



CRIHB COVID-19 Updates April 7, 2020

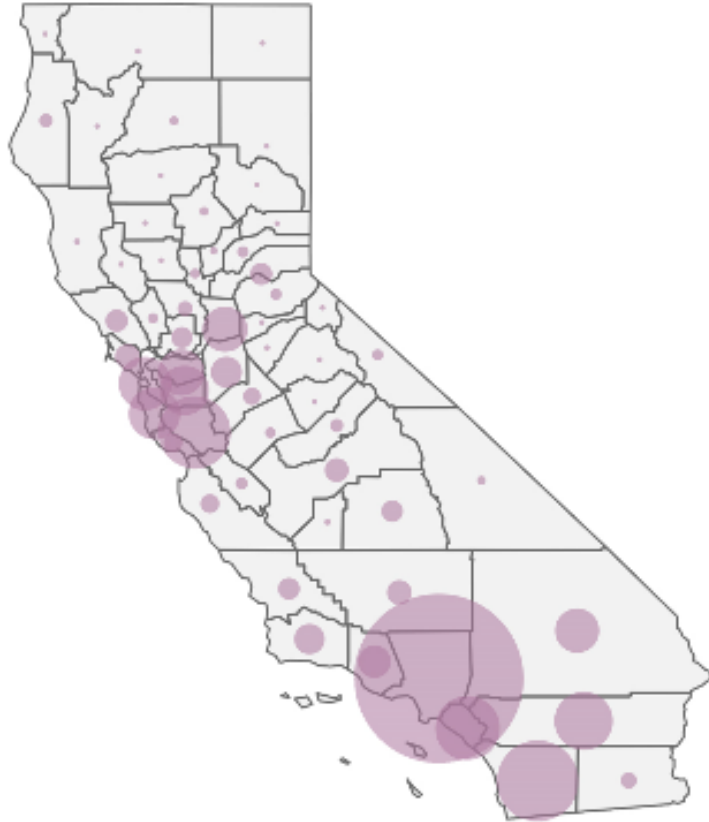
*Please sign-in in the Group
Chat with your name and
Tribe or Tribal Health
Program name*



California COVID-19 By The Numbers

April 6, 2020

Numbers as of April 5, 2020



For county-level data:
data.chhs.ca.gov

CALIFORNIA COVID-19 SPREAD

14,336

Total Cases

Ages of Confirmed Cases

- 0-17: **173**
- 18-49: **7,099**
- 50-64: **3,884**
- 65+: **3,129**
- Unknown/Missing: **51**

