

Quality of Life Committee

Regular Meeting 9:00 a.m. Thursday, February 16, 2023 Microsoft Teams

Agenda

- I. CALL TO ORDER AND ROLL CALL
- II. APPROVAL OF THE AGENDA
- III. APPROVAL OF MEETING MINUTES
 - A. Approve the January 19, 2023, regular Quality of Life Committee meeting minutes pg. 2 Sponsor: Brooke Doxtator
- IV. UNFINISHED BUSINESS
- V. NEW BUSINESS
 - A. Determine next steps regarding the Food and Fuel Program Analysis pg. 5
 Sponsor: Marie Cornelius
- VI. REPORTS
 - A. Accept the Cultural Heritage Report pg. 10

Sponsor: Tina Jorgenson

B. Accept the Recreation Report pg. 13

Sponsor: Tina Jorgenson

C. Accept the Wellness Council Report pg. 16

Sponsor: Andrea Kolitsch/Betsey Nickel

D. Approve of the Concept Paper for CDC #21-112 Transitional Residential Detox Treatment Facility pg. 18

Sponsor: Mark W. Powless

- VII. ADDITIONS
- VIII. ADJOURN

Quality of Life Committee (QOL)

Agenda Request

Cha	ck all that apply				
CHE	ck all that apply ✓ New Business		Followup		For Your Information
			Follow-up		For Your Information
	Open Session		Executive Session		
Mee	ting Date		=		
	2/16/23				
Title					
	Approval of Mee	ting M	inutes		
Desc	ription				
	Minutes				
Requ	iested Action				
	Approve the Jan minutes	uary 1	9, 2023, regular	Quali	ty of Life Committee meeting
Subr	nitted by				
	Brooke Doxtator	, BCC	Supervisor		
	lf not submitted by ar	n Oneida	a Nation employee, p	lease p	rovide contact information

The Quality of Life Committee is a standing committee of the Oneida Business Committee. OOL meets the 3rd Thursday of each month at 9:00 a.m. via Microsoft Teams. Please submit this form and backup to Boards@oneidanation.org by 4:30 p.m. on the Monday before the OOL meeting.



Quality of Life Committee

Regular Meeting 9:00 a.m. Thursday, January 19, 2023 Microsoft Teams

Minutes

Present: Chair Marie Cornelius, Vice Chair Daniel Guzman King, Members: Brandon Stevens

Arrived at: Tehassi Hill arrived at 10:05 a.m.

Others Present: Eric Boulanger, Debra Danforth, Leslie Doxtater, Brooke Doxtator, Keith Doxtator, Tina Jorgenson, Rhiannon Metoxen, Joanne Ninham, Justin Nishimoto, Mark W. Powless, Paul Witek;

I. CALL TO ORDER AND ROLL CALL

Meeting called to order by Chair Marie Cornelius at 10:00 a.m.

II. APPROVAL OF THE AGENDA

Motion by Daniel Guzman King to approve the agenda, seconded by Brandon Stevens. Motion Carried:

Ayes: Daniel Guzman King, Brandon Stevens

III. APPROVAL OF MEETING MINUTES

A. Approve the December 15, 2022, regular Quality of Life Committee meeting minutes Sponsor: Brooke Doxtator

Motion by Daniel Guzman King to approve the December 15, 2022, regular Quality of Life Committee meeting minutes, seconded by Brandon Stevens. Motion Carried:

Ayes: Daniel Guzman King, Brandon Stevens

Tehassi Hill arrived at 10:05 a.m.

IV. UNFINISHED BUSINESS

V. NEW BUSINESS

A. Determine next steps regarding a Food and Fuel Program Analysis

Sponsor: Marie Cornelius

Motion by Tehassi Hill to accept the discussion as information, seconded by Daniel Guzman King. Motion Carried:

Ayes: Daniel Guzman King, Tehassi Hill, Brandon Stevens

VI. REPORTS

A. Accept the Oneida Tribal Action Plan Report

Sponsor: Leslie Doxtater

Motion by Daniel Guzman King to accept the Oneida Tribal Action Plan Report, seconded by Tehassi

Hill. Motion Carried:

Daniel Guzman King, Tehassi Hill, Brandon Stevens

B. Accept the Oneida Police Department Report

Sponsor: Eric Boulanger

Ayes:

Motion by Daniel Guzman King to accept the Oneida Police Department Report, seconded by Tehassi

Hill. Motion Carried:

Daniel Guzman King, Tehassi Hill, Brandon Stevens Ayes:

C. Accept the Behavioral Health Report

Sponsor: Mari Kriescher

Motion by Daniel Guzman King to accept the Behavioral Health Report, seconded by Brandon

Stevens. Motion Carried:

Daniel Guzman King, Tehassi Hill, Brandon Stevens Ayes:

D. Accept the Zero Suicide Report

Sponsor: Mari Kriescher

Motion by Daniel Guzman King to accept the Zero Suicide Report, seconded by Brandon Stevens.

Motion Carried:

Daniel Guzman King, Tehassi Hill, Brandon Stevens Ayes:

VII. ADDITIONS

VIII. ADJOURN

Motion by Brandon Stevens to adjourn at 11:01 a.m., seconded by Tehassi Hill. Motion Carried: Ayes: Daniel Guzman King, Tehassi Hill, Brandon Stevens

Minutes prepared by Brooke Doxtator, Board Minutes approved as presented on	· · · · · · · · · · · · · · · · · · ·
	<u></u>
Marie Cornelius, Chair	
Quality of Life Committee	

Quality of Life Committee (QOL)

Agenda Request

Check	k all that apply				
✓	New Business		Follow-up		For Your Information
	Open Session		Executive Session		
Meetii	ng Date				
2	2/16/23				
Title					
L	New Business				
Descri	iption				
N	Memo regarding	Food	and Fuel Analysi	S	
			-		
Reque	ested Action				
		steps r	egarding the Foo	od and	d Fuel program analysis
		•	3 3		
Subm	itted by				
N	Marie Cornelius,	QoL (Chair		
lf.	not submitted by an	n Oneida	a Nation employee ol	ease ni	rovide contact information
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J					

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Memorandum

To: Oneida Business Committee

From: Quality of Life Committee

Date: February 16, 2023

Re: Request for reconsideration and clarification of BC Motion

The QoL Committee is requesting that the Oneida Business Committee reconsider the following highlighted motion made on 12/14/2022:

XII. NEW BUSINESS

A. Review request for Summer Savings at the Pump and Food Assistance GWA programs year-end report and determine next steps (01:12:07)

Sponsor: Nancy Barton, Tribal Member

Motion by Lisa Liggins to direct the Quality of Life Committee to develop an analysis of the food card/GWA payment distribution to identify how the programs worked and recommendations for the future and for updates on the status of that analysis to be on the quarterly reports to the Business Committee,

seconded by Jennifer Webster. Motion carried:

Ayes: David P. Jordan, Lisa Liggins, Kirby Metoxen, Jennifer Webster

Not Present: Marie Cornelius, Tina Danforth, Daniel Guzman King, Tehassi Hill

Motion by Lisa Liggins to direct the Budget Analyst to include a request at the January BC work session to forward the food assistance program reports to the January 25, 2023, regular Business Committee

meeting, seconded by Jennifer Webster. Motion carried:

Ayes: David P. Jordan, Lisa Liggins, Kirby Metoxen, Jennifer Webster

Not Present: Marie Cornelius, Tina Danforth, Daniel Guzman King, Tehassi Hill

Motion by Lisa Liggins to direct the OBC liaison to the Oneida Trust Enrollment Committee to request a report to be submitted to the BC work session similar to the ARPA closeout report regarding the Summer

Savings at the Pump program, seconded by Jennifer Webster. Motion carried:

Ayes: David P. JBordan, Lisa Liggins, Kirby Metoxen, Jennifer Webster

Not Present: Marie Cornelius, Tina Danforth, Daniel Guzman King, Tehassi Hill

Both the food card distribution and Savings at the Pump GWA programs close out reports were submitted to the January 25, 2023, regular OBC meeting. Since the programs are now closed out, QoL is unable to report on these programs quarterly and future programs would need a budget resource identified.



