

Indian Health Service All Tribal and Urban Indian Organization Leaders Call

SEPTEMBER 9, 2021



Opening Remarks



MS. ELIZABETH FOWLER
ACTING DIRECTOR
INDIAN HEALTH SERVICE



IHS COVID-19 Vaccine Task Force Update

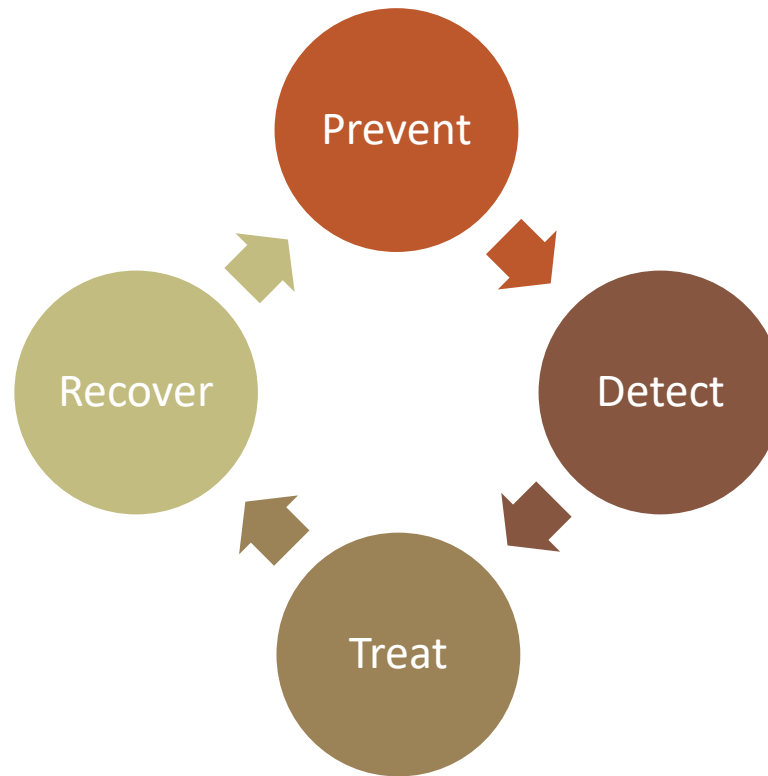
September 9, 2021



DR. LORETTA CHRISTENSEN
CHIEF MEDICAL OFFICER
INDIAN HEALTH SERVICE



Strategy



Strategy 1 - Prevent

- Communications - staff, communities, tribes, UIOs
- The 3 W's:
 - Wear a mask
 - Wait 6 feet apart
 - Wash your hands
- COVID-19 vaccine distribution and administration
- Efforts to increase vaccine acceptance
- PPE - avoid COVID fatigue, maintain safety



IHS Vaccine Task Force Activity

Recent Clinical Changes

- Pfizer (Comirnaty®) vaccine fully approved for persons aged 16 and older
- 3rd dose for MODERATE or SEVERE weakened immune systems, in individuals aged 12 and older

Distribution

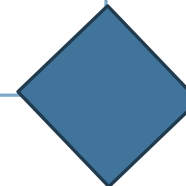
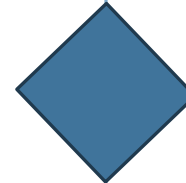
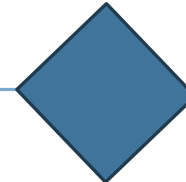
- Pfizer & Moderna available with no ordering cap
- Janssen/J&J may be ordered by end of this week

Safety

- Ongoing monitoring of three IHS surveillance systems
- Safety alerts issued by the [National Pharmacy & Therapeutics Committee Pharmacovigilance Team](#)

Data and Measures

- Administration rates include ONLY individuals vaccinated within the IHS distribution network
- IHS jurisdiction administered 79% of doses across all I/T/U's



355

I/T/Us receiving vaccine from IHS



2,019,075

Doses Delivered



Over 1.58 Million Doses Administered!

