

Direct Service Tribes Advisory Committee 1st Quarter Meeting

October 21, 2021

12:00pm – 3:30pm Eastern



Welcome DSTAC 1st Quarter Meeting



Greg Abrahamson
Vice-Chairman, Spokane Tribe
Chair, DSTAC



Update from the Director Welcome



Elizabeth Fowler

Acting Director

Indian Health Service



Intergovernmental Affairs Update



Ben Smith
Deputy Director, Intergovernmental Affairs
Indian Health Service



Updated IHS Tribal Consultation Web site:

www.ihs.gov/tribalconsultation

- Current Updates
 - Simplified Home Page
 - IHS Advisory Committees, Boards, and Workgroups
 - Archive
- Planned Updates
 - “One Stop Shop” for current activities
- Recommendations

www.ihs.gov/tribalconsultation



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives



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The Indian Health Service continues to work closely with our tribal partners to coordinate a comprehensive public health response to COVID-19. [Read the latest info.](#)

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Tribal Consultation

The Indian Health Service (IHS) is strongly committed to regular, ongoing Tribal Consultation that leads to information exchange, respectful dialogue, mutual understanding, and informed decision-making. Tribal Consultation is an essential element for a sound and productive relationship with Tribes. Tribal Consultation occurs when there is a critical event that may impact Tribes, new or revised policies or programs are proposed, or the IHS budget request and annual performance plan are being developed. View the [IHS Tribal Consultation Policy](#).

For upcoming Tribal Consultation events, please visit the [IHS calendar](#).



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Tribal Consultation

IHS Advisory Committees, Boards, and Workgroups

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IHS Advisory Committees, Boards, and Workgroups

Several IHS advisory committees, boards, and workgroups exist to provide leadership, advocacy, and guidance to the IHS Director on a variety of policy and program matters. Information about these groups, including member listings, charters, charges, contact information, and more are all accessible from this site.

- [Community Health Aide Program Tribal Advisory Committee \(CHAP TAG\)](#)
- [Contract Support Costs Advisory Group \(CSCAG\)](#)
- [Direct Service Tribes Advisory Committee \(DSTAC\)](#)
- [Director's Advisory Workgroup on Tribal Consultation \(Consultation Workgroup\)](#)
- [Director's Workgroup on Improving Purchased/Referred Care \(PRC Workgroup\)](#)
- [Facilities Appropriations Advisory Board \(FAAB\)](#)
- [Information Systems Advisory Committee \(ISAC\)](#)
- [Information Technology Investment Review Board \(ITIRB\)](#)
- [National Tribal Advisory Committee on Behavioral Health \(NTAC\)](#)
- [National Tribal Budget Formulation Workgroup \(NTBFWG\)](#)
- [Tribal Leaders Diabetes Committee \(TLDC\)](#)
- [Tribal Self-Governance Advisory Committee \(TSGAC\)](#)

List of Members

Direct Service Tribes Advisory Committee (DSTAC)

The [DSTAC](#) was established in 2005 to provide leadership that advises the IHS Director on the development of Indian health policy that impacts the delivery of health care for Indian Tribes with an emphasis on policies that impact the Direct Service Tribes.

[+ More Information](#)

Director's Advisory Workgroup on Tribal Consultation (Consultation Workgroup)

The Consultation Workgroup is charged with conducting a comprehensive review of the IHS Tribal Consultation policy and developing recommendations on improving the Tribal Consultation process.

Members: The workgroup is comprised of Tribal and Federal members, and includes two Tribal representatives and one Federal member from each IHS Area and Federal members from select IHS Headquarters Program Offices.

Leadership:

- **Tribal Co-Chair:** Lynn Malerba, Chief, Mohegan Tribe and Tribal Self-Governance Advisory Committee Chairwoman
- **Federal Co-Chair:** Benjamin Smith, Deputy Director for Intergovernmental Affairs, IHS

Advisory Committee Representatives:

- Lynn Malerba, Chief, Mohegan Tribe and Tribal Self-Governance Advisory Committee Chairwoman
- Greg Abrahamson, Vice Chairman, Spokane Tribe and Direct Service Tribes Advisory Committee Chairman
- Jordan Juaqin, President, Quechan Indian Tribe and DSTAC Vice Chair

Alaska:

- Tribal: Diana Zirul, Kenaitze Indian Tribe
- Tribal: Natasha Singh, Tanana Chiefs Confernece



