

# CRIHB COVID-19 Meeting Notes

TRIBE, THP, and UIHP  
ATTENDEES: (50  
attendees)

1. Southern Indian Health Council
2. Agua Caliente Band of Cahuilla Indians
3. Sonoma County Indian Health Project
4. Chapa-De Indian Health Program
5. Indian Health Center of Santa Clara Valley
6. Santa Ynez Tribal Health Clinic
7. Greenville Rancheria
8. Yurok Tribe
9. Pit River Health Service
10. Tule River Tribe
11. Anav Tribal Health Clinic
12. Lake County Tribal Health Consortium
13. United Indian Health Service
14. California Rural Indian Health Board, Inc.

CRIHB STAFF ATTENDEES:

Vanesscia Cresci  
Rosario Arreola Pro  
Marilyn Pollard  
Aurimar Ayala

DATE: Tuesday April 21, 2020 (3:30PM-4:30PM, PST)  
HOST: CRIHB

Meeting Recording:  
<https://zoom.us/rec/share/6fx3EL3-tTtLTKeQzGLtcLUgPrrCT6a81yEdrKcEmBv0IGXGBDeoNsf4Z3vScAwy>

Update

- 30,978 Total cases as of 04/19/2020
- 66 Federally recognized tribes have declared states of emergencies
- Simulation data from University of Washington shows that California possible reached the peak in number of deaths on 04/16/2020
- Other possible values can cause the number of deaths to go up
- The data indicates that California can be moving towards a containment strategy that includes relaxing social distancing orders, testing, contact tracing, and isolation
- THPs and Tribes should be starting to think about containment strategies
- The state data may not be applicable to smaller populations like counties and Tribes, since a lot of the data is underrepresented and misreported.
- Contact tracing training is available, please contact Vanesscia Cresci, [vcresci@crihb.org](mailto:vcresci@crihb.org) or Aurimar Ayala, [aayala@crihb.org](mailto:aayala@crihb.org) for more information
- IHS California Area data as of April 18, 2020
  - 729 tests
  - 564 negative cases
  - 129 positive cases

State Response

- Request for Public Assistance (RPA) no longer due April 17<sup>th</sup>, now due 30 days after the date the incident period
- CalOES application is still open, no set deadline as of now
- Tribes are encouraged to apply
- Contact Marilyn Pollard, [mpollard@crihb.org](mailto:mpollard@crihb.org) for more information

PPE and Testing Updates

- IHS distributed 250 Abbott machines, 13 for CA Area
- Each machine comes with a total of 48 tests, 1 test must be used to calibrate machine
- Abbott will be the only supplier to HHS to IHS to THPs, no guarantee that all tests needed will be supplied.
- IHS California Area Office decided what THPs receive the Abbott machines

Federal Response Updates

- RFA released by CDC, submit application ASAP.
- 2<sup>nd</sup> Stimulus package funding has been disseminated
- 3<sup>rd</sup> Stimulus package- CARES Act
  - IHS is still working on distributing funds
  - CDC- 125 million, Funds will be used for OT-20-2004 RFA opportunity
  - SAMHSA- 15 million, is currently reviewing recommendations
  - HRSA- Funding opportunity released
    - Funds can be used to establish testing sites, purchase testing kits, telehealth strategies, purchasing PPE, hiring and training health care providers to treat COVID-19 patients
    - Application Due May 6, 2020
  - \$100 billion in relief funds to hospitals and other healthcare providers
    - 30 million allocated for facilities that received Medicare fee-for-service reimbursements in 2019 are eligible for this initial rapid distribution.
    - All relief payments are made to the billing organization according to its TIN
    - 70 million- allocation is still pending. Areas who are highly targeted by COVID-19 might be receiving portion of this funding.



# CRIHB COVID-19 Updates April 21, 2020

*Please sign-in in the Group  
Chat with your name and  
Tribe or Tribal Health  
Program name*

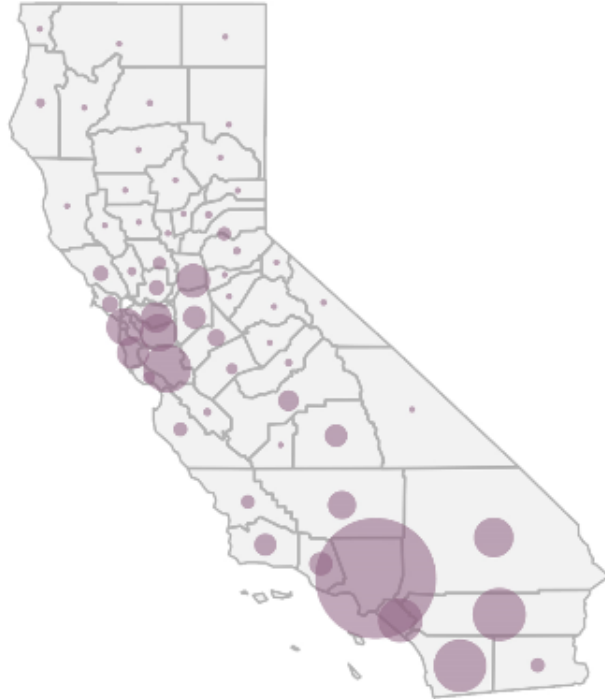




# California COVID-19 By The Numbers

April 20, 2020

Numbers as of April 19, 2020



For county-level data:  
[data.chhs.ca.gov](http://data.chhs.ca.gov)

