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EXECUTIVE SUMMARY

This report covers the period of the Lac Courte Oreilles Department of Health and Human Services (HHS) from March 16, 2020 through March 26, 2021. The first section is a list of the goals and objectives that were identified in the initial meetings with the LCO Tribal Government, mainly stemming from the onset of the COVID-19 pandemic, and from the subsequent Executive Orders from the Tribal Council, presenting a summary of progress and community education activities to date. The second section of the report is a summary of the feedback that was collected from participating residents of the Men's Shelter responding to progress reports within the shelter. The Proposed Opportunities and Strategic Planning section is a description of future grants funding capital expansion, increased staffing, and tribal program building that the HHS implemented this year to internal procedures based on feedback from participants, HHS departments, administrative and clinical staff.

II. Goals and Objectives

The Goals and Objectives of this program were established in partnership with the LCO Departments of Health and Human Services. These departments are: LCO Community Health Center and related grants programs, LCO ICW, Oakwood Haven Domestic Abuse and Sexual Violence, Homeless Women, LCO Emergency Men's Shelters, Transitional Housing, Voc Rehab, Mino Maajisewin Home Visitation Program, LCO Elder Center and related programs, Wisconsin Department of Health Services (DHS) using data based on DHS statewide needs assessment regarding substance use, prevention, and treatment in the state. All program goals and objectives meet the requirements of our grant funding.

Goal 1. Launch of the Health and Human Services Collaboration

The LCO HHS division included establishing strategic planning for reunification of the departments. An early challenge identified the onset of the COVID-19 pandemic which caused a disruption in the organizational flow of business within the tribal enterprises. Departments were at a standstill with the tribal order to quarantine and remain sheltered at home. Many employees of the associated departments who were not termed essential employees were cautioned to stay home. The main priority at that time was to establish health and safety standards for the reservation residents in three areas: prevention, response, and preparedness. As executive director I wrote a number of briefs and circulars about information of the COVID-19 transmission, prevention, and explained CDC guidelines preparedness. I worked alongside with the Emergency Management Coordinator, Matt Riedell. The COOP, Tribal COVID-19 Action Plan and the Emergency Management Operations Manual were delivered to the Executive Director in preparation for measures to protect the tribal residents and provide the guidelines for safety. The NIMS was the standard protocol identified. My professional background encompasses two Master's degrees in Public Health (MPH) and Environmental Health Public Administration (ENPH) as well as the doctorate degree (PHD) in Pharmacy, as well as nursing administration, grant writer and grant reviewer, health administrator, school founder, treatment center founder, and new

clinic construction, commissioner of health and human services, and university teacher. My research is in health economics outcomes research, disparities, and policy development. There are many more experiential areas where my background has served to prepare me for public health emergencies. At this early point, I had been recommended as the incident commander for the Tribe should there be an emergent threat. Consequentially, a clinic technician was appointed Incident Commander.

I recognized that a public health emergency was eminent and that the Tribal Council was already working towards strategies at the state and local level, triaging with national and federal partners to develop next steps in addressing the COVID-19 pandemic. A large group discussion for the tribal directors was held with the Tribal Council and the LCO Health Center Nursing staff (infection control, nursing, and incident commander) present to introduce the staff to the tribal directors as a way to disseminate information to the community and ease distress about the changes the coronavirus would manifest. I wrote the first grant for \$43,000 on March 25, 2020 and was awarded on April 1, 2020 for PPE. Masks and other PPE shields were purchased. The next grant I wrote was for the establishment and operation of the Men's Homeless Shelter for \$88,400. Salaries were extracted from the 2045 Budget.

Goal 2. Provide in-person or internet site-based advice and direction

The personal approach to visit and increase communication within the community and address the current situation of addiction and homelessness were priority areas that were voiced. I have worked seven days a week, 90 hour weeks for 52 weeks. I have had 2 days off all year. The reason there were long hours was due to the health and human services areas I work most effectively in addiction recovery specialist administrator. I met with the clinic director and behavioral health department, MAT physician, and administrative staff in early months to establish priority needs of the community and engage the clinic administration in recovery efforts.

I initially spent hours at the clinic with the Health Director until my time was necessary at other areas of the reservation. The addiction efforts to allay overdose and create a different approach to addiction recovery was now a priority with the new orders of sheltering at home. Meth and heroin addicts have a difficult time being cooped in at a residence.

