

# Indian Health Service

## All Tribal and Urban Indian Organization Leaders Call

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MAY 18, 2023



# IHS Update



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DARRELL LAROCHE

DEPUTY DIRECTOR FOR  
MANAGEMENT OPERATIONS

INDIAN HEALTH SERVICE







# Tribal Urban Leadership Call

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LORETTA CHRISTENSEN MD  
CHIEF MEDICAL OFFICER  
INDIAN HEALTH SERVICE



# IHS COVID-19 Strategy

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❖ Prevent

❖ Detect

❖ Treat

❖ Recover



# Strategy 1 - Prevent

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- ❖ Vaccination is the single most effective strategy to prevent serious COVID illness and death from COVID.
- ❖ COVID vaccines are proven to be safe and effective.



# American Indian/Alaska Native Vaccination Rates

Data reflective of 4/19/2023 for I/T/Us within the IHS jurisdiction I/T/U Vaccination Activities:

AI/AN Age Group	Received at Least 1 Dose	Primary Series Complete	Completed Primary Series + Bivalent Doses Administered
Age 65+	95%# (141,408)	71.7% (106,208)	38% (40,317)
Age 18+	80.1% (683,092)	58% (494,996)	26.4% (130,771)
Age 12-17	51.9% (75,766)	40.2% (58,742)	20.3% (11,902)
Age 5-11	26.5% (47,958)	18.8% (34,080)	19.5% (6,620)
Age <5	11.1% (12,392)	Not Validated*	(649)

- COVID Vaccines across the IHS for 6 months and older
  - A total of 2.386 million doses administered to all races
  - 1.658 million doses administered to AI/AN individuals
- Bivalent doses
  - 174,168 doses have been administered to all races
  - 149,942 doses were administered to AI/AN individuals

Data Considerations: All data is from the IHS COVID-19 Dashboard

- # Rate capped at 95%
- \*Administration data is still being validated for primary series < 5 years
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.



# Simplifying COVID Vaccines

Indian Health Service  
National Pharmacy and Therapeutics Committee  
COVID-19 Emerging Treatments Update

April 18, 2023

## FDA Authorizes Changes to Simplify Use of Bivalent mRNA COVID-19 Vaccines

On April 18, 2023, the U.S. Food and Drug Administration (FDA) amended the Emergency Use Authorizations (EUAs) of the Moderna and Pfizer-BioNTech COVID-19 bivalent mRNA vaccines to simplify the vaccination schedule for most individuals. This action included authorizing the current bivalent vaccines (original plus Omicron BA.4/BA.5 strains) to be used for all doses administered to individuals 6 months of age and older, including for an additional dose or doses for certain populations. The monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines are no longer authorized for use in the United States.

Parents and caregivers should be aware of the following information:

- Most individuals, depending on age, previously vaccinated with a monovalent COVID-19 vaccine who have not yet received a dose of a bivalent vaccine may receive a single dose of a bivalent vaccine.
- Most individuals who have already received a single dose of the bivalent vaccine are not currently eligible for another dose. The FDA intends to make decisions about future vaccination after receiving recommendations on the fall strain composition at an FDA advisory committee meeting in June.
- Individuals 65 years of age and older who have received a single dose of a bivalent vaccine may receive one additional dose at least four months following their initial bivalent dose.
- Most individuals with certain kinds of immunocompromise who have received a bivalent COVID-19 vaccine may receive a single additional dose of a bivalent COVID-19 vaccine at least 2 months following a dose of a bivalent COVID-19 vaccine, and additional doses may be administered at the discretion of, and at intervals determined by, their healthcare provider. However, for immunocompromised individuals 6 months through 4 years of age, eligibility for additional doses will depend on the vaccine previously received.
- Most unvaccinated individuals may receive a single dose of a bivalent vaccine, rather than multiple doses of the original monovalent mRNA vaccines.
- Children 6 months through 5 years of age who are unvaccinated may receive a two-dose series of the Moderna bivalent vaccine (6 months through 5 years of age) OR a three-dose series of the Pfizer-BioNTech bivalent vaccine (6 months through 4 years of age). Children who are 5 years of age may receive two doses of the Moderna bivalent vaccine or a single dose of the Pfizer-BioNTech bivalent vaccine.
- Children 6 months through 5 years of age who have received one, two or three doses of a monovalent COVID-19 vaccine may receive a bivalent vaccine, but the number of doses that they receive will depend on the vaccine and their vaccination history.

