



LCO Health Center 2022 Annual Report regarding contracting or compacting for clinical services from the Indian Health Service Under, PL 93-638.

This report includes a copy of the Continuous Quality Improvement (CQI) Plan for 2022, Department year end reports, and Administrative Year End Report.

Presented to the Lac Courte Oreilles Community, Lac Court Oreilles Tribal Governing Board, Indian Health Services, and Audit Review Team.

Provided by Dr. Gary Girard, LCO Health Center Director, ED. D., M.S., B.A., & LCO Health Center Team.

New Health Center Update

The Lac Courte Oreilles Health Center is the oldest health center in the Bemidji District which includes Illinois, Indiana, Michigan, Minnesota and Wisconsin. For the past 3 ½ years the LCO Health Center Team has been working closely with Tribal Governing Board, Glenn Hall (Project Manager, IHS, Bay Bank and Oneida Bank, Woodstone Construction, Brunton Architects, Innova Group and LCO Legal Department. The health center project was approved for construction in early May of 2023. This new facility will allow us to provide extended and improved healthcare to our community. The facility will be located on Hwy. K, just south of the LCO Casino Lodge, across from the Golf Course. It will be large enough to encompass all of our Medical, Behavioral Health, Dental, Pharmacy, X-ray, Lab, Community Health, Chiropractic, IT, HR, Finance, Facilities, Registration, Benefits, and Administration in one location. This will improve our ability to provide the 'Home Medical Model of Patient Care'. Groundbreaking is scheduled for Mid-June 2023 and completion date is projected early March of 2025.

Optometry Added in 2022

LCO Health Center added Optometry to our support services. Dr. William Winselman provides support 4 days per week and we plan on extending hours going forward, depending on patient need for services.

Recent changes included moving our Medical Assisted Treatment (MAT) from Bizihiki Wellness Center to the Main Clinic. This was done to provide Home Medical Model of Care and improve collaboration of service for between departments, as well as policy compliance.

LCO Health Center Continuous Quality Improvement (CQI)

Prepared by Dawn Joyner, CQI Manager

The CQI plan reflects a commitment on the part of the LCO Health Advisory Board, Medical Clinic, Nursing, Dental, Community Health, Behavioral Health and Administrative staff of the LCO-CHC to ensure the highest standard of patient care is used in the operation of the facility through the utilization of appropriate quality improvement techniques and methods.

CQI is an ongoing process designed to accomplish the following:

1. Objectively and systematically monitor and evaluate the quality and appropriateness of patient care to include patient outcomes.
2. Monitor and evaluate patient safety.
3. Identify and pursue opportunities to improve patient care.
4. Resolve identified problems to include administration and cost of care performance issues while reducing risks to patients.

While the COVID-19 Pandemic continued to have a huge impact on how the LCO Health Center staff including the Quality Assurance program has operated, the goal was still to deliver the best quality care to our patients while keeping everyone safe.

We continued preparing for the 2021 AAAHC Accreditation survey with a goal of being prepared up to 100% completion. These goals included: policy review, CQI studies, and conducting 2 patient surveys.

The following is a summary of the CQI program and activities throughout the year and the goals set for the upcoming year.

AAAHC (Accreditation Association for Ambulatory Health Care): The LCO Community Health Center maintains accreditation through the Accreditation Association for Ambulatory Health Care (AAAHC). To maintain accreditation AAAHC conducts a 2-day survey covering 22 areas. The accreditation period is for 3 years. The LCO-CHC held our survey in July 2021. Although the Health Center did obtain its reaccreditation, there were areas where we did not show improvement from the 2018 survey. This resulted in AAAHC requiring a focus-interim (one day) survey scheduled for August 23, 2022.

The Quality Assurance Manager and several directors met with the surveyor. The results of this survey showed the Health Center was now fully compliant in all 22 areas.

Goals for AAAHC:

1. Complete 3 studies to be submitted in 2023.
2. Begin preparations for the 2024 AAAHC survey.

Behavioral Health: The Behavioral Health Department is committed to providing mental health counseling, crisis outreach, emergency services, prevention and support, and referral services to the communities of the LCO Tribe. The Behavioral Health department began the year with 4 full-time counselors. During the year, 3 of those counselors left their employment with the Health Center and 1 new counselor was hired. One of the counselors who left their employment left at the end of December, this left us with 3 full time ending the year and 2 full time beginning the year in 2023.

The Behavioral Health Department was selected to be reviewed during the AAAHC interim survey. The Quality Assurance Manager, Human Resource Director, and Behavioral Health Director worked together to

ensure the Behavioral Health credentialing files were complete. This included the creation of an application for privileges. During the survey, the surveyor met with the Quality Assurance Manager, Human Resource Manager, and Behavioral Health Director, he gave recommendations on how to make the credentialing flow smoother. All deficiencies were found to be corrected.