In addition to addiction and recovery efforts, the challenge of food resource was a critical need in response to the Sheltered-In, or Stay-at-Home order by the Tribal Council. On March 25, 2020, the Tribal Council held meetings to address food insecurity, elderly feeding, and provision and accessibility of food when the tribe's grocery stores could be closed and transportation to town was limited. I began a collaborative effort with the LCO College President Russell Swagger and Dean of Academic Affairs, Stephanie St. Germaine, the LCO Men's Shelter to bridge the gap in food access. The Food Basket Program was started and continued on until now. The priority group was feeding the elders with nutritious food: dairy, meats, cheese, produce. Cereals and grain, bread, snacks, teas and coffee; hygiene products; paper products and plastic wear; traditional foods, 3anoomin, niibish,

wiiyaus, wiingashk, gishkaandag niibi, mashkiigobag (mashkeeg anibi), asema, and matches were distributed to all 40 boxes of food and supplies. Other supplies provided were 40 boxes each of detergent, softeners, first aid products, combs, clothing, hand sanitizers, disinfecting wipes, bleach, flyers, and books. There were about 15 volunteers who helped distribute the products that week. As the word spread, the elder food basket program developed to a weekly distribution of 49,000 pounds of food, or 23 tons, dairy, produce, and meats. We have served over 600 boxes per week that has grown to 1,232 boxes of food, including 34 pallets of milk and cheeses distributed by hand and cars to the reservation and surrounding areas. The LCO Men's shelter volunteers and about six critical relief volunteers have survived through heat, sun, snow, rain and storms to assemble, deliver and hand out food boxes each week on the reservation. The delivery areas: entire reservation, elderly living units, jail, schools, headstart, shelters, tribal office, businesses, casino, COVID quarantine homes, and gas stations. We have not turned anyone away who needed food. We have served bison, waawaashkeshi wiiyaus, elk and bison and anishinaabe-ziinzibaakwad, turkeys, baaka'aakwenyan, and pork chops, hotdogs, and hamburger meats. There have been three Coordinators: S. St. Germaine, K. Gordon, and C. Taylor. Crucial alliances were made throughout the year with LCO Casino Executive Manager Randy Cadotte, and Tommy Corbine, who ran the front loader each week to unload the semi and the LCO men who assisted with the pallet jack unloading and stripping out thousands of boxes. Ms. Taylor was sponsored by TANF funding and has accepted another position with the St. Croix tribe and the food program will cease unless another person resumes operation in my absence. Even though it was hard work each week to coordinate the semis, product lists, residential deliveries, and changing locations (5 times), the most important part of the success was with the volunteers and gratitude within the community for the food and effort they observed. We could not have succeeded more without the efforts of the men and women who volunteered up each week to assist.

Additional Areas of concentration: ICW with policies and staffing consultations. Needs range from additional staffing to professional development. Solution-based results include: Midlevel Management training course, Professional Life skills Development, and director's discussion time.

I met with Mino Maajesewin recently on the next steps with their area of concern: establishing a cultural anishinaabe village for recovery and healing. We were anticipating working on the Ojibwe cultural village for holding meetings and reliving life this spring. Another director will be necessary to take the initiative to the next step. The cultural village is an interesting concept that has always been a focus for healing within the family. The wigwam structures and central home fires would provide a thoughtful presence of authenticity and relevance for many family members while providing a teaching place to be.

I spent four months with the Check Distribution employees when the initial funding for the CARES Act stimulus began. Becky Taylor was the coordinator and had three assistants to help her gather and record data from the CARES Act Response forms. All data was kept in

secure format. Those hours checking and rechecking forms and checks was an additional 6 hours per day each day. There were spreadsheets created to gather data under my direction to preserve and track the information for future use. We found that there was a large gap in enrolled tribal members who needed to have their children enrolled (39% enrolled children v. 61% not enrolled). Getting the checks to members was a priority area during the stimulus time in 2020.

Quarantine Homes:

Occupancy

I have been in contact via telephone, text and in person with approximately 100 tribal members who were either referred to me for quarantine through the tribal council or who called the Tribal office or contacted me in person or through messenger. I always answered my phones 24/7 as much as possible. During the height of the COVID spread, I was working over 80 – 90 hour weeks, 7 days to collaborate and support the workers who I hired or volunteered to help assemble the furniture, carry groceries, and set up clean rooms. I have made over 50 referrals to the clinic via the patient to seek help if they suspected COVID positive contact or illness, some to the hospital for immediate care when the clinic was closed. I have retrieved medications for the quarantined clients. I have followed up and kept in contact with clients throughout their stay and worked with their preferences for contact.

At a point in time, there were suspect cases of COVID spread and fatalities within the assisted living and nursing homes in Hayward, and this was very important that we could address and keep our clients safe in the quarantine homes. Thankfully, the Tribe had these homes to utilize. I also made drive-by checks in the night and on the weekends on the houses for safety and welfare checks. There were times of mischief with some of the homes (turning on the outside water faucets which promptly froze, window-peekers, unauthorized cars with drug behaviors). The houses must be winterized with heat tape for next year. I bought heaters to keep them warm. We had to shovel by hand to get to the houses when the snow first fell since the plow trucks were out or done. I did get Larry to come and plow and thankfully, he was able to open the roads with the tractor! Security cameras and a manager must be hired to continue the watch and check on the homes while they are occupied and unoccupied. In all cases, these cases were kept confidential.

