.

#### Objectives:

1. To provide a full range of Mental Health Services for Native American children, adolescents and adults.
2. To provide on-site consultation to the appropriate medical/mental health staff at the Service Units of Cheyenne River, Pine Ridge, and Rosebud.
3. To provide mental health consultation and technical assistance to IHS and Tribal facilities in the Aberdeen Area on an as available/requested basis.
4. To facilitate the management and referral of psychiatric patients by identifying alternate mental health care resources and establishing working relationships with allied mental health agencies.
5. To assist in the generation of third party funds that will be used by the RCIHB to offset program costs and enhance the Mental Health Program.

### IV. SCOPE OF WORK AND DUTIES:

The RCIHB Mental Health Program will assume responsibilities and duties as described below under the terms of this contract.

*OBJECTIVE 1. To provide a full range of Mental Health Services for children, adolescents and adults.*



**Activities:**

1a. Outpatient services will be provided to children, adolescents, adults, and families at Sioux San Hospital and at other facilities that the RCIHB may develop as space availability at Sioux San is limited. These services will be provided by the psychiatrists, psychologist, and social worker. Psychiatric nurses may provide limited outpatient mental health care under the supervision of the aforementioned personnel. Outpatient Mental Health Services will include: diagnostic evaluations, individual, family and group psychotherapies, mental health emergency services and crisis intervention work and medication management. In addition psychiatric consultation services will be provided on an as needed basis for the other health care programs at Sioux San.

1b. Inpatient services will be provided at Sioux San Hospital - utilizing the existing personnel and bed space that is now available to the Mental Health Program. This program is for adults who are able to function in a less acute, non-locked facility.

1c. Inpatient services will be provided at Rapid City Regional Hospital - by the RCIHB psychiatry staff for adults who require psychiatric care that is more acutely oriented and/or have needs that require the security of a locked facility. Children and adolescents who require inpatient psychiatric evaluation and treatment will also be hospitalized by the RCIHB psychiatrist at Rapid City Regional Hospital utilizing the specialized child and adolescent units there. The IHS will provide Contract Health Care (CHC) monies for all eligible patients referred to RCRH for care when needed. Each patient will receive approval from the CHC Committee utilizing the standard priority system prior to admission to RCRH.

1d. Inpatient services will be provided at the Black Hills Children's Home - by the psychiatrist on a consultive basis for Native American children requiring the inpatient setting of a long term residential treatment center. Services provided in this setting will include diagnostic evaluations, treatment planning and medication management.

**OBJECTIVE 2:** *To provide on-site consultation to the appropriate medical/mental health staff of the service units of Pine Ridge, Rosebud and Eagle Butte.*

**Activities:** Consultation will be provided by the RCIHB psychiatry staff by regular scheduled on-site visits. In addition consultation will be available by phone and by written correspondence as needed. The consultive services will include but are not limited to clinical management, diagnostic evaluations, selection and initiation of appropriate treatment alternatives, evaluation and management of psychopharmacological treatments and aftercare planning.

**OBJECTIVE 3:** *To provide mental health consultation to IHS and Tribal facilities in the Aberdeen Area on an as available basis by request.*

**Activities:** Consultation Mental Health services will be made available to the IHS and Tribal facilities of the Aberdeen area as they are requested and as these services can be made available. Technical assistance may be provided in the form of phone consultations, by written correspondence and at times by on-site visits. Clinical case consults may be referred to the appropriate inpatient unit at Sioux San or the RCRH adult or adolescent units when they are unable to be appropriately evaluated or treated at the local service unit.

**OBJECTIVE 4:** *To facilitate the management and referral of psychiatric patients by identifying alternate mental health care resources and establishing working relations with allied mental health agencies.*

**Activities:** The RCIHB Mental Health Program will develop and maintain an admission and discharge planning service to facilitate the timely and orderly referral and transfer of patients between the reservations, the Rapid City Service Unit and RCRH.