## CALIFORNIA COVID-19 SPREAD

# 30,978

Total Cases

### Ages of Confirmed Cases

- 0-17: 573
- 18-49: 14,690
- 50-64: 8,385
- 65+: 7,267
- Unknown/Missing: 63

### Gender of Confirmed Cases

- Female: 15,224
- Male: 15,507
- Unknown/Missing: 247

### Hospitalizations

Confirmed COVID-19  
**3,257/1,196**  
Hospitalized/in ICU

Suspected COVID-19  
**1,417/284**  
Hospitalized/in ICU

# 1,208

Fatalities

Stay Home. Save Lives.

[covid19.ca.gov](http://covid19.ca.gov)



66 Federally recognized Tribes declared state of emergencies

California



## Deaths per day ⓘ

**5 days**

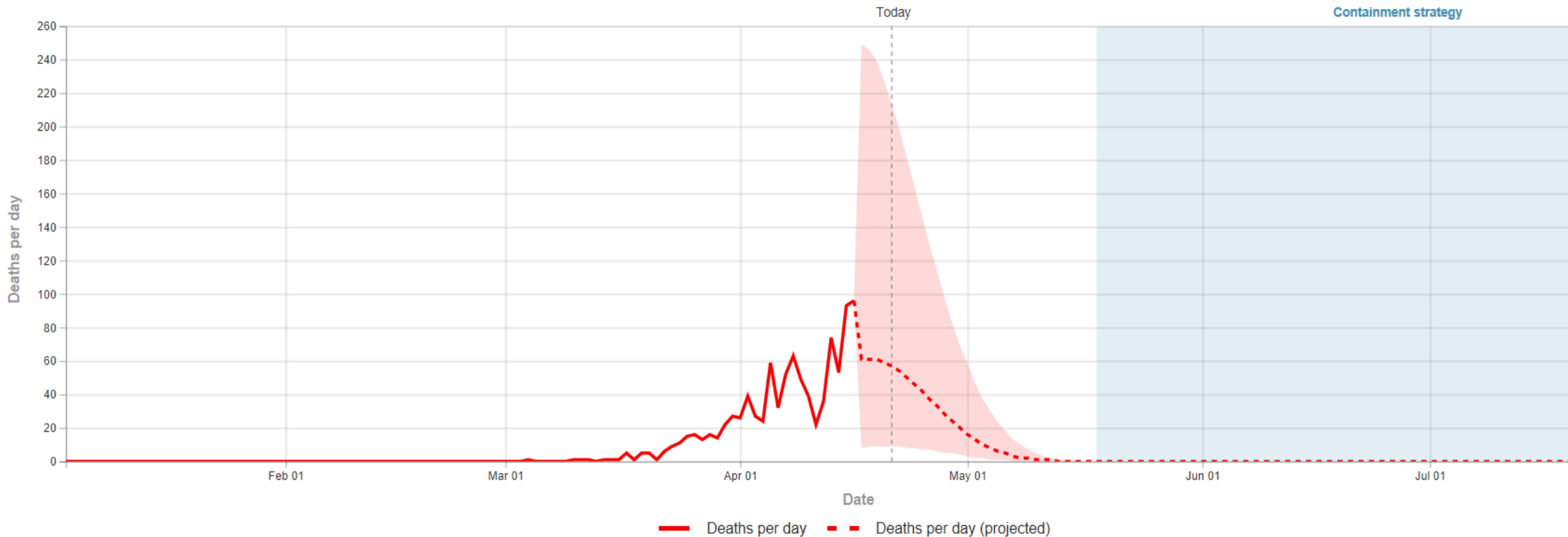
since projected peak in daily deaths

**96 COVID-19 deaths**

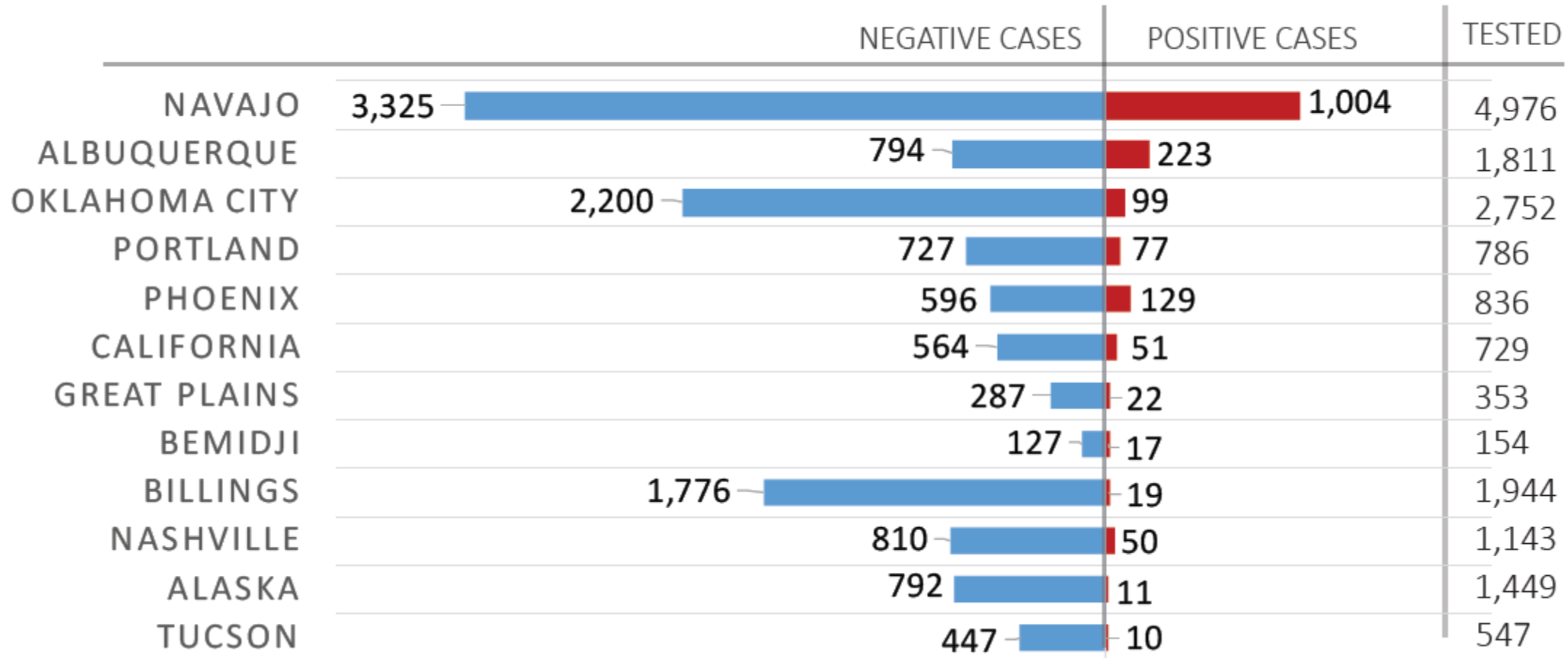
projected on April 16, 2020

### Containment strategy ⓘ

After May 18, 2020, relaxing social distancing may be possible with containment strategies that include testing, contact tracing, isolation, and limiting gathering size.



## COVID-19 CASES BY IHS AREA AS OF APRIL 18, 2020\*



\*as of 7PM EST April 18, 2020

Based on self-reported data to IHS



# State Response

- CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call:
  - M and F @ 11:00AM, 1-888-240-2560; 282056959#
- Governor's Tribal Advisor Tribal Leaders call:
  - W @ 5:00PM (This call is by invite only to Tribal leaders and council members)
- Operational Area (OA)/Tribal Coordination call:
  - M, W, F @ 2:00PM, 1-844-291-5489; 6115888#
- Region COVID-19 Briefing call:
  - Daily @ 4:00PM by Regions I-VI



# State Response

- FEMA assistance update
- Date of incident period: January 20<sup>th</sup>: if Tribe can show protective measures were in place, working on COVID-19 activities, and have documentation, you can go back to January 20<sup>th</sup> as the beginning of the incident period
- The Request for Public Assistance (RPA) is no longer due April 17<sup>th</sup> through the State of California as sub-recipient. FEMA has extended the deadline for submittal of the RPA to thirty (30) days after the date the incident period for this event closes. The incident period is currently open.



# PPE and Testing Updates

- If you placed a MHOAC order and haven't received a response back? Send information with date and copy of submitted form to Denise Shemenski at [Denise.Shemenski@CalOES.ca.gov](mailto:Denise.Shemenski@CalOES.ca.gov)
- CDC has a guidance document regarding the potential reuse of PPE. CDC released a PPE Burn Calculator.
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- Regional MHOAC for supplies
  - <https://emsa.ca.gov/medical-health-operational-area-coordinator/>





