



# NATIVE PROJECT: An Urban Indian Health Program

**Presenter:**

Toni Lodge, CEO, Turtle Mt. Chippewa

- The NATIVE Project, Spokane, WA





# Mission Statement



THE  
NATIVE  
PROJECT

SACRED HOSPITALITY FOR ALL

- **Mission:** Our mission is to provide quality services that promote wellness and balance of mind, body and spirit for individuals, staff, families, and communities.

*Our philosophy is to honor and respect all patients and community members by serving them with*

*“Sacred Hospitality”.*

- **Sacred Hospitality:** Sacred Hospitality is an intentionally created practice where our compassion meets the needs of our patients, staff, and community; where they are welcomed, cherished, and respected as human beings; where stories are shared and valued; and where healing of the body, mind, and spirit can happen.

# What We Do

The NATIVE Project is a non-profit 501c(3), I.H.S. Urban Indian Health Services Contract and HRSA 330 Community Health Center (CHC), and a Federally Qualified Health Care Center (FQHC), that provides a comprehensive scope of services to ALL people seeking services:

- **Medical**
- **Behavioral Health**
- **Dental**
- **Wellness/Prevention**

# Journey to the Present

## Step 1: Pass An Old Baseball Cap Around

- In 1989, 15 visionaries passed around an old baseball cap.
- They gathered exactly \$100 between them.
- They fell \$25 short of the fees needed to open a business checking account that would pay for their business incorporation fees.

## Step 2: Sell Your “Indian Car”

- They raffled off an old Pinto at the Kalispel Powwow for \$200. We had enough to incorporate and were in business! Almost 30 years later, our current operating budget is \$20 million.



## Step 3: Delegate Jobs

- In May 1989, the N.A.T.I.V.E. Project came into legal existence as a 501(c)(3) non-profit organization.
- They formed a board with Clayton Small as the chairperson and Buzz Desjarlais as the vice-chair.
- They hired the 1<sup>st</sup> staff person, Toni Lodge.

## Step 4: Defy the Odds

- Toni Lodge & Clayton Small wrote one of their 1<sup>st</sup> major grants which was called the OSAP Grant.
- The U.S. Office of Substance Abuse Prevention granted the N.A.T.I.V.E. Project \$750,000 for 3 years.
- This defied the odds, given that no one usually gets a huge federal grant on their 1<sup>st</sup> try!

## Step 5: Grieve our losses and try again

- Spokane lost the old Urban Indian Health Clinic in Spokane in 1995 during the Clinton years government shutdown.
- CHAS grew out of the old SUIHC (a good thing!) so our creation stories are related. We came to be and CHAS came to be out of this misfortune disguised as fortune....We're cousins!
- In 1989, we applied to I.H.S. to reestablish an Urban Indian Health Clinic and got the contract if we could create a new clinic in 90 days. We are sure they didn't think we could do it but we did! Much thanks to CHAS and other community partners for our rebuilding process making the new NATIVE Project clinic.
- The re-opened Spokane Urban Indian Health Clinic/NATIVE Project did open within 90 days on North Foothills Drive and we saw our first patient on 12/1/89. The clinic moved to our integrated new building center in 2007.
- In 2024 had a \$30 million budget!

# Our Timeline

1989

NATIVE Project founded as CSAP Site

1993

Licensed Substance Abuse Treatment Program Opens

1999

NATIVE Project Medical Center added

2001

Indian Community Wellness Program developed per SDPI Grant

2002

Licensed Mental Health Program Established

2003

Capital Campaign to build \$3.9 million facility

2007

New building completed, all services co-located

2010

NATIVE Dental Clinic Opened

2010

CHAS Pharmacy Satellite opens on-site

2013

HRSA Community Health Centers 330 Award for Expansion

2016

NATIVE Project Takes Ownership of Pharmacy

2017

NATIVE Project Indian Youth Leadership Camp 30 Years In existence!

2017

Recognized as NCQA PCMH Medical Home.