Why quarantine homes?

The decision was made to support quarantine and isolation protocol according to federal tribal and state initiatives to reduce the spread of the potentially fatal coronavirus – SARS V2 in the rural reservation community. Acknowledging that the town of Hayward would not be potentially able to handle our population if spread was endemic, the decision to isolate and treat for precautions was the best policy. It became known that the LCO Tribe had a unique policy and management of isolation homes and I had been asked to submit our design. I actually did not submit our policies at that time. I did, however, share via zoom and phone optional measures that these tribes could undertake to keep clients safe.

Therefore, upon resolution and direction, I assisted the effort to build out homes for that purpose. I did the initial budget with purchases at Menards and Retreat Homes for Furniture/supplies and collaborated with the CARES Act team as necessary.

The TGB initiated 10-13 quarantine homes construction and purchase so that convalescing tribal members would be able to recover while ill, under isolation and/or quarantining due to positive COVID-19. 19 tribal members occupied the homes during the last four months. While the term of occupancy is discretionary due to the nature of a positive COVID-19 diagnosis, each person recuperated for 2 – 3 weeks. Clients stayed in the homes as a precautionary measure for quarantine, especially targeted for the elders, those with diabetes, chronic conditions, and respiratory clients. Food and COVID quarantine supplies were delivered to eleven additional tribal members who were COVID positive but did not wish to be outside their homes. I also utilized the Food Baskets program to feed the clients at all times each week to save costs. Many clients could not eat so the food bills were well within the budgeted amount. Non-perishable foods are still stored at the houses. But they should be cleaned again this week.

The LCO **PharmD** Pharmacist assisted with the pulse oximeter for per cent O2 saturation. He should be commended for his dedication to coming out on site visits to the COVID positive patients. I met with him on a number of calls because they were my clients. Clients were taken to the Emergency Department in Hayward for care as well.

Garbage was picked up by me and one other member of the Men's Shelter to reduce risk of exposure to those untrained.

I ordered fit testing N-95 kits (free mini grant) for those interested but there are two individuals who are currently certified for fit testing: KB and KG. This is a standard measure for respiratory awareness with mask fit. **Fit testing** is done to be sure that the **respirator's** facepiece fits the user's face and must be assessed at least annually.

Each home was cleansed, disinfected, and sanitized according to the CDC guidelines for infection control of COVID-19 with the viricidal, electrostatic sprays ordered through the Emergency Management Coordinator. I selected the sprays and liquids necessary for disinfection and sanitization. To get a home ready, we moved furniture, bedding, set up furniture, made the sets because they came in flat boxes so the tables, chairs, side tables had to be put together. It took approximately 6 hours to get a home ready for occupancy. We also let a previously occupied home 'rest' for three days to reduce the risk of re-exposure. Strict protocols for isolation technique were utilized. Cleanup, disinfection, sanitizing was accomplished by a select number of Men's Shelter crew who were trained by me in cleaning and sanitation. I am trained as a sanitarian with my master's degrees in MPH and ENPH and I teach and am trained in aseptic technique. Food purchase was accomplished by the Exec. Director due to signature authority. All food was purchased at the Country Store. Merchandise (\$200,000) to stock the homes was also done by the Executive Director.

Delays (months overdue yet) in acquiring the furniture at Retreat Homes is due to the COVID pandemic but they have been very supportive and worked well with me.

Note: Members who occupied the quarantine homes were very thankful to the Tribal Government for setting up these homes.

Goal 3. Initiate grants to fund immediate areas of need

Areas of Need: Addiction services, job training, recovery support, internet-broadband expansion, housing in hotels, phone cards, transportation to medical appointments, transportation to other social services, personal toiletries, food for sheltered-in and quarantined status, and communication.

A critical scope: Long term sustainability for the new buildings, new Daycare, Shelters, new clinic, other areas that may include assisted living.

Return on investment and revenue generating enterprise: Internet/broadband and public utilities, billing under Medicaid long term waiver supports and Medicaid. Third party contracts under HHS – IHS clinic 638 Compact, and insurance, presenting critical education how billing is generated and how it is processed (FMAP & MAP) through coding etc.

Additional area due to COVID-19 challenges: Emergency daycare for those employees working longer hours. The Daycare Center was constructed and organized with Bonnie Beaudin and the DBS Group and was completed on time. It is a beautiful building constructed with tribal funds. I constructed a working budget, approved through tribal resolution, and it is currently funded at 25% for 6 months unless the current director requires changes. Grants will or may need to be expanded for the sustainability of the program.

