



TRIBAL HCBS

States and AAAs working with Tribal Nations

Tribal Initiative: Dynamic Work Before and During COVID-19 What's Working, Changed and Needed?

HCBS Conference – December 8

Tribal Initiative: Dynamic Work Before & During COVID-19

What's working, changed and needed?

- The Tribal Initiative has developed a variety of LTSS among tribes in 5 states. Learn how tribally developed health homes, in-home aide services, protective services and home health services have impacted Native American/Alaska Native elders and the service adaptations in response to COVID-19.
- Explore the approaches TI has used to grow and strengthen cross-cultural understanding and meet mutual goals among states, tribes and AAAs.

Money Follows the Person Tribal Initiative

Goals

- Transition eligible and interested tribal members from institutional settings back to their communities.
- Expand the leadership role of tribes in the design and operations of Medicaid funded programs tailored for tribal members.

Values

- Promote government-to-government relations
- Enhance tribal infrastructure
- Increase access to needed services
- Address disparities
- Design and implement effective programs
- Maximize fiscal resources



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Muckleshoot Tribe

Presenter: Eve Austin, RDN Muckleshoot Elder In Home Support Services Director

Muckleshoot Elders In-home Support Services (MEIHSS) program LTSS Approach

Purpose of MEIHSS is to provide In home health care to:

- Elders who are enrolled in the Muckleshoot Indian Tribe
Elders who live within the reservation boundaries
Elders who are age 60 years and older, and vulnerable adults
- Elders or vulnerable adults are assigned caregiver(s) for a specified number of hours each day based on an assessment by AAA partner/ DSHS Case Worker and MEIHSS RN/MSW team to see if they qualify for Medicaid Reimbursement

Overview of Services

- Medical Alert
- Pharmacy and Supply Delivery
- Medical Transportation
- Electronic Device Loans
- Nursing Triage
- Social Work Case Management
- Health and Wellness Center Clinic & PT/ Support
- In-Home Care Services
 - 2-24 hour ADL support to Elders and Vulnerable Adults living within a 30 mile radius of MIT

Sovereignty and Public Health

Tribal leadership moved parallel with King and Pierce Counties

Elder Impact

“Getting the Facts not Fear”

- Supplies
- Safety Measures
- Communication
- Tribal Shut Down
- Essential Services

- Isolation Impacts
- Door knocking and porch visits
 - Home maintenance
 - Food delivery services
 - Commodity deliveries
 - Lawn services suspended

Supplies and PPE

- **Logistics of delivery coming back to basics:**
 - Mail USPS was a game changer of facial masks
 - Home to home drop off bags and door hangers
 - Program Stash “Toilet Paper Stash”
 - Cleaning Supply Back Up
 - Gloves, and PPE Back Up
 - Developed partnerships and several Tribal groups working together to acquire supplies initially. Now we have a process for supply requirement.



How Do You Keep Everyone Safe? Screening and Testing

- Staffing Challenges, Furlough, Quarantine Process, Daily shift screening
- Blanket Screening of all staff and what we found
- In house testing drive up tent testing (Federal funding was available)

MEIHSS Screening

- **Since March, 2020, MEIHSS has been screening all caregivers**
- Clear Care
- Caregivers do a self-evaluation and temperature check.
- If any caregiver answers yes to any of the screening questions, an email is automatically generated to MEIHSS management
- Caregiver is sent home until they can get tested
- All MEIHSS STAFF required to wear masks
- Mask provided to all caregiving staff, and elders
 - Additional supplies added: face masks, and full PPE



Testing Site

- Muckleshoot's Health Division implemented A Tribal testing site early on reducing the burden of travel to clinics and other testing sites off the reservation.
- Test results turn around times ranged from 2-5 days based on labs availability.

