



## Quality of Life Committee

Regular Meeting  
9:00 a.m. Thursday, December 10, 2020  
Teleconference

### Agenda

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#### I. CALL TO ORDER AND ROLL CALL

#### II. APPROVAL OF THE AGENDA

#### III. APPROVAL OF MEETING MINUTES

A. November 12, 2020 Quality of Life Meeting Minutes – Aliskwet Ellis

#### IV. UNFINISHED BUSINESS

A. Review tribal member request to build a drug detox center and determine next steps – Shannon Hill

***EXCERPT FROM NOVEMBER 12, 2020:*** Motion by Marie Summers to request a statistic report from the General Manger on all drug related activity on the reservation – overdoses, treatment, deaths – to come specifically from the Oneida Comprehensive Health Department, seconded by Tehassi Hill. Motion carried unanimously.

***EXCERPT FROM NOVEMBER 12, 2020:*** Motion by Marie Summers to request a closeout report from the General Manger on the Kanatine Center, seconded by Brandon Stevens. Motion carried unanimously:

#### V. NEW BUSINESS

A. Stop the Oneida Recreation Department closure – Shannon Hill

B. OBH Detox Services Presentation – Mari Kriescher

#### VI. REPORTS

A. Recreation Integration – Tina Jorgensen

B. Tribal Action Plan – Renita Hernandez

C. Zero Suicide Report – Mari Kriescher

#### VII. ADDITIONS

## **VIII. ADJOURN**



## Quality of Life Committee

Regular Meeting  
9:00 a.m. Thursday, November 12, 2020  
Teleconference

### Minutes

**Present:** QOL Chair Marie Summers, QOL Vice-Chair Daniel Guzman-King, QOL Members: Tehassi Hill, Brandon Stevens;

**Others Present:** Aliskwet Ellis, Shannon Hill, RC Metoxen, James Petitjean, Danelle Wilson

#### I. CALL TO ORDER AND ROLL CALL

*Meeting called to order by QOL Vice-Chair Daniel Guzman-King at 9:00 a.m.*

#### II. APPROVAL OF THE AGENDA

#### III. APPROVAL OF MEETING MINUTES

##### A. March 12, 2020 Quality of Life Meeting Minutes – Aliskwet Ellis

Motion by Brandon Stevens to approve the March 12, 2020 Quality of Life meeting minutes, seconded by Marie Summers. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

#### IV. UNFINISHED BUSINESS – NONE

#### V. NEW BUSINESS

##### A. Approve Revised Quality of Life Charter – James Petitjean

Motion by Marie Summers to approve the Quality of Life Charter and to forward onto the Business Committee for approval, seconded by Tehassi Hill. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

##### B. Approve Reporting Schedule – Aliskwet Ellis

Motion by Marie Summers to approve the Quality of Life reporting schedule, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

##### C. Review tribal member request to build a drug detox center and determine next steps – Shannon Hill

Motion by Marie Summers to request a statistic report from the General Manager on all drug related activity on the reservation – overdoses, treatment, deaths – to come specifically from the Oneida Comprehensive Health Department, seconded by Tehassi Hill. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

Motion by Marie Summers to request a closeout report from the General Manager on the Kanatine Center, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

Motion by Marie Summers to keep the detox center on the Quality of Life agenda and to have it reported on monthly, seconded by Brandon Stevens. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

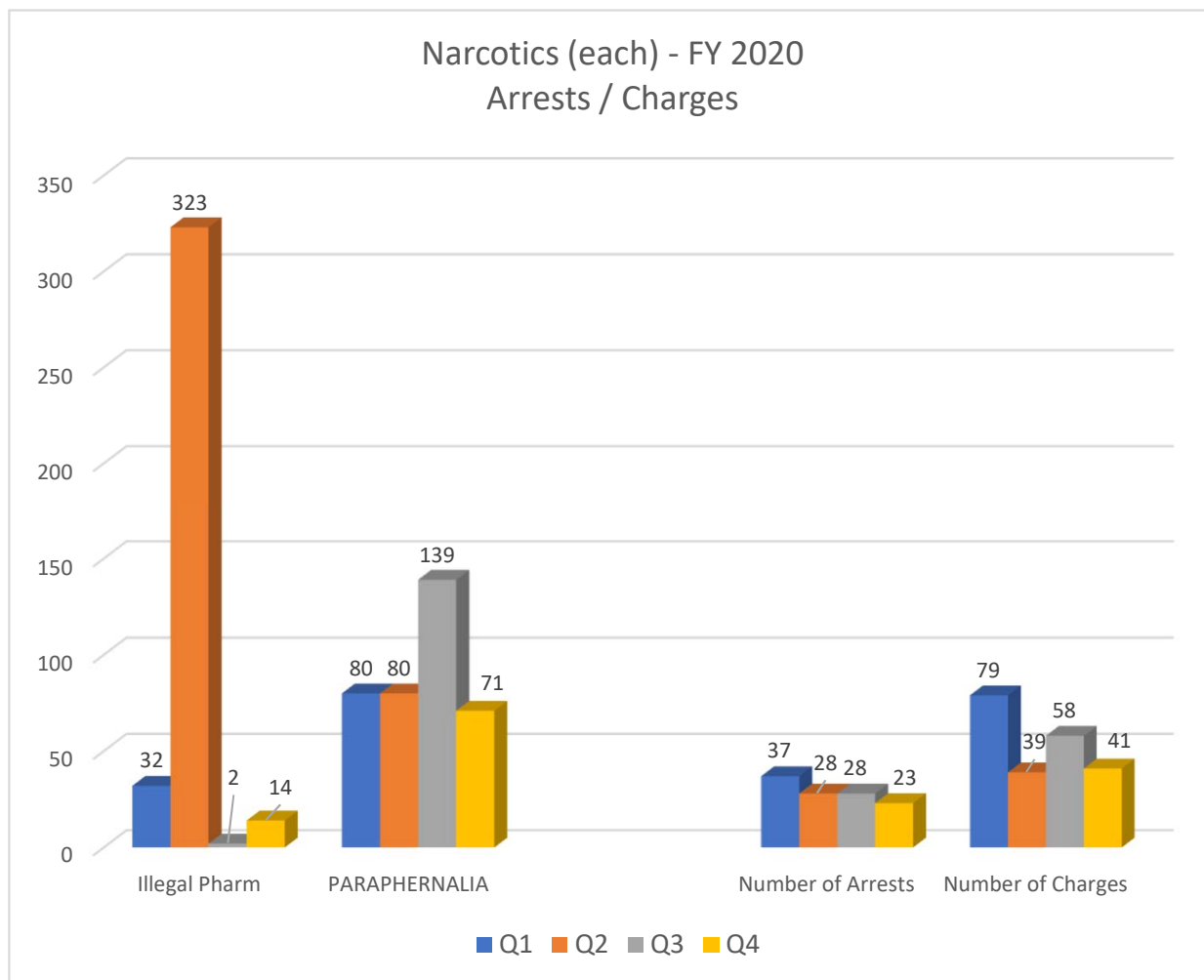
#### **VI. REPORTS – NONE**

#### **VII. ADDITIONS – NONE**

#### **VIII. ADJOURN**

Motion by to Brandon Stevens to adjourn at 10:02 a.m., seconded by Tehassi Hill. Motion carried unanimously:

Ayes: Tehassi Hill, Brandon Stevens, Marie Summers

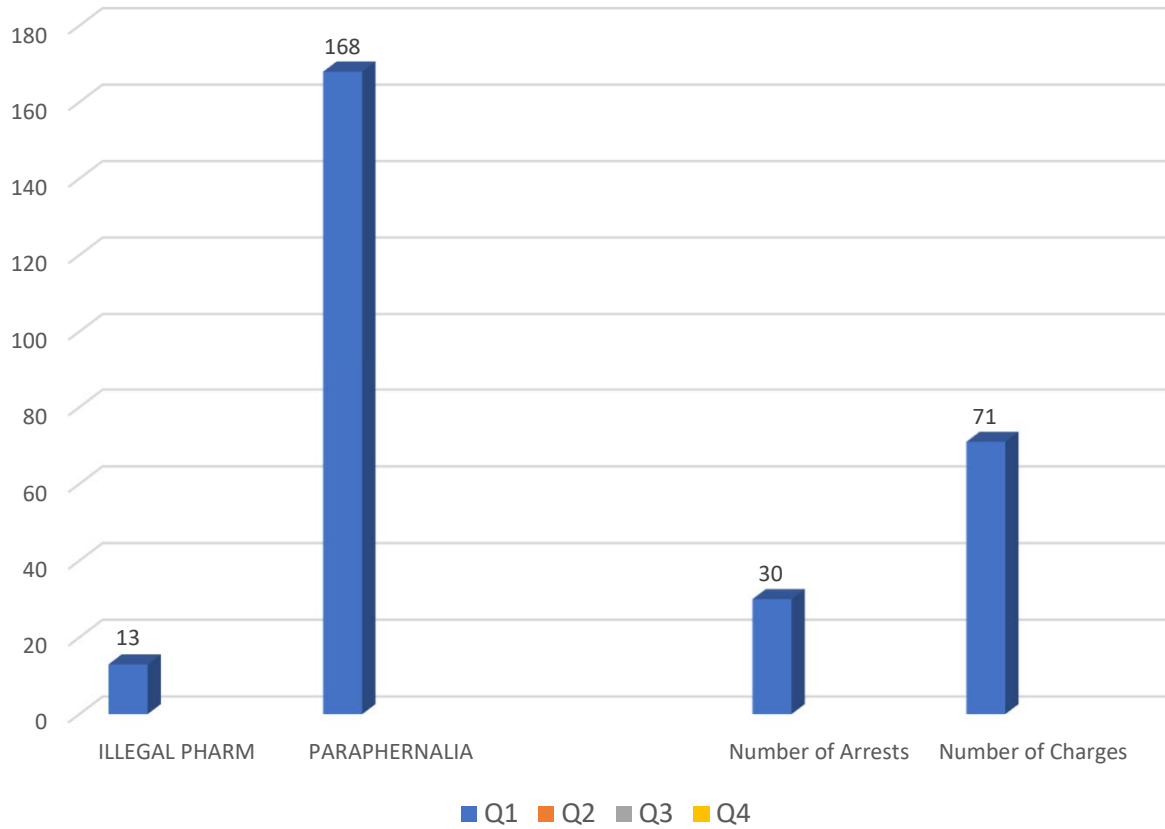


*\* Please note: this chart indicates a single measure (individual tablet or pill)*

*A large variance is indicative of a single arrest where a large quantity of illegal pharm was seized and is not an overall increase.*

Drug / Number of Overdose Incidents / Outcome				
	Q1	Q2	Q3	Q4
<b>Heroin</b>	3	0	2	3
deceased	0	0	0	0
survived	3	0	2	3
<b>Illegal Pharm</b>	0	2	0	2
deceased	0	1	0	0
survived	0	1	0	2
<b>Unknown</b>	0	1	1	1
deceased	0	0	0	0
survived	0	1	1	1
<b>Narcan Doses</b>	5	0	3	0
<b>Syringes Found</b>	0	0	63	8