Available data show that almost all of the U.S. population 5 years of age and older now have antibodies as a result of either vaccination or infection against SARS-CoV-2. The use of bivalent COVID-19 vaccines for all doses administered to individuals 6 months of age and older is supported by the data described below, as well as post marketing data, including real world data, with the monovalent and bivalent mRNA COVID-19 vaccines, which have been administered to millions of people, including young children. A second bivalent dose for individuals 65 years of age and older is supported by data showing the waning of immunity in this population over time and its restoration by an additional dose. Additionally, based on evidence from studies conducted previously, immunocompromised individuals may require additional doses.

**Moderna COVID-19 Vaccine, Bivalent**  
The safety and effectiveness of Moderna COVID-19 Vaccine, Bivalent is based on FDA's previous analyses of clinical trials data of monovalent Moderna COVID-19 Vaccine in individuals 6 months of age and older and an

Page 1 of 2

- FDA and CDC Action
- Monovalent (original) vaccines are no longer authorized.
- Everyone ages 6 years and older should receive a bivalent COVID vaccine.
- Additional bivalent vaccine dose for elders (age 65 years and older) and certain persons with weakened immune systems.
- Annual update



# Strategy 2 - Detect

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- ❖ Widespread availability of accurate testing, including home-based testing.
- ❖ Early diagnosis
- ❖ Prevention of spread
- ❖ Promotion of early treatment



# Strategy 3 - Treat

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- ❖ IHS Test to Treat Initiative (since March 2022)
- ❖ Highly-effective oral antivirals (e.g., Paxlovid)
- ❖ Over 220 sites in Indian Country!
  - ❖ Rapid Access Testing
  - ❖ Rapid Access Treatment
- ❖ Utilization
  - ❖ Paxlovid- Over 33,000 patients treated
  - ❖ Molnupiravir- 3,200 patients treated



# Strategy 4 - Recover

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- ❖ Long- COVID
  - ❖ Recognition/Diagnosis, Mitigation, Treatment, and Support
- ❖ Reducing the direct and indirect impacts of COVID
- ❖ IHS Comprehensive System of Healthcare Services
- ❖ Enhancing access to;
  - ❖ Preventive
  - ❖ Chronic care
  - ❖ Mental health
  - ❖ Public health services



# COVID-19 PHE Unwinding

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- ❖ COVID PHE ended on May 11, 2023
- ❖ No direct impact on access to COVID vaccines within IHS
  - The PREP Act remains in effect until 10/11/2024 and covers vaccinators and non-traditional vaccinators
  - COVID Vaccine will still be available from the USG through summer/fall 2023
- ❖ Continued FDA Emergency Use Authority
  - ❖ Vaccines and medications
- ❖ Telehealth and prescriber flexibilities
- ❖ Implications for Medicaid eligibility



# Telehealth

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- ❖ For Medicaid and CHIP the flexibilities are not tied to the end of the PHE
- ❖ CMS encourages states to adopt and expand telehealth coverage
- ❖ Toolkit released

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>.

- ❖ Use of telephonic telehealth sessions will be maintained for mental health and substance abuse prescribing such as suboxone



# Changes until 12/31/24

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- ❖ FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
- ❖ Medicare patients can receive telehealth services in their home
- ❖ There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
- ❖ Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- ❖ An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- ❖ Telehealth services can be provided by all eligible Medicare providers



