



Unapologetically Indigenous

2023 ANNUAL REPORT

Seattle Indian Health Board

EXECUTIVE LEADERSHIP TEAM

- Esther Lucero, MPP (Diné)
President & CEO
- Abigail Echo-Hawk, MA (Pawnee)
Executive Vice President
- Meriah Gille, RD, MSHI (Cherokee, Choctaw, Siouan)
Chief Information Officer
- Pam Grindley, JD
Chief Human Resources Officer
- Andrew Guillen, MS (Cahuilla/Luiseño)
Chief Public Affairs Officer
- Ray Oen, MBA
Chief Financial Officer

BOARD OF DIRECTORS

- Tom Warren, SB ME (Choctaw)
Chair
- Sharyne Thornton, PhD (Cherokee)
Vice Chair
- Jania Garcia, MA (Haida)
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- Victoria Black Horse, MD (Seminole Nation of Oklahoma)
- Shelley Means, BA (Ojibwe/Lakota)
- Michael Painter, MD, JD (Cherokee Nation of Oklahoma)
- Christina Roberts, PhD (Nakoda and Aaniiih Nations)
- Cornelius Van Niel, MD

Our mission is to advocate for, provide, and ensure culturally appropriate, high-quality, and accessible health and human services to American Indians and Alaska Natives.

Seattle Indian Health Board is a federally qualified health center and public health authority through our public health division, Urban Indian Health Institute. We are also an urban Indian health provider contracted by the Indian Health Service. We provide and advocate for the best possible care to the 76% percent of Native people who live in urban areas.

Urban Indian Health Institute is one of 12 Tribal Epidemiology Centers designated by the Indian Health Service in the United States and the only center with a national purview. Tribal epidemiology centers partner with tribes and urban Indian organizations on a local, state, and federal level to collect, analyze, and disseminate public health data for Native people.

Moving Together in Forward Motion



TOM WARREN (CHOCTAW), SB ME

Chair, Board of Directors

Rooted in tradition, we recognize how the past can shape our future. We learn so much from the strength and resilience of those who came before us. As SIHB grows, we look to build on the foundations of past generations to create a better future for all our relatives.

As board chair, I am proud to see the progress we've made as an organization.

SIHB is a leader in health and human services, workforce development, and policy and advocacy efforts for Native people. SIHB is also pushing the work of Decolonizing Data to new heights. With Traditional Indian Medicine guiding every step of our path, we are continuing to expand access to high quality, culturally attuned care for Native people.

We're seeing this growth in a myriad of ways. This year, we increased deployments of our mobile clinic and celebrated the first full year of providing culturally attuned care in our Lake City and Pioneer Square clinics. Expanding access to care for our relatives across the Seattle area is an integral to our mission. By breaking down geographical barriers, we're making it easier for relatives to access care.

This year we found a home for the new Thunderbird Treatment Center. We finalized the purchase of the land on Vashon Island and began renovations. With Traditional Indian Medicine grounding everything that we do, we can ensure each relative who walks through our doors is wrapped in not only the care they need, but the care that they deserve. None of this would be possible without the support and collaboration with our community.

Our team continues to advocate fiercely for our relatives. Failing government systems have created resource gaps for Native people. SIHB's growing presence in local, state, and federal government amplifies our collective voice to ensure our people thrive in the future. From speaking up for increased funding for Urban Indian Organizations, to providing testimony to Congress, our advocacy team stands up for Native people. We will continue to hold the government accountable to their treaty obligations to guarantee resources for our community.

As we grow together and expand our capacity, our decisions are guided by thousands of years of Indigenous knowledge. At SIHB, everything we do is For the Love of Native People, and I look forward to the future we are building.

Thank you for your continued partnership on this journey.

Wrapping Our Relatives in Care



ESTHER LUCERO (DINÉ), MPP
President & CEO

Traditional Indian Medicine is at the heart of everything we do. That anchor is how we ensure that all decisions we make are centered on ensuring that relatives get the absolute best care possible. We won't accept any less.

This year, we are proud to have successfully fostered another year of growth. We are realizing the dream established from the work done in the late 1960's and early 1970's to build the foundation for Seattle Indian Health Board. We carry on the legacy of the matriarchs who fought to ensure that the fiduciary obligations to our people would not end simply because they now lived in a city.