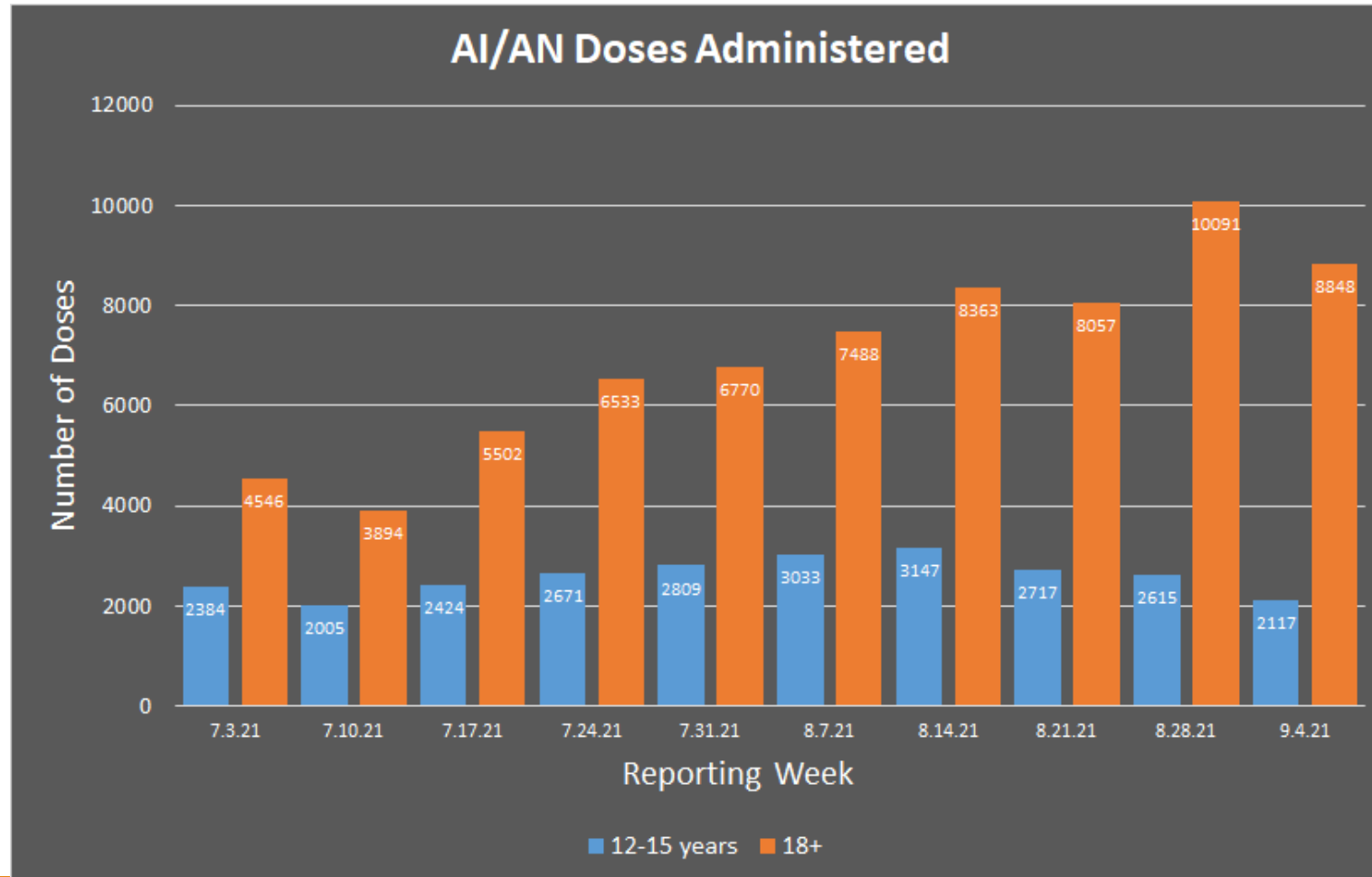


American Indian/Alaska Native Vaccination Rates

- For I/T/Us that selected the IHS jurisdiction for vaccine distribution (Data Reflective of 9/5/21)
- AI/AN Adults
 - **At least one dose = 60.2%**
 - An increase of 5.1% since July 4, 2021
 - **Fully vaccinated 50.3%**
 - An increase of 3.8% since July 4, 2021
- AI/AN Adolescents 12-15 years old
 - **At least one dose = 38.5%**
 - An increase of 17.4% since July 4, 2021
 - **Fully vaccinated 28.4%**
 - An increase of 14% since July 4, 2021