### Narcotics (each) - FY 2021 Arrests / Charges

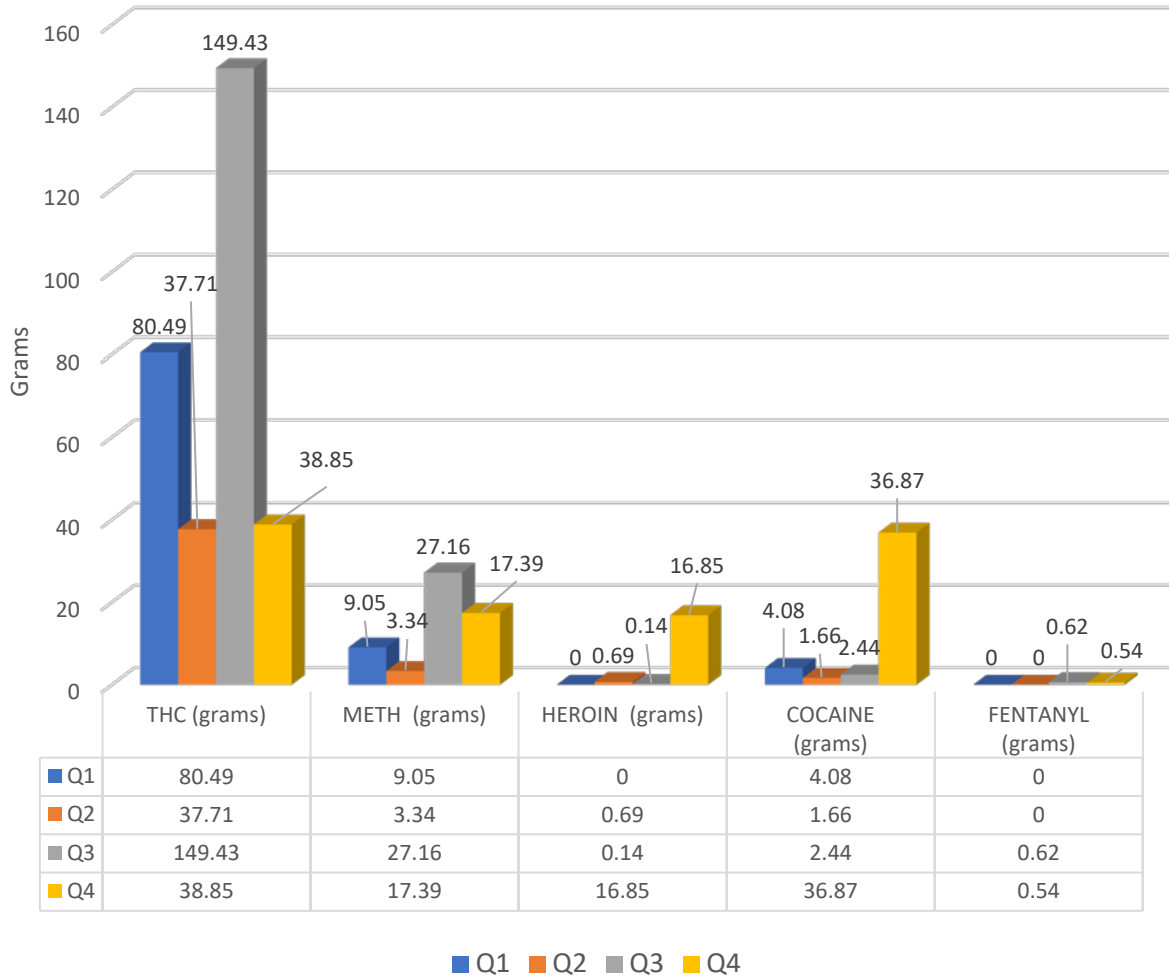


### Drug / Number of Overdose Incidents / Outcome

	Q1	Q2	Q3	Q4
<b>Heroin</b>	0			
deceased	0			
survived	0			
<b>Meth</b>	1			
deceased	0			
survived	1			
<b>Illegal Pharm</b>	0			
deceased	0			
survived	0			
<b>Unknown</b>	2			
deceased	0			
survived	2			
<b>Narcan Doses</b>	3			

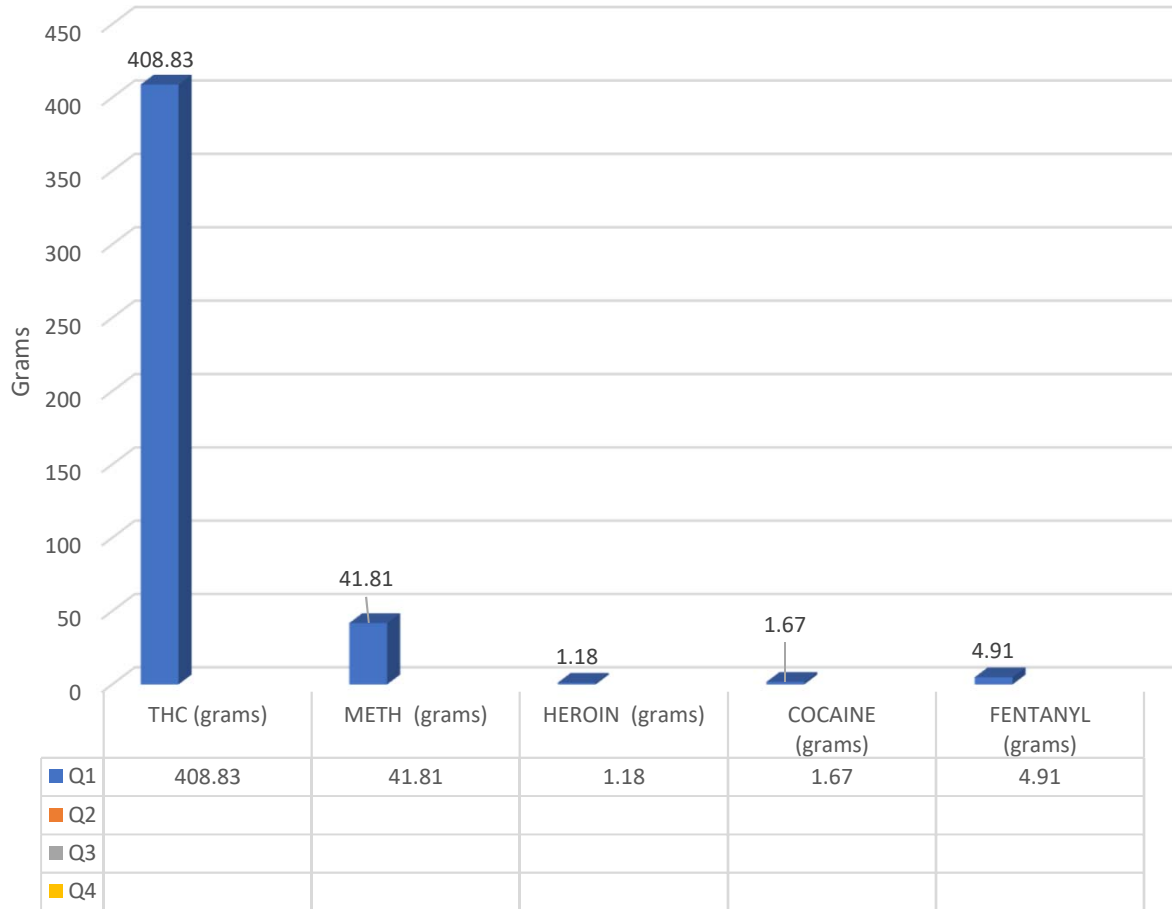
Syringes Found	92			
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## Narcotics (grams) - FY 2020





## Narcotics (grams) - FY 2021



■ Q1 ■ Q2 ■ Q3 ■ Q4

To: Debbie Thundercloud, GM

From: Mari Kriescher, Behavioral Health Director

Date: 12/7/20

RE: Kanatine Residential/Transitional House

Due to Kanatine Residential/Transitional House not being under the current Comprehensive Health Division structure, I 'm not able to get a closing report on Kanatine Residential/Transitional House.

Behavioral Health transitioned under the Health Center back in 2003-2004. When it was still called Counseling Services and ATODA Services. I did find the policy and procedures manual and a paper copy of the application. So, I checked with Division of Quality Services (State Licensing) and they did not ever get licensed as an AODA Residential Treatment Center. Which, if they are not licensed they cannot get a Medicaid number.

So, I reached out to the previous Director of the Alcohol & Drug Abuse Program who was in that position at the time of the Kanatine Residential/Transitional House programming.