MEMORANDUM

To: Oneida Quality of Life Committee

From: Keith Doxtator, Director, Trust Enrollments

Date: December 16th, 2022

Subject: 2022 Food and Fuel Program Stats

The following are the summary data for the Savings at the Pump program, BC Resolution 06-28-22-A, and the Food Assistance Program, BC Resolution 09-01-22-A.

Savings at the Pump Eligibility	14531
Members applied	12715
Members paid	12715
Members denied	0
Payment amount	\$300
Total cost	\$3,814,500
Food Assistance Fund Program Eligibility	14626
Members applied	12801
Members paid	12801
Members denied	0
Payment amount	\$500
Total cost	\$6,400,500
From our paper applications received:	
Only applied for Fuel	27
Only applied for Food	45
Did not apply for Fuel, nor Food	49
Declined both payments	83



ARPA Funded Project Report

Project Title Pandemic F	Relief Food Card Distribution	Project Owner	Mark W. Powless			
Approving resolution	10-13-21-B	Project End Date	12/10/2021			
Budget Obligated	4,693,500.00	Funds Expended	4,693,500.00			
Remaining Balance	225,525.00					
1. Project Descriptio	n - Please provide the purpose	and intent.				
pandemic. Eligible Tr	o provide financial relief to r ibal membership who prese n sites received a \$500 food	nted themselves or a				
2. Identify how this p	project fulfilled its purpose and	intent.				
, ,	Every eligible Tribal member who presented themselves or a proxy to the distribution sites received a \$500 card. This resulted in more than 9000 Tribal members receiving direct membership assistance.					
3. How do you measure success?						
Effective communication, smooth implementation, and						
4. List the number of individuals who benefited from this project.						
Approximately 9,400						
5. List the areas that	contributed to the success of t	his project.				
DTS, GSD, OPD, Security, Accounting, and approximately 100 volunteers.						
6. List any unexpected issues or problems encountered in implementing this project.						
It was an expected problem that there would be lengthy lines. We planned to open an hour earlier than posted, with extra stations, but the initial showing (2,000 gift cards distributed in the first 3 hours) was still more than expected.						
7. Was this project on budget? If not, why not?						
Yes.						



ARPA Funded Project Report

Project Title Food Assistance Program	Project Owner	Trust Enrollment			
Approving resolution BC Resolution 09-01-22-A	Project End Date	12/31/2023			
Budget Obligated 14,000,000.00	Funds Expended	6,400,500.00			
Remaining Balance 7,599,500.00]				
1. Project Description - Please provide the	ourpose and intent.				
To Provide financial assistance to our of healthy food prices to ensure that the		<u> </u>			
2. Identify how this project fulfilled its purp	ose and intent.				
This program provided \$500 for food to all members that applied for the need.					
3. How do you measure success?					
Timely payments by the November deadline. Smoother application input processes, 75% applied online. Wide communication of program, 86.66% of 14,564 eligible members applied.					
4. List the number of individuals who benefited from this project.					
Total number of individuals who applied 12,621.					
5. List the areas that contributed to the success of this project.					
Areas that lead to success of the project were DTS, Accounting and Trust Enrollments Departments.					
6. List any unexpected issues or problems encountered in implementing this project.					
There were online challenges were members tried/thought they applied, but did not. This was made more frustrating as members were not aware of this until after the deadline to apply.					
7. Was this project on budget? If not, why not?					
Yes.					



Agenda Request

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Cultural Heritage

Purpose: Oneida Cultural Heritage will be restructured and reorganized.



CULTURAL HERITAGE REPORT

REPORT DATE	PROJECT NAME	PREPARED BY
February 16, 2023	Cultural Heritage	Tina Jorgensen, MS, RDN

STATUS SUMMARY

Oneida Cultural Heritage reorganization has been initiated.