We've progressed from meager beginnings, providing care out of an old file room, to today, where we are thriving! We now operate three clinics, one mobile clinic, and Thunderbird Treatment Center is opening 92 beds in 2025. The way we cared for our relatives this year is a manifestation of fulfilled promises to our community, to our ancestors, and to the next generations. The expansion of services and locations, like our new clinics in Pioneer Square and Lake City, enables us to ensure that our relatives have easier access to services that help them lead long, healthy lives.

We serve all people in a Native way. Traditional Medicine is at the core of everything we do. Traditional Medicine goes beyond the traditional plants themselves: it is ceremony, prayers, and knowledge that has been passed down for generations. It is a way of life. Centering Traditional Medicine is how we provide holistic, high-quality, culturally attuned care. This innovative care model is the first of its kind and is known as the Indigenous Knowledge Informed System of Care, or IndigiKnow.

Finalizing the purchase of the new Thunderbird Treatment Center on Vashon Island will enable us to fill a major gap in care throughout the county and ensure that our people have access to culturally informed services in a high-quality, safe environment. We made the difficult decision to pause services at the former Thunderbird Treatment Center because we knew the building itself could no longer provide the level of care that our people deserved. We also knew that our pregnant and parenting relatives facing substance use disorder and their families needed a safe space to heal, so we purchased and are working to create that space. Keeping families together is a Native value, so we knew that the new building needed to meet that need. This purchase is one of the many ways that we fulfilled a promise to our community this year. We will continue to innovate and push forward, always centering on Traditional Medicine, and always with our community by our side.

This year, we continue to set the standard for the care of Indigenous people not only across Indian country, but across the nation. We continue to fight unapologetically on the local, state and federal level for the care that our people deserve. Going forward we are committed to continuing to find innovative solutions to meet the needs of our relatives. All this work is for one reason: *For the Love of Native People.*

Demanding Representation



ABIGAIL ECHO-HAWK (PAWNEE), MA

Executive Vice President

Director, Urban Indian Health Institute

Data has and always will be an Indigenous value. We stand in the footsteps of our ancestors who sustained our lifeways that included being counted. We refuse to allow our people to be erased in Western data systems. We are still here. We continue to fight to combat the data genocide of Native people by implementing Indigenous epidemiology, evaluation and research in our agency, and advocating and training others to do the same from the local to national level.

This year, we continued the fight for our people to receive more of the resources that they are entitled to from both the federal and state government. We provided testimony to the U.S. House Committee on Appropriations, built relationships with countless policy makers, and continued our efforts to end the crisis of missing and murdered Indigenous people (MMIP). We requested appropriate funding for Tribal Epidemiology Centers (TECs), including us, so that we can continue to expand Indigenous-led epidemiology, evaluation and research for Indigenous people, by Indigenous people. We also demanded the full funding of the Indian Health Service (IHS) so that we can guarantee the health and wellbeing of Native people, today and into the future.