Goals for Behavioral Health:

1. Begin preparations for the 2024 AAAHC survey.
2. Ensure all reaccreditation applications, training certificates, and privileging requests from all Behavioral Health professional staff members are complete.
3. Have Behavioral Health Director report quarterly on improvements and/or activities at the Bizhiki Wellness Center.

Continuous Quality Improvement (CQI): The CQI Committee met 8 times in 2022. The lack of conducting monthly meetings was due in part to COVID-19 Vaccination Clinics being held on Wednesdays and the Health Center being closed due to inclement weather.

Topics discussed at the meetings included:

- CQI Studies being conducted throughout the Health Center
- Pharmacy Drug Utilization
- Environmental and Safety Rounds
- Peer Reviews
- Provider Productivity
- Infection Control
- Lab Report
- Radiology Report

- Medical Records Audit
- AAAHC Survey Report
- Near Misses
- Provider Credentialing
- Patient Survey

The Quality Assurance Manager, sets up all meetings, sends out invites for the meeting, creates an agenda and then after the meetings the Quality Assurance Manager compiles the meeting minutes and distributes them to the committee members.

The Quality Assurance Manager split her time in 2022 between working with CQI, Safety Officer, HIPAA officer, Emergency Preparedness Officer and Procurement Clerk (ordering and inventorying all supplies in the medical department). She also assisted with training the new Facilities Director and meets monthly with the Health Advisory Board.

The Quality Assurance Manager met with individual directors to correct deficiencies noted in the 2021 AAAHC survey. The CQI program was selected to be reviewed during the AAAHC interim survey. The corrections made to the program was to create a form to be signed by the Tribal Governing Board chairman when CQI material is presented to the Tribal Governing Board. This assisted with bringing the CQI program into full compliance.

Goals for Continuous Quality Improvement:

1. Conduct monthly meetings with no interruptions.
2. Submit reports in a timely manner.
3. Prepare for the 2024 Accreditation survey.

Credentialing: The CQI Committee receives reports from the Human Resources Director on Provider credentialing. At the present time all providers are credentialed. The Behavioral Health Department does its own credentialing and re-credentialing.

The Human Resources Director assisted with getting other areas prepared for the AAAHC survey. She worked to credential the new optical provider so his paperwork was complete before he began his employment in October. The Human Resources Director is tasked with obtaining all needed signatures for credentialing files and making sure all files are complete.

Goals for Credentialing:

1. Prepare for the 2024 AAAHC survey.
2. Obtain documentation from Tribal Governing Board of their review and decisions.

Dental: The Dental Department has continued to provide quality care for our patients. With the addition of 2 new dentists in 2021, the Dental Department was able to begin seeing patients who have been on a waiting list for some time.

The Dental Department completed their study on increasing the number of diabetic patients receiving an annual dental exam. This study was submitted for the Bernard Kershner Award. This report will be submitted to AAAHC during the 2024 survey. A reevaluation of the data will be completed.

Goals for Dental:

1. Continue to treat patients who have been placed on a waiting list for needed treatment due to the lack of providers in the past.

2. Conclude the Diabetic patient study, and submit report to the CQI committee.
3. Begin preparations for the 2024 survey.

Facilities: A new Facility Director began work in February 2022. Work continued on the Facilities Condition Audit by Indian Health Services in 2021. New air conditioners and furnaces were installed at the Health Center. Plans were ongoing to replace the outdated furnace.

Goals for Facilities:

1. Complete installation of the new elevator.
2. Complete all ongoing projects and make repairs listed on the Facilities Condition Audit.
3. Prepare for 2024 survey.

Health Information Management: The Health Information Manager reports quarterly to the CQI committee. The manager conducts a quarterly medical records audit on charts. This report is included in the quarterly CQI report. This report also assists in keeping the Health Information Department in compliance with AAAHC.

Goals for Health Information Management:

1. Complete scanning of paper files.
2. Train staff on proper documentation for allergies.

Infection Control: The Infection Control Officer is to report to the CQI committee quarterly and attend all CQI meetings. The Infection Control Officer position was reappointed to a different employee and was placed under Community Health and removed from the Medical Department.

This employee has been working on updating all employee health records and updating all employee vaccinations.

The Infection Control Officer worked diligently with the Quality Assurance Manager to correct the deficiencies noted in the 2021 AAAHC survey, bringing that area into full compliance.

Goals for Infection Control:

- Complete updating all employee health records
- Prepare for 2024 AAAHC survey.