Gender of Confirmed Cases

- Female: **6,740**
- Male: **7,296**
- Unknown/Missing: **300**

Hospitalizations

Confirmed COVID-19
2,509/1,085
Hospitalized/in ICU

Suspected COVID-19
2,967/575
Hospitalized/in ICU

343

Fatalities

54 Federally recognized Tribes declared state of emergencies



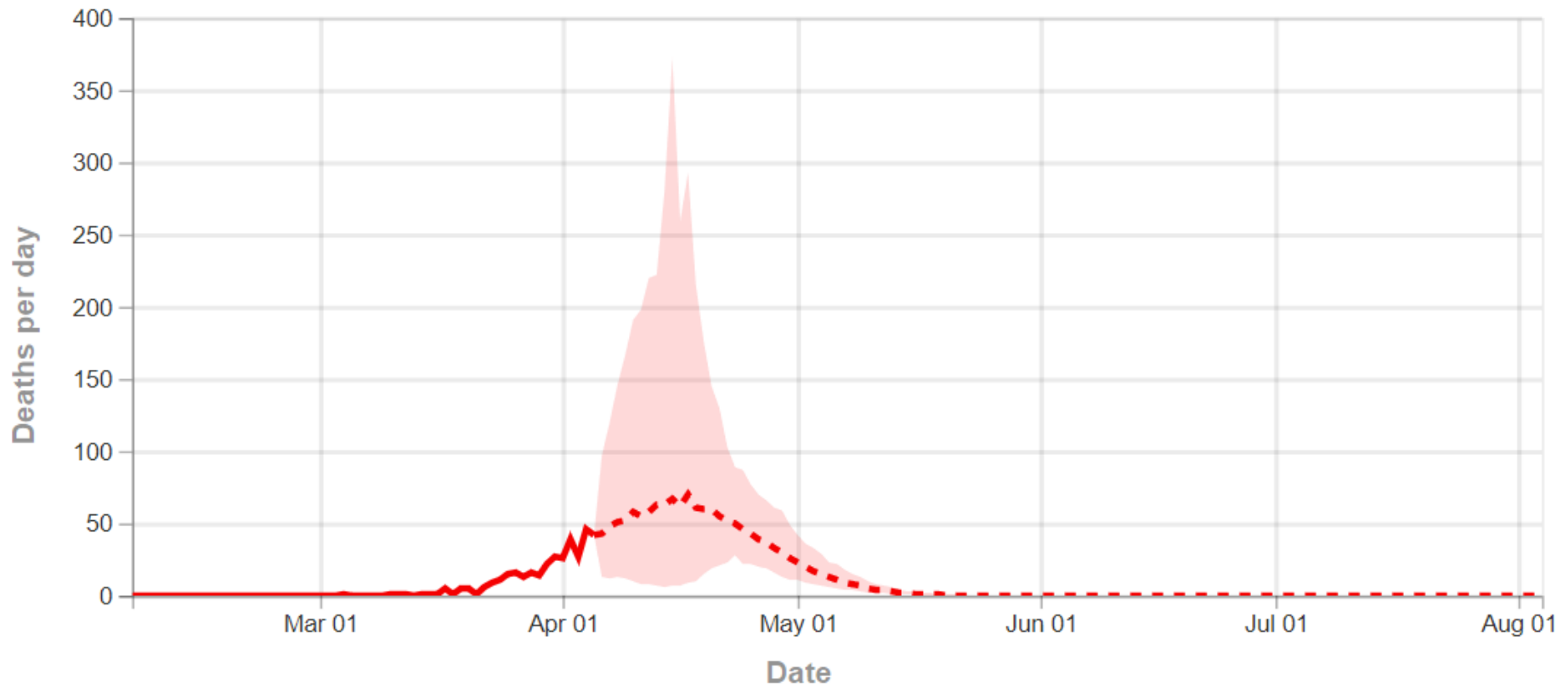
Deaths per day ⓘ

10 days

until projected peak in daily deaths

70 COVID-19 deaths

projected on April 17, 2020



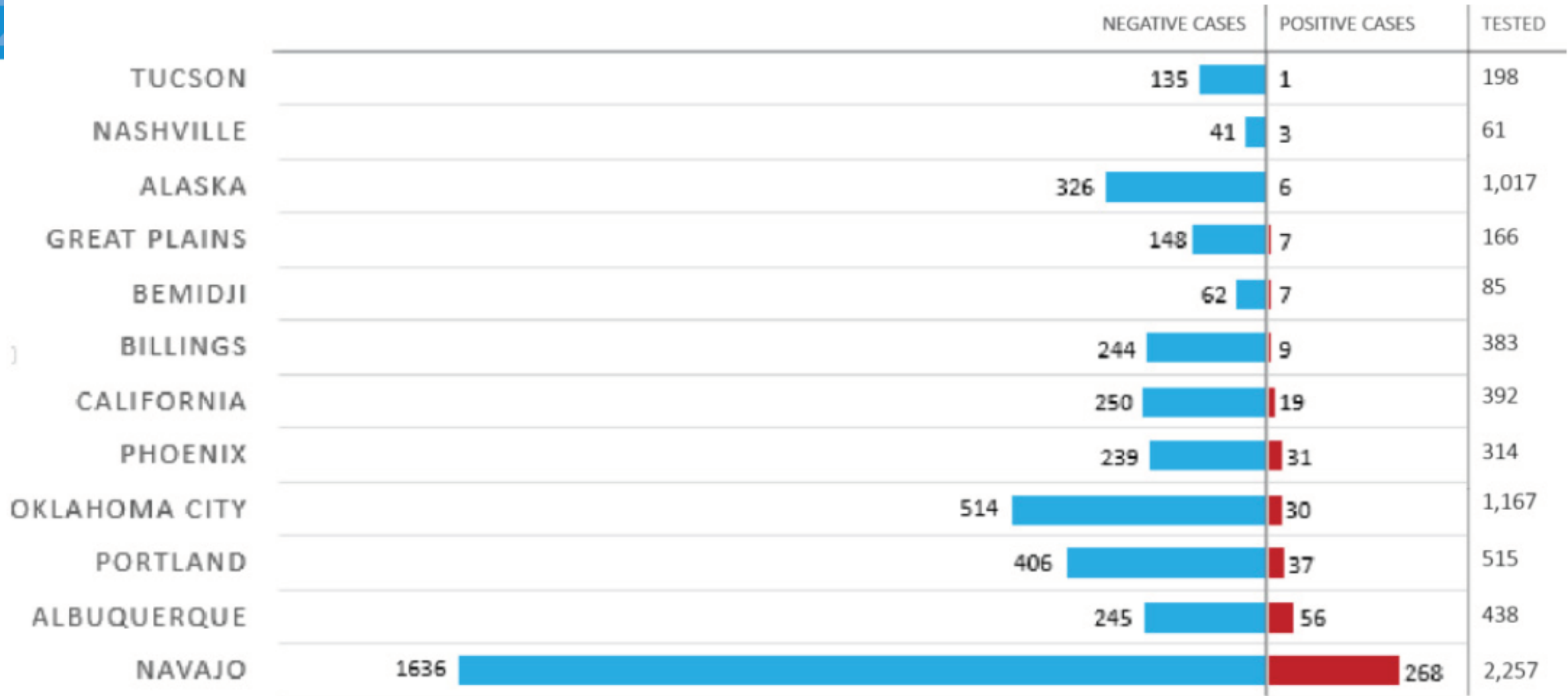
— Deaths per day - - - Deaths per day (projected)

All deaths specific to COVID-19 patients.

Source:

<http://www.healthdata.org/covid>

COVID-19 CASES BY IHS AREA AS OF APRIL 5, 2020



Based on self-reported data to IHS



State Response

- CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call: Mondays, Wednesdays, and Fridays at 11 am
- 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 update
 - 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



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
- 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>
- Coordinate with your regional MHOAC for supplies
 - <https://emsa.ca.gov/wp-content/uploads/sites/71/2020/02/MHOAC-Contact-List-02112020-Public.pdf>



Federal Response

1st 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: NOA received*
 - 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: In process*
 - 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

1st 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
- 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

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



Federal Response

1st 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

1st 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: In process*
 - \$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

2nd 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: In process*
 - 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: In process*



Federal Response

3rd 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*
 - SAMHSA: \$15 million set aside for Tribes- *Status: Held Listening Session on April 1; Submit comments to otap@samhsa.hhs.gov*
 - HRSA: \$15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services. *Status: Held Listening Session on April 1; submit comments to npatel@hrsa.gov*



3rd stimulus package

Federal Response

- 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
- \$570 million to IHS federal health programs and Tribal Health Programs using existing distribution methodologies for program increases

- 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



Federal Updates

- Indian Country COVID-19 Response Update Call
 - Date: Thursday, April 9, 2020
 - Time: 4:00 – 5:30 PM (EST)
 - Registration: RSVP required:
<https://ems9.intellor.com/?do=register&t=1&p=901408>
 - Note: You must RSVP to join the call. Upon successful registration, you will receive a confirmation email with dial-in instructions.