Advisory Committees, Workgroups, Boards

Direct Service Tribes Advisory Committee

Tribal Self-Governance Advisory Committee

Budget Formulation Workgroup

Facilities Appropriations Advisory Board –

Facilities Needs Assessment Workgroup

Information Systems Advisory Committee

National Advisory Committee on Behavioral Health

Tribal Leaders Diabetes Committee

Contract Support Costs Workgroup

Community Health Aide Program Tribal Advisory Group

Indian Health Care Improvement Fund Workgroup

Director's Workgroup on Improving Purchased/Referred Care

IHS Tribal Consultation Policy Update: Timeline At A Glance



Objectives for IHS Tribal Consultation Policy Update

- Update IHS Tribal Consultation Policy (to incorporate current data and reflect practice)
- Establish IHS Tribal Consultation Policy as permanent policy in Indian Health Manual
- Improve Tribal Consultation Process

CMS Webinar: All Tribes Webinar Seeking Input on the Development of the Policies for Rural Emergency Hospitals and the Potential Implications for IHS and Tribal Hospitals

- **Date:** Thursday, October 21, 2021
- **Time:** 2:00-3:30 PM Eastern Time
- **Registration Link:** https://kauffmaninc.zoom.us/webinar/register/WN_r5Kq4M6oRUC89eYB9o6g9Q

White House Council on Native American Affairs & U.S. Department of Health and Human Services Nation to Nation Dialogue on the Ongoing COVID-19 Response

- **Date:** Wednesday, October 27, 2021
- **Time:** 2:00 – 4:00 PM EST
- **ZoomGov Meeting:** <https://www.zoomgov.com/j/1615053809>

2021 White House Tribal Nations Summit

- **Date:** November 15-16, 2021
- **Registration:** [Please register by November 5, 2021](#)



Direct Service and Contracting Tribes Update



Terri Schmidt
Director, Office of Direct Service and
Contracting Tribes
Indian Health Service



IHS Budget Update, Title I Funding, Exception Apportionment Update & Q/A



Ann Church
Acting Chief of Staff, Office of Director
Indian Health Service



FY 2022 Continuing Resolution

On September 30, 2021, the President signed a FY 2022 continuing resolution.

- The Act funds the federal government through December 3, 2021.
- It includes a funding anomaly to provide the pro-rata amount for staffing and operating costs of the following new facilities:
 - Yukon-Kuskokwim Primary Care Center (Bethel, AK);
 - Northeast Ambulatory Care Center (Salt River) (Scottsdale, AZ); and
 - Phoenix Indian Medical Center (Phoenix, AZ).
- Exception apportionments are under review.

FY 2022 Senate Bill

On October 18, 2021, the Senate released their draft FY 2022 Interior Appropriations bill.

- Provides +\$1.4 billion above FY 2021.
- Includes advance appropriations for FY 2023.
- Report language supports reclassification of Contract Support Costs and Section 105(I) Leases as mandatory in a final bill.

Bipartisan Infrastructure Bill

On August 10, 2021, the Senate passed a bipartisan infrastructure bill totaling \$1 trillion.

- The bill includes \$3.5 billion for IHS Sanitation Facilities Construction, which may be sufficient to fully fund all projects in the current Sanitation Deficiency System.
- The bill is pending a vote in the House.

Budget Reconciliation – Round 2

On August 11, 2021, the Senate passed instructions for a second budget reconciliation bill, totaling \$3.5 trillion. The House adopted similar instructions on August 24, 2021.

- The Senate instructions provide \$20.5 billion for programs serving American Indians and Alaska Natives, including the IHS.
- The bill may be a vehicle to address other IHS infrastructure needs such as Health Care Facilities Construction and Electronic Health Record System modernization.
- The Administration and Congress are currently renegotiating a topline.

Consultation Updates

Mandatory Funding for the IHS

- HHS and IHS are reviewing comments from Tribal Consultation and Urban Confer, and considering next steps.

Section 105(/) Lease Policy

- HHS and DOI are reviewing comments from Tribal Consultation to identify possible areas for collaboration and next steps.