Laboratory: The Lab Manager reports to the CQI Committee quarterly on the number of patients seen. The total number of patients seen for 2022 was 3848 in the regular lab and 3024 COVID patients. The Lab Department has followed the Medical Department and implemented 10-hour work days to better serve our patients.

The AAAHC deficiency noted for Lab was due to the Addiction Recovery Clinic and Pharm-D not having their own CLIA certification. The AAAHC interim survey listed the findings as the Addiction Recovery Clinic obtaining their own CLIA certification (expiration date of April 27, 2023) and the Pharm-D does not need an individual certification as he falls under the Health Center Lab CLIA certification.

Goals for Lab:

1. Assist Addiction Recovery Clinic with renewal of their CLIA certification.
2. Prepare for the 2024 AAAHC survey.

Patient Complaints: There was a total of 1 formal complaint submitted to the Quality Assurance Manager in 2022. The complaint filed was against

the Dental Department. It was investigated and corrective actions was taken appropriately.

Goals for Patient Complaints:

1. Continue to make patients feel comfortable to voice their feedback to the Health Center.
2. Continue to investigate, report, and institute corrective actions when needed.

Patient Survey: A forms were made available throughout the entire year for patients to fill out regarding the patient survey. This was done to increase the number of responses received. Again there were not enough completed surveys received to conduct a viable reading.

The CQI committee considered several options for obtaining more responses. It was finally decided to create a survey using the website survey monkey and email a link to the survey to patients.

Goals for Patient Surveys:

1. Send email to patients with Survey Monkey link. If not enough responses, consider other methods to obtain responses.
2. Attempt to get at least 100 responses, report by end of November 2022.
3. Improve patient satisfaction through quality improvement projects based on survey results.

Pharmacy: Throughout 2022 the Pharmacy Department continued its curbside pickup service for patients.

The Pharmacy Director reports quarterly on Near Misses found in the Pharmacy and Pharmacy Drug Utilization. The Drug Utilization report covers a medication used in the Pharmacy, how that medication is used and the benefits of using it.

The Pharmacy received a partially compliant rating from AAAHC which led to the belief they would also be included in the 2022 interim survey, which they were. Some of the deficiencies included:

- Co-mingling of adult and child strength vaccines.
- Unable to provide education, training or policy guidance for medication administration.
- No process in place to identify high-alert medications.
- No list was present for look-alike/sound-alike medications.
- Medications were stored in the door of a refrigerator.

All deficiencies noted were corrected prior to the 2022 interim survey and they were found fully compliant.

Goals for Pharmacy:

1. Continue curbside pickup.
2. Prepare for 2024 AAAHC survey.

Policies: It was noted that although all policies were reviewed in 2022, many of them were outdated and had been signed in 2015 or prior. A meeting with Indian Health Services showed we were also missing many needed policies.

A policy committee was created to review, update and create all policies. The committee will meet weekly until all policies are reviewed. A schedule for policy review will be created. A quarterly report will be

submitted to the CQI committee to report on progress. All policies will be submitted to the Tribal Governing Board for final approval.

Goals for Policies:

1. Continue weekly committee meetings.
2. Review all Health Center policies. Make amendments when needed.
3. Report to CQI committee Quarterly
4. Publish all new policies for staff to review.

Productivity: The productivity report is based on the CQI policy which states – the number of patients seen versus the number of patients scheduled.

The Quality Assurance Manager generates a monthly productivity report for the following departments:

- Behavioral Health
- Benefits
- Community Health
- COVID Testing
- COVID Vaccinations
- Dental
- Medical Providers – Full-time and Part-time
- Medical Providers Extra – Pharm-D, Podiatry, Nutritionist, Chiropractic, and Addiction Recovery Clinic, Diabetic Nurse Educator and Optical
- Registration

All department reports consist of patients seen (Occurred), Canceled, No-shows, Pending and Rescheduled, except for Registration which has different criteria. The Medical Provider report includes Walk-ins, Same Days and Telehealth visits and the Dental Department report includes Emergency Visits and Dental Hygienist Patients Seen by Dentist. The Registration report includes the number of patients booked, canceled, and no-showed. The second Registration report includes the number of patients whose demographic information was verified, verified but missing information, and patients who left without being seen.

A second report is completed for the Medical Providers, Dentists, Dental Hygienist and Behavioral Health Providers which include the number of days worked, the number of patients seen and the average number of patients seen per day. The average number of patients seen daily for Medical Providers ranged from 12.2 to 7.5. The Specialty Medical Providers ranged from 0.1 to 12.3. The average number of patients seen daily for Behavioral Health Professional Staff ranged from 2.9 to 4.9. The Dental Department average per day was 3.6 to 6.7 for Dentists and 3.2 to 3.7 for Dental Hygienists.