Federal Response

- DOI and Department of Treasury Consultation:
 - Tribal Leader Consultations regarding the distribution of the \$8 billion set aside for tribal governments and tribal entities under the CARES Act.
 - Thursday, April 9, 2020 from 1:00pm EDT – 4:00pm EDT
 - Call-in number: 888-950-5924
 - Participant code: 1682452
 - Submit written comments to consultation@bia.gov and tribal.consult@treasury.gov by April 13, 2020

CTEC Surveillance

- IHS, California Area Office
 - 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

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

IHS Facility COVID-19 Daily Situation Report

Site Name	Date	Time	Site Contact						
			Email:						
Tribal and Community Reportable Information			Phone:						
PPE and Test Kit Status									
Testing Data				PPE Status			Test Kit Status		
# Tested	# Positive	# Negative	# in Process	> 90 days	<60 - >30 days	<30 days	> 90 days	<60 - >30 days	<30 days
Medical Supply Data									
Identify medical supplies needs below									

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/>



CORONAVIRUS DISEASE 2019 (COVID-19)
SITUATIONAL REPORT # 8 MARCH, 23, 2020



DAILY HIGHLIGHTS

The total number of cases in the U.S. increased from 15,219 as reported on Friday 3/20/2020 to 33,404 reported today. The number of deaths increased from 201 to 400.

The federal government has activated the US National Guard in three of the hardest hit states -- California, Washington and New York.

Nearly half of all US cases are in New York state, making it the epicenter of the US outbreak.

California, Illinois, New York and New Jersey were already under stay at home orders over the weekend. Ohio, Louisiana and Connecticut will join them on Monday. An order goes into effect on Tuesday in Delaware.

UNITED STATES

States Reporting Cases of COVID-19 to CDC*



Reported Cases
(last updated March 23, 2020)

- None
- 6 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 to 5000
- 5001 or more

Territories AS GU MH FM MP PW PR VI



COVID-19: U.S. at a Glance*

- Total cases: 33,404
- Total deaths: 400
- Jurisdictions reporting cases: 54 (50 states, District of Columbia, Puerto Rico, Guam, and US Virgin Islands)

* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

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Questions

- How other clinics with CHRs are handling home visits?
 - We are following prescreening the patient and household . Even when patient is negative the condition of cleanliness of the household surroundings is unknown. We are taking additional measures without wearing full PPE. So far using CHR visits wearing a procedure mask, glove and a disposable lab coat and they bring supplies and equipment in plastic containers rather than a nursing bag that may be cleaned with disinfectant. We cover surfaces or tables while we fill pill boxes for the patient in their home. We are planning to offer a face mask for the patient to wear at the visit. Would like to hear of additional ideas.



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

TRIBE AND THP/UIHP ATTENDEES:
(19 attendees)

1. Pit River Health Service
2. Agua Caliente Band of Cahuilla Indians
3. Chapa-De Indian Health Services
4. United Indian Health Service
5. Quartz Valley/Anav Tribal Health Clinic
6. Trinidad Rancheria
7. Indian Health Center of Santa Clara Valley
8. California Rural Indian Health Board, Inc.
9. Southern Indian Health Council
10. Yurok Tribe
11. North Fork Rancheria
12. Tolowa Dee-ni' Nation

CRIHB STAFF ATTENDEES:

Vanesscia Cresci
Rosario Arreola Pro
Dr. Thomas Kim
Aurimar Ayala
Marilyn Pollard

DATE: Tuesday April 7, 2020 (3:30PM-4:30PM, PST)
HOST: CRIHB

Meeting Recording:

<https://zoom.us/rec/play/tcF5J0mvqz03GleVtQSDbf98W421KKms1SAdr6EPzEa0WnECZ1X1Y7IWa6tr9DtNru41-66N6FX073s?continueMode=true>

Topics discussed

- Current rates of COVID-19 from CDPH, new webpage: [Open Data Portal](#)
- FEMA assistance update
- Federal Funding update: Three Stimulus Packages
- Current clinic strategies for home visits and alternative care sites

Resources Mentioned

- Current rates of COVID-19 from CDPH available through the new webpage: [Open Data Portal](#)
- IHME Disease Modeling website:
 - <https://covid19.healthdata.org/united-states-of-america/california>