Isolation in Indian Country

- **Focus on mental health**

- How to continue to integrate the importance of community when you can't see all people face to face.
- Open partnership between Elder services, APS, MEIHSS, Behavior health, and Medical clinic has been essential
 - Food delivery through elders services continued with limited staff
 - Behavioral outreach staff in our tribe were furloughed
 - Increase in Self Neglect Cases
 - Drug treatment impacted elders being the primary support to the younger generation
 - Emotional support groups limited or temporarily cancelled

Isolation in Indian Country (Continued)

- **How outreach looks in a pandemic**
 - Telephone, web conferences, and door hangers
 - Family connectivity limited
 - Additional resources needed: telephones, laptops, and internet.
 - Community gatherings impacted and limited (funerals, sweat lodge, church integration)

Looking Forward

- What's next....
- How do we prepare.....
- How do we further the safety nets around elders in our community...

Ideas

- **Virtual Story telling**
 - Words of encouragement shared between the community (Behavioral Health, MEIHSS, and Tribal College are idea sharing resources).
- Telemedicine expanding
- Bench marking and streaming events to the community via Social Media channels
- Video Messaging
- Small groups social distancing
- Fitness and exercise

Thank You!

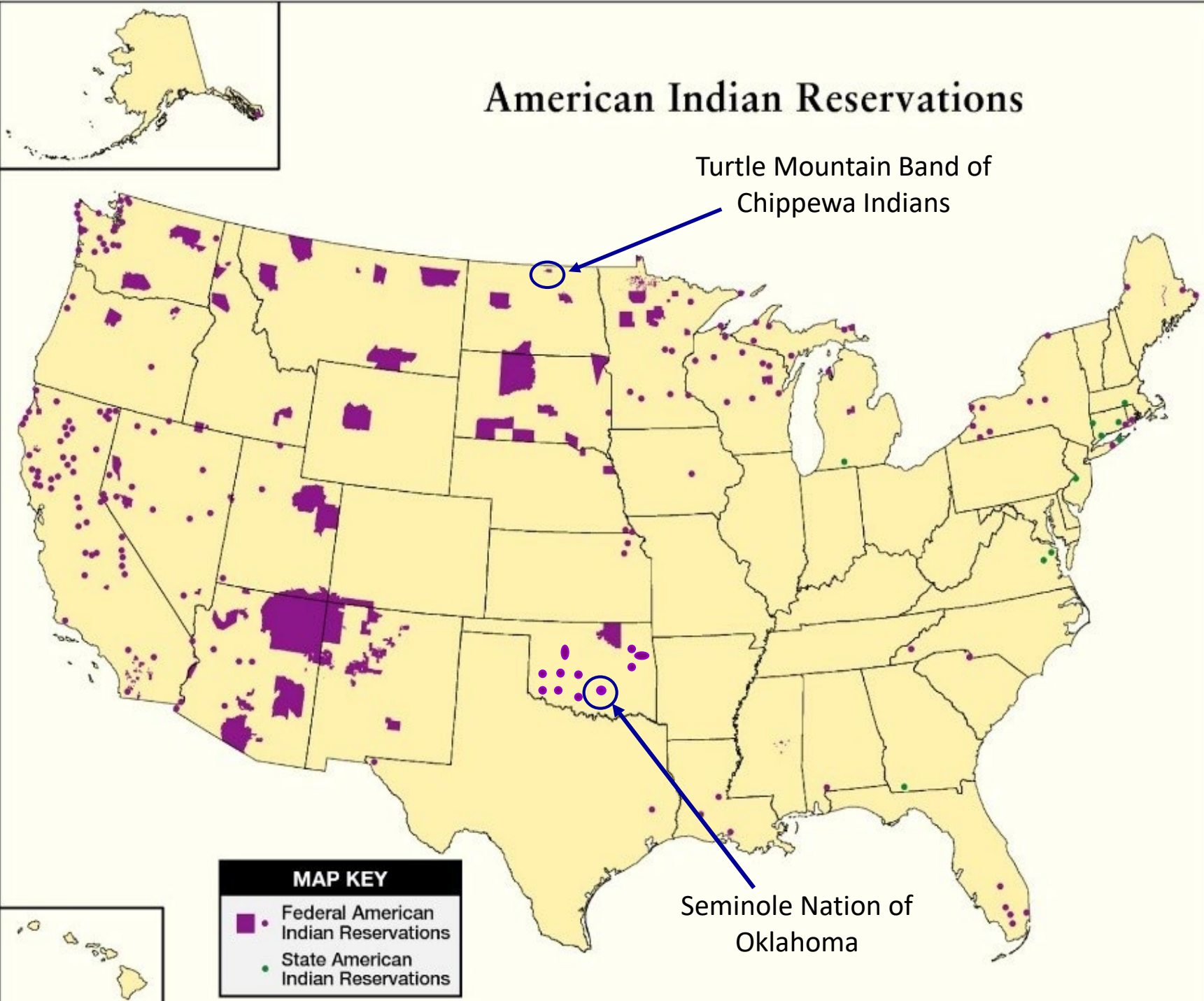


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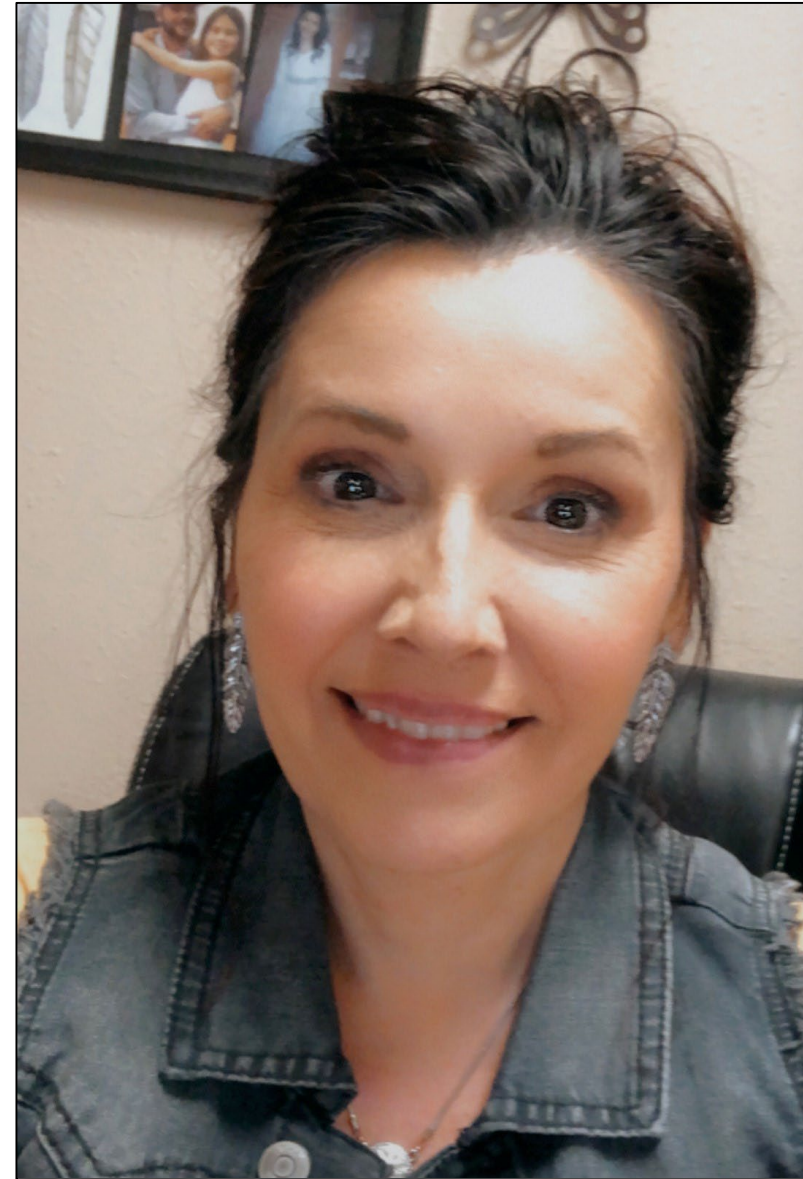
Turtle Mountain Band of Chippewa Indians

American Indian Reservations



Panelist: Stephanie Jay, MPH

Tribal Health Educator
Turtle Mountain Band of Chippewa Indians,
North Dakota





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Tribal Initiative Dynamic Work Before & During COVID-19 Pandemic

Ericka Kowalkowski, Director of Aging and Long Term Care
of the Menominee Indian Tribe of Wisconsin.

