



Overview of Tribal/Urban Indian Health System

NOR CAL

CAPITAL

BAY AREA

SO CAL

**AUGUST 12,
2021**

**AUGUST 19,
2021**

**AUGUST 25,
2021**

**AUGUST 26,
2021**

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

Poll

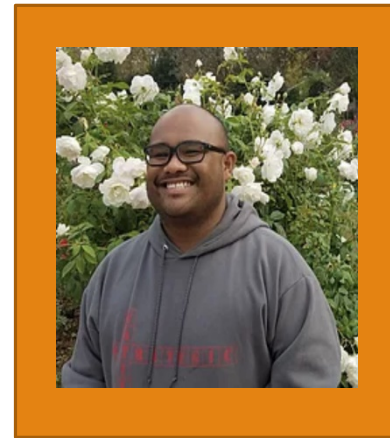
Today's Presenters



VIRGINIA HEDRICK, MPH

EXECUTIVE DIRECTOR

*CALIFORNIA CONSORTIUM FOR URBAN
INDIAN HEALTH (CCIUH)*



DANIEL DOMAGUIN, LCSW

BEHAVIORAL HEALTH CLINICAL MANAGER

*CALIFORNIA RURAL INDIAN HEALTH BOARD,
INC (CRIHB)*

Language Matters

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Educational Objectives

1. Identify at least three health care resources available to American Indians and Alaska Natives (AI/AN).
2. Recall at least three ways that California's Organized Delivery System counties can provide care to Tribal members.
3. Explain at least three options for how an AI/AN not enrolled in a Tribe can access culturally appropriate health care.
4. Compare at least three differences in access to treatment in rural vs. urban settings.

Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California, and in displaying respect and gratitude for Indigenous people.
- We honor and recognize the original peoples of this land throughout California. We understand our healing is interconnected as we work to support and uplift our collective communities

Introduction



NANCY PIERCE, RN, PHN, MPH
KAUFFMAN & ASSOCIATES INC.



Overview of Tribal/Urban Indian Health System

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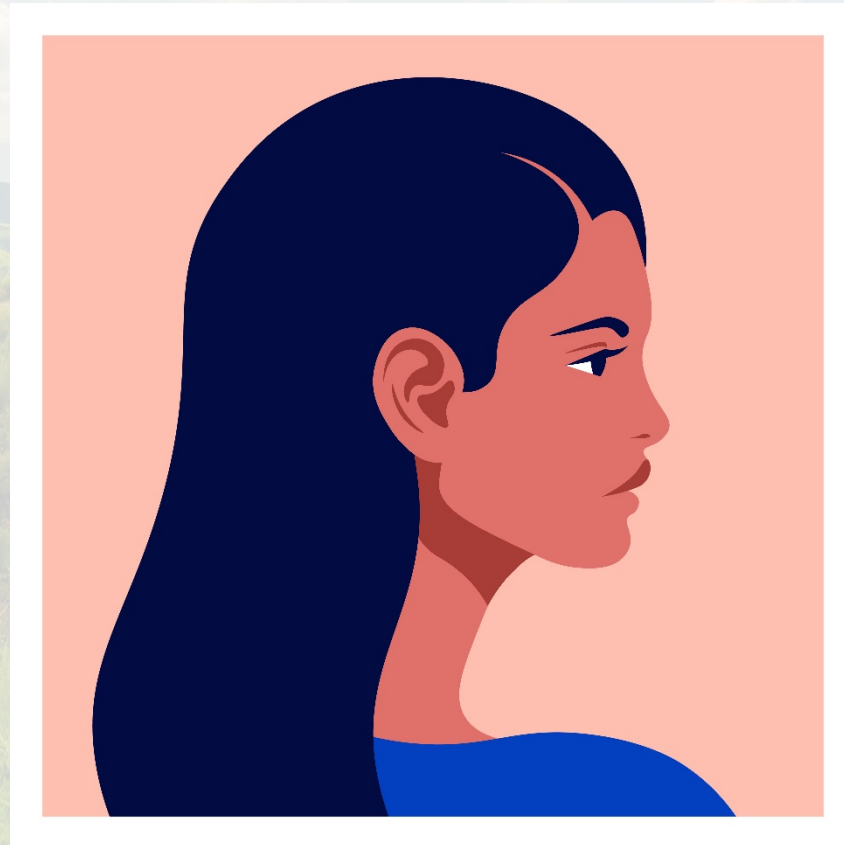
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Crystal's Story





