



**Tribal Program Elements
Priorities for PE Work and Deliverables for January 2022 – June 2022**

January 26, 2022

In recognition of the ongoing efforts needed for COVID-19 response, the following table describes Program Element (PE) work and deliverables to be prioritized for January 2022 through June 2022. This work has been prioritized using the following values: Health equity and inclusion, Flexibility, Collaboration and partnerships, Maintaining critical infrastructure, Assuring access to services. If a Tribe does not experience a COVID surge in their jurisdictions, or have ebbs and flows in capacity, they should focus on additional work/deliverables as capacity allows. As always, please work directly with the PHD program if you have questions, concerns or specific additional flexibility needs during the COVID-19 response.

Note for all Program Elements that require a local work plan and/or budget: If adjustments may be needed to a Tribe’s for how PE work will be completed or how funds will be spent, please follow standard processes outlined within the PE or in program guidance documents to determine if revised tribal work plan or budget documents must be submitted to OHA. The notes in the table below are not an exhaustive summary of budget revision requirements; contact the state program if there are questions that are not addressed below or within a PE.

Program Element number	Program Element title	Highest priority work through June 30, 2022
16	Tribal Tobacco Prevention and Education Program	<ul style="list-style-type: none"> OHA understands the need for flexibility related to scale and pace of activities during the ongoing pandemic, e.g. planned activities may need to shift or be postponed. Budgets are due to OHA-PHD, HPCDP by Jan 31st, 2022. In preparation for the upcoming transfer of the Tribal Tobacco Prevention Program to OHA-HSD by July 1, 2022, guidance pertaining to expanded tobacco prevention strategies (including new program plan template) will be developed in partnership with Tribes, Tribal Affairs, and OHA-HSD staff in Winter/Spring 2022. Only quarterly revenue and expenditure reporting will be required through June 30, 2022.
31-04	Tribal COVID-19 Response	This sub-element specifically addresses COVID-19 work.
31-05	Tribal Public Health Emergency Preparedness	Use funds for COVID-19 response.

31-06	Tribal Immi CARES Flu	Develop and implement a COVID-19 vaccination plan, including efforts to prevent influenza infection among communities most at risk of complications from both influenza and COVID-19.
45-05	Tribal Maternal, Child and Adolescent Health Services – Title V	FY 2023 Title V Plans are due April 1, 2022 and may be modified as needed based on changing circumstances. Title V staff are available to assist grantees to complete plans orally. FY 2023 Title V Funds may be used to support COVID-19 efforts as they relate to MCAH populations and priorities. In addition to priority-specific COVID work, funds may be used to target a broad range of MCAH needs impacted by COVID-19, including outreach and vaccine-related activities, access to mental health and social emotional support, and social determinants of health and equity including housing, food security, employment, childcare, etc. These uses should be outlined in the “locally defined priorities” section of the FY 2021 plans and will not be subject to the 20% limit.
54	Tribal Alcohol and Drug Prevention and Education Program	<ul style="list-style-type: none"> • OHA understands the need for flexibility related to scale and pace of activities during the ongoing pandemic, e.g. planned activities may need to shift or be postponed. Programs can identify any revisions to Tribal ADPEP work through submission of a revised budget (see p.15-16 of the 2021-23 ADPEP Program and Funding Guidance found here). Programs should also submit a revised program plan or a brief narrative document clearly describing the shifted program strategies and proposed activities. • Reporting periods remain the same (Period 1 report due February 3, 2022; Period 2 report due July 31st, 2022). Programs can include brief narrative on activities not completed due to COVID-19 response.
58	Tribal Public Health Modernization	Funds may continue to be used to support COVID-19 response. It is permissible to move additional staff into the modernization budget if the work of new allocated staff aligns with modernization goals and objectives while meeting COVID-19 needs. Tribe needs to be able to demonstrate that a staff person’s work contributes to modernization goals and objectives. If flexibility is needed on assessment or plan deadlines related to PE 58, please contact Danna Drum (OHA) and Barbara Gladue (NPAIHB).
61	Tribal WIC	WIC services may be provided remotely as allowed under current USDA waiver extension. OHA will provide additional guidance to local agencies when the federal WIC waiver expires.

65-03	Tribal ELC ED Contact Tracing	This sub-element specifically addresses COVID-19 work.
65-04	Tribal Active Monitoring and Vaccine/Equity	This sub-element specifically addresses COVID-19 work.
65-05	Tribal COVID Immunization Funds	This sub-element specifically addresses COVID-19 vaccination work.
71	Tribal Sustainable Relationships for Community Health	OHA understands the need for flexibility related to scale and pace of activities during the ongoing pandemic, e.g. planned activities may need to shift or be postponed. If capacity is constrained, Tribes can a) communicate that they need to pause all activities, or b) submit a revised budget and revised project plan narrative document clearly describing the rationale for shifted program strategies and proposed activities.