The totals for 2022 are listed below:

	Scheduled	Scheduled Seen	Walk-ins, Same Days, Emergency	Dental Hygienist Patients Seen	Total Patients Seen
Medical FT/PT	10894	6269	1772	---	8041
Medical Specialty	9221	5287	101	---	5388
Dental Providers	2948	1829	397	931	3157
Dental Hygienist	2395	1400	---	---	1400
Behavioral Health	5309	2433	---	---	2433

Community Health	1857	1090	---	---	1090
Benefits	413	254	---	---	254
COVID Testing	3615	2934	---	---	2934
COVID Vaccinations	678	453	---	---	453

In October, the Health Center opened an Optical Department to assist patients with vision exams rather than referring patients to an outside provider. The optometrist is available 3 days a week.

In May, the Medical Department went to 5 10-hour days with providers staggering their days off and working 4 10-hour days. Nursing was given the option to work 10- hour or 8-hour days. Those nurses opting for the 10-hour day are given the same day off as the provider they assist. The Health Center opens at 7:00 am and closes at 5:30 pm.

The Elder Clinic was converted into a respiratory care unit so individuals with COVID, RSV, Flu or other respiratory symptoms report there rather than enter the main lobby.

Goals for Productivity:

1. Increase the number of patients seen in the Health Center.
2. Reduce the number of canceled, rescheduled and no-show appointments.
3. Continue the Medical Home Model.
4. Prepare for the 2024 AAAHC survey.

Safety: The Quality Assurance Manager also fills the roles of Safety Officer and Emergency Preparedness Officer.

During the year a total of 3 drills were held at the Health Center. These drills consisted of:

- ❖ 2 Fire Drills (One an actual event)
- ❖ 1 Missing Persons Drill

All drills are scenario based and are developed so staff members have to interact during the drill. An After Action Report is completed for all drills. All After Action Reports are given to the Safety Committee for review and to assist in implementing corrective action plans.

Throughout the year there were a total of 4 Safety Incidents which occurred. They consisted of:

- ✓ Contaminated instruments left in a patient care area.
- ✓ Wrong medication dispensed to a patient. No harm came to the patient.
- ✓ A needle stick in laboratory.
- ✓ A Schedule 1 drug found in an exam room. Law enforcement was notified.

All Safety Incidents received throughout the year were addressed and corrective actions taken. Safety Meetings are conducted quarterly with minutes being recorded.

The Safety program received a substantially compliant rating from AAAHC. The deficiencies were addressed resulting in a fully compliant status during the 2022 interim survey.

All new staff members are required to meet with the Safety Officer to gain training and education on how to handle emergencies. Once they receive the training, the employee and Safety Officer sign off on the employees training record and it is returned to the Human Resources Director to be placed in the employees file.

Goals for Safety:

1. Continue to hold drills on a regular basis.
2. Continue to monitor the Clinic for Safety issues and address the issue promptly.
3. Continue to train staff in safety issues and fire extinguisher use.
4. Prepare for the 2024 AAAHC survey

2022 Year End Report Medical/Nursing

LAC COURTE OREILLES COMMUNITY HEALTH CENTER

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Summary

This annual report shows the LCOCHC Medical/Nursing teams achievements and highlights from the year 2022.

Medical/Nursing Team 2022 Overview

2022 was a year of change and growth for the Lac Courte Oreilles Community Health Center medical department. In a response to meet a need for increased access to patient care the medical/nursing department changed to 10 hour workdays. This was met with overwhelming success in as much as a record

number of patient visits were recorded by our staff (8041). This, in spite of, an ongoing response to the Covid Pandemic.

We were able to retain our providers and add a part time optometry service as well with adding an Optometrist to our staff.

Vaccines for Covid and other infectious disease were labeled a priority for the year and this was a great success as well.

Covid testing and treatment was successfully integrated into a fully functional “urgent care service” which allowed a gradual transition into “normalizing” Covid diagnosis and subsequent treatment of this infection. This paved the way for the eventual end to the pandemic and a resumption normal services in 2023.