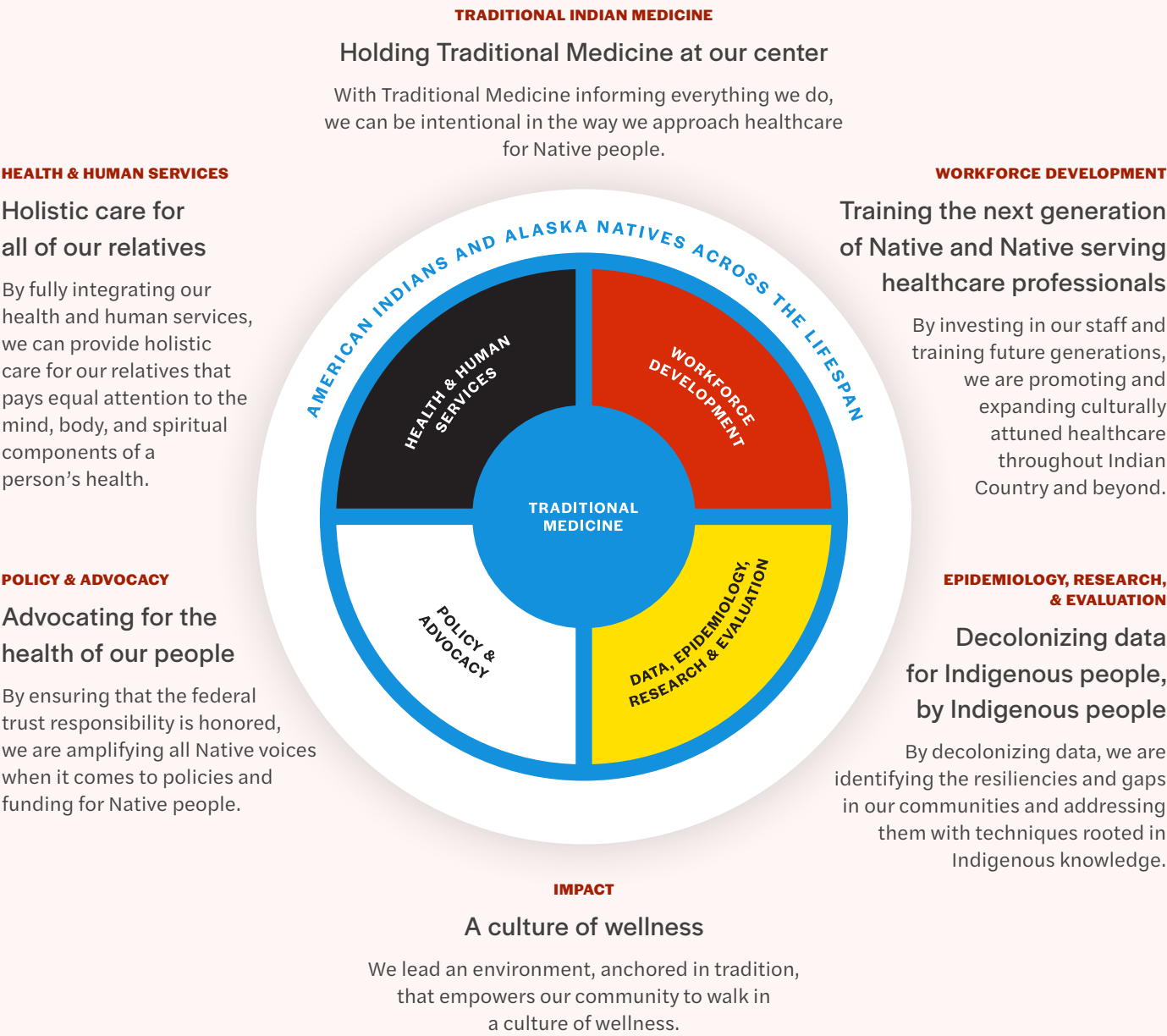
We continued to carry forward the work to end the MMIP crisis with our advocacy in Washington state on their MMIWP Task Force, started in 2021, and extended this work until 2025. Our efforts also included supporting SHB 1177, which would establish a cold case unit within the Attorney General's Office, exclusively for investigating cases involving MMIP.

SHB 1177 passed unanimously, and Governor Jay Inslee signed the bill into law on April 20, 2023. The cold case unit allows for law enforcement agencies to access culturally attuned, victim-centered support for solving crimes against Indigenous people. Establishing this unit is one of the first steps in reducing further harm to families and individuals impacted by the MMIP crisis.

This year, we also were able to bring on our first-ever Decolonizing Data Fellow. The first Fellow worked on projects with Indigenous Elders in the Seattle area and played a key role in building the Decolonizing Data framework. Through this innovation, we created space for those who will carry on this work into the future. Through the fellowship, we steward the next generation of Indigenous data keepers to keep this work going in a good way. This fellowship creates a new model for post-baccalaureate education opportunities for Indigenous people across Turtle Island. Pushing forward the future of this work today is part of our responsibility to be good ancestors tomorrow.

Indigenous Knowledge Informed Systems of Care

In 2015, we developed the Indigenous Knowledge Informed Systems of Care model, or “IndigiKnow.” Grounded in Traditional Medicine, it is the integration of our skills, services, and cultures. We implement IndigiKnow throughout everything we do.





Unapologetically Indigenous

We spent 2023 putting our words into action. Over the past few years, we have grown by every metric and are actively investing back into our community. When we are unapologetically Indigenous, we are empowered to confront health inequities in a Native way, the impact is unmatched.

We measure our effectiveness as an urban Indian health organization, federally qualified health center, and Tribal epidemiology center by the health of Indian Country as a whole. Guided by our traditional ways of knowing, we do not seek to replicate or reform Western systems that continually fail to serve our people. We exemplify and understand the necessity of total transformation. We are unapologetically Indigenous.