According to CS "When I became the Director of the Alcohol & Drug Abuse Program, I was reviewing the budgets and it showed approximately \$400 thousand in carry-over funds from the IHS Budget. So, I started digging to find out where it was. I contacted IHS to see if they had these funds, IHS informed me that Oneida Nation has the funds. I then contacted Oneida Accounting Department and the said IHS had the funds. This went on for a couple years. Finally, Oneida Accounting found the funds. I then asked Fred Muscavitch if I could plan for a Halfway house. He had agreed so I started making a budget, positions and etc. At the time the Oneida Group Homes were closing, so I asked Fred if we could use this equipment to furnish the Kanatine. Kanatine is Marge Stevens indian name and is means "Little Village". She played a huge role in AODA and sobriety for the Oneida Community. Once everyone was hired, we started transitioning Oneida Outpatient Clients into Kanatine. At the same time, I began working with IHS to fund these services. We also went and visited several tribes to make referrals to Kanatine. When we first began Fred said he would give me (1) year to have it up and running. It was not even a year and he just decided to close Kanatine. He never gave me an explanation as to why. We did have a couple success stories from Kanatine.

I have also reached out to the following;

According to (JS) in accounting-Upon further research, I found nothing with the title "Kanatine" or "Kanikuhliyo Family Center"

Physical grant files back that far no longer exist.

Governmental Services Division Director (TJ) does not any information but did try to get me any information that she could find. Appears she reached out to all her direct reports on trying to locate any information.

Our Division Director (DD) recalls that Kanantine was the transitional living cottage back in about 2004 or earlier. This was before OBH was moved under the Health center and prior to the health center becoming a division. It was under the direction of Fred Muscavitch, George Kamps and George Skenandore who reported to Don White under GSD. There were multiple issues with the financials, ability to obtain a Medicaid number (which was never applied for) and they were not billing for any of the services. It was a major cost to the organization but was not under OCHD or the health center. Not sure who made the decision to close but I know there was discussion with Deanna Bauman at the time and we tried to assist them with billing.

At this point without being able to locate the closing report and it was when we were under Governmental Services Division. Can we see if records management has any records? It appears that the facility was not all the way set up such as licensing, funding and revenue generation to keep the facility going. It has been about 20 years since Kanatine Residential/Transitional House has closed. It is always good to learn from the past, but I think it may be time to move forward with what the needs of the Oneida Community are today.

Respectfully,  
Mari Kriescher

# Quality of Life Committee (QOL)

## Agenda Request

*Check all that apply*

- ☒ New Business    ☐ Follow-up    ☐ For Your Information  
☐ Open Session    ☐ Executive Session

*Meeting Date*

12/10/2020 or next

*Title*

Stop the Oneida Recreation Department Closure

*Description*

Re-organizational structure cuts to other tribal positions to allocate funding needed to keep this department up and running for our kids.

What happened to our 7 generations philosophy?  
What are the plans?

*Requested Action*

Re-open the Oneida Recreations Department.  
Re-organizational structure cuts to other tribal positions to allocate funding needed to keep this department up and running for our kids.  
What happened to our 7 generations philosophy? What are the plans?

*Submitted by*

Shannon Hill Tribal member 10113 12/08/2020

*If not submitted by an Oneida Nation employee, please provide contact information*

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Oneida Behavioral Health  
Detox Process  
Mari Kriescher  
Behavioral Health Director  
December 10, 2020



# What is Alcohol and Drug Detox?

- When an individual consistently or repeatedly uses a substance, it is likely that they will develop physical dependence over time. Physical dependence is the body's natural adaptation to the presence of a drug and, once it is significantly established, the body requires the drug to function as normal.
- When someone dependent on a substance abruptly discontinues or dramatically reduces use, withdrawal symptoms are likely to emerge. Withdrawal symptoms vary from substance to substance, and while some may be only mildly uncomfortable, some can be life-threatening.

# Are there requirements to receive detox services from OBH?

- Behavioral Health is not a detox provider
- Behavioral Health coordinates the admission to a facility to assist with detox.
  - Assessing the individual
    - The Clinical Institute Withdrawal **Assessment** for Alcohol, commonly abbreviated as **CIWA**, is a 10-item **scale** used in the **assessment** and management of alcohol withdrawal.
    - The [Clinical Opiate Withdrawal Scale](#), or COWS, is a numbered scale designed to help clinicians tailor opioid withdrawal treatment to individual people. It is used in both inpatient and outpatient rehabilitation settings to determine the severity of opioid withdrawal and monitor how symptoms change over time during treatment.
- Ensure funding
  - Insurance
  - PRC

# Purchased Referred Care

- **Eligibility criteria**
- Oneida tribal member or descendent residing within Brown or Outagamie County
- Member of another federally recognized tribe residing in Brown or Outagamie County with a social or economic tie to the Oneida Nation
- Member or descendent of another federally recognized tribe residing within the Oneida Reservation boundaries
- Students who meet eligibility guidelines at their permanent residence prior to leaving for school. Student must supply purchased/referred care service application with a copy of full-time student status **each** semester
- Eligible patient that leaves the community, may continue to be eligible for 180 days
- Non-Indian women pregnant with an eligible Native American's child for duration of pregnancy through postpartum. **NOTE:** *The Father's Acknowledgment form must be signed prior to receiving Purchased/Referred Care Service funds.*



# What is the process of Detox?

- See a physician at OCHC
- Come to Same Day Substance Abuse Care
  - Screened by Triage Counselor-
    - If they meet the criteria for detox
    - Coordinate care by checking on placement and funding
    - If they do not meet the criteria they will be scheduled with a Substance Abuse Counselor.
  - Screened by Substance Abuse Counselor
    - If they meet the criteria for detox
    - Coordinate care by checking on placement and funding
    - If they do not meet the criteria for detox they will make treatment recommendations

# What is the process of Detox continued?

- The patient could also go directly to the local hospitals, such as;
  - Bellin
  - St. Vincent's
  - St. Mary's
  - St. Elizabeth's
  - Brown County Comprehensive Treatment
  - The patient will be assessed to determine if appropriate for Medically Assisted Treatment (MAT)

# Medically Assisted Treatment

- Buprenorphine, methadone, and naltrexone are used to treat opioid use disorders to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These MAT medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use.
  - **Buprenorphine** - (Suboxone) suppresses and reduces cravings for opioids. Learn more about [buprenorphine](#).
  - **Methadone** - reduces opioid cravings and withdrawal and blunts or blocks the effects of opioids. Learn more about [methadone](#).
  - **Naltrexone** - (Vivitrol) blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria. Learn more about [naltrexone](#).

# Behavioral Health Providing MAT

- Vivitrol-**Naltrexone** - blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria.
- Suboxone- **Buprenorphine** - suppresses and reduces cravings for opioids
- Methadone - reduces opioid cravings and withdrawal and blunts or blocks the effects of opioids. \*BH refers to Comprehensive Treatment Center.