Highlights

Achievement/Highlight	Description	Period
December 2020 Vaccine Rollout	In December 2020 vaccine rollout started. LCOCHC became the central hub for distribution of COVID-19 vaccines due to in anticipation of vaccine storage temperatures and ordering of ultra-low freezer July 2020. LCOCHC worked closely with Indian Health Services (IHS) and surrounding tribes in the Bemidji area to provide vaccines to our populations.	July 2020-Dec 2022
Mass Vaccination Clinics	The LCOCHC staff hosted and participated in many mass vaccination events in coordination with the Schools, LCOCHC, Casino, Sawyer County Public Health, and Tribal Governing Board.	Jan 2021-Dec 2022
COVID-19 Testing	LCOCHC COVID-19 testing team Tested daily M-F and coordinated outreach testing at various locations throughout the reservation. LCO Country Store, Signor Church, Reserve Elder Center, New Post Community Center	Jan 2021-Dec 2022

	<p>Testing was adapted into the clinic setting with testing out of the previous podiatry area with respiratory care/urgent care walk-in provider days. This way we were able to separate those with respiratory symptoms from regular care patients</p>	
<p>Maintenance of Primary Care for Patients.</p>	<p>Primary Care services remained intact during COVID-19 and COVID-19 vaccine rollout. Patients were able to have access for care of any health diagnosis/concern. With the increased number of providers and to increase patient flow we increased Primary Care hours to 10 hour days with provider/nursing starting at 7:00 with first patient at 7:30 and last patient scheduled at 4:45. With this we were able to increase access to patients who work 8-4:30. 8041 patients were seen this year.</p>	<p>Jan 2021- Dec 2022</p>
<p>AAAHC</p>	<p>AAAHC were here this year and we passed our review. Accredited additional 5 years.</p>	
<p>SANE Sexual Assault Nurse Examiners</p>	<p>In 2022 we had three additional Registered Nurses attend Sexual Assault Nurse Examiner Training. The LCOCHC now has Four RN's trained as sexual assault nurse examiners. Exam room for these exams was created along with policies and procedures. Continued relationships with Women's Shelter and St Croix SART and IAFN.</p>	<p>Continued work in progress</p>
<p>Health Literacy Training</p>	<p>Three staff members were sent to Madison for Health Literacy Training to work toward improved health literacy for our patient population.</p>	<p>Continued work in progress</p>
<p>Increased rates of syphilis and Hep C</p>	<p>In mid-2022 it was brought to our attention that we are seeing</p>	<p>Continued work in progress</p>

	an increased rate of syphilis and Hep C in our county. State County and LCOCHC worked together to address this. A Disease Intervention Specialist position was created with help from WI DHS (grant) with this we are able to get patients that have been tested and are positive much needed treatment in a timely manner.	
Harm Reduction	In June of 2022 work was started towards improving Harm Reduction in our community and development of a working program at LCOCHC. November 2022 Harm Reduction training for all staff started in the planning process. Date was set for May 2023 for a all staff training in regards to Harm Reduction Education for all LCOCHC staff.	Continued work in progress
Coding/Billing/Denials	Coding/billing/denials team developed with first team meeting held June 19 th . Processes started to review areas that needed improvements so we can improve our reimbursement rates from insurances.	Continued work in progress

Outlook:

The LCOCHC Medical/Nursing team 2023 goals will be implementing our services back to regular primary care. LCOCHC Medical providers will rotate walk-in/respiratory care days for adequate walk-in coverage, and rotate back into primary care focus with COVID-19 considerations in care this has been continued from 2021.

We will have our clinics harm reduction program running by summer 2023 with all staff trained on aspects of harm reduction. We will strive for continued improvements across the board in regards to the health of our community with works towards increasing access to care and programs.

Behavioral Health Department Report

January - April 28, 2023

Marie Basty; Behavioral Health Director

Behavioral Health (BH) clients served 1st quarter: 540

Total BH weekly staff /Clinical Supervision Meetings: 16

Total LCO-CHC Director Meetings: 3

Total Meetings with Supervisor Gary Girard: 7

Total BH Peer Reviews: 2

Total CCS Staff meetings: 10

Total LCO-CHC Policy & Procedure meetings: 5

Total CQI monthly meetings: 1

Total BH/Coordinated Care monthly meetings with CCS: 3

Total weekly Grants Prevention Staff meetings: 16

Total Narcan Training to BH staff: 2

Total Tribal & State Collaboration for Positive Change (TSCPC) meetings: 4

Total Healing to Wellness Court Meetings (Dianne S): 4

Total WI Native American Tobacco Network monthly meetings: 4

Total CCS Supervision Meeting weekly with Director Connie Newman: 13

Total CCS Coordinated Committee Advisory Board Meeting: 1

Total BH/Sawyer County Probation & Parole Meetings: 4

Total BH/LCO School meetings: 4

Total Bizhiki monthly Wellness Center Sobriety Feast: 4

Total Medication Assisted Treatment Meetings attended: 5

Total Eight Grade Project Ventures Group at LCO School:14

Total attend Health Advisory Board Meetings: 2

Total BH and Sawyer County Charter Planning meetings: 2

Total BH Bizhiki Wellness Center Building meetings: 3

Total Community Opioid Intervention Pilot Program Advisory Board Meetings: 1

Total Tribal Grants AWARE Grant meetings: 4

Total COSSAP Grant supervision meetings with Ashley Rice: 4

Total visits from Danielle Graham-Hines WI DHS CCS Coordinator: 2

Total CCS Intergy EHR Meetings:

Community health 2022 report

PREPARED BY BRITNE LONGTINE

Nearing the end of the pandemic in 2022 has allowed the LCO Community Health Department to get back into the community more, but has not come without its challenges. COVID19 vaccinations continued to be administered but we were also able to capitalize on maximizing the administration of childhood vaccines to get Native American children up to date on their immunizations. We were able to achieve this through our Headstart Physicals, which were held in July, August, and September along with being able to take in full assessments of these children and place referrals to additional resources we hold here at the clinic such as WIC, Birth to 3, and MCH CYSHCN programs. Flu vaccination clinics were held throughout the fall/winter months of 2022 at various locations in the community. New fitness equipment was purchased for the fitness room, thanks to our health coach, through additional grant funding to aid in better physical fitness opportunities for patients and employees. We had an addition of two new staff members to fill our Diabetic Nurse Educator Role and our Maternal Child Health Nurse Manager Role.

We maintained podiatry services through the funding of our SDPI grant with hopes of increasing more visits monthly in 2023. Through free training that was offered, we have an additional Sexual Assault Nurse Examiner on staff now, with the goal of getting the SANE program up and running in 2023. Home visits were re-established and maintained through our Elder Nurse. The nutritionist we have on staff was still able to come two days a month to help with the SDPI grant and patient visits. Transportation services continued to be at high demand keeping our transportation workers busy. We also added a Disease Intervention Specialist who is located here in the clinic and works closely with the state on communicable diseases. With the clinic's addition of an optometrist; retinopathy exams and optical services have greatly increased as well.

CCS/BH Report Service Evaluation Plan 2022-2023

Lac Courte Oreilles Community Health Center (LCOCHC) holds accreditation of Joint Commission on Accreditation Association of Ambulatory Health Care since 2015. LCOCHC continues to operate as part of the Bemidji Area Indian Health Services System. Through the Behavioral Health Department services are provided by licensed counselors, therapist and health care specialist.

The mission of the LCO Behavioral Health (BH) department is to provide effective culturally competent therapeutic services to Ojibwe people in a safe and confidential environment. The LCO BH provides assessments, treatment referrals, individual, couples, Employee Assisted Program, family therapy and therapy groups. Behavioral Health referral system includes comprehensive medical and community services. Through tribal organizations and coalitions, continued focus has been on improving access to culturally-affirming therapies. Much time and effort is dedicating significant resources to provide individual counseling and

group support following traditional healing approaches delivered by elders and cultural advisors/specialist.

Service Area: Lac Courte Oreilles Reservation and Sawyer County. Sawyer County encompasses most of the Lac Courte Oreilles (LCO) Reservation and is classified as Rural-Distant (Code 42) by NCES. The Robert Wood Johnson Foundation (2020) ranks Sawyer County near the bottom of the 72 counties in the state for Health Outcomes (68th). Substance Use Disorders (SUD) have a direct bearing on these rankings, with Sawyer County ranking equally low (69th), for both chronic alcohol-related and for opioid-related hospitalizations (SAMHSA, 2019). More than 76 Native American women of childbearing age treated annually. As you can see, we need to focus on additional efforts on prevention so we can break the cycle of opioid use and overdoses, and the need for much of the focus to be on response/treatment and post-recovery, which are all costly. Patient funding of the LCOCHC served include 41% Medicaid, 12% Medicare, 14% Blue Cross/Blue Shield, 12% private insurance and 21% uninsured.

Assessment Services: LCO BH department performs substance abuse, emotional/behavioral, and mental status assessments. The BH staff also performs regular consultations with the LCO Medical Providers as needed.

Therapy Services: Therapy is given on an outpatient basis and includes individual, family, couples, and group sessions. The LCO BH staff provides services using an eclectic range of therapeutic evidenced based orientations determined by the client's individual needs. Services include crisis interventions and brief therapy services. Group sessions for Substance Abuse include Red Road to Wellbriety self-help, Matrix, White Bison and Driver's Safety Plan. Mental Health Groups include Dialectical

Behavioral Treatment. Operations for after hours, weekends and holidays with Sawyer County Crisis line, #988, #911, Hayward Memorial Hospital, Ashland Medical Center and L. E. Phillips and HOME.

