CRIHB COVID-19
Updates
March 31, 2020

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

As of 2/29/20 at 2 pm PST per CDPH:

- 5,763 – Total positive cases
- 135 – deaths (Most are in Los Angeles County)

Ages of all confirmed 5,763 positive cases:

- Age 0-17: 65 cases
- **Age 18-49: 2,973 cases**
- Age 50-64: 1,447 cases
- Age 65 and older: 1,252 cases
- Unknown: 26 cases

- 49 Federally recognized Tribes declared state of emergencies
- CAO IHS reported 8 confirmed cases to IHS HQ.
State Response

• CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call: Mondays, Wednesdays, and Fridays

• Governor’s Tribal Advisor Tribal Leaders call: Wednesdays at 5:00 pm. (This call is by invite only to Tribal leaders and council members)

• FEMA assistance
  • Sub-recipient to CalOES: Tribes still need to submit a copy of emergency declaration
  • FEMA Direct: Tribes do not need to submit a copy of emergency declaration
State Response

PPE Resources

• 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

• CDPH is coordinating with the Office of the Assistant Secretary for Preparedness and Response (ASPR) to receive resources from the Strategic National Stockpile. The first and second shipments were received on March 19 and the third and fourth shipments will continue to arrive throughout this week.

• CDC has a guidance document regarding the potential reuse of PPE. CDC released a PPE Burn Calculator.

• Coordinate with your regional MHOAC for supplies
Federal Response

• 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” In process
  • 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)
  • 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. Update: Forecasted

1st stimulus package
Federal Response

- 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. *Update: Forecasted*

  - Opportunity Number: CDC-RFA-OT20-2004
  - Opportunity Title: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response
  - Estimated Application Due Date: Apr 29, 2020
  - Eligible Applicants: Tribal Organizations and Tribal Governments
  - Funded activities include: Emergency operations and coordination activities; Public health management and risk assessment of travelers and others with potential COVID-19 exposure; Equipment, supplies, shipping activities, or others to strengthen jurisdictional recovery; Laboratory, surveillance, and epidemiologic activities, data management activities, and others to strengthen bio surveillance; Risk communications activities, distribution and use of medical material, and others to strengthen information management; Activities to strengthen countermeasures and mitigation; and Surge staffing activities, infection control activities and others to strengthen surge management; and Other preparedness and response activities
Federal Response

• 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
  • 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.

2nd stimulus package
Federal Response

• DHHS Public Health Social Services Emergency Fund: 70 million will be made available to prevent and prepare for COVID-19.
  
  • $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.
  
  • $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.
Federal Response

• The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
  • IHS: $1.032 billion
    • Up to $65 million is for EHR stabilization and support
    • Not less than $450 million will be distributed through IHS directly operated programs and to Tribes and Tribal Organizations under the ISDEAA and through contracts with or grants to UIOs under Title V of the Indian Health Care Improvement Act
    • $125 million may be transferred to and merged with the “IHS, Indian Health Facilities” account
  • CDC: $125 million set aside for Tribes
  • SAMHSA: $15 million set aside for Tribes
  • HRSA: $15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services.
Federal Response

• Indian Health Service’s All Tribes COVID-19 Conference Call:
  • The Indian Health Service is hosting weekly All Tribes calls to provide updates on the Coronavirus Disease 2019 (COVID-19) for Tribal and Urban Indian Organization Leaders. Officials will provide COVID-19 preparedness efforts and response updates. You will have an opportunity to provide comments and ask questions to federal officials.
  • Time: 3:30-4:30 PM (Eastern) every Thursday Conference Call: 1-800-857-5577
  Participant Passcode: 6703929 Webinar Adobe Connect: https://ihs.cosocloud.com/r4k6jib09mj/ Participant Password: ihs123

• CDC Offers New Resources for Tribes
  • Identified a Tribal liaison who can respond to inquiries and provide information on CDC’s COVID-19 Tribal response resources. Tribal entities can email preparedness@cdc.gov and indicate “tribal inquiry” in the subject line. Questions about the new CDC tribal funding opportunities should contact tribalcovidnofo@cdc.gov.
Surveillance

- Indian Health Service, California Area Office Response
  - Disseminated form to complete and submit daily
  - Submit to Christine Brennan at Christine.Brennan@ihs.gov and cc: Rosario Arreola Pro at rarreolapro@crihb.org
- Working on obtaining access to flu surveillance system
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/
How to reach us for questions:

Clinical-related assistance:
Thomas Kim, MD, MPH
Medical Epidemiologist
tkim@crihb.org

Community or data-related assistance:
Vanesscia Cresci, MSW, MPA
Director, Research and Public Health
vcresci@crihb.org

Submit CTECTA online request:
https://crihb.org/technical-assistance-request-form/
CRIHB COVID-19 Meeting Notes

DATE: Tuesday March 30, 2020 (3:30PM-4:30PM, PST)
HOST: CRIHB
Meeting Recording: https://zoom.us/rec/share/5fRUL-2h5CRJITLP17HHee-I-8Z3IK6oa81yhrvJZm8tmZd3dx3hPOTOv-NLYAn5g

ATTENDEES:
1. Pit River Health Service
2. United Indian Health Services
3. Greenville Rancheria Tribal Health
4. Santa Ynez Tribal Health
5. Aguas Calientes Band of Cahuilla Indians
6. Quartz Valley Indian Reservation
7. Anan Tribal Health Clinic
8. MACT Health Board
9. Southern Indian Health Council
10. California Rural Indian Health Board, Inc.
11. Tule River Indian Health Clinic
12. Susanville Indian Rancheria
13. Graton Rancheria
14. Karuk Tribe
15. SDAIMC
16. Yurok Tribe
17. Torres Martinez Desert Cahuilla Indians
18. American Indian Health & Services Santa Barbara
19. Chapa-De Indian Health Program
20. Redding Rancheria

CRISHB STAFF ATTENDEES:
Vanesscia Cresci
Rosario Arreola Pro
Aurimar Ayala
Marilyn Pollard

STATE RESPONSE UPDATE

FEMA - Public Assistance Program Fund
- Two different ways to Apply
  - Directly with FEMA and become a direct recipient: 7% administration fee
    - Tribes do not need to submit a copy of emergency declaration
    - Agreement between FEMA must be completed
  - State recipient - Application Process
    - Tribes MUST file an emergency declaration

- Reimbursement Program Only
  - Reimbursements for any type of expenses: 75% reimbursement
  - Tribal Health Programs that are nonprofit can apply for these funds
    - The tribe THP represent must declare an emergency declaration

- Deadline for State: April 13th
- Deadline for FEMA: April 17th

PPE
- 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
- CRIHB HSD secured a PPE distributor for CRIHB member THPs
  - Pre-order form needs to be filled out (due 4/1/2020) and submitted to Rosario Arreola Pro
  - Clinic to also take into account tribal needs

FEDERAL RESPONSE UPDATE

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020
- 80 million in funding for Tribes, Tribal Organizations, and Urban Indians
  - 40 million: New non-competitive grants for Title I and Title V Tribes are eligible to apply
  - Estimated Application Date: April 29, 2020
  - Opportunity Number: CDC-RFA-OT20-2004
  - Search http://www.grants.gov for Opportunity Number

Families First Coronavirus Response Act
- 64 million for COVID-19 testing for IHS
  - 61 million for IHS Federal Health Programs and THPs

Coronavirus Aid Relief and Economic Security (CARES) Act
- Signed on 3/27/2020
- Funding available for Tribal Health Programs thorough IHS, CDC, SAMHSA, and HRSA

SURVEILLANCE UPDATE

Indian Health Service Facility Daily Report template
- Not all clinics are reporting testing numbers
- Important for Tribal Epidemiology Centers to gather data from all sites for surveillance purposes. This data can be used by Tribes when applying for funding
  - Pit River- testing occurring on site
    - Reports being sent to 4 different entities, redundant work
  - Tule River- reporting to Area office
CTEC working on getting access to flu surveillance system

**Question:** Any recommendations on who should take the Public Health Officer Role?

**Answer:** Medical Director is the best person to be the assigned Public Health Officer. You should identify someone to be the Public Health Officer so Public Health actions can be taken under guidance.

**Question:** What individuals can identify whether a particular space/place is suitable for isolation?

**Answer:** Medical officer should be assigned Public Health Officer. To do case investigation and contact tracing, CHRs with appropriate training can conduct these.

CTEC will be providing training to perform case investigation and contact tracing next week.