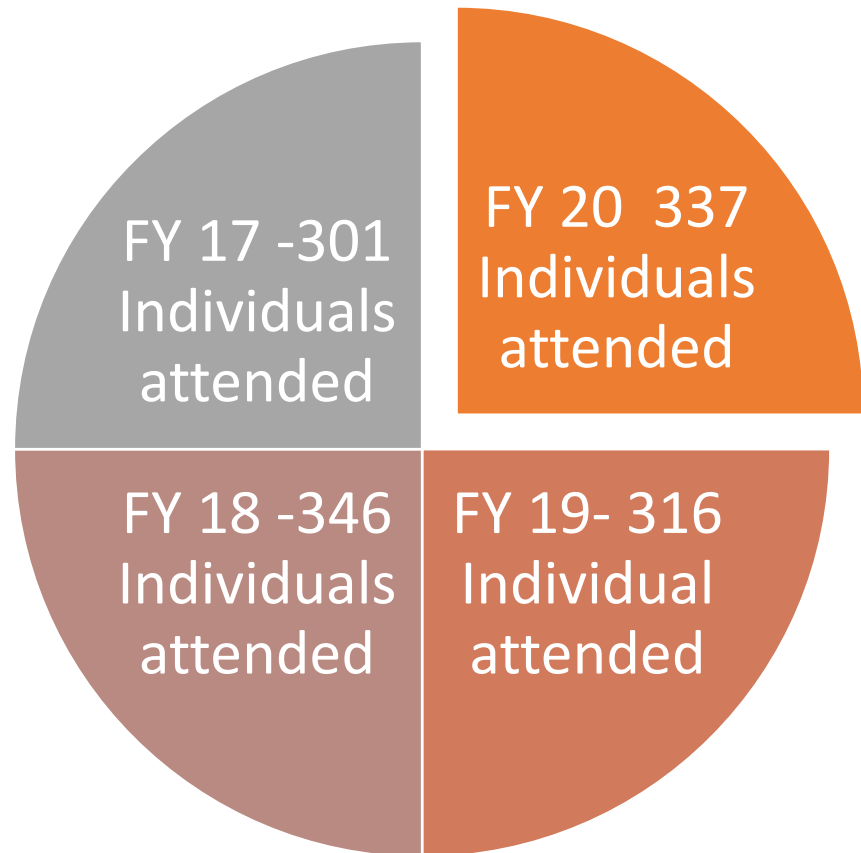
# Level of Care

- Medically-Managed Intensive Inpatient Treatment
- Residential/Inpatient Treatment

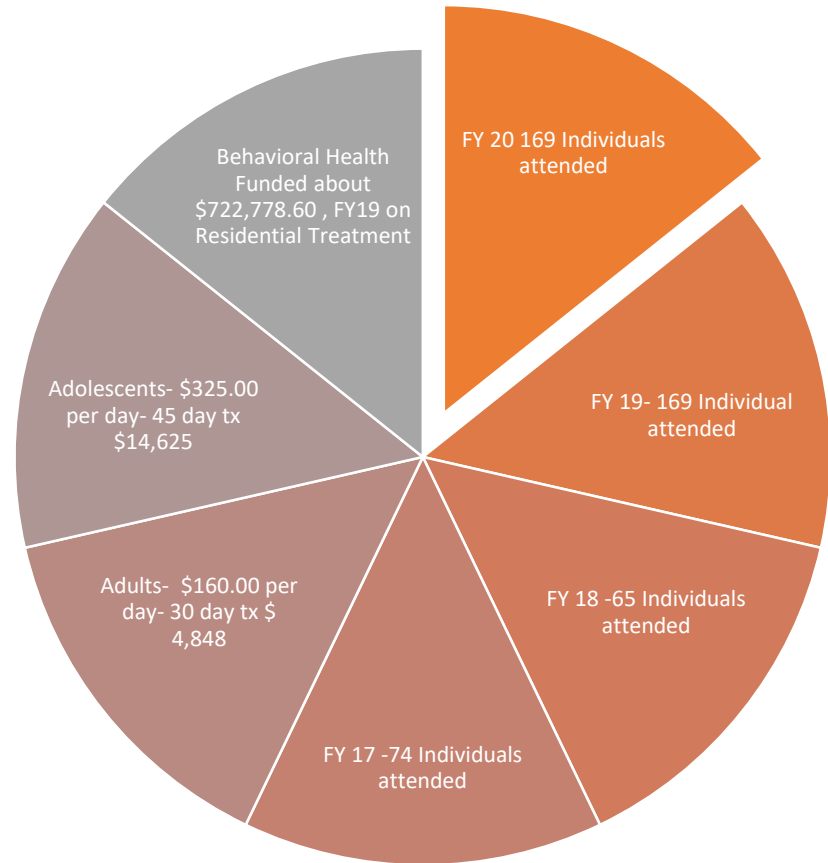
Behavioral Health Provides the following level of care

- Intensive Outpatient/Partial Hospitalization
- Outpatient Treatment
- Early Intervention