# PPE and Testing Updates

- IHS Federal, Tribal and Urban (I/T/U) Guidance to Accessing Medical Supplies and Personal Protective Equipment (PPE) through the Strategic National Stockpile (SNS)
  - [https://www.ihs.gov/sites/coronavirus/themes/responsive2017/display\\_objects/documents/ITU\\_Resource\\_Request\\_Guidance\\_04022020.pdf](https://www.ihs.gov/sites/coronavirus/themes/responsive2017/display_objects/documents/ITU_Resource_Request_Guidance_04022020.pdf)
- Abbott ID NOW machines-
  - Abbott machine will come with 2 kits of 24 tests each (48 total). 1 test will have to be used to calibrate the kit, so only 47 left for patient testing.
  - Abbott controls how many tests will be given to HHS to then give to IHS for distribution. IHS will distribute the test kits to each of the 12 regions. IHS received 250 machines. Sent CA Area 13 machines. CA Area shipped out last week.
  - For the next 2-6 weeks, the only supplier of the testing kits for THPs will be Abbott to HHS to IHS to THPs.
  - There is no guarantee that Abbott will supply HHS to IHS all test kits needed. IHS may not get that many more tests besides the initial 48 you will get with the machine; it is all dependent on how much Abbott is able to manufacture and provide to HHS.



# Federal Response

## 1<sup>st</sup> stimulus package

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: CDC announced 80 million in funding to Tribes, Tribal Organizations, and UIOs
  - 30 million: Supplement to 9 regionally designated Tribal Organizations, including resources for sub-awards to Tribes (28 million) and other direct funds to a number of large Tribes (2 million) aka “1803” *Status: Applications due to CRIHB ASAP*
  - 10 million: Supplement existing funding to the NCUIH, which will make sub-awards to 41 urban Indian health centers (8 million) and NIHB for COVID-19 communication activities (2 million) *Status: Applications due to NCUIH by May 1st*
  - 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. *Status: RFA released*



# Federal Response

## 1<sup>st</sup> stimulus package

- 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. *Status: RFA released*
- Opportunity Title: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response
- Estimated Application Due Date: Rolling deadline up to May 31, 2020
- Eligible Applicants: Tribal Organizations and Tribal Governments
- Only required documents to submit:
  - Initiate required registrations
  - Submit SF-424 and SF-424A
  - Upload organizational capacity statement
  - Upload work plan (use template provided) grants.gov updated on 4/13/20 with new template
  - Upload budget narrative with approximate numbers

RFA: <https://www.cdc.gov/tribal/cooperative-agreements/tribalcovid-ot20-2004.html>



# Federal Response

## 1<sup>st</sup> stimulus package

### Title I or Title V

- All CA Federally Recognized Tribes have either contracted (Title I) or compacted (Title V) with IHS to provide healthcare services to their service area through their designated clinics such as Pit River Health Service, UIHS, LCTHC, and SCIHP
- Component A: Federally recognized Tribes and Tribal organizations *that contract or compact* with IHS under Title I and Title V of the PL 93-638 ISDEAA, or consortia of these Tribes, or their bona fide agents
  - All Federally Recognized Tribes are eligible to apply
  - Tribal Organizations such as Tribal Health Programs (e.g., UIHS, LCTHC, SCIHP) are eligible to apply
- Component B: Federally recognized Tribes, Tribal organizations, consortia of federally recognized Tribes, or their bona fide agents, including Component A applicants
  - All Federally Recognized Tribes are eligible to apply
  - Tribal Organizations such as Tribal Health Programs (e.g., UIHS, LCIHC, SCIHP) are also eligible to apply.



# Federal Response

## 1<sup>st</sup> stimulus package

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: DHHS Public Health and Social Services Emergency Fund: 70 million to IHS will be made available to prevent and prepare for COVID-19 in AIAN communities
  - \$30 million: IHS will distribute to IHS Federal health programs in support of COVID-19 response activities. These funds will be distributed according to existing allocation methodologies that use recurring Federal Hospitals and Health Clinics base funding levels. *Status: Completed*
  - \$40 million: To purchase personal protective equipment (PPE) and medical supplies through the IHS National Supply Service Center. These resources will provide critical PPE and medical supplies that will be available to I/T/U health programs free of charge. *Status: Completed*





# Federal Response

## 2<sup>nd</sup> stimulus package

- Families First Coronavirus Response Act: Signed on March 18 by President Trump to allocate 64 million for COVID-19 testing activities to IHS.
  - IHS held a Tribal Consultation call on March 23, 2020 and an Urban Confer call on March 25, 2020.
  - 3 million: allocated to Urban Indian Organizations *Status: Completed*
  - 61 million: allocated to IHS Federal health programs and THPs, using the existing distribution methodology for program increases in Hospitals and Health Clinics funding. Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. *Status: Completed*



# Federal Response

## 3<sup>rd</sup> stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
  - IHS: \$1.032 billion- *Status: In process*
  - CDC: \$125 million set aside for Tribes- *Status: Held Listening Session on March 31. Funds will be used to fund the OT-20-2004 RFA opportunity*
  - SAMHSA: \$15 million set aside for Tribes- *Status: Held Listening Session on April 1; Reviewing recommendations.*
  - HRSA: \$15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services. *Status: Funding opportunity released*