CRIHB Updates

- FEMA assistance update – Tribes and Tribal Health Programs that are non-profits are eligible to apply for FEMA funding through the state or directly to FEMA. The tribe must declare a State of Emergency to apply through the state. *Follow-up: Rosario Arreola Pro will send the RFA for the FEMA application to the group.*
- 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
- CRIHB has a small reserve of masks (not N95) to offer CRIHB member clinics for non-clinical use. Message Rosario Arreola Pro to request.
- CTEC Surveillance – IHS California Office has disseminated a form for Indian Health Programs to complete and submit daily. Submit to Christine Brennan at Christine.Brennan@IHS.gov and cc: Rosario Arreola Pro at rarreolapro@crihb.org
 - This is how cases are being tracked by IHS across the US.

Federal Funding Updates

First Stimulus Package: CDC announced 80 million in funding to Tribes, Tribal Organizations, and Urban Indian Organizations.

- 30 million: Supplement to 9 regionally designated tribal organizations, of which CRIHB is one of them. *Status: NOA received*
- 10 million: Supplement existing funding to the NCUIH, which will make sub awards for urban Indian health centers. *Status: In process*
- 40 million: Non-competitive grant to reach tribes that are eligible to apply for a federal grant. *Status: RFA released.*
 - 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 that are either Title I (contracted) or Title V (compact).
- 30 million: IHS will distribute to IHS federal health programs to support COVID-19 response activities. *Status: In process*
- 40 million: For purchase of PPE and medical supplies through the IHS national Supply Service Center.

Second Stimulus Package: Families First Coronavirus Response Act, signed on March 18th by President Trump to allocate 64 million for Covid-19 Testing activities.

- 3 million: allocated to Urban Indian Organizations. *Status: In process*
- 61 million: One-time, non-recurring funds allocated to IHS Federal Health Programs and THPs for testing. *Status: In process. Note that funds should have been disseminated. If you have not heard from your area office, it is recommended that you contact them.*

Third Stimulus Package: Coronavirus Aid Relief and Economic Security (CARES) Act, since by the president on March 27, 2020.

CRIHB COVID-19 Meeting Notes

- IHS - \$1.032 billion. *Status: In process*
- CDC: \$125 million set aside for Tribes.
- SAMHSA: \$15 million set aside for Tribes. Submit comments to otap@samhsa.hhs.gov
- HRSA: \$15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services. Submit comments to npatel@hrsa.gov

Indian Country COVID-19 Response Update Call

- Date: Thursday, April 9, 2020
- Time: 4:00 – 5:30pm EST
- Registration: RSVP Required: <https://ems9.intellor.com/?do=register&t=1&p=901408>

Updates and Questions

- Maryann McGovran, CA STAC Delegate, attended a STAC call – will follow up by sending Vanessa updates to disseminate to this group, including an ACL update.
- Clinic Question: How are clinics with CHR's handling home visits?
 - One clinic is requiring CHR's to wear a procedure mask, gloves, and disposable lab coat, and bringing equipment in plastic containers that can be disinfected.
 - Pre-screening the patient and household before the visit.
 - Ensuring a bag is ready outside to home to dispose of PPE after leaving the home, with a plan to dispose of the PPE immediately.
 - CRIHB has recommendations for PPE on the CRIHB website and can be found here: https://crihb.org/wp-content/uploads/2020/03/Guidance_COVID19_CHR.pdf
 - CDC has noted that transmission can occur up to 48 hours before the onset of symptoms and asymptomatic transmission is possible.
- Alternative Care Sites: What are tribes plans for alternative care sites for positive COVID-19 cases?
 - UIHS is beginning to think through options, and also considering how to address reporting while maintaining HIPAA compliance.
 - Some counties already have alternative care sites.
 - UIHS is doing tele-health for those who are suspected cases. Behavioral health and groups are also moving to tele-health using the clinic's zoom. The groups are not billable, but groups with a licensed SUD may be billable. Billing may vary by insurance company.
 - Groups may be billable using Telehealth, depending on the Insurance company.
 - TeleDental is being utilized by Anav Tribal Health Clinic.