Indian Health Care Delivery System

Virginia Hedrick, MPH (Yurok/Karuk)
Executive Director
California Consortium for Urban Indian Health

Daniel Domaguin, LCSW
Behavioral Health Clinical Manager
California Rural Indian Health Board

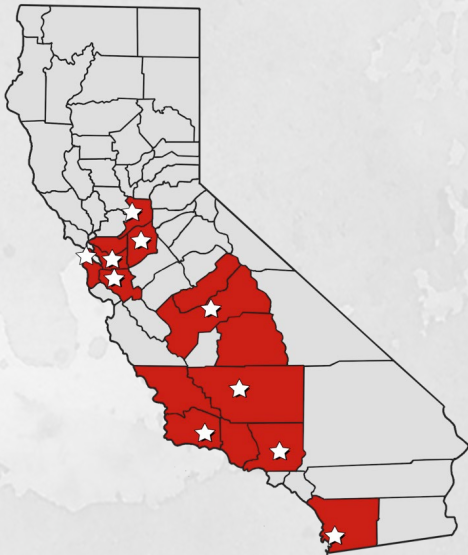
Whose land are you on?

Text your ZIP code 1-855-917-5263
or enter your location at <https://native-land.ca>



California Consortium for Urban Indian Health

CCUIH Strengthening The Organizations That Strengthen Our Communities



The California Consortium for Urban Indian Health (CCUIH) is an alliance of ten (10) Urban Indian Health Organizations that supports health promotion and access for American Indians living in cities throughout California.

CCUIH's mission is to facilitate shared development resources for our members and to raise public awareness in order to support a health and wellness network that meets the needs of American Indians living in urban communities.

LEARN MORE AT WWW.CCUIH.ORG



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

The California Rural Indian Health Board (CRIHB) is:

- A network of Tribal Health Programs, controlled and sanctioned by Indian people, and their Tribal Governments
 - CRIHB is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California
 - CRIHB does this by providing advocacy, shared resources, training and technical assistance that enhances the delivery of quality comprehensive health related services