Medication Assisted Therapy (MAT): The LCO BH staff work closely with the LCO medical staff to provide medication assisted therapy to individuals diagnosed with substance abuse and mental health disorders. These services often include are not limited to depression, anxiety, Bipolar Disorders, psychosis, schizophrenia, Post-traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and many other concerns. Medication Assisted Therapy is an option for all age groups within the clinics target population. Since August 2020, Lac Courte Oreilles Community Health Center (LCOCH) added MAT. Psychiatric Nurse Registered nurses, nurse case manager and receptionist provide MAT with Supervision of Medical Director.

Tobacco Use Disorder Assessment and Treatment: Within the BH Department services are offered for tobacco cessation to all who receive outpatient therapy services. The facility is a smoke free environment. Assessments and treatment for concurrent tobacco use disorders are conducted in a culturally, respectfully and competent manner. All persons are offered a referral to the LCOCHC Tobacco specialist for additional methods for cessation. All persons are respected if refuse tobacco cessation.

Prescription Drug Monitoring Program (PDMP): The LCO BH program currently over sees the PDMP responsibilities. Integrated staff meetings are held in which all shared patients and those on controlled medications are staffed. Clients on Controlled Medication Contracts are discussed as needed. Discussions result in medical staff running PDMP reports, new

and updated policy and procedures, trainings, consultations, and referrals to LCO BH. Patients are required to submit Urine Analysis Screens however are subject to random Urine Analysis Screens and pill counts. Consent forms are used by both medical and BH staff to ensure permission is given for open communication between departments. Contracts are signed before any controlled medications are given. Patients with symptoms of chemical dependency are referred to BH. Greenway Intergy Electronic Health Records are used to provide clinical warnings to all service Providers regarding unexpected urine analysis screens, multiple prescriptions by different doctors, and multiple pharmacy use.

Report from the BH Director:

As of 2020, Marie Basty, LCSW was positioned as BH Director to oversee CCS as Administrator and Prevention Grants Director.

BH Director also oversees Prevention Grant Services which meets weekly to meets goals, objectives and interventions of stated grants which relate directly to BH mission. Current grants include 13 overseen by B H Director- AWARE, COIPP, COSSAP, SLP, SAPTBG, CMHSBG, CDC, WNATN, MHBG, CAIG, Room and Board, AWARE, TOR and SOR. Prevention grants enable mental health and substance abuse prevention, training to LCO Community and non-tribal resources. Also, we conduct provide monthly Ojibwe Sobriety Feast for all to attend. Many cultural and teaching activities are provided in our Traditional Healing Garden adjoined to our Bizhiki Wellness Center building.

Importantly, LCO community continues Resolution No. 17-123

Declaration of a State of Emergency because of The Abuse of Methamphetamine, Heroin, and Illegal Drugs which occurred by November 13, 2017 by Chairman Louis to date.

Due to the above stated Declaration, LCO BH employees attended monthly activities to assistance to develop Tribal Action Plan (TAP) which continues to be a focus of BH providers and all staff. Goals include 1) Prevention of Substance Abuse, 2) Increase capacity of the Tribe to address the opioid and methamphetamine epidemic, and 3) Help our People. BH has continue to work on objectives of TAP include activities and incorporate into services for patients and community members with addition return to Mino-bimaadiziwin by strengthening family, community and cultural support. Behavioral Health Department and Sawyer County recently developed Prevention Coalition as one unit.

Every Thursday from 1:00 pm to 3:00 pm staff are engaged in a staff gathering where case consultations are performed and supervised to assure quality assurance by Clinical Supervisor Amber Ebert, Psy. D. This includes patient files, individual and group supervision is performed, external consultation is performed with Comprehensive Community Services (CCS), Sawyer County Probation and Parole, LCO Ojibwe Schools, LCO Indian Child Welfare, and LCO Vocational Rehabilitation teams, and all program updates are performed. Since July 2020, MAT staff is scheduled for coordination and collaboration during weekly BH staff meetings.

Due to COVID-19 and since 2020, LCO BH was not business as usual though we have regained and provide most services to date. Initially, staff did continue to provide services by telehealth services. Over the year, face to face appointments increased to 25% and telehealth services continued. Mental Health Therapist and Substance Abuse

Counselors provided telehealth services off-site since staff were required to follow CDC standards. Employed off-site staff during COVID-19 included 90% of total LCO BH staff. During 2022 overall “No Show” rate for outpatient services was 42%.