# Permanent changes

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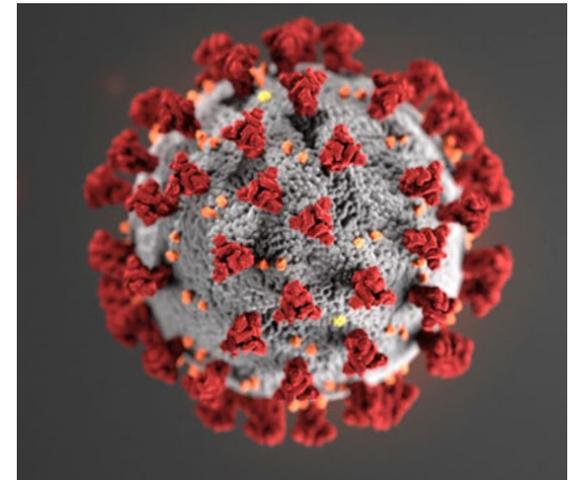
- ❖ [Federally Qualified Health Centers \(FQHCs\)](#) and [Rural Health Clinics \(RHCs\)](#) can serve as a distant site provider for behavioral/mental telehealth services
- ❖ Medicare patients can receive telehealth services for behavioral/mental health care in their home
- ❖ There are no geographic restrictions for originating site for behavioral/mental telehealth services
- ❖ Behavioral/mental telehealth services can be delivered using audio-only communication platforms
- ❖ Rural Emergency Hospitals (REHs) are eligible originating sites for telehealth



# Overview

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- Public Health Emergency (PHE) declared January 2020
- CMS waived certain Medicaid and CHIP requirements related to verifying eligibility in order to prevent people with Medicaid and CHIP from losing their health coverage during the pandemic.
- Medicaid enrollment has increased since the start of the pandemic, primarily due to the continuous enrollment provision.
- The Consolidated Appropriations Act, 2023 delinks the Medicaid continuous enrollment provision from the PHE and terminates this provision on March 31, 2023.
- Starting April 1, 2023, states can resume Medicaid disenrollment.
- States will be required to restart Medicaid and CHIP eligibility reviews and current enrollees may lose coverage through this Medicaid “unwinding”.



# What action is needed?

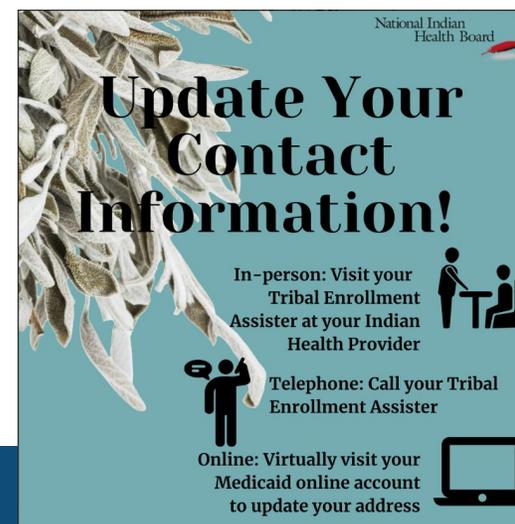
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- States could begin to send renewal letters in February and beginning April 1, 2023, in some states, individuals will lose their coverage if they are no longer eligible or fail to respond to a renewal notice.
- To avoid an interruption in coverage, Medicaid recipients should make sure their state Medicaid or CHIP program has their up to date contact information.
- Medicaid recipients should also look out for a letter from their state about completing a renewal form.
- Each State will have an Unwinding Plan and timeline for completing renewals.
- IHS, Tribal and Urban Indian Health Programs should explore options for data sharing with State Medicaid agencies.

# Outreach

IHS and CMS have worked in partnership with Tribes to develop guidance, toolkits, and strategies to inform AI/AN beneficiaries about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.  
GET READY TO RENEW NOW.**



# What assistance will patients need?

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## **Assist in the Renewal Process Once It Begins:**

- Ensure adequate capacity and training for enrollment assisters.
- Help Medicaid eligible individuals complete and submit renewal forms and required documents.
- Help AI/ANs who lost eligibility due to non-submission of renewal forms to complete the reinstatement process.
- Help AI/ANs ineligible for Medicaid apply for Marketplace or other coverage.
- Plan for mail delays due to the unique nature of receiving mail in Indian Country.

# Key Takeaways

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1. Some AI/AN will lose their coverage because they do not complete the renewal process, though they remain eligible for Medicaid.
2. Some AI/AN will no longer be eligible for Medicaid but may be eligible for other affordable health coverage such as through the health insurance marketplace.
3. ITU staff can provide essential assistance with the eligibility and renewal processes. See resources at [IHS.gov/coronavirus/unwinding](https://www.ihs.gov/coronavirus/unwinding).