NATIVE PEOPLE OF THIS PLACE



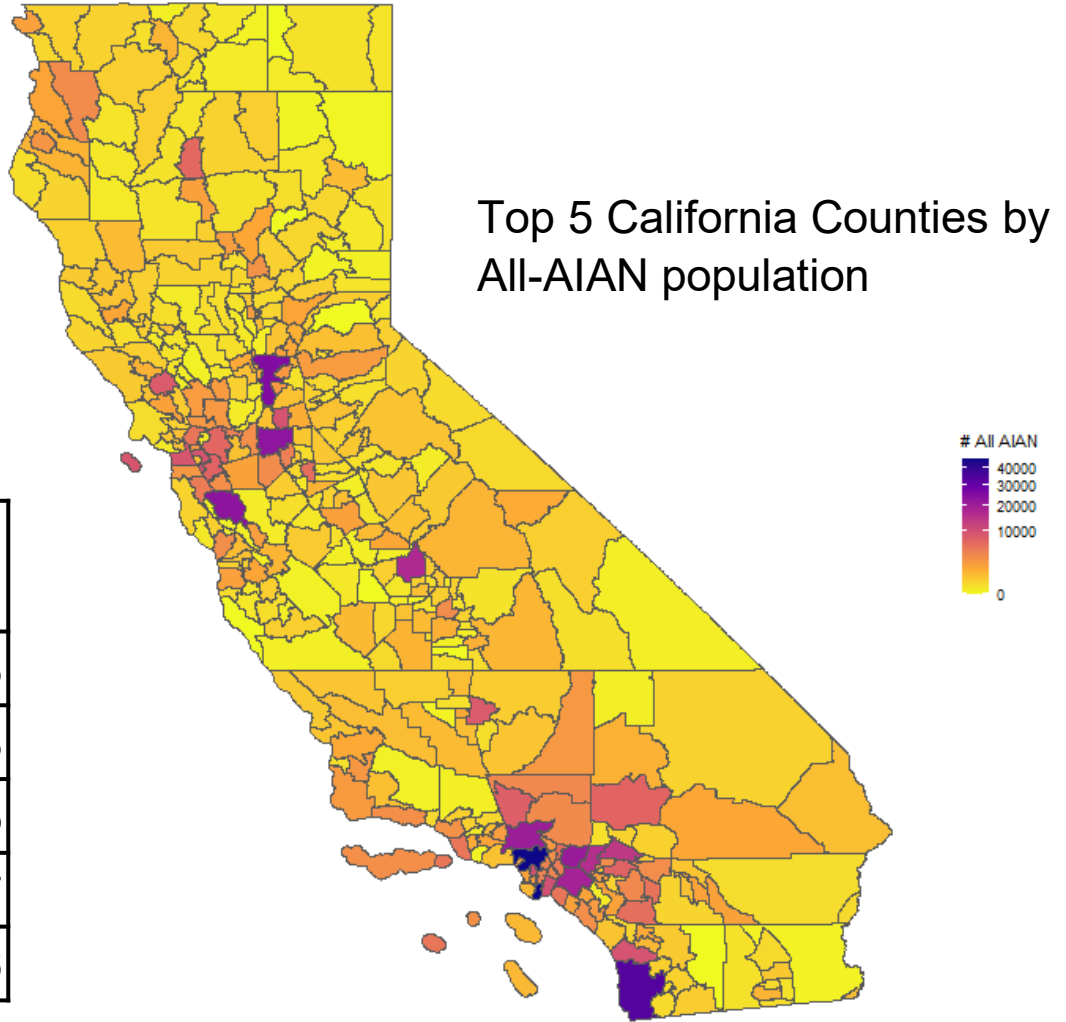
States with Largest AIAN Population

State	All-AIAN Population
California	757,628
Oklahoma	523,360
Arizona	391,620
Texas	342,419
New Mexico	224,547

<https://canativevote.org/what-we-do/research/>

AIAN Population in California

California County	AIAN Population
Los Angeles	165,513
San Diego	51,303
San Joaquin	45,605
San Bernardino	44,207
Riverside	43,626



<https://canativevote.org/what-we-do/research/>

Indian Health Programs

California Tribal Epidemiology Center



Map created by Jillian Jetter and Yeoun-Jee Rengnez, California Tribal Epidemiology Center (June 2019)



Resources for above:
<https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>
<https://www.ihs.gov/aboutihs/organizationalstructure/>

Tribes

- 109 federally recognized Tribes in California
- Several Tribes were terminated/do not have federal recognition
- Many Tribes are currently seeking federal recognition
- Many Tribal lands in California are small and isolated
 - Rancheria vs Reservation
- There is a difference between “Tribal affiliation” and “Tribal enrollment”
 - Blood quantum vs lineal descendancy
- A “Tribe” can be a political designation, not always congruent with the people that make up that Tribe
 - Susanville Indian Rancheria: Maidu, Paiute, Pit River and Washoe
 - Pala Indian Reservation: Luiseño and Cupeño
 - Yurok Tribe: Yurok
 - Big Lagoon Rancheria: Yurok and Tolowa

Sovereignty

- Inherent rights for Tribes to govern themselves
- The US government recognizes Tribes as “Domestic Dependent Nations”
- Tribes have their own governments inclusive of health, education, housing, roads, public safety, and other such entities much like a county or state government

FEDERAL TRUST RESPONSIBILITY AND AMERICAN INDIAN HEALTHCARE

- The government's unique legal relationship with American Indians is based on treaties, laws, and Supreme Court decisions.
 - Indian Health Service is a grossly underfunded system that offers health care to American Indians on or near Indian reservations and in Urban Indian communities.
 - Indian Health Service Delivers healthcare to American Indians in 3-ways:
 - IHS Facilities / Hospitals
 - Tribally Operated Clinics
 - Urban Indian Organizations
- I/T/U System
- Indian Health Service is the payer of last resort.



DESIGN OF URBAN INDIAN HEALTH DELIVERY SYSTEM

- Urban Indian Health Organizations are authorized under Section V of the Indian Healthcare Improvement Act (IHCA).
- Urban Indian Health Organizations receive core contracts from the Indian Health Service that is intended to be leveraged for other local, state and federal resources.
- Urban Indian Health Organizations are statutorily defined as Federally Qualified Health Centers (FQHCs) and automatically eligible for enhanced prospective payment system (PPS) rate.