I have written two other grants to fund hotel vouchers, phone cards, transportation personnel, and supplies line if tribal members are needing assistance. Amount \$52,000.

We are anticipating a funding response with the new Biden American Rescue plan and that will take precedence when the funds roll out to native nations soon. Given previous experience with the CARES Act and as an administrator, it was prudent to start the grant initiatives once more and request if the directors would write grant narratives as well to support the Grants (both through HHS and Tribal) office.

The LCO Emergency Men’s Shelter was a response to the need for housing and the varying numbers of homeless men who would need shelter while the LCO Tribe went into a State of Emergency and Stay-At-Home Executive Order. On March 25, 2020, the Shelter was established with one resident. By the end of the first week, there were 5 men living in the shelter. Currently, there have been 82 admissions. There are 15 men each day who are clean and sober compared to the statistics at the opening when all residents were still on daily substances. Statistics indicate sober living over 85%. The Men’s Shelter is a dynamic

organization and will always be due to the high risks of socio economic instability. However, we have seen a high rate of turn-around with the men who now hold jobs, have cars, achieved their credentials, licenses, houses, insurances, pay child support, respectful, social understanding and live togetherness, and most importantly, sobriety. This happens when the basic structure of compassionate care is utilized. Compassionate care is a nursing construct that I learned and incorporated within my Anishinaabe ways of being, and it has served well combined with the Bimaadiziwin teachings. I have not had to instruct any one person there in the Shelter to not use drugs. They have all come to that understanding to not use while in the Shelter and gradually, it has become more relevant and sobriety is the outcome.

I wrote the first grant for the men's Shelter, \$88,400. There will be another grant as of April 4, 2021 for \$694K available for the Shelter. They will be able to hire additional help and services provided for addiction and recovery supports.

The Shelter is a low barrier type of shelter, houses up to 22 men, three beds to a room, provides 2 meals per day, with lunch as numbers of men increase, provides resource support, transportation to medical appointments, NA, AODA services, School, and family or cultural events. Namings, Feasts, cultural talks, fireside talking circles, arts and crafts, ceremonial or powwow songs and regalia making are some of the events that are encouraged at the shelter. There are structured chore lists and all men now have driver's licenses, state ids, compliance with Parole and Probation, AODA supportive environment, peer specialist training, naloxone and CPR training, Sober Squad convening, fishing and hunting are common, and bowling/pizza nights are programmed in the house. Men work on stipends for their personal needs, and many men now have saved for their own vehicles. Most men have outside work now. There is a service pet, or 'comfort' pet to occupy their time. The Tribal Council recently provided a 15 passenger van for the shelter which we were very grateful for. All the vehicles have been fixed well since we have a certified mechanic on the premises. The food is prepared for by another resident chef. The chef has prepared other feast dishes for other departments on the reservation as well. All resident meetings are initiated by the men themselves. Discipline or corrective actions are taken up by the men in circle time. I am proud to say that the men are so very generous, quiet, respectful, and always volunteer their time without complaints.

Volunteer time ranges from 20 hours per week per client to over 1000 hours in community service. Some areas of service include: digging trenches, stacking and cutting firewood, moving furniture, constructing furniture, food boxes, cooking, cleaning, disinfecting, and sanitizing buildings, COVID/quarantine homes cleaning, painting, landscaping, and preparation of the food boxes delivery to the reservation community. They work for elderly members of the community each week, even visitation and cooking for the different departments of the Tribe and families, especially with funerals, births, celebrations during the year and marriages.

If at any time, behavioral health or treatment is required, those needs are addressed with prompt response from the Shelter Director. In all, the men have a 85% sobriety rate and are clean and sober. There are those who have struggled yet with alcohol and other stimulants such as meth and opioids, heroin. I have presented and taught about compassionate care utilizing the Anishinaabe Bimaadiziwin cultural specific approach for our method of care. We have been successful in providing the men with a safe place to sleep, live respectfully, eat well and feel productive. Progress forms, complete admission papers, personal property, significant paperwork are all developed.

The house has undergone repairs, new ceiling (to come), new large deck, new exterior and interior paint, furniture, new kitchen floor, egress windows, large refrigerator, stove, dining tables, new sump pump, and surveillance cameras. I have personally paid for many of the upgrades due to limited funding from the grant.

The Women's shelter continues with their mission of DA/SV. They will be moving to a new building being renovated for their mission of DA/SV. They also received a van for their house from the Tribal Council. Their old building will be the new residence of the Homeless Women's Shelter.