Quality Water, Potable Water, & Fund Distribution Update and Q/A



RADM Mark Calkins
Director, Division of Sanitation Facilities
Construction
Office of Environmental Health & Engineering
Indian Health Service

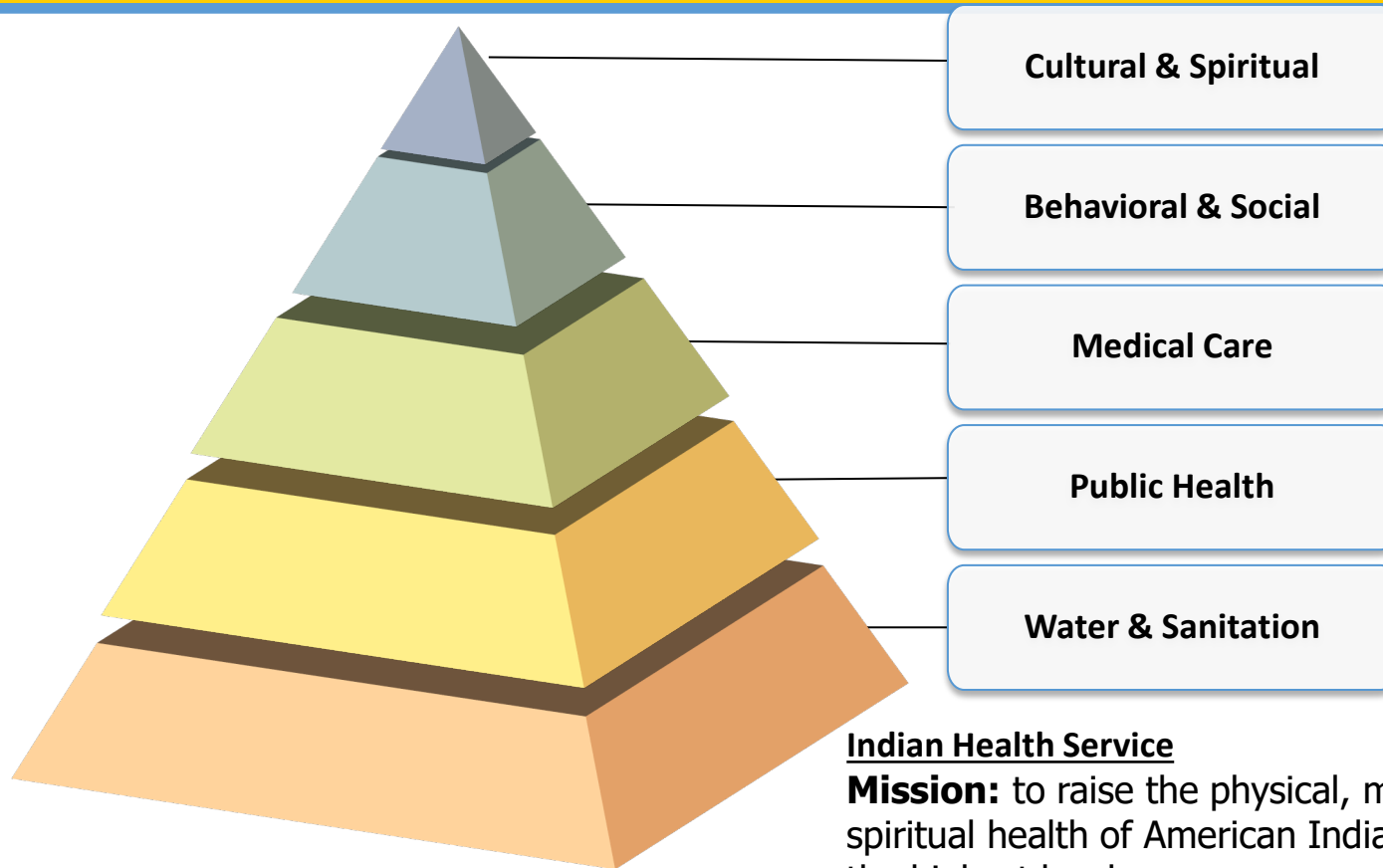




Indian Health Service Overview of the Division of Sanitation Facilities Construction

**FY-2022 Direct Service Tribes Advisory Committee (DSTAC)
1st Quarter Conference Call
October 21, 2021**

The Mission



Indian Health Service

Mission: to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

Vision: healthy communities and quality health care systems through strong partnerships and culturally responsive practices

The Work

In partnership with Tribes, the IHS SFC Program provides the following services:

1. Develops and maintains an inventory of sanitation deficiencies in Indian and Alaska Native communities.
2. Provides professional engineering design and/or construction services for water supply and waste disposal facilities.
3. Provides funding for water supply and waste disposal facilities.
4. Lead collaboration with other agencies in the development of multi-agency funded projects
5. Provides technical consultation and training to improve the operation and maintenance of Tribally owned water supply and waste disposal systems.
6. Advocate for Tribes during the development of policies, regulations, and programs.
7. Assist Tribes with sanitation facility emergencies.