# Federal Response

## 3<sup>rd</sup> stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
- Opportunity Title: Rural Tribal COVID-19 Response Program, HRSA 20-135
  - Engage in activities that may include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies, and hiring and/or training health care providers and other health care personnel to provide care for COVID-19 patients
  - Estimated Application Due Date: May 6, 2020
  - Eligible Applicants: Tribes, Tribal Organizations, Urban Indian Health Organizations and health service providers to Tribes serving rural communities at risk for COVID-19
  - <https://www.grants.gov/web/grants/view-opportunity.html?oppld=326385>
- TA Webinar
  - Friday, April 24<sup>th</sup> from 4:00-5:30 PM (EST)/1:00-2:30 PM (PST)
  - Call-In Number: 1-800-857-4875; Participant Code: 3831230
  - Weblink: [https://hrsaseminar.adobeconnect.com/rural\\_tribal\\_covid-19\\_response\\_applicaton\\_ta/](https://hrsaseminar.adobeconnect.com/rural_tribal_covid-19_response_applicaton_ta/)

# Federal Response

## 3<sup>rd</sup> stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020

- IHS: 600 million

- \$30 million to Urban Indian Organizations *Status: In process, started distribution 4/3/2020*
- \$570 million to IHS federal health programs and Tribal Health Programs using existing distribution methodologies for program increases. *Status: In process, started distribution 4/3/2020*

- IHS: \$432 million

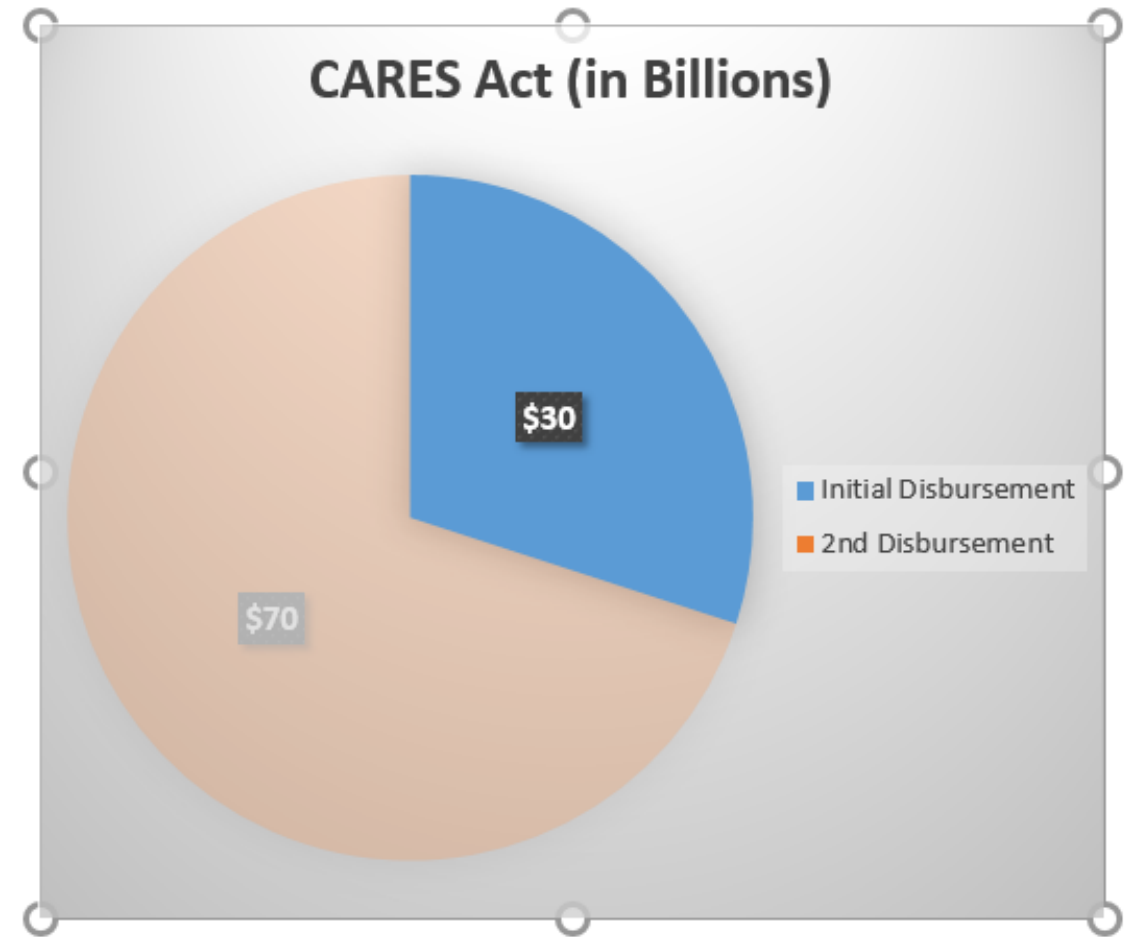
- \$65 million for Electronic Health Record stabilization and support
- \$367 million for *TBD* based on Tribal consultation and urban confer comments