Significant Trends – Increased Uptake



AI/AN Adults (18 years+)

- 122% increase in uptake from July 3 to August 28

AI/AN Adolescents (12-15 years)

- 38% increase in uptake from July 3 to August 14



Anticipated Changes

- Emergency Use Authorization Possible Expansions
 - Booster doses for general population
 - Not currently recommended
 - Pending regulatory and scientific review by FDA, ACIP and CDC
 - FDA will hold a virtual meeting on September 17, 2021, to review data
 - Adolescents
 - Moderna application for adolescents 12-17 years submitted, awaiting review
 - Pediatrics
 - Pfizer and Moderna seeking approval
 - Anticipated submission: end of October 2021 for 5-11 years
 - Into November/December for younger ages



Coadministration of COVID-19 and Influenza Vaccines

- Influenza vaccine shipments to I/T/Us began in late August
- Vaccines for Children programs are beginning to allow ordering
- COVID-19 and influenza vaccines may be administered at the same time
 - May be administered on the same day, or at any time interval
- Mild side effects are expected
 - Feeling tired, under-the-weather or having a sore arm for 1-2 days is common



Variants

- Delta-B.1.617.2
 - Spreads much faster
 - A much as 2 times more contagious
 - Unvaccinated people remain the greatest concern
 - Severe illness, hospitalization and death
 - Treatments
 - Certain monoclonal antibody treatments are less effective
 - Fully vaccinated individuals can still get COVID, but less often (<10% of cases)
 - If vaccinated individuals do get COVID, it is less severe
 - Vaccines
 - Vaccines are highly effective against Delta, especially severe outcomes