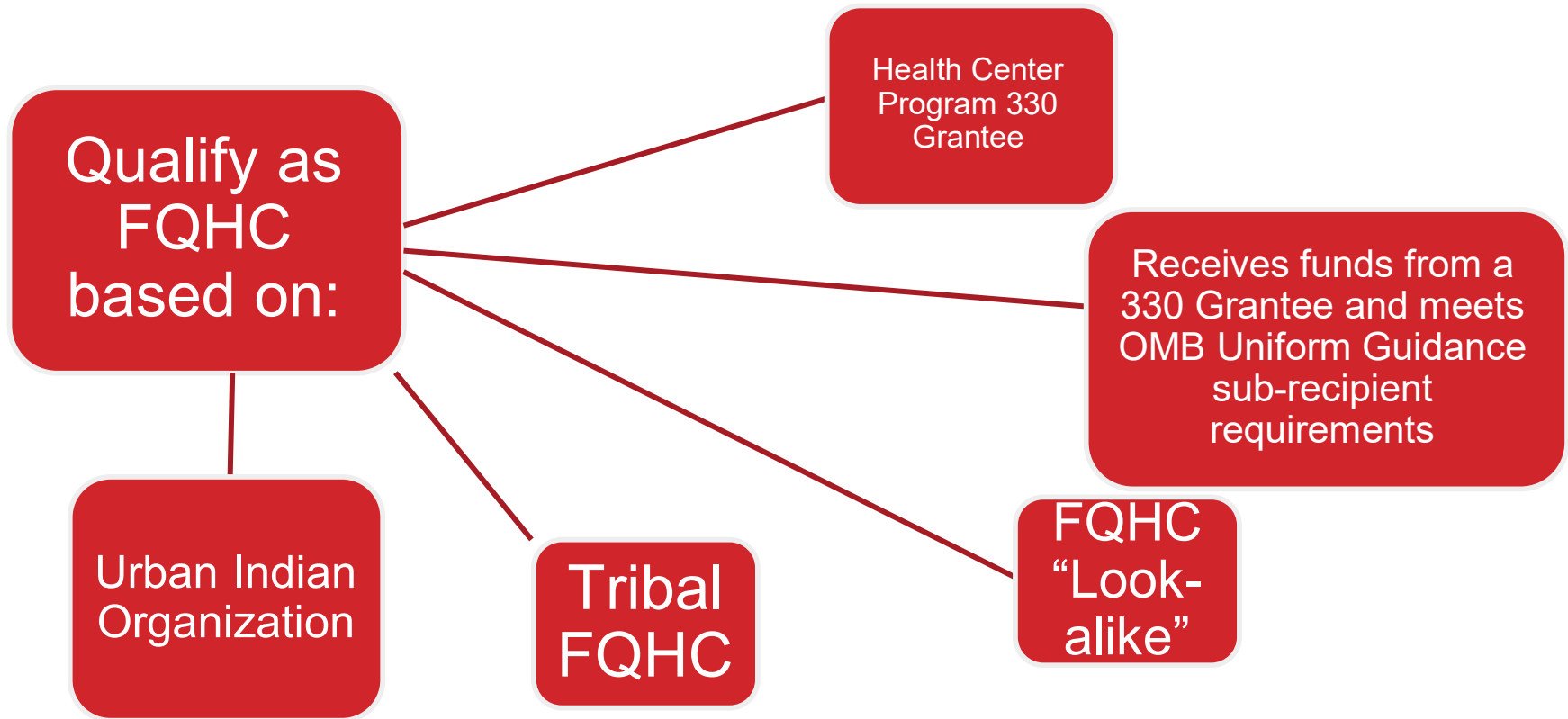


DESIGN OF URBAN INDIAN HEALTH DELIVERY SYSTEM

Despite leveraged and diversified resources and patient populations at UIHOS, the core contract authority remains with IHS – and American Indians are the priority population.



FQHC DESIGNATIONS FROM CMS AND HRSA



DETERMINING ELIGIBILITY FOR AMERICAN INDIANS

ACA: American Indian provisions and protections in the ACA are limited to *a member of a federally recognized Tribe.*

Medi-Cal: American Indian provisions and protections in Medi-Cal are inclusive of *any American Indian who has received (or is eligible to receive) services at a Tribal or Urban Indian health program.*

IHS / UIHO: American Indian eligibility includes tribal members, descendants, terminated tribes, including California terminated tribes and descendants, Alaska Natives, and any individual considered to be AIAN by the Secretary of HHS or local community.



WHAT IS THE DEFINITION OF “INDIAN”?