PROJECT OVERVIEW

TASK/GOAL	% DONE	TARGET END DATE	LEAD	STATUS UPDATE
Create and implement a Strategic Plan for the organization and structure of Cultural Heritage.	100%	5/7/2021	Tina Jorgensen and Bob Brown	Plan revision includes Language Department collaboration. Plan has been approved by the Faithkeepers.
Revise Cultural Wellness job description and retitle to Traditional Healer and Apprentice.	100%	5/31/2021	Tina Jorgensen, Bob Brown, Josh Cottrell, and Dan Habeck	Traditional Healer Apprentice interviews are scheduled for August 9 th .
Post vacant Traditional Healer position.	100%	Upon approval of SOP	Tina Jorgensen	Traditional Healer is hired.
Reorg Historical Archivist to Museum.	100%	3/31/21	Tina Jorgensen / Stacy Coon	Museum Registrar is hired.
Recall/post budgeted vacant Cultural Heritage positions.	100%	Upon approval of the workforce levels	Tina Jorgensen	All budgeted positions have either been hired or posted.
Implement reorganization	10%	June 1, 2022	Tina Jorgensen	A Nation Building session was held on 11/16-11/17, 2022. The $1^{\rm st}$ of 5 all staff workshops will be held February 21-23, 2023 with Mike Myers.

RISK AND ISSUE HISTORY

ISSUE	ASSIGNED TO	DATE

NEXT STEPS

- All employees to complete an Oneida Cultural Self-Assessment and develop a learning plan.
 Training to implement Clan System in Cultural Heritage.



Agenda Request

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Recreation Integration

Purpose: Oneida Recreation will be reorganized and structured to meet the needs of the youth and will reopen with a safe plan.



RECREATION INTEGRATION REPORT

REPORT DATE	PROJECT NAME	PREPARED BY
February 16, 2023	Recreation Integration	Tina Jorgensen, MS, RDN

STATUS SUMMARY

Oneida Recreation is finally fully staffed!

PROJECT OVERVIEW

TASK/GOAL	% DONE	TARGET END DATE	LEAD	STATUS UPDATE
Create a safety/reopening plan.	100%	1/29/21	Tina Jorgensen	Plan is complete and operational.
Fill vacant positions.	100%	Director & 2 Supervisors - April 2021	Tina Jorgensen	
Develop curriculum.	100%	5/31/21	Tina Jorgensen and Recreation Director	Recreation Staff worked with Tsyosha'aht Delgado for cultural education development. Staff have implemented cultural and traditional games, education, and converted 6 Pillars of character development to our Core Values. They use the Core Values with all education and programming.
Provide virtual activities.	100%	6/1/21	Recreation Director & 2 Supervisors	All programming is in-person.
Hire 8 Recreation Specialists	100%	As Public Health Emergency is lifted.	Recreation Supervisors	Current WF levels: 1 Director 1 Office Manager 1 Interim Supervisor (Civic) 1 County H Supervisor (recently hired) Civic: 1 LTE Rec Specialist 3 FTE Rec Specialists County H: 4 FTE Rec Specialists

Open Civic Center Recreation site.	100%	30-60 Days after the Public Health Emergency is lifted.	Recreation Director	Recreating the person activities following the public health recommendations on August 2, 2021.
Open County H	100%	By the start of the 2022-2023 school year.	Recreation Director	Recreation was able to open County H with limited staffing by the time school started in August 2022.
Create a position to work with youth that are bullying, fighting, etc. (Youth Counselor)	0%	By the start of FY24	Recreation Director	Funds were identified through CCDF for this position. Working on a job description and then will follow process to request to post.

RISK AND ISSUE HISTORY

ISSUE	ASSIGNED TO	DATE

NEXT STEPS

1. We would like to find a different way of dealing with youth that are disruptive or violating policy vs. membership suspension or revocation. Identify current staff that are interested in these job duties. Then create a position and request increase in WF levels from 12 to 13 FTE.

Wellness Council

The purpose of providing an update is to inform the Comprehensive Health Division Directors what is occurring in your area. The Division Directors utilize this information to provide Upper Management and the Oneida Business Committee with information they request and/or keep them abreast of what is occurring within the Division. This also provides the Comprehensive Health Division's Management Team an ideal of possible issues that may arise.



WELLNESS COUNCIL REPORT

REPORT DATE	PROJECT NAME	PREPARED BY
2/16/2023	Wellness Council	Andrea Kolitsch Zahringer, Community Health RN Betsey Nickel, Community Health RN

STATUS SUMMARY

First meeting was in January. Regular meetings scheduled on the third Friday of every month.