The Work

Facilities	
Water	<ul style="list-style-type: none"> • Private/Individual Well • Cistern • Point of Use Treatment • Transmission/Source • Community Treatment • Washateria • Community Storage • Distribution System • O&M Equipment
Sewer	<ul style="list-style-type: none"> • On-site Waste Water Treatment • Community Sewage Collection System • Community Sewage Treatment • O&M Equipment
Solid Waste	<ul style="list-style-type: none"> • Landfill/transfer station • Open dump closure • O&M Equipment
Planning	<ul style="list-style-type: none"> • Engineering Services • Testing Services





Total Sanitation Deficiency Needs

Sanitation Deficiency System Data Snapshot: December 2, 2020

Total Eligible Sanitation Deficiency Project Need	\$3.09 Billion
Total Ineligible Need*	\$0.77 Billion

* Ineligible needs are not authorized to be supported with funding from the IHS project appropriation.



FY 2021 Project Funding Resources (Totals)



Project Fund Source	Amount
FY 2021 Appropriation	\$196,577,000
American Rescue Act Plan (SDS + Housing Projects)	\$167,000,000
American Rescue Act Plan (Delivery of Potable Water)	\$10,000,000*
Total SFC FY 2021 Funding	\$373,577,000

*Funds not currently distributed, IHS is working with public water supply primacy agencies to determined requirements of safe water delivery.



FY2021 Project Funding Resources (Area Allocations)



Funds Distribution

FY: 2021

Area	ARPA IHS Housing	ARPA IHS Regular	IHS Emergency	IHS Housing	IHS O&M TA/Training	IHS Regular	IHS Special	Total
AL	0	8,161,749	0	3,397,750	454,710	1,919,000	0	13,933,209
AN	0	39,334,171	0	7,075,975	437,130	38,471,300	0	85,318,576
BE	316,880	7,426,268	70,720	3,360,285	186,300	3,784,700	0	15,145,153
BI	0	5,366,023	0	2,235,000	150,660	2,201,700	0	9,953,383
CA	2,302,719	9,079,378	200,000	4,660,285	197,640	10,491,500	0	26,931,522
GP	3,733,156	18,047,613	98,780	9,104,285	298,890	19,197,500	0	50,480,224
NA	1,700,916	35,906,530	0	6,358,284	334,530	29,634,700	0	73,934,960
NS	447,716	2,501,176	0	2,982,284	107,730	4,474,300	0	10,513,206
OK	3,803,216	7,512,264	0	11,982,284	158,490	10,470,600	0	33,926,854
PH	2,351,716	9,977,828	0	2,547,284	276,210	5,106,100	0	20,259,138
PO	4,156,216	4,332,472	0	4,876,284	296,460	6,164,600	0	19,826,032
TU	0	541,993	0	1,420,000	101,250	411,000	0	2,474,243
HQ	0	0	380,500	0	0	0	500,000	880,500
TOTAL	18,812,535	148,187,465	750,000	60,000,000	3,000,000	132,327,000	500,000	363,577,000



Contact Information

RADM Mark Calkins, PE

Director

**Division of Sanitation Facilities Construction
Office of Environmental Health and Engineering
Indian Health Service
Mark.Calkins@ihs.gov**

Meeting our Mission Fighting COVID-19 Update and Q/A



Loretta Christensen, MD
Chief Medical Officer
Indian Health Service



COVID-19 DATA

Total testing

- 3,141,575

Total positive cases

- 263,357

Total 7 day rolling positive average

- 10.2%

Vaccinations:

Total doses given : 1,677,212

Additional doses: 30,000

AI/AN Vaccination Rates

Age Group	At least 1 Dose	Fully Vaccinated
Adults (18+)	62.5%	52.6%
Adolescents (12-15 years)	43%	34.3%

Vaccine Boosters

COVID-19 Vaccine booster shots are available for the following Pfizer-BioNTech vaccine recipients who completed their initial series at least 6 months ago and are:

- 65 years and older
- Age 18+ who live in [long-term care settings](#)
- Age 18+ who have [underlying medical conditions](#)
- Age 18+ who work in [high-risk settings](#)
- Age 18+ who live in [high-risk settings](#)

Anticipated changes

Booster for Moderna and Johnson & Johnson

- ACIP will meet October 20-21, 2021
- CDC will issue decision October 22, 2021
- Moderna dose will most likely be a ½ dose

Pfizer-BioNtech

- FDA will meet October 26th
- ACIP November 2-3, 2021

Pediatric Vaccinations ages 5-11 years

Timeline:

- October 26: FDA VRBPAC Review
- November 2-3: ACIP Meeting
- Ordering may begin when the FDA authorizes the vaccine, but administration **must** wait for ACIP and CDC approval.