The New Women's Homeless Shelter will be at Oakwood Haven and will encompass approximately 30 beds if bunked. Operating costs are based on current estimates of the current shelter budget.

While I have spent about 1000 hours with the Shelter, it was a commitment made to the community who spoke out on their need for recovery and understanding of what the drugs were doing to them. Addiction times are not followed within a standard day or business hours. Most of my time was spent being present to talk with the men about their goals and steps in their lives that have changed. Their goals in their lives are testament of the promise of recovery. I am very proud to have been a part of their time in the shelter. Those same goals will be the backbone of the new homeless Women's Shelter.

Constructs for the Women's Shelter: warmth, compassionate care, boundaries, daily home cooked food delivered from the Men's Shelter chef, clothing needs taken care of and personal needs addressed. Policies and Procedures will be delivered at the start. Consistency and guidance will sustain the daily living duties. Legal matters will be outsourced and referrals for medical and health matters will be referred to the clinic. If addiction is a root cause, this also will be handled within the AODA division. Some issues with accessibility will still have to be worked out and during the past month I have been meeting with the Health Director and nursing coordinator to achieve an understanding about addiction and addiction behaviors do not fall within the business hours of the clinic. Recommendation: hire additional providers to expand hours or know that a fatal OD is always a possibility and medical detox is usually not available in the evening hours, unless they go to the hospital.

The Women's Shelter is positioned to do the same approach that worked within the men's shelter. I have been training a recruited individual for the Women's Shelter and we were just waiting on the building to be completed. Funding for the Shelter would be from any grants that I would have written for the Tribe. Construction is almost complete for the new Homeless Women's Shelter.

I had anticipated creating a Daughters of Tradition program within the Women's Shelter to build safety, education about recovery and homelife, and provide self-sufficiency through our traditional teachings. I was prepared to sew outfits, quilts, beadwork and other traditional crafts that I was brought up with, including the language and traditional ways. This would have been grant funded.

Goal 5. Collect, extract, clean and submit data and other information to the Tribal Governing Board as a response to the COVID-19 pandemic

I visited the Eau Claire Sojourner Shelter to get another perspective on sheltering while we had anticipated what to do if we did not have enough shelter and if the COVID-19 pandemic had developed beyond our scope. The Shelter director was very helpful in showing us around the building and what resources were available. He offered to partner with LCO in case our needs required a tribal member to shelter at Eau Claire instead of at the reservation. Topic areas we discussed included: addiction, recovery services, types of drugs most prevalent, critical access, capacity and bills to run a large homeless shelter.

I asked the tribal council for approval to request the raw data sets from the Great Lakes Tribal Epidemiological Center, Johns Hopkins University and University of Minnesota School of Medicine, Dr. Walls, PI. The data were delivered and require statistical platforms to understand their information. Extracting the data and analysis is upon request. The data is secure. I have written on this data set in the past years and other reports are available upon request through Dr. Walls.

When I write reports or grant proposals, I utilize raw and primary data as well as secondary sources. I had anticipated keeping COVID-19 related data but it is still in general form. It is a recommendation for another researcher to capture the existing data from the clinic as well as HHS delivery areas. These are valuable areas to expand on as the time progresses through the pandemic.

ACTIVE GRANTS AND CONTRACTS DEVELOPMENT AND ADMINISTRATION

- 2021 Admin – LCO Tribal Broadband Expansion and Internet Initiative w John Lewis, Grant Development, Amount to be Determined.
- 2021 Admin – LCO Healing House, Transition and Job Training Project Construction Project

- 2021 PI -Grant + Culture Program Development Support (Bizhiki Culture & dance Company, LCO member Mike Demain and six tribal member dancers). Bizhiki Dance Company will provide cultural dance lessons, regalia making and cultural programming for the HHS grants compliance resource.
- 2021 PI – Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response CDC, Kiosk \$50,000
- 2021 Collaborative Admin – Early Head Start Expansion & Daycare, HHS-2021-ACF, \$7.5M
- 2021 Admin – Al Capones Hideout Recovery Presentation TBD \$ Grant Allocation
- 2020 PI – Saving Lives Project Year 3, Peer-to-Peer Recovery Training to Reduce Substance Abuse and Improve Wellness Among the Reservation Homeless Population, \$25,000
- 2020 PI – Reducing the Effects of the COVID-19 Pandemic on Intimate Partner Violence in the Bemidji Area, \$35,000
- 2020 PI – Comprehensive Opioid, Stimulant, and Substance Abuse Site-Based Program (COSSAP) Grant, \$589,959
- 2020 PI – Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response CDC, Kiosk \$282,116
- 2020 Admin – Department of Justice Office for Victims of Crime FY2020 Tribal Victim Set Aside Formula Program, Men’s Shelter and Safe House, \$694,698
- 2020 PI – Great Lakes Inter-Tribal Council Medical College of Wisconsin, March 31, 2020
Continued Care for Community’s Most Vulnerable Populations, PPE. \$43,000.
- 2020 Admin – Recipient 2.5 GHz Rural Tribal Priority Window – FCC
- 2020 PI – Admin, Hunger Task Force, Refrigerator and pallet jack, \$7,800
- 2020 COVID – 19 Response to Homelessness, Shelters, and Funding Administrator
- 2020 Admin – COVID – 19, Response to the CARES Act, Emergency Food Baskets, Elder Feeding and Community Support Initiatives, Stimulus Check Distribution and Data
- 2020 PI – Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement, Saving Lives Project/COVID-19, Men’s Shelter, \$88,400.
- 2020 Admin – LCO Emergency Daycare Project New Construction Project
- 2020 Admin – CARES Act – LCO COVID Quarantine/Isolation Homes Project
- 2020 PI – Development of Opioid Treatment Services in Underserved Areas –