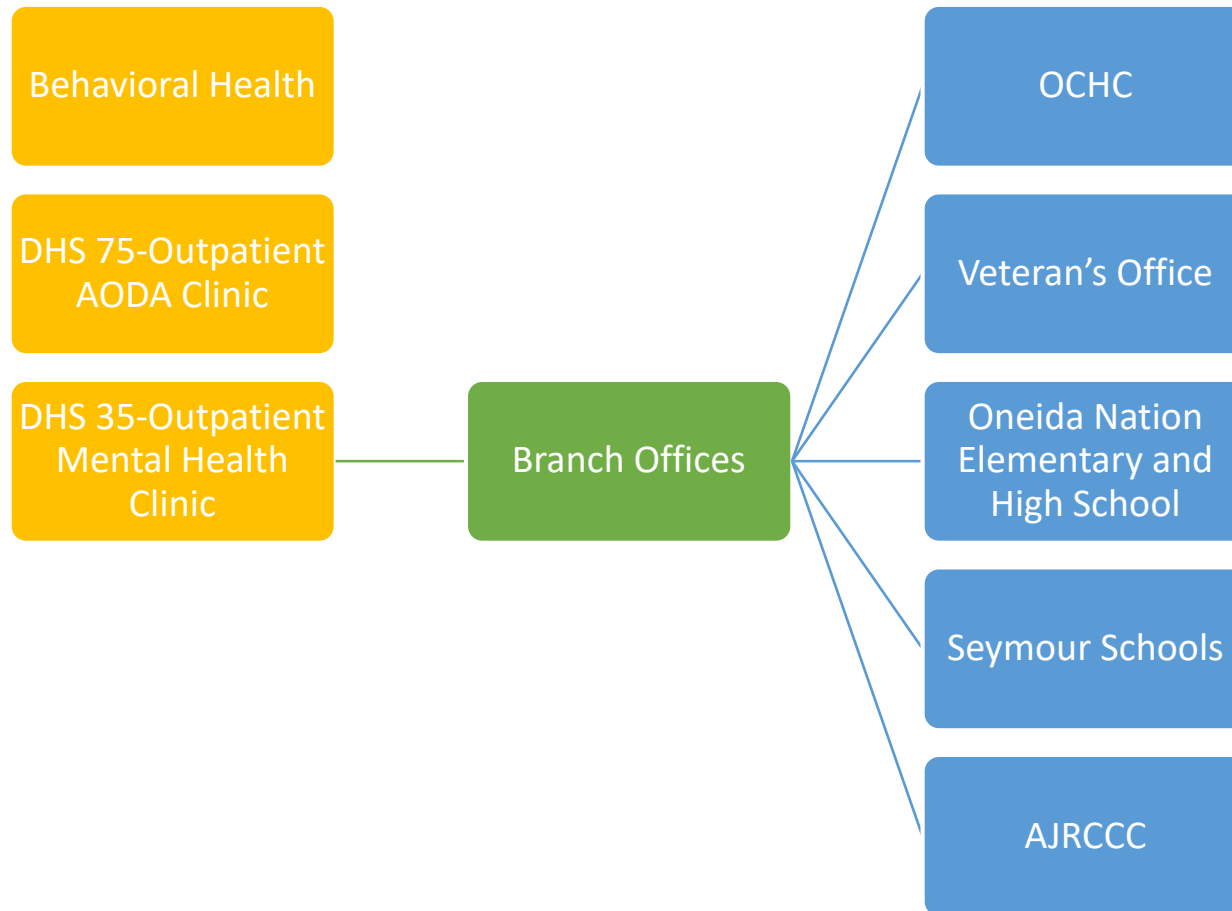
# Purchased Referred Care (PRC) Funded



# Residential Treatment Admissions



# State Licensed Outpatient Clinic



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# Programming Available

Alcohol, Tobacco  
and Other Drug  
Abuse Counseling

Same Day  
Substance Abuse  
Care

Recovery  
Coaching

Co-Occurring  
Counseling

Gambling  
Counseling

Medication  
Management

Mental Health  
Counseling

Psychiatric  
Evaluations and  
Med Checks

Tele Psychiatry

Psychological  
Evaluations

Social  
Work/Targeted  
Case Management

Coordinated  
Service Teams  
(CST)

Tobacco Abuse  
Programming

Triage Counseling  
Services

Patient Engagement  
My Health Oneida Patient Portal  
Relatient- Reminder Calls and Customer Experience Survey's

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# BH Substance Abuse GRANTS

- Tribal Opioid Response Grant- Received additional funding for 2 years.
- Tribal Response to Overdose Grant- Overdosing mapping and setting up a response team.
- Hub & Spoke Substance Use Disorder Health Home Pilot Project- Medicaid program to implement integrated care.

# Thank you!

Any Questions?

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# Additional Information on Alcohol and Opioid Withdrawal Symptoms

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# What Is Opioid Withdrawal?

- Opioid withdrawal is what happens when you stop taking opioid drugs after your body has come to rely on them to feel OK. It can affect you in many ways.
- Opioids attach to things called receptors on nerve cells in your brain, spinal cord, and other places to block pain messages that your body is sending to your brain. They also trigger your brain to release dopamine, a chemical that makes you feel good.
- Opioid drugs, like oxycodone or [morphine](#), can help with [pain](#) when you have surgery or when you've been injured. Some people also use illegal forms of them, like [heroin](#).
- Prescription opioids are usually safe to use for a short time and as directed by your doctor. If you need to stop taking long-term opioids, talk with your doctor. To do it safely, you need to take less of the [drugs](#) slowly over time as a medical team keeps a close watch over you.
-

# Common signs of opioid withdrawal include:

- [Anxiety](#)
- Goosebumps
- Restlessness
- [Insomnia](#)
- Yawning
- Runny nose
- Watery eyes
- Widened (dilated) pupils
- Body aches
- [Sweating](#)
- [Vomiting](#)
- Belly cramps
- [Diarrhea](#)
- [Fever](#)
- Shaking
- Fast heartbeat
- Rapid [breathing](#)
- [High blood pressure](#)
- [Hallucinations](#)
- [Seizures](#)

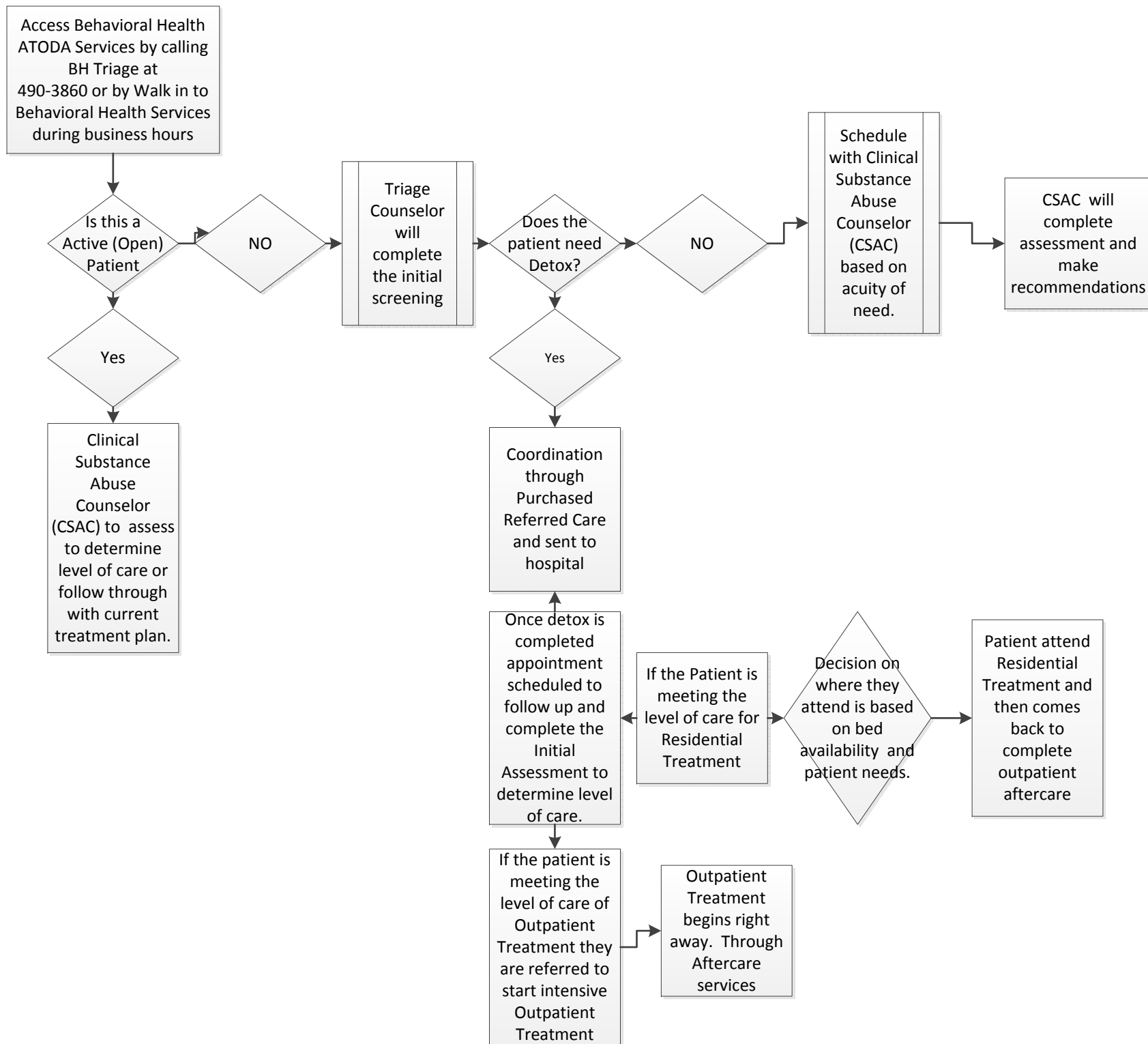
# What are the symptoms of alcohol withdrawal?