The pediatric dose is **NOT** the same

- Ages 12-16 adolescent dose is the same as the adult dose
- Ages 5-11 will be a different dose

Pre-planning is CRITICAL

Guidance focused on patient safety will be available

<https://www.cdc.gov/vaccines/covid-19/downloads/Pediatric-Planning-Guide.pdf>

Treatment

Monoclonal Antibodies

- Regen CoV2 (Casirivimab/Imdevimab)
- Bamlanivimab/Etesevimab
- Sotrovimab
- Tocilizumab (Actemra)
- Baricitinib (Olumiant)

Anti-viral therapy

- Remdisivir
- Molnupiravir: to be submitted for approval

Post-acute COVID-19

Persistent symptoms and/or delayed or long term complications of SARS-CoV-2 infection beyond 4 weeks from the onset of symptoms

- Subacute COVID-19 which includes symptoms and abnormalities present from 4-12 weeks acute COVID-19
- Chronic or post-COVID-19 syndrome, includes symptoms and abnormalities persistent or present beyond 12 weeks from the onset of acute COVID-19 and not attributable to alternative diagnosis

How are you affected by COVID-19?

How much are you currently affected in your everyday life by COVID-19? Please indicate which one of the following statements applies to you most.	Corresponding PCFS scale grade
I have no limitations in my everyday life and no symptoms, pain, depression or anxiety.	0
I have negligible limitations in my everyday life as I can perform all usual duties/activities, although I still have persistent symptoms, pain, depression or anxiety.	1
I suffer from limitations in my everyday life as I occasionally need to avoid or reduce usual duties/activities or need to spread these over time due to symptoms, pain, depression or anxiety. I am, however, able to perform all activities without any assistance.	2
I suffer from limitations in my everyday life as I am not able to perform all usual duties/activities due to symptoms, pain, depression or anxiety. I am, however, able to take care of myself without any assistance.	3
I suffer from severe limitations in my everyday life: I am not able to take care of myself and therefore I am dependent on nursing care and/or assistance from another person due to symptoms, pain, depression or anxiety.	4

*Post-COVID-19
Functional Status Scale,
version 2, July 2020*

Disease specific Treatment

Pulmonary

Cardiology

Neurology

Cognitive Therapy

Mental Health Services

Treatment

Fatigue. Patients may be taught strategies for “Pacing, Planning, Prioritizing, and Positioning” activities, sometimes known as the “4 Ps.” They may also be advised to undertake a physical exercise program that involves stretching, strengthening, and aerobic activities. If exercise worsens symptoms, the patient should stop or reduce the intensity and/or duration of the activity.

Respiratory symptoms. Treatment may involve breathing exercises, use of supplemental oxygen, and pulmonary rehabilitation, a medically guided program in which patients perform exercises and learn breathing techniques. Patients may need to use a pulse oximeter to monitor blood oxygen saturation levels. (If blood oxygen saturation levels fall below 92%, they should seek medical attention.) If respiratory symptoms do not improve, patients may be referred to a pulmonologist.

Treatment

Psychological symptoms. Treatment commonly involves counseling, support groups, and medications to manage depression, anxiety, or other conditions.

Smell and taste symptoms. Patients who have reduced or [lost sense of smell and/or taste](#), doctors may prescribe topical (drops or sprays) corticosteroids to reduce inflammation in the nose. They may also perform olfactory training, a therapy in which patients regularly sniff various odors for a set period (usually several weeks) with the aim of restoring sense of smell. If symptoms do not resolve, patients may be referred to an ear, nose, and throat (ENT) specialist

Summary for Post COVID Syndrome

Post-COVID-19 Syndrome has an impact on the life of the affected person

There is an increased need for medical and social services resources

A well integrated plan of care will result in improved outcomes

There is still much to be learned about the sequelae of COVID-19

All healthcare providers should factor in the needs of this Post-COVID-19 population for resources, cost and possible long term care implications

DSTAC Business



Closing Remarks and Adjourn



Executive Session at a different breakout room