**OBJECTIVE 5:** *To assist in the generation of third party funds that will be utilized by the RCIHB to offset program costs and enhance the Mental Health Program.*

**Activities:** The RCIHB Mental Health program will bill third party payors for all services they provide based on the prevailing agreements. The RCIHB will bill all third party payors within the appropriate coding guidelines and insurance rules and regulations.

**EVALUATION:**

The RCIHB Mental Health program will be continuously evaluated as to the quality of care, patient satisfaction and cost-effectiveness by the following mechanisms:

A. Quality of care - RCIHB Psychiatrist and program staff will participate in the formal Quality Improvement programs that function at the Sioux San and RCRH.

B. Patient Satisfaction - A patient satisfaction questionnaire is currently in use at the Sioux San Inpatient program. This will be adapted for use in other inpatient settings and utilized periodically throughout the contract.

C. Cost Effectiveness - Funds saved in CHC monies will be continuously evaluated and quarterly reports filed with each service unit. The revenue generated from third party providers will be evaluated with the expenditures directed toward an increased scope and quality of mental health care services.

**V. STAFFING PATTERNS:**

The RCIHB Mental Health Program will receive general supervisory input from the Executive Director and Medical Director of the RCIHB. The Mental Health staff will receive daily supervision from the RCIHB Chief Mental Health Medical Officer, Dr. Richard Hedlund. Dr. Hedlund is a Commissioned Corps psychiatrist currently assigned to the RCIHB through an MOA. His continued MOA status is requested.

The RCIHB anticipates the transfer of several federal employees for this contract. Dr. Robert Coberly is a Commissioned Corps Officer psychiatrist, presently assigned to the Rapid City Service Unit and working essentially full-time in the Regional Mental Health Program at Sioux San providing outpatient services at Sioux San and psychiatric outpatient and consultative care to the surrounding reservation communities of Pine Ridge, Cheyenne River and Rosebud. Dr. Coberly would be contracted by the RCIHB through an MOA. His present salary is funded through the monies allocated in PL 437 in which recommendation was made for contracting by Tribal organizations.

The RCIHB would request the detail of all current mental health clinical and support staff presently working in the program and request contract monies for the consultant services presently being utilized. The names and status of the current staff and consultants is as follows:

FEDERAL STAFF			
Position	Individual	Employment Status/Grade/Temp or Perm	
Chief Psych Med Officer*	Richard Hedlund M.D.	FT/Comm Corps/04	Permanent
Psychiatrist	Robert Coberly M.D.	FT/Comm Corps/05	Permanent
Psychiatrist	POSITION TO BE FILLED		
Psychologist	Michelle Tangimana	FT/Civil Service/GS-11	Permanent
Social Worker	Jim Hagel	FT/Civil Service/GS-12	Permanent
Psych Nurse Supervisor	POSITION TO BE FILLED	FT/Civil Service/GS-10	Permanent
Psychiatric Nurse	Kate Baumiller, BSN	FT/Civil Service/GS-9	Permanent
Psychiatric Nurse	Margaret Brant, RN	FT/Civil Service/GS-9	Permanent
Psychiatric Nurse	Jeanette Dohn, BSN	FT/Civil Service/GS-9	Permanent
Psychiatric Nurse	Tracy LaRoche, RN	FT/Civil Service/GS-9	Permanent
Recreation Therapist	Mary Tognotti	FT/Civil Service/GS-7	Permanent
Admin Secretary	Betty Apple	FT/Civil Service/GS-5	Permanent
Psych Nurses Aide	Bernadine Green (1/2 time)	PT/Civil Service/GS-7	Permanent

\*These positions are presently contracted by the RCIHB

**CONSULTANT STAFF**

Consultant Service Provided	Individual	Frequency of Services
Neuropsychological Assessment	James Gardiner, Ph.D	4 hours per week
Substance Abuse Eval & Referral	Larry Prairie, CDC II	4-8 hours per week
Administrative and QI Functions	Phyllis Cross, RN,MS	2-4 hours per week