HHS COMMUNITY EDUCATION PROJECTS – COVID-19 Response

- 2021 LCO School Culture Expansion to HHS grants/Programming Departments by LCO Cultural Teacher Mike Demain, Facilitating and presenting Anishinaabe ways of living and engaged social practices, may 21, 2021 before graduation.
- 2021 Enhancing Tribal Justice System Responses to Alcohol and Substance Abuse opening presentation and invitation to host.
- 2021 Peer Recovery Specialist Training Invitational Online

- 2021 Peer Recovery Specialist Training Advisory Consultant, State of Wisconsin
- 2021 LCO Community College Course Development, Kinnamon School, Spring Semester Effective Middle Management Skills in Tribal Residential Services: A Seminar to Build Dynamic Services, by Dr. Rick St. Germaine 1 credit. 8 students
- 2021 Positive Life Skills and Resiliency Training During the COVID-19 Pandemic, Spring Semester, by James Anderson to Men’s Shelter and ICW, Women’s Shelter
- 2021 Intermediate Midlevel Training for Employee Staff Development, by Dr. Rick St. Germaine, to the LCO ICW
- 2021 Genawendaasong, Daycare Center Logo Development Dr. Rick St. Germaine (elder community member and original co-author of the LCO tribal logo 1970s) and Stuart Belille, Jr. (young community member, student, and artist)
- 2020 Narcan Training Protocol, by Dr. David Axt, PharmD. For the Men’s Shelter residents to reduce adverse events due to unintended opioid overdose.
- 2020-present Behavioral Health consultations at the Men’s Shelter (weekly, prn) for residents
- 2020 Sober Squad, MN, Group Invitational by Colin Cash, “A response to the opioid crisis and Lived-in Experiences by those who know,” a peer-recovery specialist approach.
- 2020 Wiidokawishin Anishinabeg Mino Bimadiziwin: Helping Our People Lead a Good Life, Part 2 with Gary Branchaud and Colin Cash, a tribal member of the Mille Lacs Band of Ojibwe, founder of Sober Squad. Sober Squad is a grassroots prevention program with over 6,500 members that assists others to consider and maintain recovery by expressing unconditional love, no judgments and support from other members in recovery.
- 2020 Lac Courte Oreilles Ojibwe College, along with College of Menominee Nation and the University of Wisconsin System are hosting our second Seven Generations Inter-tribal Leadership Summit, held this year as a virtual lecture series. General information on the summit and last year’s program can be found here: <https://www.lco.edu/sevengensummit> Invitation to present under the general topic of Health & Safety, we were thinking something along the line of “Pandemic Stress, Mental Health, and the Family.”

V. COMMUNITY OUTREACH

2021	Cultural programming, dance and regalia making with Mike DeMain, LCO School demonstration and teaching to grant and program departments.	Cultural component of grant program
2020	LCO Nutrition elderly food delivery for Terrance Manuelito, LCO Tribal Aging Services Director and LCO Tribal Veteran Service Officer and Alberta Stone within the elderly and disabled food programs. The Men Shelter volunteers received delivery, provided food preparation, boxed up and delivered to 42 residents within the program.	COVID quarantine
2020	COVID-19 Cares Act 6050	COVID
2020	COVID -19 State Cares Act 6051	COVID
2020	Other aid to Tribal Government 2045	Tribal
2020	GLITC 4135 Men’s Shelter	COVID
2020	GLITC 6035 PPE	COVID