- The definitions of the word “Indian” in the Affordable Care Act (ACA) are not consistent with the definition used for delivery of other federally supported health services to American Indians under Medicaid / Medi-Cal program and through the Indian Health Service (IHS).
- The inconsistency has created significant confusion because the application for ACA Exchange coverage and Medi-Cal are integrated.
- Additionally, many individuals may be deemed as American Indian for one program and not for the other, preventing them from accessing the unique provisions and protections intended for them.



Tribal Health Programs

- Under the Indian Self Determination and Education Assistance Act, Tribes contract directly with Indian Health Service to administer their own health programs
- Many California Tribes chose to pool their resources into creating one Tribal health program governed by multiple tribes
- There are no direct Indian Health Service Facilities for all patients in California
 - Youth Regional Treatment Centers (YRTC) are direct IHS Facilities specifically for youth diagnosed with substance use disorders

Tribes and Tribal Health Programs

Definition of Indian for Health Services Eligibility

Indian Health Service

- Membership, enrolled or otherwise, in an AI/AN Federally-recognized Tribe or Group under Federal supervision.
- Resides on tax-exempt land or owns restricted property.
- Actively participates in tribal affairs.
- Any other reasonable factor indicative of Indian descent.

Centers for Medicare/Medicaid, Covered California

- Membership in an AI/AN federally recognized Tribe

DEFINITION OF INDIAN AT UIHO (IHS CONTRACT LANGUAGE)

Urban Indian Eligibility

An "Urban Indian" eligible for services is defined as any individual who:

Resides in an urban center, which is any community that has a sufficient urban Indian population with unmet health needs to warrant assistance under Title V, as determined by the Secretary of the Department of Health and Human Services ("HHS"); and who

Meets one or more of the following criteria:

Irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including:

- those tribes, bands, or groups terminated since 1940, and

- those recognized now or in the future by the State in which they reside; or

Is a descendant, in the first or second degree, of any such member described in (A); or

Is an Eskimo or Aleut or other Alaska Native; or

Is the descendant of an Indian who was residing in the State of California on June 1, 1852, so long as the descendant is now living in said State; or †

Is considered by the Secretary of the Department of the Interior to be an Indian for any purpose; or

Is determined to be an Indian under regulations pertaining to the Urban Indian Health Program that are promulgated by the Secretary of HHS.

† Eligibility of California Indians may be demonstrated by documentation that the individual:

- Holds trust interests in public domain, national forest, or Indian reservation allotments; or

- Is listed on the plans for distribution of assets of California Rancherias and reservations under the Act of August 18, 1958 (72 Stat. 619), or is the descendant of such an individual.

Questions?



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Break Out Activity

Break Out Sessions



Recall Crystal

- Is she eligible for I/T/U* services?
- Are her children eligible for I/T/U services?
- What are the questions you need to answer to determine where to refer her and her children for services in the I/T/U systems?

*I/T/U - IHS Facilities, Tribally Operated Clinics, Urban Indian Organizations

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Bay Area/Mid-State

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Concluding Thoughts

Resources for Continued Learning

- [CALIFORNIA RURAL INDIAN HEALTH BOARD, INC. \(CRIHB\)](#)
- [California Consortium for Urban Indian Health \(CCUIH\)](#)
- [Indian Health Service \(IHS\)](#)

OASIS-TTA



OASIS-TTA

Opioid and Stimulant Implementation Support
Training and Technical Assistance

**CASE-BASED
MAT ECHO CLINICS**

- Two Monthly ECHO Clinics – General and Tribal
- Clinical Case Reviews
- Trauma Informed Approach

**MONTHLY STATEWIDE
WEB TRAININGS**

- Treating SUD in Primary Care
- Managing Complex Clinical Needs
- Addressing Stimulants & Fentanyl

**ON-DEMAND
LEARNING
EARN FREE CME/CE**

- Fundamentals of MAT
- Buprenorphine Starts
- MAT in Special Populations

**QUARTERLY TRIBAL
PROVIDER TRAININGS**

- Tribal Health Issues
- Culturally Informed Strategies
- Rural and Urban Settings

**DIRECT MENTORSHIP
& CONSULTATION**

- Individualized Support from Expert Consultants
- One-on-One Mentorship by Phone or Video Conference

**CALIFORNIA
HUB AND SPOKE
IMPLEMENTATION SUPPORT**

- Learning Collaboratives
- Direct Technical Assistance
- Enhancing Access to Care
- Ensuring Sustainability

OASIS-TTA SERVICES ARE FREE

To register, request services, or learn more visit
www.uclaisap.org/oasis-tta