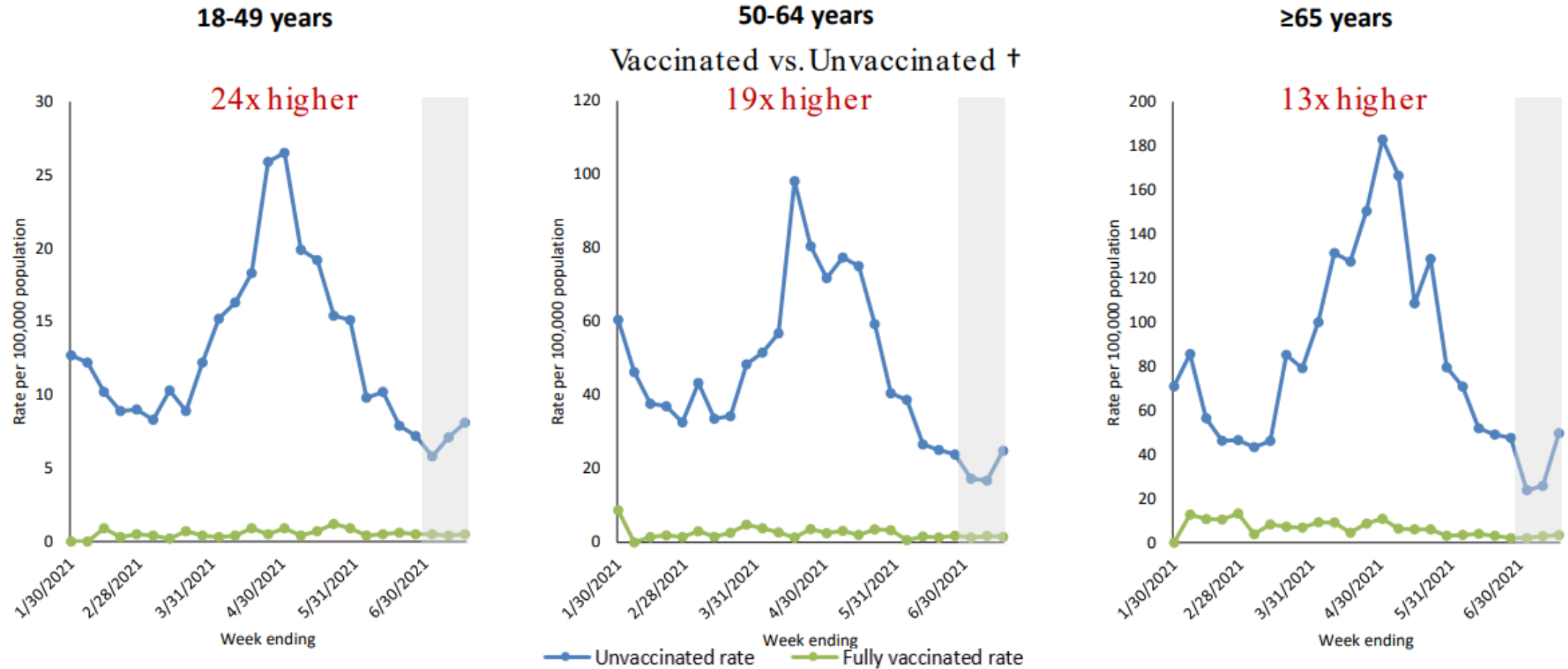


Delta Variant - Vaccine Effectiveness

- Currently authorized vaccines are **highly effective in preventing serious infections.**
- Vaccine risk reduction
 - 10 times lower reduction for serious infection
 - 3 times lower for infection
- CDC Data: Fully vaccinated persons account for <0.004% of breakthrough COVID causing hospitalization and <0.001% of breakthrough COVID causing death.



Age-adjusted weekly COVID-19-associated hospitalization rates among adults by week of admission and age group*—COVID-NET, January 24–July 17, 2021



*Data are preliminary and case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior case counts and rates are updated accordingly.

†Cumulative rate ratio from January 24 – July 17, 2021. Shaded area indicates preliminary July data that does not include one site.

Havers et al. <https://medrxiv.org/cgi/content/short/2021.08.27.21262356v1>. COVID-19-associated hospitalizations among vaccinated and unvaccinated adults ≥18 years - COVID-NET, 13 states, January 1-July 24, 2021

Strategy 2 - Detect

- Screening vs. Testing
- Types of Testing:
 - Diagnostic, Contact Tracing, Surveillance
- Distribution of rapid point-of-care testing systems and supplies
- IHS Testing Strategy
 - Surveillance Screening is necessary to detect asymptomatic cases



Strategy 3 - Treat

- Culturally competent, trauma informed care
- Staffing and surge planning
- Therapeutics: Antiviral, Glucocorticoid, Monoclonal antibodies
- Maintain readiness / trainings on emerging treatments
- Critical Care Response Teams
- Telehealth enhancement



Current Status

- Use of monoclonal therapy has increased significantly
- CCRT team continues to deploy to support sites
- Staffing is still challenging across Indian Country
 - Non-provider staff reimbursement
- Telehealth continues to be utilized:
 - Challenges include continued reimbursement
 - Broadband access issues across the country
 - Telephonic reimbursement may end



Strategy 4 - Recover

- Addressing trauma, behavioral health, substance use disorder, unresolved grief in light of COVID-19
- Staff, patient and family, and community resilience
- Monitoring and care of those who have had COVID-19
- Resources for patients and community COVID-19 and emotional well-being
- Post-COVID care and management
- Trauma Informed Care

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



Indian Health Service Budget Update



JILLIAN CURTIS

DIRECTOR, OFFICE OF FINANCE AND ACCOUNTING

INDIAN HEALTH SERVICE



FY 2021 & FY 2022 Congressional Action



Senate Budget Resolution

On August 11, the Senate passed the FY 2022 Budget Resolution.

- Includes necessary provisions to permit the Senate Appropriations Committee to provide advance appropriations to the IHS.
- This means that if the Senate so chooses, the FY 2022 Senate bill could include advance appropriations for the IHS for FY 2023.
- The Senate may mark up their annual appropriations bill in the coming weeks.

Bipartisan Infrastructure Bill

On August 10, 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 now with the House for consideration.

Budget Reconciliation – Round 2

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

- The Senate instructions provide \$20.5 billion for programs serving American Indians and Alaska Natives, including the IHS.
- The House and Senate are now preparing language to enact the reconciliation bill.
- The bill may be a vehicle to address other IHS infrastructure needs like Health Care Facilities Construction, and Electronic Health Record modernization.