Menominee Indian Tribe of Wisconsin

- Considered a Food Desert
- Historically one of the highest unemployment rates in the state
- Ranked 72 of 72 counties in Wisconsin for Poverty



Our Focus

Pre-COVID Pandemic

Serving our community promoting health and wellness and providing the tribal members the services that they are in need of

Then There Was The COVID-19 Pandemic

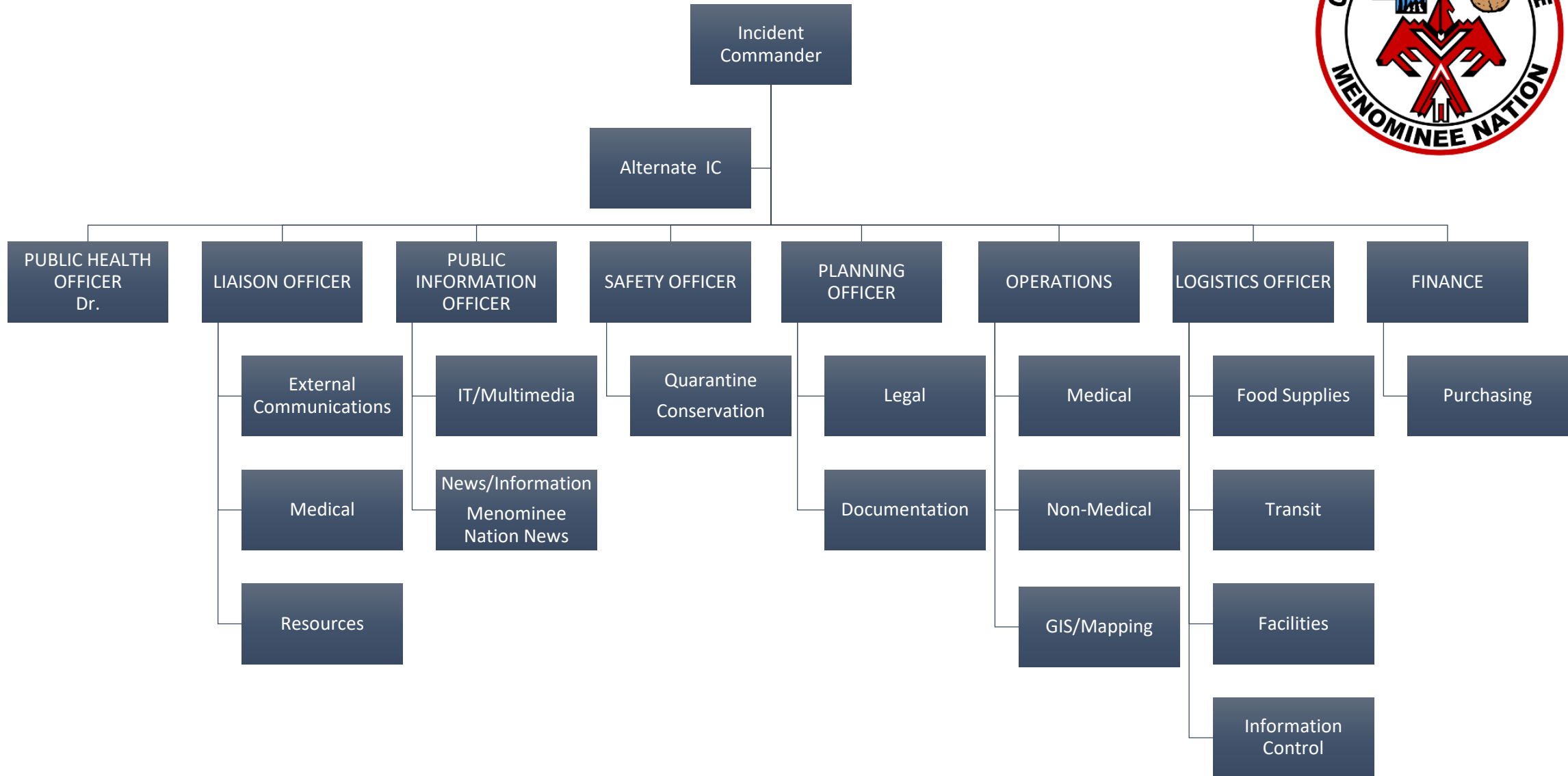
Keys to the success

- Incident Command and Disaster Preparedness Training
- Daily/Weekly Updates
- Tribal/Community Collaboration
- Communication
- Flexibility and Adaptability
- The Emergency Funding Availability