- Mild symptoms usually show up as early as six hours after you put down your glass. They can include:
  - Anxiety
  - Shaky hands
  - Headache
  - Nausea
  - Vomiting
  - Insomnia
  - Sweating

# Symptoms of alcohol withdrawal continued.

- More serious problems range from hallucinations about 12 to 24 hours after that last drink to seizures within the first two days after you stop.
- Delirium tremens usually start 48 to 72 hours after you put down the glass. These are severe symptoms that include vivid hallucinations and delusions.
- Only about 5% of people with alcohol withdrawal have them. Those that do may also have:
  - Confusion
  - Racing heart
  - High blood pressure
  - Fever
  - Heavy sweating







# Quality of Life Committee (QOL)

## Agenda Request

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*Check all that apply*

New Business

Follow-up

For Your Information

Open Session

Executive Session

*Meeting Date*

*Title*

*Description*

*Requested Action*

*Submitted by*

*If not submitted by an Oneida Nation employee, please provide contact information*

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# Oneida Recreation

Governmental Services Division

A good mind. A good heart. A strong fire.





# Mission

Oneida Recreation is dedicated to providing the Oneida community with quality recreation and leisure activities that enhance holistic health and character development.



# Major Functions

- After-school programming
- Summer programming
- Elder activities
- Community special events

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# Services

Provide a safe place for youth and elders

## Youth

- Homework assistance
- nutritional meal
- 60 minutes of daily exercise
- Character development by using the Six Pillars of Character (Trustworthiness, Citizenship, Respect, Responsibility, Fairness, and Caring)
- Different art mediums to creatively express their views
- Summer programs and Baseball programs

## Elders

- Bowling
- Bingo



# Programming Statistics Oct-Dec 2019

Membership = 692

- Avg checkins both sites = 1020/month
- Teen night checkins = 122
- Elder checkins = 102
- Weekend rental checkins = 491
- Team practice checkins = 58
- Daily after school meals = 362
- Halloween Boo Bash – 805 youth
- Craft Sale Fundraiser – 25 patrons & vendors
- Iron Man Basketball Tournament – 12 teams
- Football Clinic – 37 youth, 33 adults
- Basketball Clinic – 40 youth, 15 adults
- Breakfast w/Santa – 667 youth, 476 adults

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# Triennial Strategic Goals

- Increase youth customer utilization of core area programming by 2% by 2021.
  - Outcomes: provide youth positive experiences in Arts, Education, Social Recreation and Sports/Fitness
- Increase summer programming by 3 morning camps/clinics by 2021.
  - Outcomes: All day summer programming opportunities available to community youth.

NOTE: GSD is implementing a Program Performance Management System which may result in Strategic Goals changing to be more meaningful. Quality Improvement Studies will be implemented based on unmet goals.





# State of Recreation

- Oneida Recreation was closed due to the Public Health Emergency on 3/19/20.
- Closure continued to the present day due to the Tier V Contingency Plan that was put in place on 4/5/20.
- With an approved budget, will begin to recall employees slowly.
- In order to reopen safely, Recreation will follow the same criteria as the Oneida Nation School System which is that Wisconsin's positivity rate must be below 5%.



# Workforce Levels

## Pre-Covid

- Recreation Director
- Assistant Director (2)
- Supervisor (2)
- Membership Coordinator (1)
- Recreation Specialist (3)
- Recreation Specialist/Community Coordinator (1)
- Recreation Trainee (3)

## Post-Covid

- Recreation Director
- Supervisor (2)
- Recreation Specialist (4)

NOTE: Recall with approved budget.

# Budget (-\$379,072)

## Pre-Covid

- Revenue
  - \$1,032,462 (TC)
  - \$9,100 (Sales, Rent, Donations)
- Expenses
  - Personnel – \$564,346
  - Fringe – \$218,200
  - External - \$144,212
  - Internal - \$18,330
  - Indirect - \$97,294

## Post-Covid

- Revenue
  - \$656,485
  - \$6825 (Sales, Rent, Donations)
- Expenses
  - Personnel – \$341,806
  - Fringe – \$141,281
  - External - \$99,903
  - Internal - \$14,260
  - Indirect - \$59,235



# Future Plans

- Create and implement a Safety/Reopening Plan in collaboration with Public Health
- Assessment to determine if Arts would be better suited under Recreation
- Look at Boys and Girls Club model for implementation
- Community Assessment to determine hours of operation and services are meeting the needs
- Market services
- More interaction with youth via social media

# Tribal Action Plan

*The Tribal Action Plan (TAP) is part of a collaboration of efforts by the Department of Health and Human Services (DHHS), the Secretary of the Interior and the Attorney General to address alcohol and substance abuse prevention and treatment in Native American Communities.*



## TRIBAL ACTION PLAN REPORT

REPORT DATE	PROJECT NAME	PREPARED BY
December 10, 2020	Tribal Action Plan	Renita Hernandez, TAP Manager

### STATUS SUMMARY

On September 1, 2020 Staff for the Tribal Action Plan were brought back through the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant that Behavioral Health received. Staff includes Renita Hernandez, TAP Manager and Leslie Duxtater, TAP Specialist.

TAP staff has been working with OBH and OPD on projects that Behavioral Health has pertaining to the COSSAP grant. Such projects are working on establishing a Rapid Response Team and the implementation of the Overdose Detection Mapping Application System (ODMAP)

TAP has been working with Comprehensive Housing to work on the issue of housing complaints.

TAP has been working on the issue about Sharps being found throughout the community. We are working with OBH and Vivent Health to establish a needle exchange program in Oneida.