2020	COVID Strategic Planning March 16, 2020 until present. Upon entering the Tribal State of Emergency ad Sheltered-in Quarantine Status, the tribal government directed emergency planning and procedures to support essential services to keep relevant tribal operations running. Documents, informatics, and advisement articles were authored to assist the Tribe with relevant information about the corona virus and the concern for health and safety.	COVID response, prevention
2020	COVID-19 Action Plan (Riedell)	Prevention
2020	COOP (Riedell)	Response, preparedness
2020	Emergency Operations Plan (Riedell)	Response, preparedness
2020	COVID-19 Quarantine Homes and Procedures “Temporary Occupancy Legal Agreement”	Response
2020	COVID-19 Emergency Shelters for Homeless Individuals	Homelessness
2020 -2021	COVID-19 Response to Sheltered-In and Quarantine Emergency Food Baskets, Elder Food Preparation and Food Delivery on the reservation and countywide to all who need food. The Emergency Food Basket Program started on March 24, 2020 to the present date March 25, 2021, at the onset of the COVID-19 pandemic from approval from the LCO Tribal Governing Board. The LCO Food Basket Program has served the LCO reservation and outside community members, delivering over 600 to 1,232 boxes of food-meats, produce, breads, dairy, as well as distribution of 1500 Personal Protective Equipment (PPE) <i>per week</i> . Elders (50 per week) were fed as well as other individuals who could not get to the grocery store or lack of money, transportation, or time. Average weight of food distributed was 23,000 to 49,000 pounds of food or 24 tons of food per week.	COVID response due to Hunger: Hunger Task Force donation

VI. CONFERENCED MEETINGS that support Tribal and HHS initiatives

- Host and presenter, Enhancing Tribal Justice System Responses to Alcohol and Substance Abuse, March 24, 2021.
- Preschool Development Grant Virtual Listening Sessions for Wisconsin Tribal Nations, The Department of Children and Families (DCF) partnered with the Great Lakes Inter-Tribal Council (GLITC) to seek input from tribal shareholders in regional conversations about improvements in Wisconsin’s Early care and Education to support tribal families.
 - Tribal leaders
 - Parents, grandparents, other relatives or care providers
 - Early care and education program teachers and administrators
 - Child care providers
 - Related service organizations (home visitors, HeadStart, social workers, maternal and fetal health providers,

- pediatric health care providers, family support programs, teacher educators, and more)
- Business leaders and community advocates for family-friendly policies.

- Wisconsin Department of Children and Families
- Wisconsin Department of Health Services (DHS) Children’s Long-Term Support (CLTS) Waiver Program
- Wisconsin Department of Health Services (DHS) Adult Care Long Term Support Services Waiver Program, Centers for Medicare & Medicaid Services
- Long term care for the community for people with disabilities supports home-based services, traditional foods, care giver support, financing, and selective conditions that require an individual to remain at home and receive health supportive services.
- Agenda for the Wisconsin DHS IT IS (I Respect I Self Direct) advisory Committee Meeting
- Tribal Nation Consultation during COVID-19, numerous zoom and phone consults.

VII. PROPOSED OR STRATEGIC OPPORTUNITIES upon approval from the LCO TGB

March 2021	Tracking Our Truth: Providing Access to Advocacy Driven Medical Forensic Care – UW Milwaukee College of Nursing, Jacqueline Callari Robinson, BSN, RN, Doctoral Student, SANE-A/P, DF-IAFN. Recipients of a DOJ, FAST Grant, Advocacy Driven Medical Forensic Care titled ‘Tracking Our Truth.’ Proposed partnership with State/federal Advocacy Agencies and Healthcare to provide access to American Indian patients seeking healthcare after the experience of violence in a culturally compassionate, patient-centered way.
March 2021	Broadband Internet Capital Expansion consultation including grants with consultation with the LCO TGB and John Lewis to initialize enterprise capacity
March 2021	Magnolia Ranch Recovery and LCO Health Clinic/HHS collaborative efforts to treat, provide aftercare treatment and recovery measures for patients and clients after treatment, and provide job training, and sober housing/living community.
March 2021 April 2021	Al Capone’s Hideout Revitalization Project Emporium Restaurant & Slots Continuation of the buildout of the Hideout with a historical vibe, unique menu featuring LCO grown organics (wild rice, cranberries, farm produce, wild fruits berries, fish & deer), high dollar slots, homegrown & cultured whiskey. All menu items can then to produced and marketed for sale. This area is an economic