Individual supervision meetings are attended by all Substance Abuse Counselor and Mental Health therapist coordinated and supervised by Clinical Supervisor. Weekly CCS meetings are attended by BH Director since referrals to and from programs consist of 45-54 total consumers. Monthly collaboration meetings with Sawyer County Probation and Parole office identify an average of 60 patients. Identified patients often demonstrate irregular attendance and reoccurring offenses. LCO BH also has collaborated services with Tribal Legal Department Healing to Wellness Court since 2019. Services include bimonthly meetings with Tribal Judge and staff. Healing to Wellness Court serves an average of 5-7 synchronous patients. Sawyer County Courts and LCO Tribal Government Board recently signed agreement to utilize Justice Point Program for tribal members experiencing legal issues with pretrial programs. Services include jail screening, pretrial supervising, diversion case management, electronic monitoring and drug testing. No statistics have been calculated to date and shared. Legal issues continue to be prevalent of served Substance Abuse patients. Sawyer County Jail Screening Assessment Project 2021 identifies racial analysis for probation violation and sentenced individuals 65% Native American. As a result, education programs, job placement resources and organized pro-social activities are options for being offered to probation and sentenced individuals.

BH Director attends monthly LCO CHC Continuous Quality Improvement (CQI) meetings for peer review and quality improvement determined by

CQI team. This Committee conducts and analyze annual Patient Surveys for quality assurance. Across the board, Patient Surveys completed and summaries may prove to be inconsistent over the year 2022 due to COVID-19 impact of not operating at full capacity. Patient Survey Summaries of all departments combined comparison identify Years 2016 to 2022. Behavioral Health Productivity totals show increase of patient appointments compared to Year 2022.

Barriers often reported to providers include transportation which is historical for LCO community members living in rural area. Sawyer County and LCO transportation resources can meet basic needs though often have to be scheduled 24-72 hours prior to appointments. Often, patients are faced with immediate need of transportation regarding their appointments. Since 2021, BH department has been assigned Transportation Driver and van to transport Bizhiki Wellness Center patients exclusively. The consistent and purposeful attention to making appointments and assurance increased attendance by 60% as reported by Tribal Opioid Response report. Reports of Room and Board narrative of 2022 reported 82 people in the LCO Tribal Nation received inpatient/residential substance use disorder treatment. Another barrier reported by patients and community members include housing shortages and especially patients with legal issues. Data from recent LCO Housing Authority identifies 31.1% are below poverty rates. Tribal Government Board recognizes housing shortages and recently initiated Forgiveness and Pardon Program. This program will offer an opportunity for tribal members with criminal backgrounds opportunities to reclaim LCO Housing units/residency. Currently, a tribal housing project is nearing completion which will have 40 units for individual and families. The housing priority will be given to individuals employed as tribal employees, then for tribal members. Recently, Tribal Government

developed LCO Men's Shelter to provide temporary housing to 20 tribal members. Also, LCO Tribal Government houses LCO Women's Shelter which has abilities to house families and individuals experiencing homelessness.

Employment during COVID-19 proved to be impacted due to limited access and closure of many employers. Federal, State and Tribal programs were able to provide supplements to employed community member though tribal data displays hardships for many in community and service area. In 2022, unemployment rates of Sawyer County was record high of 19.4%.

Over the past two years hiring of new BH providers has proved to be problematic. Issues identified by this BH Director include providers going to private practice, telehealth, seeking increased wages, inability to reach productivity rates and State of WI lengthy application processing time.

Recent LCO CARES Act tribal surveys identify Residential Treatment and Transitional Housing in top five needs of community. No current activities suggest follow through of this identified need of community members.

Moving forward, we acknowledge the need to improve procedures in gathering data and measuring all services and outcomes of services. Future Service Evaluations will include assessment and evaluations by additional experts of Substance Abuse and Mental Health clinical services.

Events: The Behavior Health has health and wellness events each year for outreach and education purposes to meet requirement and needs of community:

- BH articles to monthly LCO Community Health Center newsletter, LCO Newsletter, WOJB, WHSM and WRLS radio ads
- Hosted Operation Tribal pride with National Night Out event and gave away 300 fully stocked back packs with school supplies
- Published news articles In Sawyer County Record newspaper for the LCO BH Community outreach and education
- Therapist in LCO School and Hayward Schools two days per week
- During business hours all individuals are seen in crisis immediately
- BH is licensed to provide Telehealth services
- Hired 3 Prevention Coordinator's, one new Substance Use counselors, two Substance Use Counselors
- All paperwork was updated to meet WI Division of Quality Assurance standards and AAAHC
- Prevention Coalition Meetings January to December, face to face and virtual
- Monthly Tribal and State Collaborating for Positive Change meetings were attended
- All BH providers received PESI training in Ethics (4 CEUs), ACES (6 CEUs) and Suicide (0 CEUs)
- On-site trainings
- Continuous Quality Improvement meetings were attended monthly by BH Director
- Monthly Directors meetings were attended
- Branch offices of LCO School and planning with three Hayward School District Service Agreement continue to be incorporated in BH services.
- Monthly Traditional Feast/Sobriety Feast
- Initial development of BH Healing Garden to provide Ojibwe traditional teachings