In addition to the present staff positions for mental health, it is requested that funds be made available to hire an additional four psychiatric nurses. The inpatient unit, in the past, has dealt with the inadequate number of psychiatric nursing staff simply by

leaving the unit unstaffed at night. This staffing practice was identified on the recent JCAHO survey as a deficiency which requires remedy. The IHS headquarters Mental Health Program Support Review which took place in 1992 also made findings regarding the lack of 24 hour nursing and the limit that inadequate nursing staff places on the programs ability to provide inpatient care. This review recommended that nursing positions be increased. Four more nursing positions will be needed to provide adequate 24 hour staffing patterns. It must be recognized that the historical funding and/or allocation of nursing positions within the Inpatient Programs at Sioux San has been neither adequate with respect to Inpatient Mental Health workload or equitable based on relative numbers of patient hospital-days. It is requested that this contract provide correction for this inadequacy through the addition of increased funding from the Aberdeen Area Mental Health Programs funds rather than attempt to redistribute the already limited nursing positions at Sioux San.

#### **VI. PERSONNEL SYSTEM AND KEY PERSONNEL**

Key personnel of the RCIHB Executive Director, RCIHB Medical Director, and the RCIHB Business Manager. The RCIHB Executive Director will provide administrative supervision of the program. Overall supervision of the Mental Health clinical programs will be provided by the Medical Director. Supervision of the RCIHB Psychiatrists and other clinicians and support staff will be provided by Dr. Richard Hedlund M.D. as the Mental Health Program Director. The fiscal management of the program will be the responsibility of the RCIHB Business Manager, who will maintain fiscal records and books in accordance with generally accepted accounting procedures. The Mental Health Program Director will develop budgetary priorities in conjunction with the RCIHB Medical and Executive Director. Personnel actions regarding members of the clinical Mental Health Program will be under the authority of the Mental Health Program Director and the Medical and Executive Director. RCIHB psychiatrists will be responsible for maintaining medical privileges at the RCSU, the Service Units of Pine Ridge, Rosebud, and Cheyenne River, the RCRH and the BHCH. They will abide by the Medical staff bylaws, rules and regulations at each facility. Job descriptions for each position are attached as **Attachment E** of this contract proposal.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Aberdeen Area  
Indian Health Service  
Federal Building, Room 309  
Aberdeen SD 57401

January 18, 1995

Robin Arpan, Vice-Chairman  
Rapid City Indian Health Board  
P.O. Box 1608  
Rapid City, SD 57709-1608

Dear Vice-Chairman Arpan:

I am writing in regards to the Rapid City Indian Health Board's (RCIHB) Psychiatry Program Contract. As you are aware, the RCIHB contract was extended six months while you pursue one of three options:

1. Submit a revised scope-of-work to match the resolutions which the RCIHB has secured;
2. Pursue the possibility of a Buy Indian Contract; and,
3. Solicit Resolutions from all of the tribes in the Aberdeen Area.

As we have previously discussed, the Aberdeen Area Office will assist you in any option that you choose. However, I feel that the most practical option is option #3. This would allow you to keep the present program, staff and funding intact. I realize that soliciting resolutions from all of the Tribes will take time and work. But, I think this option offers the best benefits to all of the Tribes in the Area.

When soliciting the resolutions of support from the Tribes, the RCIHB will need to insure that the Tribe's understand they will still be able to send patients to this program. This will remain an Area program administered by the RCIHB.

If I can be of any assistance during this process, or should you have any questions, please feel free to contact me at Area Code 605/226-7584.

Sincerely,

Rick R. Sorensen  
Acting PMO, OTA  
Aberdeen Area Indian Health Service

RRS/khm

95-72-DSB



PSYCHIATRIC PHYSICIAN SERVICE BUDGET  
SUPPLIES OR SERVICES AND PRICES/COSTS  
 FY - 1994 RECURRING BUDGET

Psychiatric Physician Services Program:		
Salaries:		\$126,500
Psychiatric Physician(Director) -Board Certified		\$125,000
Psychiatric Physician -Board Certified		\$ 1,500
Fringe Benefits (24%) :		\$ 23,496
TOTAL DIRECT COST		\$149,996
INDIRECT COST @ 25%		<u>\$ 31,621</u>
TOTAL PROGRAM		\$181,621