# Resources

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- IHS Unwinding Webpage: <https://www.ihs.gov/coronavirus/medicaid-unwinding/>
- CMS Unwinding Homepage: <https://www.medicare.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>
- CMS Toolkit: <https://www.medicare.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
- Presentation: Strengthening Tribal and State Partnerships to Prepare for Unwinding: <https://www.medicare.gov/resources-for-states/downloads/strengthening-tribal-partner-to-prepare-unwinding-081822.pdf>
- All Tribes Webinar- Returning to Routine Operations after the Public Health Emergency as it Relates to Medicaid and CHIP Disaster Relief SPAs and 1135 Waivers (Recording): <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/All-Tribes-Calls>
- CMCS Informational Bulletin: Strategies to Enroll American Indian and Alaska Native Families and Children in Medicaid and CHIP: <https://www.medicare.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
- CMS National Stakeholder Calls: <https://www.cms.gov/outreach-education/partner-resources/cms-national-stakeholder-calls>
- National Indian Health Board Toolkit: [https://www.nihb.org/tribalhealthreform/wp-content/uploads/2022/11/unwinding-toolkit\\_final.pdf](https://www.nihb.org/tribalhealthreform/wp-content/uploads/2022/11/unwinding-toolkit_final.pdf)
- National Indian Health Board Resources: <https://www.nihb.org/tribalhealthreform/medicaid-unwinding/>

# Links

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<https://www.cms.gov/coronavirus-waivers>

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>

<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>

<https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>



# Updates

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# Cancer care in communities

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- ❖ Moonshot
- ❖ Comprehensive Plan
- ❖ Working to pattern Cancer care in communities similar to SDPI
- ❖ Enhance data aggregation and analytics



# Community Cancer Care

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- ❖ Community-based cancer screening
- ❖ Use of innovative workforce to provide navigators and deploy lifestyle coaches
- ❖ Expansion of Case Managers
- ❖ Family caregiving program
- ❖ Strengthen preventive strategies
- ❖ Regionalize Specialty care
- ❖ Enhance telehealth for specialty care
- ❖ Strengthen academic partnerships
- ❖ Tribal consultation and Urban confer



# Public Health Infrastructure

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- ❖ Standing committee of the IHS
- ❖ Preparing NOFO for initial funding
- ❖ Creating a network of public health preparedness
- ❖ Training of innovative workforce Public Health Aids (PHAs)
- ❖ The PHAs will be educated to pivot to all domains of public health
- ❖ Tribal consultation and Urban confer