PROJECT OVERVIEW

TASK/GOAL	% DONE	TARGET END DATE	LEAD	STATUS UPDATE
Recruit for Wellness Council	90%	October 31, 2022	Andrea Kolitsch Zahringer and Betsey Nickel	Wellness Council met virtually in January and discussed further recruitment as a group. We now will have representation from the school, including youth from the Clan Council, Risk Management and HRD.
Organize TEAMS folder for WC	100%	January 1, 2023	Andrea Kolitsch Zahringer and Betsey Nickel	TEAMS already created. Copy documents to the TEAMS folder for all members to access
Create Strategic Plan for WC	0%	September 30, 2023	Andrea Kolitsch Zahringer and Betsey Nickel	When new members join, will plan for a formal strategic planning session.

RISK AND ISSUE HISTORY

ISSUE	ASSIGNED TO	DATE

NEXT STEPS

Attend regular Quality of Life meetings and report out quarterly (Aug, Nov, Feb, May). Schedule first council meeting and plan for recurring future meetings.



Agenda Request

Check	all that apply				
✓	New Business		Follow-up		For Your Information
	Open Session		Executive Session		
Meetin	ng Date				
2/	/16/23				
Title					
Т	ransitional Resi	dentia	al Detox Treatme	nt Fa	cility
Descrip	otion				
С	oncept paper fo	or #21	-112		
Reque	sted Action				
А	pprove of the C	once	ot Paper for CDC	#21-	112 Transitional Residential Detox
T	reatment Facilit	ЗУ			
Cb.mair	ttad by				
	tted by				
M	lark W. Powless	s, Ger	neral Manager		
lf r	not submitted by an	Oneid	a Nation employee, p	lease p	rovide contact information

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February 9, 2023

Business Committee Agenda Request - Memo

Project No.: 21-112 **Project Title:** Transitional Residential Detox Treatment Facility

Purpose:

The project team is seeking approval of the project's Concept Paper through the Capital Improvement Process (CIP).

Background:

The proposed project would expand our substance abuse treatment services. This will include reviewing the need for a detox facility, residential facility, and transitional living.

Approval of the project's Concept Paper will allow the project to:

- Proceed into the next phase of the process, completing a Community Development Concept (CDC) Approval Package. The CDC Approval Package would be brought forward for approval before the project could proceed into design or construction.
- Request funding for a feasibility study. The study results would be included in the project's CDC Approval Package.

Attachments:

• 21-112 Concept Paper with CIP Form-05.

Action Requested:

1. Approval of the Concept Paper for CDC #21-112 Transitional Residential Detox Treatment Facility.

CONCEPT PAPER

For

Transitional Residential Detox Treatment FacilityCDC #21-112

January 17, 2023

I. Purpose:

A. To improve substance abuse treatment outcomes. Bring community members back in the community-based wellness center. We are currently having to refer patients out to residential/transitional living facilities in mostly non-native specific treatment centers. From a community perspective we are piecing programming together from community programs such as Behavioral Health, cultural wellness, economic support, schools, peer support etc.

II. Project Analysis

- A. <u>Project Description</u>: The Oneida Comprehensive Health Division-Behavioral Health Services is requesting a development to expand our substance abuse treatment services. This will include reviewing the need for a detox facility, residential facility and transitional living. Completed Residential Treatment will allow us to transition our community members back into the Oneida Community.
 - 1. The project would create an 8-10 bed facility, with the potential of expanding to 14-16 bed facility.
 - 2. The final capacity would depend on assessment of how many males and females that we are currently funding for outside facilities.
- B. <u>Service Description</u>: We are reviewing a few different types of services and what will make the best fit for the Oneida Community.
 - 1. Residential withdrawal management service: means a residential substance use treatment service that provides withdrawal management and intoxication monitoring, and includes medically managed 24—hour on—site nursing care, under the supervision of a physician. Residential withdrawal management is appropriate for patients whose acute withdrawal signs and symptoms are sufficiently severe to require 24—hour care; however, the full resources of a hospital are not required. Services delivered in this setting may include screening, assessment, intake, evaluation and diagnosis, medical care, observation and monitoring, physical examination, medication management, nursing services, case management, drug testing, counseling, individual therapy, group therapy, family therapy, psychoeducation, peer support services, recovery coaching, and recovery support services, to ameliorate symptoms of acute intoxication and withdrawal and to stabilize functioning.
 - 2. **Residential intoxication monitoring service:** (detox) a residential service that provides 24-hour observation to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated patients who are not in need of emergency medical or behavioral