FY 2021 Year End Close Out



CARES Act Funding

CARES Act funding expires on September 30, 2021.

- This means that deadline for the IHS to obligate CARES Act funds is September 30, 2021.
- Once placed in a contract or self-governance agreement, the funds are be available to the tribe until expended.
- The IHS is working hard to ensure any remaining balances are obligated in a timely way.

FY 2020/2021 Funding

FY 2020 funding with a two year period of availability (FY 2020/2021 funding) expires on September 30, 2021.

- This means that deadline for the IHS to obligate these funds is September 30, 2021.
- Once placed in a contract or self-governance agreement, the funds are be available to the tribe until expended.
- The IHS is working hard to ensure any remaining balances are obligated in a timely way.

Tribal Consultation Mandatory Funding



Mandatory Funding Consultation/Confer

HHS and IHS conducted consultation and confer on mandatory funding proposals for the IHS on from August 25 through September 3.

- This consultation and confer will inform future President's Budgets, which are the official statement of the Administration's policies.
- The IHS and HHS are reviewing comments from the consultation and confer sessions, as well as the written comments, to identify next steps.

Indian Health Service

Division of Behavioral Health

DR. TAMARA JAMES

INDIAN HEALTH SERVICE



Division of Behavioral Health Overview

The Division of Behavioral Health (DBH) is housed in the Office of Clinical and Preventive Services within the Indian Health Service.

DBH serves as the primary source for national advocacy, policy development, management and administration of behavioral health, alcohol and substance abuse, and family violence prevention programs for American Indians/Alaskan Natives.

DBH manages program and policy work through four functional areas.

- Alcohol and Substance Abuse
- Mental Health
- Telebehavioral Health Center of Excellence
- Behavioral Health Initiatives.

DBH works with partnership with Tribes, Tribal Organizations, and Urban Indian Organizations.

DBH coordinates national efforts to share knowledge and build capacity through the development and implementation of evidence-based, practice-based and culturally based activities in Indian Country.

Community Opioid Intervention Pilot Project (COIPP) Grant Program

The Community Opioid Intervention Pilot Project (COIPP) will address the opioid crisis in American Indian/Alaska Native communities through the following objectives: Increase public awareness and education about culturally-appropriate and family-centered opioid prevention, treatment, and recovery practices and programs; create comprehensive support teams to strengthen and empower families by addressing the opioid crisis; and, reduce unmet treatment needs and opioid overdose related deaths through the use of medication assisted treatment (MAT).

- ❖ 35 funded projects: Tribes, Tribal organizations, and Urban Indian organizations
 - ❖ https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/coipp2021grantees.pdf
- ❖ Award amount: \$16,229,448
- ❖ 3-year cycle: April 1, 2021 – March 31, 2024

Notice of Funding Opportunities in FY22

Due to shifting priorities of the COVID-19 pandemic, the new notice of funding opportunities (NOFO) for the behavioral health initiatives have been delayed. The IHS *anticipates* the first of the new NOFOs will be published in the Federal Register in FY 2022.

- ❖ Behavioral Health Integration Initiative (BH2I)
- ❖ Zero Suicide Initiative (ZSI)
- ❖ Domestic Violence Prevention (DVP)
- ❖ Forensic Health Care (FHC)
- ❖ Suicide Prevention, Intervention, and Postvention (SPIP)
- ❖ Substance Abuse Prevention, Treatment and Aftercare (SAPTA)
- ❖ Youth Regional Treatment Center (YRTC)

Current Behavioral Health Grants

- ❖ **Substance Abuse and Suicide Prevention (SASP) Grant Program**

- ❖ 5-year cycle: September 30, 2015 – September 29, 2020

- ❖ **Preventing Alcohol-Related Deaths (PARD) through Social Detoxification Grant Program**

- ❖ 5-year cycle: September 30, 2015 – September 29, 2020

- ❖ **Behavioral Health Integration Initiative (BH2I) Grant Program**

- ❖ 3-year cycle: September 30, 2017 – September 29, 2020

- ❖ **Zero Suicide Initiative (ZSI) Grant Program**

- ❖ 3-year cycle: November 1, 2017 – October 31, 2020

- ❖ **Preventing Alcohol-Related Deaths (PARD) through Social Detoxification Grant Program**