# STI Syphilis Outbreak

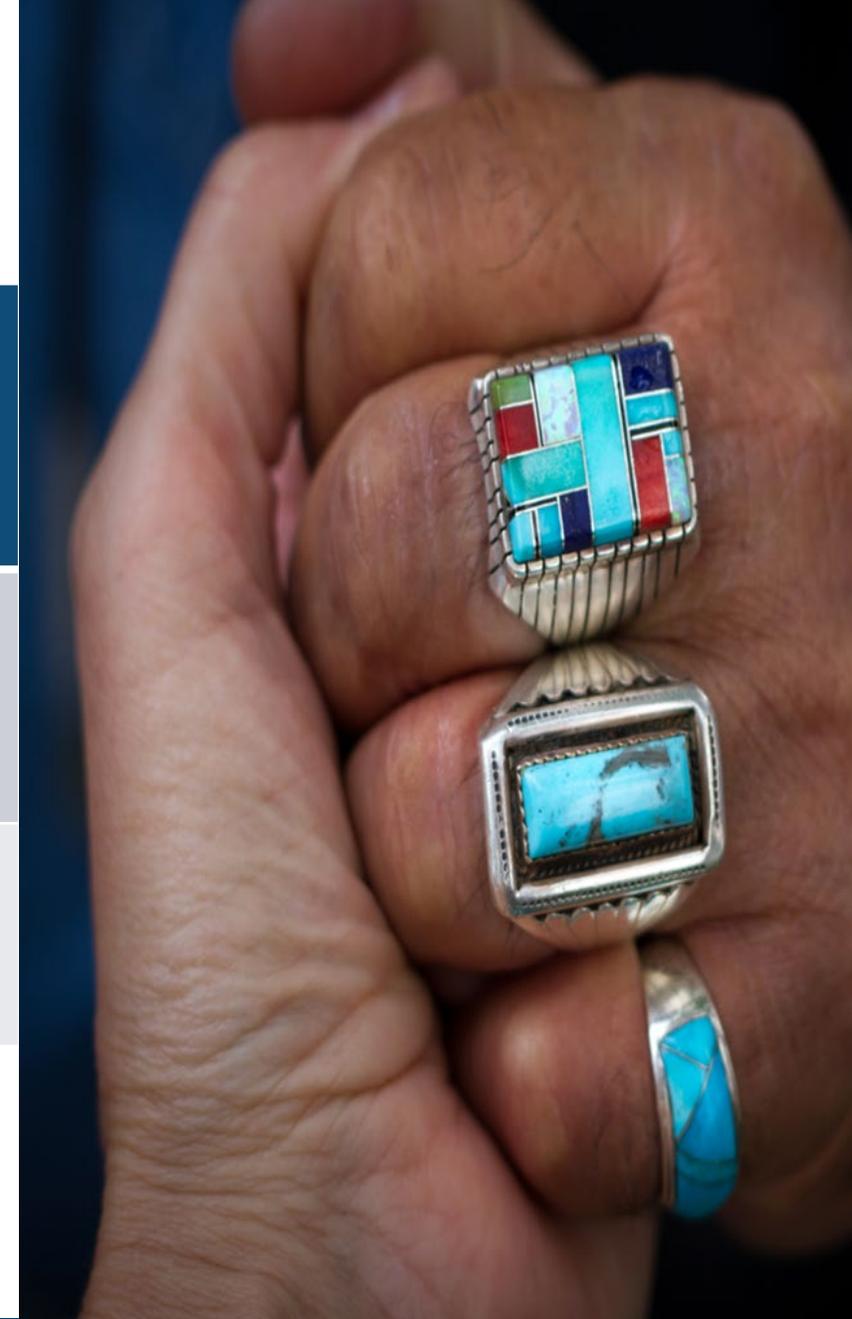
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# Syphilis Cases Among AI/AN Rates of Reported Cases, 2021\*

	Total	Increase from 2016	Compared to White Population
Primary & Secondary Syphilis	42.2**	520%	5x Greater
Congenital Syphilis	363.7	900%	10x Greater

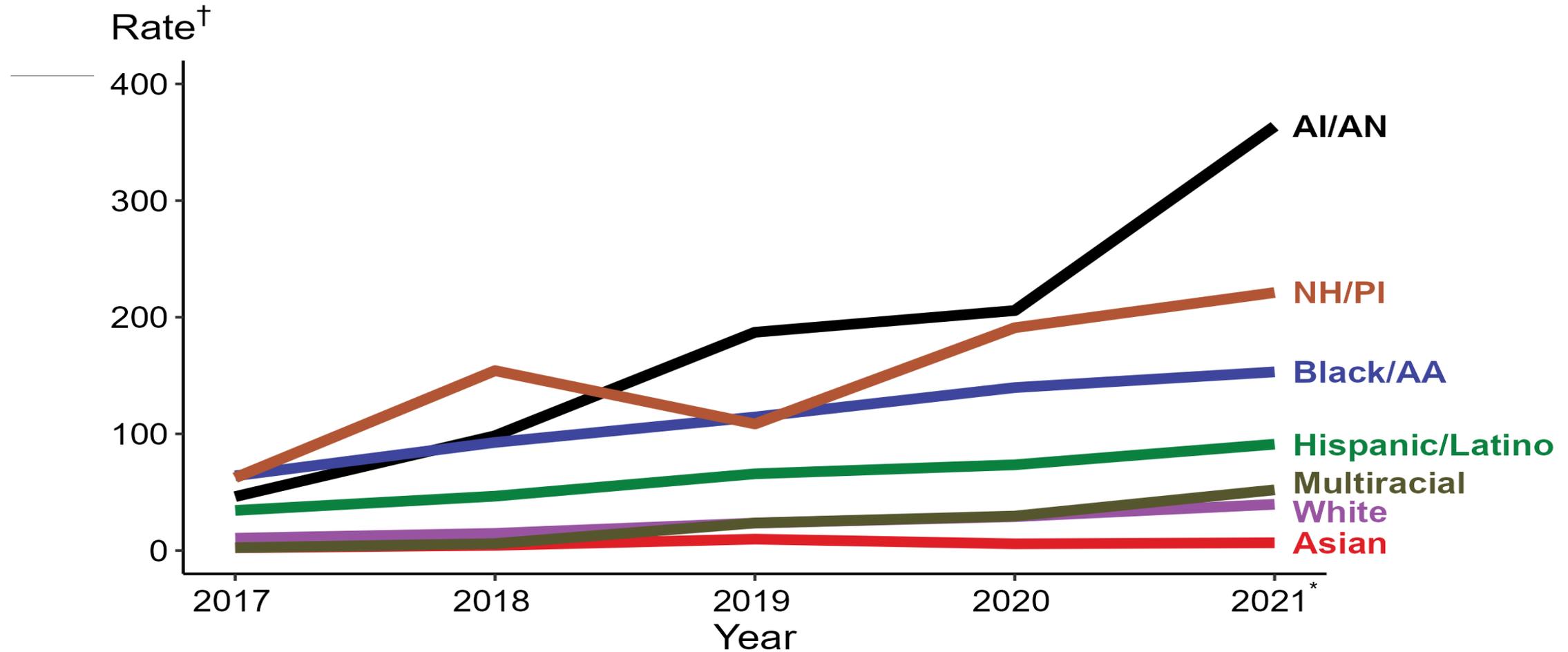
\*Preliminary CDC data as of July 7, 2021