\$1.032  
billion

[https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2020\\_Letters/DTLL\\_DUIOLL\\_04032020.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_04032020.pdf)

# CARES Act- \$100 billion in relief funds to hospitals and other healthcare providers (signed 3/27/20)

- **Initial disbursement-\$30 billion-**  
All facilities and providers that received Medicare fee-for-service (FFS) reimbursements **in 2019** are eligible for this *initial rapid distribution*.
  - All relief payments are made to the billing organization according to its Taxpayer Identification Number (TIN).
  - Paid via **Automated Clearing House** account information on file with UnitedHealthGroup or CMS. -The automatic payments Optum Bank with "**HHSPAYMENT**" as the payment description.





# How are CARES Act payment distributions determined

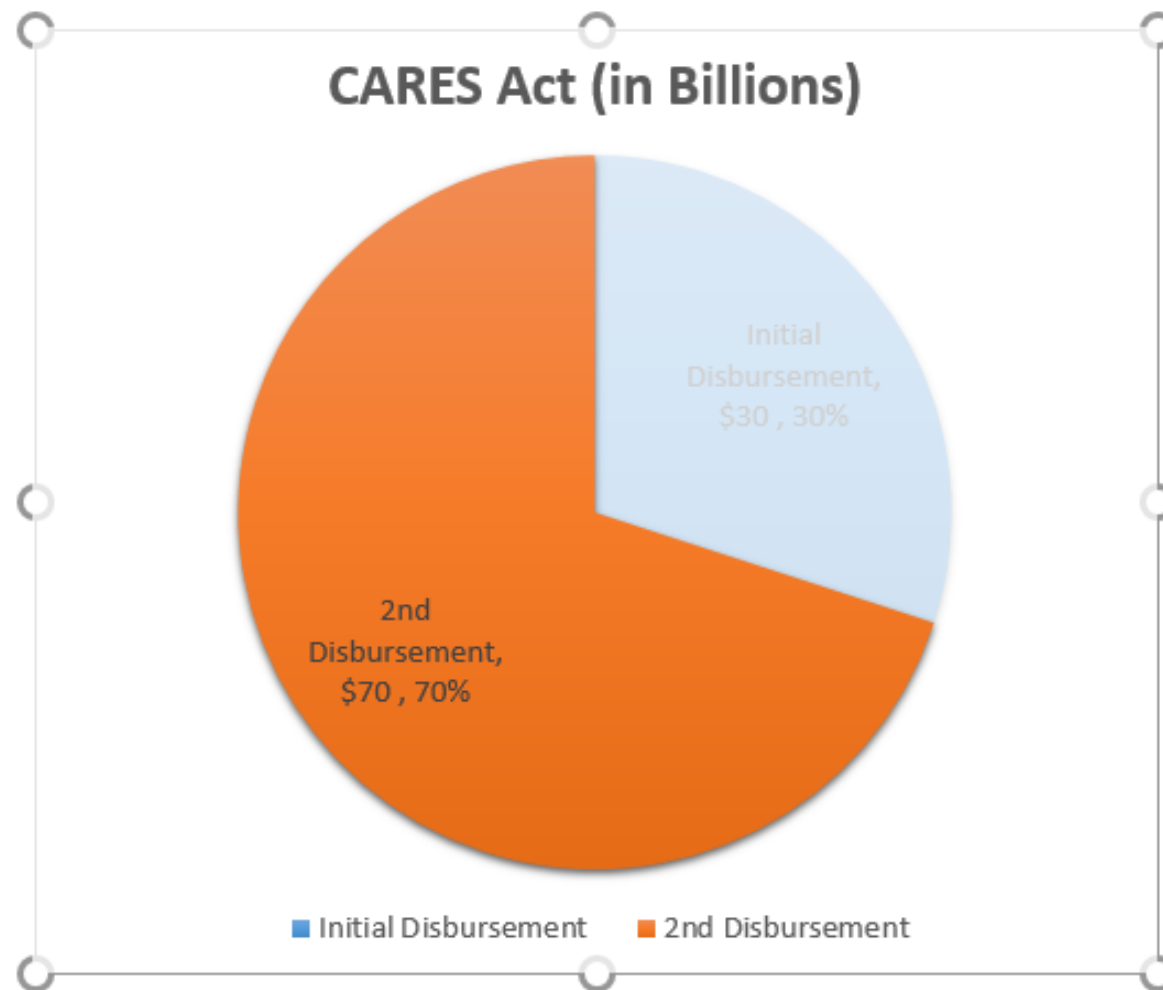
- Providers will be distributed a portion of the initial \$30 billion based on their share of total Medicare FFS reimbursements in 2019. Total FFS payments were approximately \$484 billion in 2019.