- ❖ 5-year cycle: September 30, 2017 – September 29, 2022

- ❖ **Youth Regional Treatment Center (YRTC) Aftercare Pilot Project Grant Program**

- ❖ 3-year cycle: December 15, 2017 - December 14, 2020

No Cost Extension (NCE)

- ❖ No cost extensions (NCE) provide a one time extension of the end date for a final project period of a previously approved grant segment without additional funding for up to 12 months.
- ❖ Individual grantees may request No-Cost Extension (NCE) in the final year of a grant cycle per the Division of Grants Management (DGM).
- ❖ If you are a current grantee: The Division of Behavioral Health encourages current grantees to connect with their assigned Grants Management Specialist (GMS) for any questions they may have about their current grant funding and any other options available for grants.
- ❖ Please visit the DGM website for more information at https://www.ihs.gov/sites/dgm/themes/responsive2017/display_objects/documents/NoCostExtensions.pdf

Crisis Text Line, National Suicide Prevention Lifeline, The Trevor Project, The Trans Lifeline...

❖ Crisis Services: Crisis Text Line

- ❖ The Indian Health Service has partnered with the Northwest Indian Health Board to create the special keywords of **NATIVE** and **INDIGENOUS** that American Indian and Alaska Native people can text to 741741 to speak with a culturally aware trained crisis counselor 24 hours a day, 7 days a week.

Crisis Services

- ❖ If you or someone you know is struggling with an emotional or mental health crisis, please contact the National Suicide Prevention Lifeline at **1-800-273-8255** (TALK). The service is free, confidential and open 24 hours a day, 7 days a week.
- ❖ Texting services is available through the Crisis Text Line by texting **NATIVE** or **INDIGENOUS** to **741741** to be connected to a trained Crisis Counselor.
- ❖ Crisis services for LGBTQ2S are available from the Trevor Project at **1-866-488-7386**, 24 hours a day, 7 days a week.
- ❖ Trans Lifeline is a hotline that supports trans people in crisis by providing services within the Trans community. A trained Crisis Counselor can be reached at **877-565-8860**.

National Mental Health Crisis Line

9-8-8

- ❖ Beginning in July 2022, there will be a new three-digit number to access crisis services. Like dialing 9-1-1 to reach emergency services, dialing 9-8-8 will connect directly with the Suicide Prevention Lifeline.
- ❖ Until then, if you or someone you know is struggling with an emotional or mental health crisis, please contact any of the crisis services highlighted.

IHS Suicide Prevention Gatekeeper Training and Train the Trainer Services

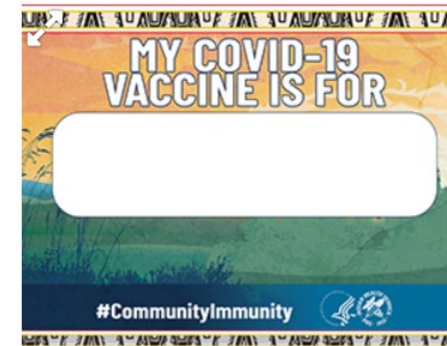
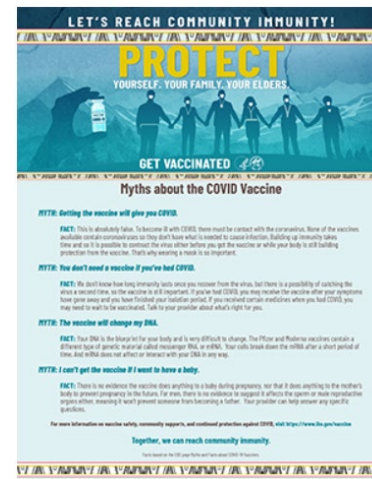
- ❖ The IHS Division of Behavioral Health (DBH) is working to increase recognition and response to suicide related ideations and behaviors within federal facilities and service units.
- ❖ IHS implemented an Agency wide training on the evidence-based, **Q**uestion, **P**ersuade and **R**efers, QPR suicide prevention gatekeeper training to be implemented and disseminated through the 12 IHS Area offices.
- ❖ This training initiative will train up to 16,248 IHS healthcare professionals in the QPR and will certify 120 healthcare professionals as Trainers.