2019

NATIVE Project Celebrates our 30<sup>th</sup> Anniversary

2022

Groundbreaking for new Children and Youth Services Building





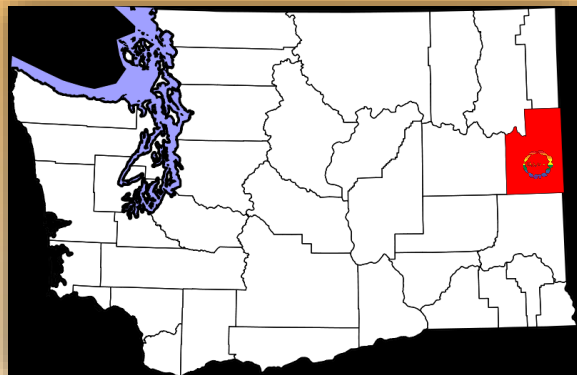
# The Communities We Serve

## Nearby Tribal Reservations:

- Spokane Tribe
- Colville Tribe
- Qalispe Tribe
- Coeur d' Alene Tribe
- Nez Perce Tribe

## Spokane County Population (2020 U.S. Census):

- 668,000
- Includes 25,000 American Indian/Alaska Natives

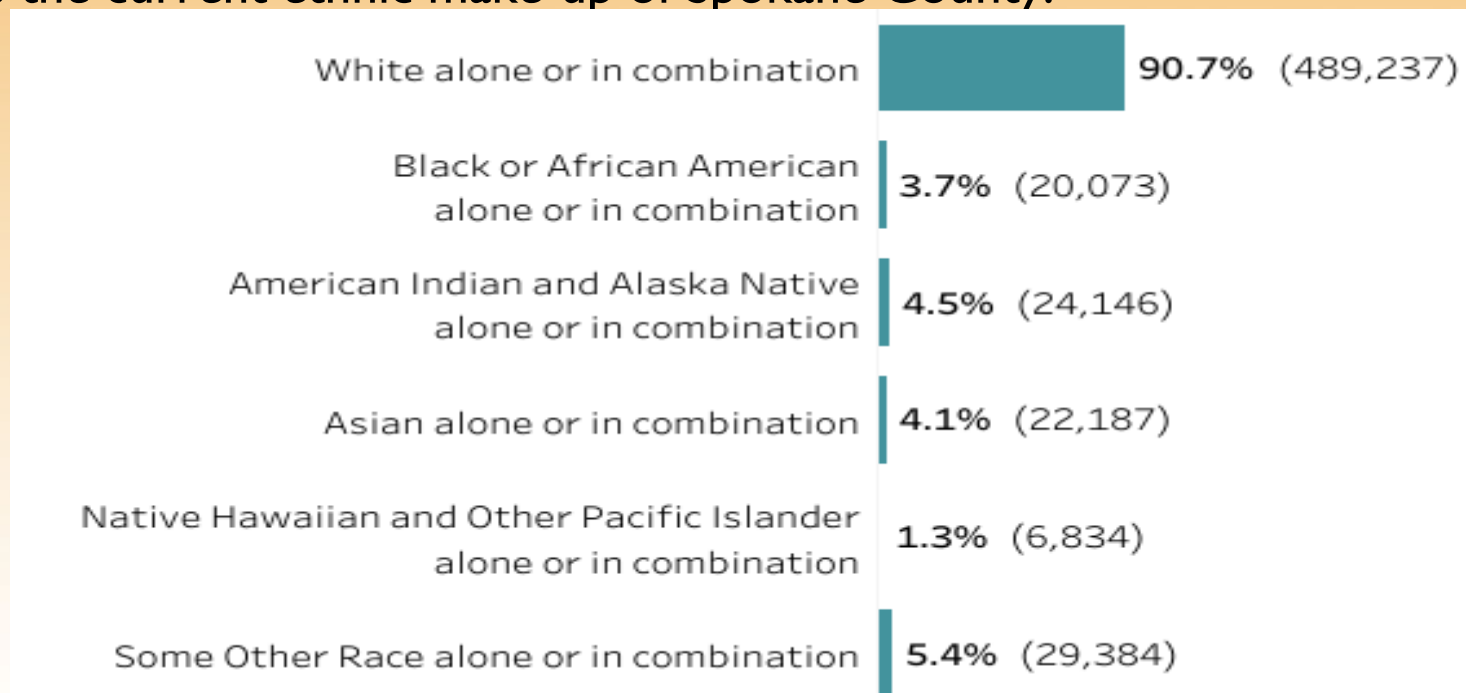




# Snapshot of Urban Natives in Spokane



- American Indian/Alaska Natives number 24,146 people. In the 2010 Census we were 14,261 people, an increase of 10,000 people in the last 10 years. At the NATIVE Project clinic, we have served people from over 300 tribes in the United States. There are currently 574 tribes in the US.
- We also think due to COVID restrictions, the Census probably undercounted many groups of people. The 2020 US Census says that this is the current ethnic make-up of Spokane County:





# The NATIVE Project Serves ALL

We are a Title V, Indian Health Services Contract Clinic and a HRSA 330 Community Health Center. Our area of expertise is Indian Health. We are part of the “U” (Urban) in the IHS I/T/U health care delivery system under the Affordable Care Act, Indian Health Care Improvement Act. We have learned through the IHS IPC training model to be a patient centered care medical home clinic and have been granted and maintain NCQA recognition (2017-present) as a Patient Centered Medical Home. Urban programs make up 2% of the I.H.S. Budget but are designed to treat the 70% of off reservation Indigenous population in the US.

## **American Indian/Alaska Native patient demographics:**

- 53% of our patients are AI/AN. 47% are non-Native.
- We serve Natives from over 330 different tribes in Spokane County.

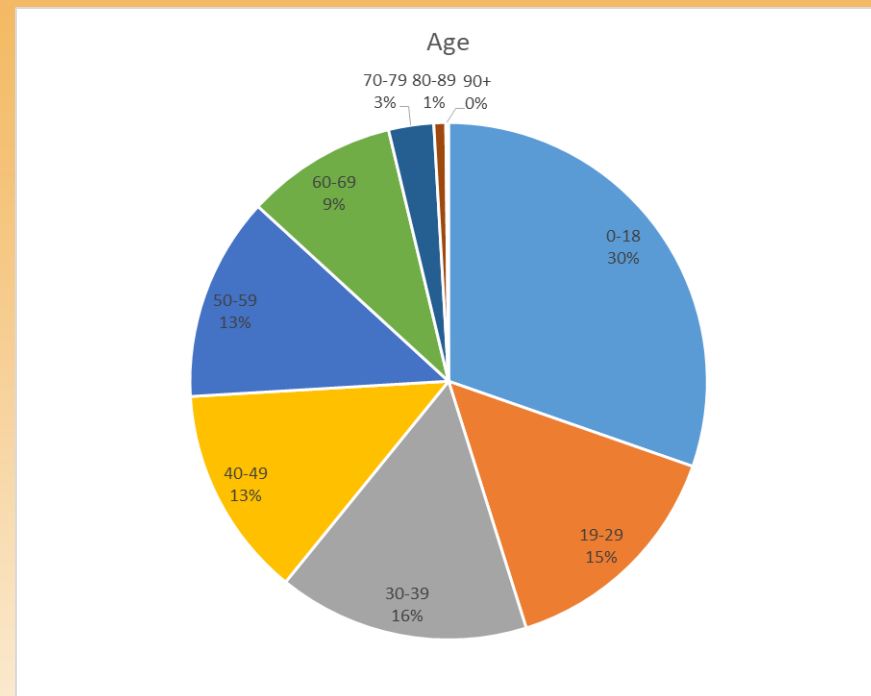
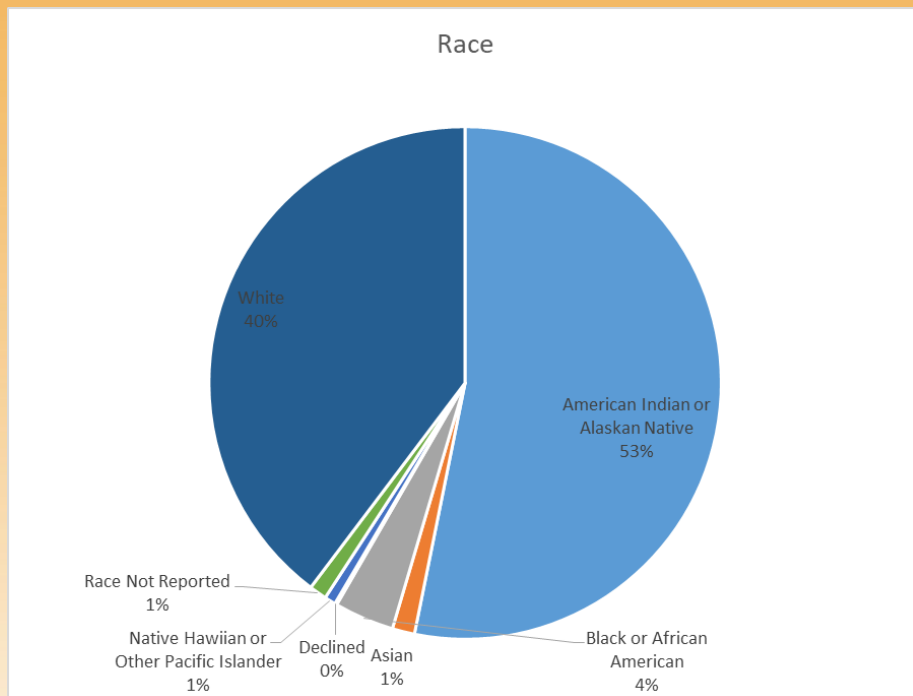
## **2023 General patient demographics:**