**For example:** A Tribal clinic was paid \$100,000 in Medicare FFS in 2019. To determine how much they would receive, use this equation:

- $\$100,000 / \$484,000,000,000 \times \$30,000,000,000 = \$6,198.35$  payment

# Priorities for the remaining \$70 billion

- The Administration is working rapidly on targeted distributions that will focus on:
  1. Providers in areas particularly impacted by the COVID-19 outbreak
  2. Rural providers, providers of services with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population, and
  3. Providers requesting reimbursement for the treatment of uninsured Americans.
- DETAILS- PENDING For more information go to: <https://www.hhs.gov/provider-relief/index.html>





# Federal Updates

## State, Local, Tribal National COVID-19 Briefing Call

- Briefing call on COVID-19 including the White House, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, U.S. Department of the Treasury, U.S. Department of Agriculture, and U.S. Department of Homeland Security
- Date: Wednesday, April 22, 2020 at 11:30 AM (EST)/8:30 AM (PST)
- Registration- RSVP is required:  
<https://ems9.intellor.com/?do=register&t=1&p=901471>

## Indian Country COVID-19 Response Update Call

- Date: Thursday, April 23, 2020
- Time: 4:00 – 5:30 PM (EST) (please note time zone)
- Registration- RSVP is required: <https://ems9.intellor.com/?do=register&t=1&p=901475>
- Note: You must RSVP to join the call. Upon successful registration, you will receive a confirmation email with dial-in instructions.

# CTEC Surveillance

- The new system allows data entry at the facility level for all I/T/U facilities. I/T/U facilities will enter the data directly into the new online data collection tool themselves.
- **Implementation:** Starting Tuesday, April 14, 2020, all of the IHS Areas will start using the new online data entry tool and discontinue submitting the daily COVID-19 Surveillance Data Excel spreadsheets.

Sign in to Indian Health Service  
Map Portal with



For IHS Active Directory accounts use ^  
the format: username@D1



|



Password

☐ Keep me signed in

Sign In

[Forgot password?](#)

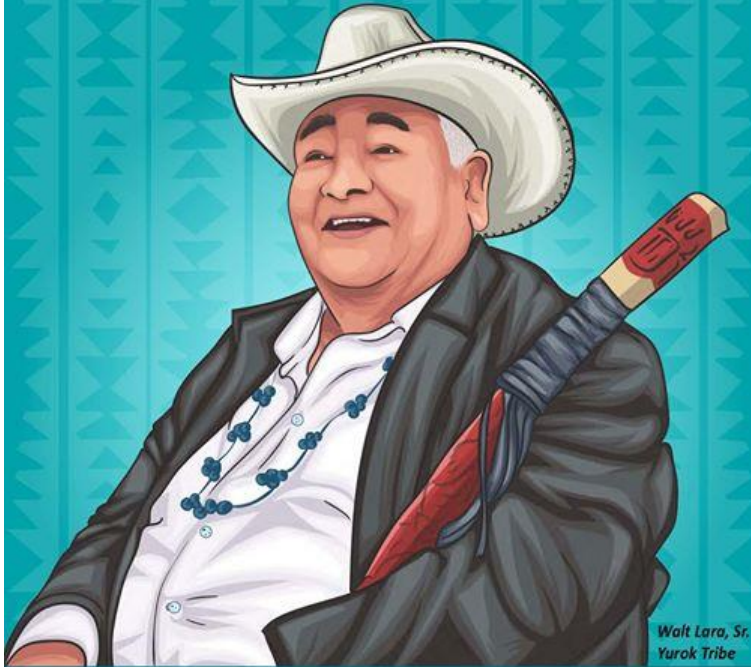
# CRIHB Response

- Daily updates on CRIHB website with a Situational Report with maps
  - Tracking daily cases by county
  - Tracking Tribal emergency declarations
  - Any other data needs?
- Educational materials that can be found at: <https://crihb.org/prevention-and-education/public-health/>





Stay home.  
Give us a chance!



Walt Lara, Sr.  
Yurok Tribe

Ways to keep Elders safe during the COVID-19 crisis:

- Designate one or two family members who will be responsible for checking in on us and caring for us.
  - Make a plan to keep our food and medicine stocked. (This may mean dropping off food outside of our homes.)
  - Visit with us by phone, video, or through the window.
- #ProtectOurElders

California Rural Indian Health Board, Inc.

CRIHB COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>



Don't put your  
loved ones at risk.



Lewis George  
Pit River Tribe

Protect yourself and your family from COVID-19:

- Practice physical distancing.
- Wash your hands with soap and water for at least 20 seconds.
- Do not touch your face with unwashed hands.
- Cover coughs and sneezes with your sleeve or a tissue.
- Wash your hands right after you cough, sneeze, or blow your nose.
- Follow guidelines from your Tribal Council and Tribal health clinic.