COVID-19 Resources

The Indian Health Service continues to work closely with our tribal and urban Indian organization partners and state and local public health officials to coordinate a comprehensive public health response to the ongoing COVID-19 pandemic.

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

IHS COVID-19 Promotion Materials



IHS COVID 19 Behavioral Health Resources

- ❖ FAQs Federal Response in Indian Country
- ❖ Fact Sheets
- ❖ Community Resources
- ❖ Clinical Resources
- ❖ Family and Household Resources
- ❖ FEMA Resource Request Guide

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

National Tribal Advisory Committee (NTAC) on Behavioral Health Update

The National Tribal Advisory Committee (NTAC) on Behavioral Health acts as an advisory body to the Division of Behavioral Health and to the Director of the Indian Health Service, with the aim of providing guidance and recommendations on programmatic issues that affect the delivery of behavioral health care for American Indian and Alaska Natives.

NTAC Leadership:

Tribal Co-Chair: *Vacant*

Federal Co-Chair: Dr. Glorinda Segay (IHS Division of Behavioral Health)

Membership: The NTAC consists of one primary and one alternate representative from each of the 12 IHS areas. Members are nominated by IHS Area Directors, in consultation with Tribal leaders. All nominees must be elected Tribal leaders or a designee selected by Tribal leaders.

There are currently vacancies in BIL and NAS.

IHS Telebehavioral Health Center of Excellence

The TBHCE has developed a series of COVID-19 related webinars and ECHOs on the following:

- ❖ Domestic Violence
- ❖ Compassion Fatigue
- ❖ Supporting parents and caregivers
- ❖ SUD treatment during a pandemic

<https://www.ihs.gov/teleeducation/c19webinars/>

IHS Telebehavioral Health Center of Excellence

Through the IHS ICS, the TBHCE was approved to establish a contract for 4 COVID-related ECHOs that occur twice monthly. These ECHO have proved key in the IHS response to the COVID pandemic

- ❖ COVID-Update ECHO
- ❖ Substance Use Disorders and Chronic Pain ECHOs
- ❖ Mental Health and Resiliency ECHO
- ❖ Community Health ECHO

<https://hsc.unm.edu/echo/institute-programs/indian-country/>

National Recovery Month

National Recovery Month serves as an annual celebration to remind all persons that treatment for substance use disorder exists and that recovery is possible. The theme for the 2021 observance is *Recovery is for Everyone: Every Person, Every Family, Every Community*. For more information please visit the *Alcohol and Substance Abuse and HOPE* website.

www.ihs.gov/asap

www.ihs.gov/opioids

Indian Health Service Division of Environmental Health Services

CAPT STEPHEN PIONTKOWSKI AND CAPT MIKE REED
INDIAN HEALTH SERVICE



Division of Environmental Health Services

5 Focus Areas



Children's Environment

Prevent illness and injury by reducing risk factors where children live, learn, and play.



Safe Drinking Water

Prevent waterborne illness and ensure safe drinking water supplies.



Food Safety

Prevent foodborne illness and promote food safety and security.



Vectorborne and Communicable Diseases

Prevent diseases transmitted by insects, animals, humans, and the environment.



Healthy Homes

Prevent diseases and injuries in homes caused by unhealthy living conditions.

- Mission

Through shared decision making and sound public health measures enhance the health and quality of life of all American Indians and Alaska Natives to the highest level by eliminating environmentally related disease and injury

Healthy Environments – Healthy People



Division of Environmental Health Services

- National Food Safety Education Month
- Food safety resources
 - <https://www.fightbac.org/nfsem/>
 - <https://www.foodsafety.gov/>
 - <https://www.cdc.gov/foodsafety/index.html>
 - <https://www.fda.gov/consumers/free-publications-women/food-safety-home>



Division of Environmental Health Services

- Activities in support of food safety services
 - Surveys/inspections
 - Investigations
 - Training
 - Policy development