PSYCHIATRIC PHYSICIAN SERVICE BUDGET  
SUPPLIES OR SERVICES AND PRICES/COSTS  
 FY 1994 TOTAL BUDGET NEEDS

Psychiatric Physician Services Program:		
Salaries:		\$278,800
04	Psychiatric Chief Medical Officer(Director)	\$ 60,000
*	Psychiatric Physician -Board Certified	120,000
05	Psychiatric Physician	70,000
GS-11	Clinical Psychologist	38,107
GS-12	Social Worker	45,670
GS-12	Psychiatric Nurse Supervisor	45,670
GS-09	(4)Psychiatric Nurses (\$31,493. ea)	125,972
GS-07	Recreation Therapist	25,745
GS-05	Admin Secretary	20,784
	Billing Clerk/Data Entry	<u>\$ 16,800</u>
Fringe Benefits (24% 1 Physician/1 Billing Clerk):		\$ 32,832
Travel (Training):		28,000
Recruitment/Retention (Meeting/Site Visits)		3,000
Contract Health Services		15,000
Office Supplies		5,000
Postage		600
Hospital Privileges		600
Mileage		500
Equipment (Office)		5,000
TOTAL DIRECT COST		<u>672,153</u>
INDIRECT COST @ 25%		<u>42,408</u>
TOTAL PROGRAM		\$714,561

## BUDGET JUSTIFICATION

Expenditure of FY-1994 funds are for the period of October 1, 1993 to September 30, 1994.

Salary and fringe benefits are established by the Rapid City Indian Health based on prevailing employment rates in Western South Dakota and comparable schedules of the Indian Health Service wages and salaries. Position descriptions are attached to this report as appendix B.

Fringe Benefits include federal income tax, unemployment insurance, Worker's Compensation, Medical insurance, Dental insurance, Life insurance, Disability insurance, and retirement.

Travel expense is from program staff to attend professional certification activities, training IHS staff, training for tribal staffs, and to attend Indian Health Service and Rapid City Indian Health Board conferences.

Recruitment and retention costs are for recruitment and retention of Physicians and professional staff of the program. This includes staff retreats and conferences.

Contract Health services are for professional services for patient care during periods when RCIHB Psychiatric staff is not available due program activities or leave.

Office supplies include office supplies, such as copy paper, pencils, etc., necessary to fulfill the terms of the contract.

Postage costs include postage costs to disseminate program information material, transmittal of patient information, exchange program information with other Mental Health programs, and to report program information and data to appropriate agencies.

Hospital privileges costs are for physicians to secure and maintain staff privileges at local hospitals and clinic, professional organizations, and medical organizations.

Local mileage is staff's personal vehicles to collect medical data and billing information from local health facilities.

Indirect costs are calculated at a provisional rate, with a final rate to be negotiated with the Director of Cost Allocation. 25% for wages, salaries, and employee fringe benefits.

**RAPID CITY INDIAN HEALTH BOARD PSYCHIATRY PROGRAM**  
**Clinical Workload Quarterly Report**  
**October 1994 to December 1994**

The scope of clinical activities in the Psychiatry program for the recent quarter is unchanged.

Inpatient services are provided at Sioux San Hospital. Outpatient visits are seen at All Nations Clinic. Emergency evaluations and on call services are provided at Sioux San in coordination with the Sioux San Mental Health/Social Services staff. Consultation with medical staff at Sioux San and other service units in the Aberdeen area continues. Clinic visits at the Pine Ridge, Cheyene River, and Rosebud reservations continue. In addition, child psychiatric consultation services are provided to Native American children at the Black Hills Children Society Residential Treatment Program.

Below is a breakdown of workload data:

I. Inpatient unit admissions (Sioux San)

	Pine Ridge	Rosebud	Cheyene River	Rapid City/Black Hills	Other*	Month Totals
Oct.	4	0	2	2	2	10
Nov.	1	7	1	0	3	12
Dec.	2	2	1	2	0	7
Totals	7	9	4	4	5	29

\*Other included patients from Lame Deer and Crow Agency in Montana; Fort Thompson, SD; Fort Belcourt, ND; and Kickapoo, Kansas.