\*\*Per 100,000 population





# Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race/Hispanic Ethnicity of Mother, United States, 2017–2021\*





# Syphilis response: Best practices in high burden areas

**Case investigation and contact tracing**

**Rapid testing and treatment**

**Presumptive treatment**

**Screening of pregnant women**

**Expanded screening field treatment**

**Electronic health record (EHR)**

**Community Engagement**

**Health Education and Outreach**





# Prenatal Care

- ❖ Identify and address local barriers to care
- ❖ Implement comprehensive prenatal care for everyone
- ❖ Build robust case management
- ❖ Create safe care plans





# Substance Use Disorder

Prioritize access to substance use disorder treatment

Remove punitive measures for substance use

Encourage routine syphilis testing for patients reporting methamphetamine use



# STI Outbreak

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- ❖ Multi-regional Outbreak

- ❖ In Navajo and Phoenix Area, continuing high number of cases

- ❖ Great Plains and Billings lack staff capacity to address

- ❖ Bicillin (Benzathine penicillin G)

- ❖ Some reports of temporary supply chain disruptions

- ❖ Clinical Guidance distributed last week (NPTC)

- ❖ Prioritization categories when needed

- ❖ Currently no unmet need (NSSC)



# Opioid Crisis

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# HOPE Committee

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- ❖ Educational Outreach Program
- ❖ Harm Reduction Services
- ❖ Evidence-based treatments



# Educational Outreach Program

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- ❖ NEW IHS Essential Training in Pain and Addictions
- ❖ Direct to provider training interventions
- ❖ Increase access to SUD treatment services
- ❖ Campaign: Opioid Stewardship



# Harm Reduction

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- ❖ Updated IHM 3:35: Dispensing of Naloxone to first responders and improve access to naloxone
- ❖ Naloxone in Schools Toolkit
  - ❖ Sharing sample school employee training
  - ❖ Expand access to naloxone in public settings



# Xylazine: An Emerging Drug Threat

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- ❖ Veterinary Sedative
- ❖ Combination with fentanyl enhances euphoric effects (“Tranq”)
  - ❖ 23% of fentanyl powder seized by DEA in 2022 contained xylazine
  - ❖ As of 2023, DEA reports xylazine has now been found in 48 states
- ❖ Symptoms include sleepiness, slowed breathing, reduced blood pressure and heart rate, small pupils, and high blood glucose levels.
  - These symptoms mimic the effects of opioids
- ❖ Not an opioid or federal controlled substance
- ❖ [IHS Drug Safety Alert- Xylazine](#)