	development project – currently, LCO does not have any grant dollars set aside in this area. The Al Capone concept is available to view.
March 2021	Historical Trauma Training from tribal tech center and GONA Circles of Care, Prevention and Training Grant, Bizhiki Wellness Center
March 2021	Partners for Success grant for the LCO Community. The Circles of Care grant team are presently working on the LCO Mental Health Community Assessment Survey and we will identify areas to improve our approach working with substance and stimulant use as it pertains to mental health and wellness. The data are consistently identifying young age groups of tribal and familial descendants that are using substances. Grants and other supportive services are necessary to support increased staffing and education to make the changes in behaviors and mental health. This coincides with the SPF PFS Year 5 Community Readiness Assessment on Prescription Drug Misuse and Abuse data recently received from the GLITEC.
March 2021	Mino-Maajisewin collaboration – Establishing an Ojibwe Cultural Village approach to wellness “crossed many minds here at LCO in a way to help our people. Building an Indian Village! As we all see the struggles many face with drug/alcohol addiction and homelessness, it would be great to have the community come together and build a village, a healing place. Many people struggle with Mental Health issues and it is at an all-time high due to the pandemic. People feeling isolated and not being able to come out of that feeling. This process could involve the individuals suffering to give them hope, a sense of self-worth, pride, sense of accomplishment and ownership. Today, I see people stuck, not knowing where to turn. When talking with some young adults, some are not too happy with the counseling they receive and admit ‘they don’t understand’. Rather than pacify or enable the individuals, let them be involved.” ~ conversation with MM Staff member
March 2021	LCO Food Baskets Survey , Survey Monkey Online for planning for continued emergency food distribution within the community.
March 2021 – April 2021	Women’s Domestic Violence and Sexual Abuse Shelter construction completed and move. New Site for temporary occupancy for DA/SV survivors. Safe, secure and fenced, new furnishings, and renewed vision for more grants to fund the house.
March 2021 – April 2021	New Women’s Homeless Shelter (old Oakwood Haven, on Haskins) move in and small renovations. Renovation requests a partition in the large room to block off view from the entryway.
February 2021	Healing House, Noojiwagamig. Cranberry House Transitional House for Aftercare Recovery. This is the 2 nd transitory phase from the Men’s Homeless Shelter for implementation of job recovery, training for heavy equipment certification, residential sober living, and behavioral health interventions.

February 2021 – April 2021	<p>Cultural Dimensions dance group, Mike Demain – LCO Cultural Teacher We are partnering with the LCO School Culture Teacher to meet the kids and bring traditional dance and regalia teachings, raising a nation concept to the schoolage children so they can participate and learn Anishinabe ways of being. We explain that the Tribe supports the culture within all our grants especially using the cultural specific approach, Biimaadiziwin to uphold the Anishinaabe intersection of crafts, beliefs and traditional activities.</p>

RECOMMENDATIONS

This report focuses on the immediate needs of the HHS division of the Tribe. There are a number of programs that are comprehensive and goal oriented, and I have always said that the LCO Tribe does have a well-developed program approach to their departments. I believe the staff and divisions are united in their outlook on family, supportive services, and work together well. If there was an issue within some of the HHS divisions, we spoke about things privately in confidence with my office. I understand there can be times where best practices are the standard but as we have discovered, this past year with the COVID-19 pandemic, our emphasis really turned inwards to protection and safety. For my early months, the tribal departments were sent home and communication was an issue due to no internet accessibility and then the schools had the children remain at home and getting staff together during those few working hours was non-existent. I had hoped for a reprieve as the summer and COVID-19 subsides in order to get the departments introduced to a comprehensive health and human services department. My agenda was to bring all HHS divisions together, meet n greet with a topic each month and do presentations to the group. These are the opportunities for me as a health outcomes economic researcher and health care administrator that deliver the ‘gold standard’ of data and also, contribute to binding employees together as they see and hear one another talk about their department.

I believe tribal members as staff are valuable and I endeavored to hire more tribal members and retrain others in their approach to their jobs. I still believe this department should not fold or go back to what it was before. The economy and rural health initiatives require a HHS department head to convene and I have been asked to host a rural health conference at LCO because of my involvement on the administrative side. The Shelters also want to host an addiction conference soon to engage with other individuals affected by drug concerns.

I believe the truth of addiction is not far off. We have made amazing strides in achieving sobriety within a home environment but it does take dedication and the energy to “be there, to meet them as they are” and knowing the outcomes will always be positive on their end because someone cared. For those reasons, writing grants (6+) and anticipating to write more grants was a focus to fund positions until these new tribal member employees were experienced to train others, giving forward. The Tribe must undergo change and revitalization in the health and human services field. And training our young tribal members through their early years, whether or not sober and clean, still remains the focus of my position as an elder member of the ikwewag. Fortunately, there are many more individuals who want and insist they can be trained in grants writing, research, health

fields, human services field, technology, data collection, and knowing that I can open door to the university divisions for acceptance of our tribal members remains my strengths as a native health administrator and teacher. And, for those reason, I am grateful to have had this time to share my position with my Tribe. Mii iw sa go, miigwech.

Weweni,

Dr. Rebecca St. Germaine, PhD, MPH, ENPH
LCO enrolled tribal member and elder