II. Outpatient Clinic (All Nations)

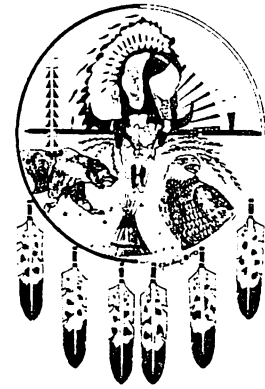
	Patient visits scheduled
Oct.	183
Nov.	190
Dec.	226
Total	599

Approximately 40% of the patients seen are children and adolescents.

# RAPID CITY INDIAN HEALTH BOARD

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 OB/GYN SERVICES

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**MENTAL HEALTH - FY94  
 PATIENT LOAD DATA  
 CONTRACT HEALTH DOLLAR SAVINGS ON PHYSICIAN'S FEES**

DATE	OUTPATIENT		INPATIENT		PINE RIDGE		ROSEBUD		EAGLE BUTTE		CHILDREN'S HOM	
	#PT	AMOUNT	#PT	AMOUNT	#PT	AMOUNT	#PT	AMOUNT	#PT	AMOUNT	#PT	AMOUNT
10/93	88	8805.00	6	10140.00	40	3950.00	25	2225.00	8	870.00	0	0.00
11/93	52	4055.00	7	8100.00	24	2450.00	5	405.00	7	645.00	0	0.00
12/93	50	3470.00	5	1690.00	0	0.00	8	730.00	6	660.00	4	0.00
1/94	59	3200.00	7	8740.00	25	2525.00	9	915.00	4	390.00	5	85.00
2/94	54	2870.00	11	5850.00	12	1300.00	10	900.00	7	830.00	0	0.00
3/94	62	5235.00	16	9900.00	16	1425.00	10	910.00	0	0.00	4	0.00
4/94	89	6535.00	14	10190.00	9	915.00	0	0.00	10	1115.00	4	85.00
5/94	136	7960.00	15	14685.00	39	3655.00	21	1885.00	12	1235.00	6	0.00
6/94	110	5970.00	12	11875.00	21	1935.00	7	685.00	4	340.00	7	0.00
7/94	113	7580.00	15	12975.00	33	3130.00	15	1325.00	11	1000.00	3	0.00
8/94	139	9100.00	13	13500.00	37	3525.00	18	1360.00	17	1530.00	5	305.00
9/94	145	7535.00	16	12550.00	27	2330.00	20	1800.00	19	1720.00	0	0.00
<b>TOTAL</b>	<b>1097</b>	<b>72315.00</b>	<b>137</b>	<b>118195.00</b>	<b>283</b>	<b>26940.00</b>	<b>146</b>	<b>13140.00</b>	<b>105</b>	<b>10335.00</b>	<b>38</b>	<b>475.00</b>

**GRAND TOTAL SAVINGS → 241400.00**



## III. Reservation Clinics

	Pine Ridge	Rosebud	Eagle Butte	Monthly Total
Oct.	36	14	9	59
Nov.	35	12	14	61
Dec.	20	24	18	62
Total	91	50	41	182

## IV. Sioux San Mental Health admissions 1994

	Pine Ridge	Rosebud	Cheyene River	Rapid City/Black Hills	Other*	Total
Jan.	1	4	0	1	1	7
Feb.	2	3	2	0	3	10
Mar.	0	2	3	3	2	10
Apr.	3	1	0	1	1	6
May	3	1	2	3	1	10
June	2	1	2	1	3	9
July	3	1	0	2	3	9
Aug.	0	1	1	1	2	5
Sept.	3	4	2	1	4	14
Oct.	4	0	2	2	2	10
Nov.	1	7	1	0	3	12
Dec.	2	2	1	2	0	7
Total	24	27	16	18	25	110

\*Other includes patients from: Other Aberdeen area (16), Billings area (6), Bemidji area (2), and Kansas (1).