Concept Paper CDC #21-112

healthcare. Residential intoxication monitoring services may include screening, assessment, intake, evaluation and diagnosis, observation and monitoring, case management, drug testing, counseling, individual therapy, group therapy, family therapy, psychoeducation, peer support services, recovery coaching, and recovery support services.

- 3. Medically monitored residential treatment: service means a residential substance use treatment service totaling 20 or more hours of treatment services per patient per week, in which substance use and mental health treatment personnel provide assessment and treatment for substance use disorders and co—occurring mental health disorders, under the oversight of a medical director. Medically monitored residential treatment services may include screening, intake, evaluation and diagnosis, medication management, nursing services, case management, drug testing, counseling, individual therapy, group therapy, family therapy, psychoeducation, vocational services, peer support services, recovery coaching, outreach activities, and recovery support services, to ameliorate symptoms and restore effective functioning. Medically monitored residential treatment services are delivered in a 24—hour clinical residential setting. This level of care is appropriate for patients who require a 24—hour supportive treatment environment to develop sufficient recovery
- 4. Transitional residential treatment service: means a residential substance use treatment service totaling 6 or more hours of treatment services per patient per week, in which substance use treatment personnel provide assessment and treatment for substance use disorders in a structured and recovery— supportive 24—hour residential setting, under the oversight of a physician or a prescriber knowledgeable in addiction, providing medical supervision and clinical consultation. Transitional residential treatment services may include screening, intake, evaluation and diagnosis, medication management, nursing services, case management, drug testing, counseling, individual therapy, group therapy, family therapy, psychoeducation, vocational services, peer support services, recovery coaching, outreach activities, and recovery support services, to ameliorate symptoms and restore effective functioning.

C. Assumptions:

- 1. That the Tribal organization will support the project moving forward.
- 2. Funding will be available for developing the project.
- 3. That the Tribal organization will support the ongoing operational needs/costs of the new facility and associated personnel.
- 4. We will be able to obtain a Comprehensive Community Services certification.
 - a) We would add Wisconsin Department of Health Services (DHS) 75.53-75.57 Transitional residential treatment service to our existing state licensing of Outpatient Substance Abuse Treatment Services DHS 75.13.
- 5. The continuum of care will be improved.
- 6. The project would comply with DHS building standards and licensing requirements.

D. Operational Impact:

- 1. Development of another building requiring organization support may require additional staffing from DPW, Custodial, MIS, etc. A full evaluation will be included in the project's CDC Approval Package.
- 2. A transitional residential treatment service requires the following personnel to be added to OCHD, this is an what an example may look like but would change depending on outcome of the analysis:
 - a) A director responsible for the overall operation of the service, including the therapeutic design and delivery of services.
 - b) A physician available to provide medical supervision and clinical consultation as either an employee of the service or under a written contract with the service.
 - c) At least one full—time substance abuse counselor for every 15 patients or fraction thereof.
 - d) At least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff, or a person outside the agency who is a clinical supervisor and who by a written agreement will provide ongoing clinical supervision of the counseling staff.
 - e) A mental health professional available either as an employee of the service or through written agreement to provide joint and concurrent services for the treatment of dually diagnosed patients.
- E. <u>Organizational Goals</u>: The project would support the following goals and objectives of the 2008 Comprehensive Plan for the Oneida Reservation and its 2014 update:
 - 1. Plan Element: ata' kali tatsla ("health/liveliness" HEALTHCARE)
 - a) GOAL: Ensure overall wellness for Latiksa> shu ha tsi Niyole lotikst^ ho.ku'ha (children as far as the old people).
 - (1) Objective: Improve physical and mental health of the Oneida community.
 - 2. Plan Element: Public Safety
 - a) GOAL 2: Enhance public and community safety, security, & well-being on the Oneida Reservation.
 - (1) Objective 1: Reduce crime rate.
 - (2) Objective 2: Improve community perception of safety on the Oneida Reservation.