# Harm reduction

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- ❖ <https://www.ihs.gov/opioids/harmreduction/>
- ❖ [https://www.ihs.gov/sites/opioids/themes/responsive2017/display\\_objects/documents/ftsfunding.pdf](https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/ftsfunding.pdf)
- ❖ [https://www.ihs.gov/sites/opioids/themes/responsive2017/display\\_objects/documents/harmreductiontips.pdf](https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/harmreductiontips.pdf)



# Behavioral and Mental Health

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# Challenges and Solutions

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- ❖ Recruiting Mental Health Providers
- ❖ Telebehavioral Health Center of Excellence is increasing providers
- ❖ Increase access to telehealth for mental health
- ❖ Innovative workforce training in behavioral and mental health
- ❖ Increase workforce for safety check and crisis response





Thank You



# Indian Health Service

## The End of the PHE & Medicaid Unwinding

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RAHO ORTIZ

DIRECTOR

DIVISION OF BUSINESS OFFICE ENHANCEMENT

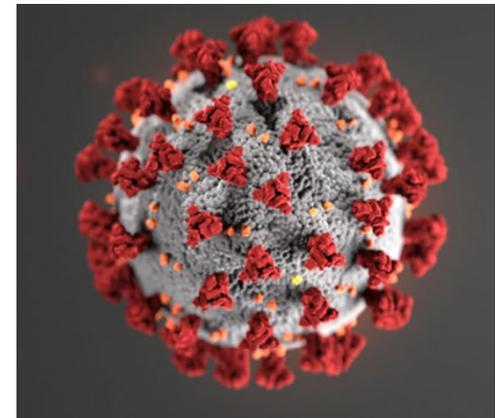
[RAHO.ORTIZ@IHS.GOV](mailto:RAHO.ORTIZ@IHS.GOV)



# Overview

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- Public Health Emergency (PHE) declared January 2020 and ended on May 11, 2023.
- The PHE allowed certain flexibilities related to providing care and waived cost-sharing for certain services like COVID-19 vaccines and testing.
- CMS also waived certain Medicaid and CHIP requirements related to verifying eligibility in order to prevent people with Medicaid and CHIP from losing their health coverage during the pandemic. This caused Medicaid enrollment to increase.
- Medicaid has now resumed verifying eligibility and was permitted to terminate coverage for those no longer eligible starting on April 1<sup>st</sup> . To see state timelines, use this tracker: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>



# What should I know about the end of the PHE?

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- Some flexibilities and actions will not be affected now that the PHE has ended on May 11:
  - Individuals with coverage will continue to be able to access COVID-19 vaccines at no-cost
  - Telehealth flexibilities will not be affected
  - Government response to Long COVID will not change
  - COVID tests will generally still be covered however the types and availability may change
  - The government will continue to distribute free COVID-19 tests from the Strategic National Stockpile through states and other community partners.
  - Treatments will remain available. Medication to prevent severe COVID-19, such as Paxlovid, will remain available for free while supplies last. After that, the price will be determined by the medication manufacturer and health insurance coverage.

# Changes to expect

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When accessing care outside of IHS -

- Out-of-pocket expenses for certain treatments may change, depending on an individual's health care coverage, similar to costs that one may experience for other covered drugs.
- COVID-19 at-home tests may not be covered by insurance.
- HHS will operate the 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments Program to maintain access to COVID-19 vaccines for uninsured individuals.
- Detailed FAQs can be found at: [FAQs: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency](#)

# What action is needed for Medicaid Unwinding?

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- States have begun to send renewal letters and in some states, individuals have started to lose their coverage if they are no longer eligible.
- To avoid an interruption in coverage, Medicaid recipients should make sure their state Medicaid or CHIP program has their up to date contact information and should look out for a letter from their state about completing a renewal form.
- IHS, Tribal and Urban Indian Health Program staff should be prepared to assist in the renewal process and assist AI/ANs ineligible for Medicaid or CHIP apply for alternate coverage. If a Patient receives a notice from the State Medicaid agency and needs assistance or has questions about their coverage they can contact their local enrollment staff at their ITU.
- IHS, Tribal and Urban Indian Health Programs should explore options for data sharing with State Medicaid agencies.