- NATIVE currently has 5,500 patients empaneled to our clinic. Maximum capacity is 5700 patients.
- Treated 400 youth, ages 0-18, in the adolescent Behavioral Health MH and SUD programs.
- We have similar disease statuses regardless of zip code. Need equitable resources and funding, especially from the Dept. Of Health and the State of WA resources.





# NATIVE Project Patient Demographics





## Pertinent Facts

- Because of huge health disparities and shortened life expectancy in Native people across the US, WA State and the City of Spokane, the largest percentage of the Urban Indian population are youth ages 0-18 (30+%). Elders are scarce. Funding resources in the Native community should focus on youth, health promotion and disease prevention and preservation of culture, including elders.
- According to the Spokane Regional Health District, the average life expectancy for a Native person in Spokane is **63** years and **80** years for a Caucasian person. (17-year difference in mortality!). We are still denied a seat on the SRHD board in spite of this glaring health disparity.

“ The life expectancy for Native Americans declined more than any other race between 2019 and 2021. ”

Centers for Disease Control and Prevention

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National Indian Health Board 



# Medical Services Offered

- **All medical services including women's health, well child and men's health, elder care, and immunizations.**
- **During the COVID-19 pandemic, telehealth services were quickly initiated for patients seeking medical or BH appointments. Chronic disease management**
- **Integrated diabetes care with CDEs, RD, minor procedures**
- **In-house labs**
- **Care Coordination, including social services, pharmacy assistance programs, homeless services, and Patient Navigator and Tribal Assister for benefits**
- **Referrals to specialty care**
- **Integrated, licensed behavioral health services (mental health and SUD)**
- **OB/GYN referrals under contract with Sacred Heart Maternity Clinic.**
- **Full service dental and dental hygiene services**
- **Full service Pharmacy.**



## Behavioral Health Open Access— Integration of Medical and Behavioral Health

- To support the NATIVE Project's Patient Centered Care initiative, staff revamped their schedules to work more collaboratively with the medical staff.
- This program and practice shift ensures that someone from SUD and Mental Health is always on Open Access to provide on-call integrated behavioral health support to the medical team. Other supports include care coordination and cultural/spiritual supports.
- Open Access also allows that more SUD/MH appointments are available for patients.
- This practice is called “Bi-directional Patient Care” as mandated in the ACA for integration of medical and behavioral health care for patients.
- The new Children and Youth Services building will offer integrated licensed mental health, substance abuse treatment, prevention and wellness programs.