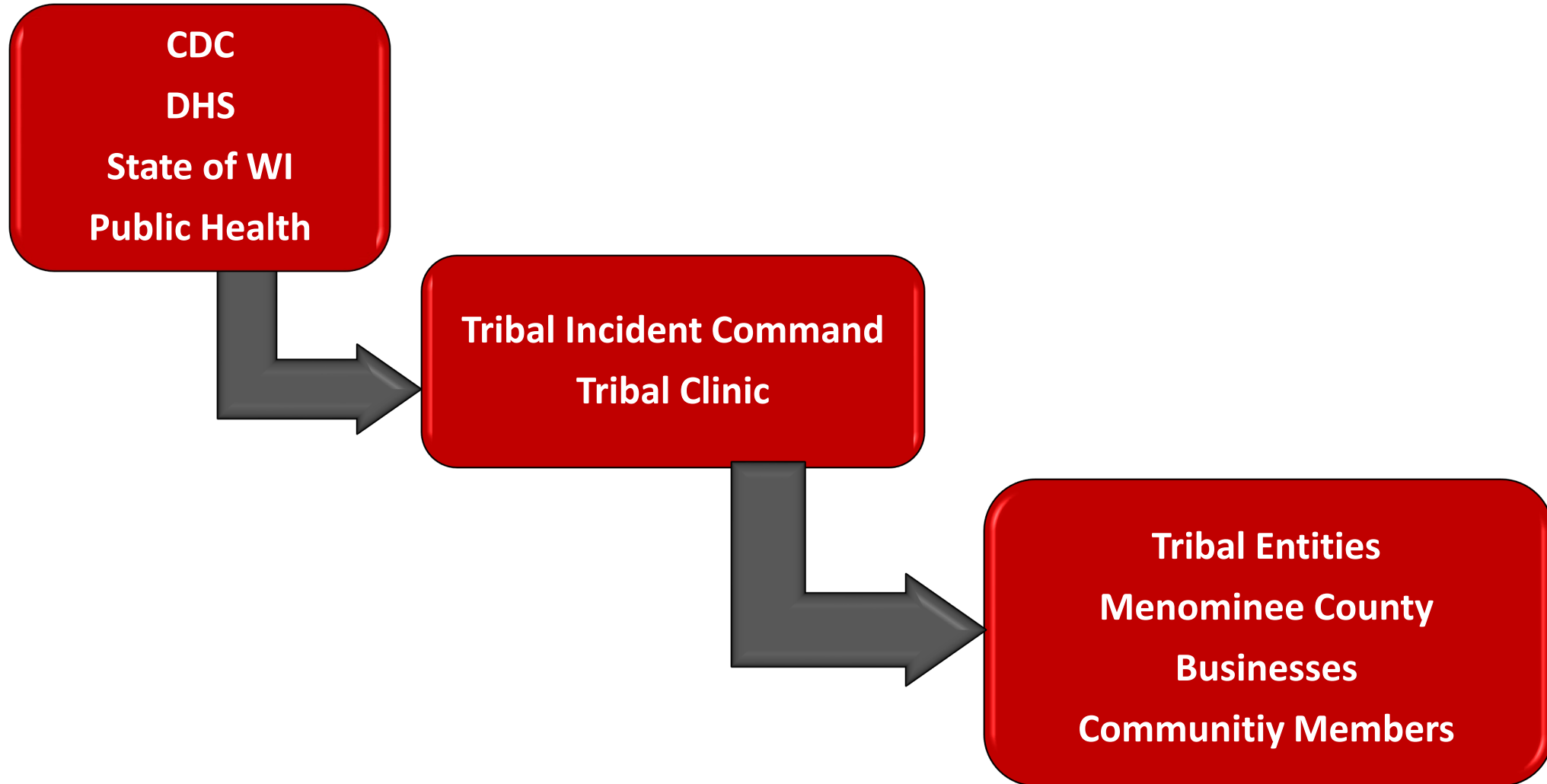
COVID-19 Response

- Tribal Collaboration
- Implemented Incident Command March 12, 2020

Menominee Tribe COVID-19 Team



Decisions, Guidance and Communication



Pandemic Response Ingenuity

- Expanded food distribution programs
 - Deliveries, curbside pickups
- Used the meal programs as distribution sites for communication
- Mask donations
- Pharmacy delivery
- Clinic operations modified
- Home delivery of care packages
- Podcasts, Social media, Press releases, Streaming live, Website
- Distributed modes of technology access
- Had internet access installed in buses
- Distributed lists of all tribal buildings with WiFi access
- Modifying services to be virtual or over the phone
- Calling community members for well checks and providing available resources
- Implementing the COVID Antigen test at the clinic
- Using our Transit Center for National Guard COVID testing and Flu Vaccination drive through
- Limiting in-person contact with community members to only health and safety related.
- Canceling all large group activities to limit exposure and spread
- Creation of isolation houses for those that cannot isolate at home

Lessons Learned

There is never too much collaboration and involvement. It is all hands on deck.

- Keep a clear definition of the role of the Incident Command.
- Limited resources for mental health
- Information overload
- Difficulty securing supplies
- Contact tracing enforcement
- Isolating in a multi generational house
- Homeless population

Panelist: Ericka Kowalkowski

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NACC's Response to COVID-19



NACC's Response to COVID-19

- **Who is the Native American Community Clinic?**