# How can we help patients stay insured?

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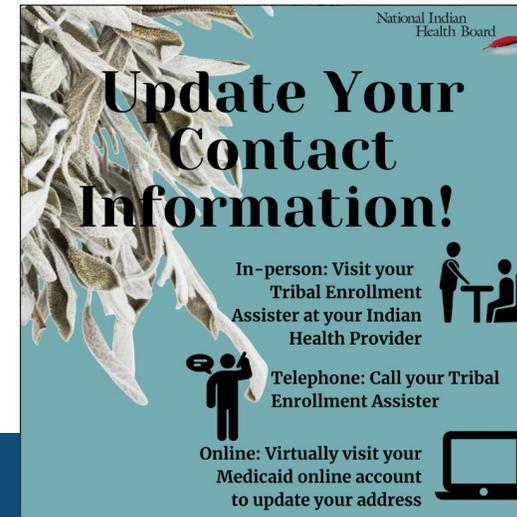
## **Assist in the Renewal Process Once It Begins:**

- Ensure adequate capacity and training for enrollment assisters.
- Help Medicaid eligible individuals complete and submit renewal forms and required documents.
- Help AI/ANs who lost eligibility due to non-submission of renewal forms to complete the reinstatement process.
- Help AI/ANs ineligible for Medicaid apply for Marketplace or other coverage.
- Plan for mail delays due to the unique nature of receiving mail in Indian Country.

# Outreach

IHS and CMS have worked in partnership with Tribes to develop guidance, toolkits, and strategies to inform AI/AN beneficiaries about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE.  
GET READY TO RENEW NOW.**



# Resources

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- IHS Unwinding Webpage: <https://www.ihs.gov/coronavirus/medicaid-unwinding/>
- CMS Unwinding Homepage: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>
- CMS Toolkit: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
- Presentation: Strengthening Tribal and State Partnerships to Prepare for Unwinding: <https://www.medicaid.gov/resources-for-states/downloads/strengthening-tribal-partner-to-prepare-unwinding-081822.pdf>
- All Tribes Webinar- Returning to Routine Operations after the Public Health Emergency as it Relates to Medicaid and CHIP Disaster Relief SPAs and 1135 Waivers (Recording): <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/All-Tribes-Calls>
- CMCS Informational Bulletin: Strategies to Enroll American Indian and Alaska Native Families and Children in Medicaid and CHIP: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
- National Indian Health Board Resources and Toolkit: <https://www.nihb.org/tribalhealthreform/medicaid-unwinding/>
- CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency: [https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf?utm\\_source=TWITTER&utm\\_medium=social&utm\\_content=20230426\\_9718651959&utm\\_campaign=COVID-19&linkId=211653390](https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf?utm_source=TWITTER&utm_medium=social&utm_content=20230426_9718651959&utm_campaign=COVID-19&linkId=211653390)
- Fact Sheet: End of the COVID-19 Public Health Emergency: <https://www.hhs.gov/about/news/2023/05/09/fact-sheet-end-of-the-covid-19-public-health-emergency.html#:~:text=Based%20on%20current%20COVID%2D19,day%20on%20May%2011%2C%202023.>

# Contact Information

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# Indian Health Service

## Division of Sanitation Facilities Construction

### IIJA Project Map Website

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RADM MARK A. CALKINS, P.E.  
DIRECTOR  
DIVISION OF SANITATION FACILITIES CONSTRUCTION  
INDIAN HEALTH SERVICE



# IIJA Project Map Website

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April 6, 2023, Press Release

- Indian Health Service Launches New Sanitation Facilities Construction Projects Website

Purpose of the IIJA Project Map Website

- To provide transparency and reporting on the progress of the funded SFC projects that support improved public health for American Indian and Alaska Native homes and communities.

Website: <https://dsfc-ihs-gis.hub.arcgis.com/>

- IHS will maintain and regularly update the information and data included on the website, which includes project funding amounts, tribes served and number of homes served, as well as project statuses.
- Data Source: IHS DSFC Sanitation Tracking and Reporting System (STARS) ([wstars.ihs.gov](http://wstars.ihs.gov))

# IIJA Project Map Website

Website: <https://dsfc-ihs-gis.hub.arcgis.com/>





# Questions & Answers

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Next Tribal and UIO Leader Call:

**June 1, 2023**