California Rural Indian Health Board, Inc.

CRIHB COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>



Protect the Keepers  
of Our Traditions



Juana Majel-Dixon  
Pauma Band of  
Luiseño Indians

*The Creator gave us heart, mind, and spirit. To heal, you do not need to be physically present. Trust your heart, mind, and spirit to touch each other.*  
#StayHomeSaveLives


California Rural Indian Health Board, Inc.

CRIHB COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>





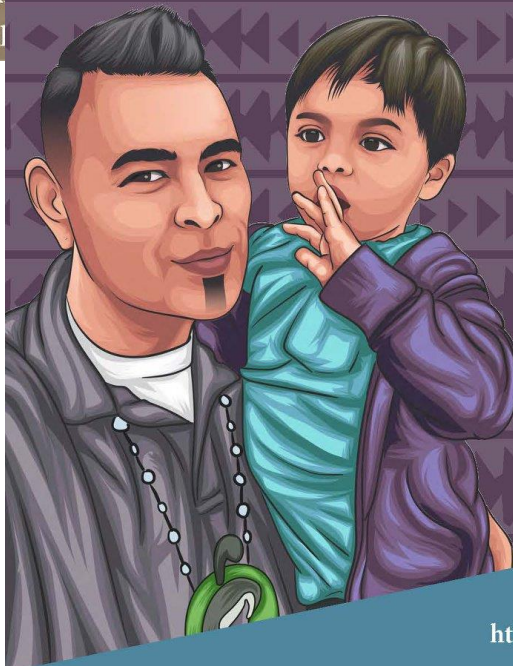


Protect our Elders.  
Stay home. Save lives.  
*#PrayerWarriorsforAll*

Beverly J. Hunter  
Table Mountain Rancheria



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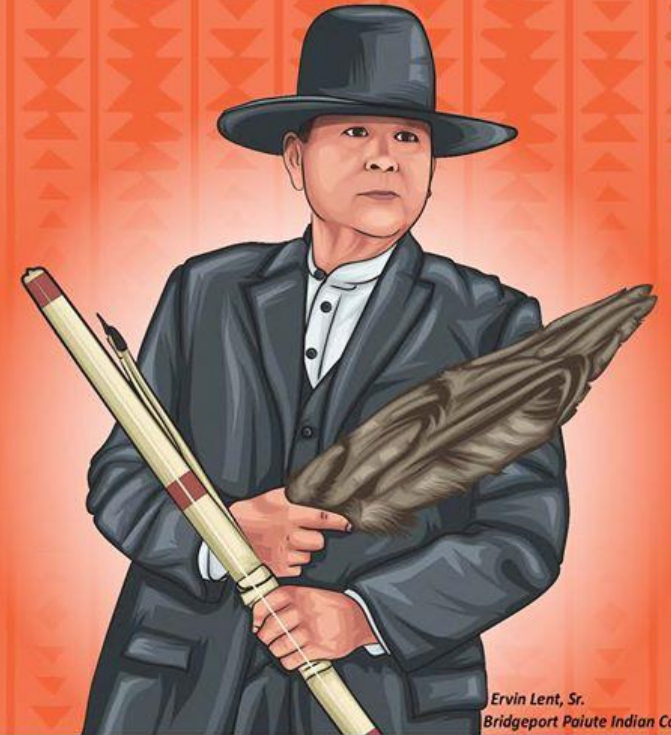
Silver and Awl-aw-shaw Galleto  
Cloverdale Rancheria  
of Pomo Indians

Protect the future.  
*#StayHomeSaveLives*

California Rural Indian Health Board, Inc.  
CRIHB COVID-19 Resources:  
<https://crihb.org/prevention-and-education/public-health/>



Be respectful.



Ervin Lent, Sr.  
Bridgeport Paiute Indian Colony

Take responsibility for your people.  
Stay home and practice physical distancing  
during the COVID-19 crisis.  
*#ProtectOurElders*

California Rural Indian Health Board, Inc.  
CRIHB COVID-19 Resources:  
<https://crihb.org/prevention-and-education/public-health/>





# How to reach us for questions:

## Clinical-related assistance:

Thomas Kim, MD, MPH

Medical Director/Epidemiologist

[tkim@crihb.org](mailto:tkim@crihb.org)

## Request 12x16 posters:

Vanesscia Cresci, MSW, MPA

Director, Research and Public Health

[vcresci@crihb.org](mailto:vcresci@crihb.org)

## Community or data-related assistance:

Vanesscia Cresci, MSW, MPA

Director, Research and Public Health

[vcresci@crihb.org](mailto:vcresci@crihb.org)

## *Submit CTEC TA online request:*

<https://crihb.org/technical-assistance-request-form/>