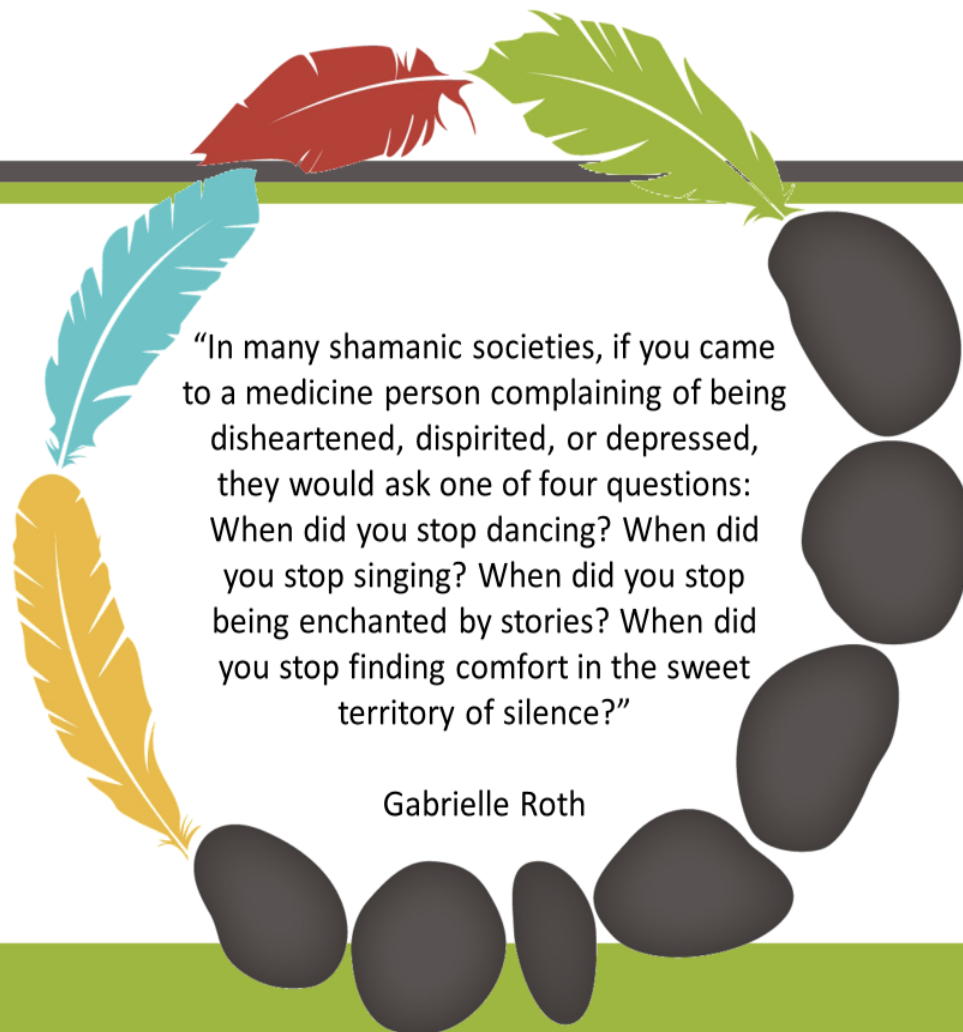


# Our Current Building, Spokane, WA



Established 1989; New Facility Built 2007, 18,000 sq. ft. Located in West Central Neighborhood of Spokane.





“In many shamanic societies, if you came to a medicine person complaining of being disheartened, dispirited, or depressed, they would ask one of four questions: When did you stop dancing? When did you stop singing? When did you stop being enchanted by stories? When did you stop finding comfort in the sweet territory of silence?”

Gabrielle Roth



# Looking Forward



- We have developed a beautiful four story building to serve our children, youth and families to create an integrated care campus where we will provide medical, dental, behavioral health and prevention services.
- This building will also include a cultural healing circle space to offer traditional healing. We need to bill for cultural services.
- This will be the only BIPOC outpatient behavioral health facility for children and teens in Spokane County. Need to treat youth if want to intervene in the school to prison pipeline and treat "diseases of despair"--depression, suicide, drugs/alcohol
- Our new 13,905 square foot building is in the construction phase and is projected to be completed by December 14, 2024.

# New Building





# Wish List (for Me) To Do List (for You)



- 1. Make sure we have a seat at the table for tribal representation on our local boards of health and the State Board of Health.
- 2. Make sure funding allocations are equitable to the I/T/U tribal health programs.
- 3. Children and youth programs must be prioritized in everything we do.
- 4. Culture is part of the "cure" for what ails us.
- 5. Words have power. Expansion has different meanings in different communities. Sometimes we want to go deeper, not bigger!

# Contact Us

Medical

(509) 483-7535

Fax (509) 487-7155

Pharmacy

(509) 483-4797

Counseling and  
Treatment

(509) 325-5502

Dental

(509) 483-7535

Prevention &  
Wellness

(509) 483-7535



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Medical

Family Practice  
Care Coordinators  
Laboratory  
Specialty Referrals

Counseling & Treatment

Substance Use Disorder Assessments  
and Treatment Programs for Youth  
Co-Occurring Disorder and Mental  
Health Children & Youth Therapy  
Program  
Indian Child Welfare Therapy  
Program  
Adult Behavioral Health Counseling

Dental

Preventative Care  
Emergency Appointments  
Extractions  
Restorative

Prevention & Wellness

Diabetes Management &  
Chronic Care Program  
Nutrition Counseling  
Community Wellness Program  
Indian Youth Leadership Camp  
and Summer Program