- **Rapid pivot to Telehealth in both Medical Clinic and Behavioral Health**
 - Integration of traditional healing workshops
- **Closed down Dental Clinic operation until safe to open to patient care**
 - Launched teledentistry services in late May/June
- **COVID Testing**
 - Partnership with IHB on drive-up COVID testing site 2 x weekly
 - Partnership with State on large scale testing events in MSP area
 - Significant focus on unsheltered homeless, elderly and other vulnerable populations in our community
- **Partnership with city and county on increasing ability to conduct Flu Vaccines, expansion of EIS services, including SRS and hygiene kits**

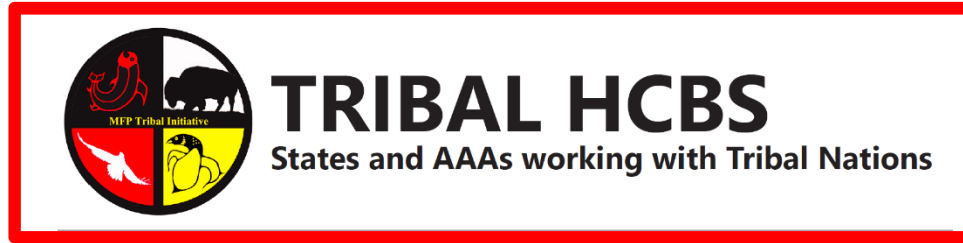
Panelist: Anatomy Stately, PHD

Chief Executive Office

Native American Community Clinic (NACC)

Serving the Phillips Neighborhood in south
Minneapolis





Resources

Resources

- **COVID-19 Resources for Tribes**

<https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/resources.html>

- **National Indian Health Board COVID-19 Tribal Resource Center**

<https://www.nihb.org/covid-19/>

- **Indian Health Service COVID-19 Resources:**

<https://www.ihs.gov/coronavirus/resources/>

- **COVID-19 Fact Sheets for Tribes and Urban Indian Communities**

<https://www.uihi.org/resources/covid-19-fact-sheets-for-providers-employers-and-the-general-public/>

Thank You!

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- **Antony Stately**, PhD, Chief Executive Office, Native American Community Clinic (NACC); 612-872-8086
- **Ericka Kowalkowski**, Director of Aging and Long Term Care, Menominee Indian Tribe of Wisconsin, ekowalkowski@mitw.org; <http://www.menominee-nsn.gov>; 715-799-5897