3. Plan Element: Community Design

- a) GOAL: Create an Oneida community of wellness that supports the individual's tie to the land through a sense of place, identity, and appropriate development.
 - (1) Objective 1: Create a positive sense of place which identifies the Oneida community.

III. Market

- A. Market Served: We are currently providing substance abuse services to any Native American enrolled in a federally recognized tribe residing in Brown and Outagamie counties. Currently we are providing services to approximately 420 patients specific to substance abuse. In FY2022 we referred approximately 185 individuals to a higher level of care such as residential/transitional living
- B. <u>Competition</u>: We are currently providing substance abuse services to any Native American enrolled in a federally recognized tribe residing in Brown and Outagamie counties. The competition would be that facilities we are currently referring to for detox, residential or transitional services. We would not have to refer patients out if we had the resources within Oneida Nation.

IV. Potential Risk:

- A. Without action, the continued growing concern about addiction in the Oneida Community.
- B. Without action, continue to refer individuals out and fund outside non-native agencies when we could be providing the services to include the cultural components to wellness.
- C. Without action, we will refer individuals out to outside agencies and some do not come back to the community. They will choose to not come home to Oneida.
- D. Change in Tribal political climate.
- E. Effects of ongoing or future pandemic.
- F. Personnel changes at leadership roles.
- G. Failure to meet and fulfill the Comprehensive Plan's goals and objectives supported by this project.
- H. Provider shortages in the behavioral health field.
- I. No funding support from BC or GTC.

V. Potential Investment

- A. <u>Funding Sources</u>: Potential funding sources for this project include:
 - 1. Indian Health Service (IHS)
 - 2. CIP Budget
- B. <u>Funding Sources</u>: Potential funding sources to offset operational costs of the completed project include:
 - 1. Once licensed, billing for 3rd party insurances
 - 2. Comprehensive Community Services Medicaid Program
 - 3. Substance Abuse Health Home Medicaid Program
 - 4. Medicaid funds residential treatment
 - 5. Indian Health Service (IHS)
 - 6. Tribal Contribution
- C. <u>Development Costs</u>: The project will require funding for completing the project's CDC Approval Package if the Concept Paper is approved. Funds are needed for: feasibility study and programming. The amount of funds needed is: \$300,000.
- D. Construction Cost Target:
 - 1. Construction cost target will be determined by the outcome of the market analysis.
 - 2. The project's CDC Approval Package will identify the total project budget estimate.

VI. Timeline Upon approval of the Concept Paper:

A.	CIP Phase I – CDC Approval Package	31 weeks
B.	CIP Phase II -Project Ranking and Approval	56 weeks
C.	CIP Phase III –Design	64 weeks
D.	CIP Phase IV- Construction	65 weeks

VII. Recommendations

- A. It is recommended strong consideration be given to this project in order to help the Oneida Comprehensive Health Division accomplish goals and objectives in their work plans as well as those set in the Oneida Reservation Comprehensive Plan.
- B. It is recommended to identify funding for the development costs noted above.
- **VIII.** Client Approval A signed copy of the CIP-05 Form is attached indicating approval by client's division director.

ATTACHMENT: FORM CIP-05



Capital Improvement Process (CIP) - Client Division Director Approval Form

To:	Debra J. Danforth – Comprehensive Health Division Director - Operations				
	Jay K. Kennard - Comprehensive Health Division Director	or - Medical			
Through:	Mari J. Kriescher – Behavioral Health Director				
From:	Paul J. Witek – Engineering Director/Senior Architect				
Date:	January 18, 2023				
Re:	Transitional Residential Detox Treatment Facility CDC #21-112				
	ed the attached Capital Improvement Process (CIP) docur ed project and approve of the project moving into the ne				
	☐ CDC Approval Package – dated:				
Debra J. Danforth RN, BSN					
Debra J. Danforth – Comprehensive Health Division Director		Date			
*	ic termond, M.D., MPH	1/30/2023			

Jay K. Kennard - Comprehensive Health Division Director

Form CIP-05 Rev. Dec. 4, 2017

Date