It is the goal of the TAP staff to pick up where the original TAP left off. It is our goal to once again momentum for those who previously helped with creating the goals and objectives for TAP. Since the start of September 2020, TAP has been working on different projects that include those with Behavioral Health. The current TAP staff looked at the Tribal Action Plan and would like to change the formatting but only with the approval of the Tribal Coordinating Committee.

The TAP Specialist conducted an updated Community Readiness Assessment with 14 key respondents within the community. TAP utilized the Community Readiness Manual (CRM) that was developed by Barbara A. Plestered, Pamela Jumper-Thurman, and Ruth W. Edwards from The Nation Center for Community Readiness, Colorado State University, Fort Collins, Colorado. Scoring was conducted upon completion and the score increased from a 2 to a 3 on the stage of readiness scale. Meaning the community went from the stage of "denial/resistance" to a stage of "vague awareness". We assessed participant's knowledge on the alcohol and substance abuse epidemic in the areas of community knowledge of current prevention and intervention efforts, leadership involvement, community climate, community knowledge about the epidemic, and related resources. Interviews were scored on a scale from 1-9 with 1 indicating no awareness and 9 indicating a high level of community involvement.

TAP held a meeting on December 1, 2020 to bring back the Tribal Coordinating Committee. The goal of the meeting was to go over the original TAP and see if the attendees would like to change the current TAP to a different format with goals and objectives or to keep the format as it is. The meeting will continue December 17, 2021 to continue going over the goals and objectives. Once the TAP is updated, we will continue to work on the goals and objectives with various departments or subcommittees.

The TAP specialist has been working on recording community members "recovery" stories. This will be an ongoing project and the first 2 recordings are currently being edited for publishing. These videos will be posted on social media as well as the TAP website as part of the Communication Plan.

TAP staff held a Community Clean up on October 24, 2020 for Three Sisters, Site 1 and Site 2.

TAP staff held a Community Smudge walk on November 22, 2020 for Three Sisters, Site 1, Path of the Wolf/Bear, Cornelius Circle, Site 2 and Three Sisters. TAP plans on having another smudge walk in the spring time.

TAP is currently working with the Grants department to apply for the Community Opioid Intervention Pilot Program (COIPP) grant. The deadline is December 15, 2020. The grant is for up to \$500,000 for a 3-year period beginning in January 2021. This grant will allow TAP to address the opioid crisis in the community by developing and expanding on community education and the awareness of prevention, treatment and/or recovery activities for opioid misuse and the opioid use disorder.

## PROJECT OVERVIEW

TASK/GOAL	% DONE	TARGET END DATE	LEAD	STATUS UPDATE
Tribal Coordinating Committee-update TAP goals and objectives	50%	December 31, 2020	Renita Hernandez/Leslie Doxtater	Next meeting December 17, 2020
Create Sub committees for TCC	0%	December 31, 2020	Renita Hernandez/Leslie Doxtater	Next TCC meeting on December 17, 2020
Sharps issue	50%	January 31, 2021	Renita Hernandez/Leslie Doxtater	Waiting for OBH for space update
Housing complaints	25%		Renita Hernandez/Leslie Doxtater	Waiting to hear from Housing
Apply for COIPP grant	75%	December 10, 2020	Renita Hernandez	Currently working on

## RISK AND ISSUE HISTORY

ISSUE	ASSIGNED TO	DATE
<i>If applicable</i>		

## NEXT STEPS

- TCC will continue to work on the current TAP to produce updated Goals and Objectives – next TCC meeting 12/17/2020
  - Subcommittees will be formed to work on the objectives
- TAP will continue to meet with OBH and OPD to work on projects through the COSSAP grant
- TAP will continue to meet with OBH regarding the Sharps issue
- TAP will complete the COIPP grant application – due date to apply is December 15, 2020
- TAP will continue to develop a Communication Plan to bring awareness to the community

# Zero Suicide

*A framework for systematic, clinical suicide prevention in behavioral health and health care systems.*

Oneida Comprehensive Health Division

Vision- We Provide the highest quality, holistic health care to ensure the future wellness of our Oneida Community.

Values-Responsive Leadership, Continuous Improvement, Culturally Sensitive, Communication, Respect and Safety.

## Behavioral Health Mission

*Our Mission is to empower individuals and families within the Oneida community to restore harmony in mind, body and spirit through culturally-inspired interventions for the next 7 generations.*



## ZERO SUICIDE REPORT

REPORT DATE	PROJECT NAME	PREPARED BY
12/10/20	Zero Suicide Initiative/Safe Care Pathway	Mari Kriescher

### STATUS SUMMARY

#### Safe Care Pathway (SCP) / Suicide Screening

- Many of the OBH clinical sessions are now conducted virtually via MS Teams. All patients at OBH are screened for suicidal ideation at each meeting using the Columbia-Suicide Severity Rating Scale (C-SSRS).

#### Question Persuade Refer (QPR)

- QPR Trainings during 2020 – August completed QPR for all OBH non-clinical staff
- QPR OCHC – trainings on hold
- QPR & HRD Training Coordination – on hold

#### Safe Care Pathway (SCP)

- On 10-1-20 we developed a staff training plan to train each area and what their responsibilities and workflows will be in the SCP. This includes Triage, Nurses, Doctors, therapists, ATODA counselors, care managers, medical records, and other involved providers and supervisors.
- Completed annual risk assessment training for all OBH clinical staff during the months of July and August 2020. (July 28, 4 Triage staff; August 6, 13 Dual & NATODA staff; August 11, 3 Nurses; and August 12, 14 Mental Health staff).

On 9/12/2020 OBH was a participating agency in the 2020 Virtual Walk for Light Suicide Awareness campaign.

### PROJECT OVERVIEW



TASK/GOAL	% DONE	TARGET END DATE	LEAD	STATUS UPDATE
Finalizing SCP documentation in EHR	85%	12/21/20	Mari Kriescher Kathleen Drennan Rebecca Krueger	Working with Athnea health consultant on finalizing the documents.
Finalizing the SOP for procedures and processes for entering, participating in and exiting the Safe Care Pathway.	95%	12/15/20	Mari Kriescher Kate Sayers	In route for signature
Finalizing the use of the central work list and it's use with SCP	70%	1/1/21	Mari Kriescher Kate Sayers	Kick off the meeting 12/9/20

## RISK AND ISSUE HISTORY

ISSUE	ASSIGNED TO	DATE
<i>Delays due to COVID 19 Precautions</i>		

## NEXT STEPS

### Safe Care Pathway (SCP) / Trainings / Development

- SCP – developing training schedule for OBH clinical team
- Completing the designing and building of the forms that will be needed for our EMR to document and track the patients in the SCP.
- Considering possible start dates- looking at January 2021.
- Implementing and training on using the Central Worklist program to coordinate and track the care of patients on the SCP.
- Risk Assessment Trainings OCHC providers & nursing schedule for Feb 12