100%

**of executive
leadership attends
Seven Generations
for the full week**

Seven Generations Onboarding

The impact of Seven Generations reaches beyond our walls, setting a powerful example for others to follow. It has become a model that other organizations aspire to emulate, recognizing it as premier onboarding for a culturally based program. By upholding our cultural principles, we strengthen our team and inspire others to integrate cultural values into their work, setting a standard for how to include these values in workforce development.

Seven Generations is a week-long experience that brings new team members into the heart of our mission. It is designed to deepen their understanding of our commitment to providing high quality, accessible care rooted in tradition. Through this experience, our new staff understands what it truly means to serve all our relatives in a Native way. Having this weeklong onboarding also allows staff to engage directly with our Executive Leadership Team (ELT) and Board of Directors, providing them with a clear understanding of our mission, whom they're serving, and why it matters. By sharing their stories and learning from those who have walked this path before them, our team members leave the week inspired, fully committed to our relatives, and ready to contribute meaningfully to our shared goals.

This retreat takes place at Bell Harbor International Conference Center, on the very ground where Chief Sealth's longhouse once stood, a location carrying the

weight of history and resilience. This longhouse was a symbol of his generosity and leadership, providing a home for about 26 families and reflecting his commitment to sharing his resources, and caring for his community. The burning of the longhouse was a direct attack on Native culture, aimed at erasing those who have always been here.

By holding our onboarding experience here, we honor Chief Sealth's legacy and our connection to this Native land. This choice goes beyond a land acknowledgment. The intention and love that Chief Sealth brought to caring for those who lived in his longhouse matches the standard of care that we bring to serving our community. We foster learning and connection by being close to the water, beginning each day with a morning blessing, and sharing cultural stories and teachings throughout the retreat. Bell Harbor has been reclaimed as a place for learning and healing.

We are always committed to nurturing a workforce that truly reflects our values. Seven Generations cultivates a culturally grounded team, devoted to serving our relatives through our IndigiKnow model of care. These systems, rooted in Indigenous ways of knowing, integrate scientific knowledge into a holistic framework, teaching us about the interconnectedness of the world and our place within it. By fostering an environment anchored in our culture, we empower our community, ensuring our work serves the present, honors our past, and builds a strong foundation for the next seven generations.

Building Up an Indigenous Workforce

For many organizations, having more than 15% of their staff be BIPOC is significant. It may even be seen as commendable. But at Seattle Indian Health Board, our monthly percentage of BIPOC employees averages around 80%! When our relatives see employees who look like them, they know they're at home. They know this is a place where they will be seen, listened to, and taken care of with the utmost respect.

We welcome the responsibility of preparing and uplifting the next generation of Native-serving professionals in every way we can. This year, we offered 30 different workforce development opportunities, including on-the-job training programs, such as Pharmacy Tech, Lab Tech, Registered MA, and Sterilization Tech. **Notably, all of SIHB's workforce development programs, excluding the Family Medicine Residency, are entirely self-funded, with labor costs exceeding half a million dollars annually.**

We've also expanded our Master of Social Work (MSW) program to include a clinical social worker track for first-year students at Seattle University and the University of Washington. The program, which began with just two counseling students, has now tripled in participation. Offering training and marketable job skills, each of these programs offer fully staffed positions with pay and benefits. Two members of our 100% Native Behavioral Health team, Jarrad Packard (Oglala Lakota/Yankton Dakota) and Corrina Kruger (Yakama/Syilx), became certified licensed mental wellness specialists through our own Licensed Independent Clinical Social Worker (LICSW) program.

Additionally, SIHB has signed a memorandum of understanding with UC San Diego, allowing Steven Jump (Cherokee) to complete his clinical rotations at SIHB, with the possibility of returning to complete his residency if he pursues a career in family medicine. Steven started at UIHI as an intern and then a program associate. After that, he moved over to the clinic where he was trained as a medical assistant, allowing him to complete hours of training and work experience that would strengthen his applications to medical school.

Over the summer, Seattle Indian Health Board was invited to join the newly formed American Indian Medical Education Strategies, a coalition of tribes,



80%

**Our monthly percentage
of BIPOC employees
averages around 80%**

insurance companies, the Indian Health Service, and urban Indian organizations like ours. This group is working to address the shortage of Native doctors and healthcare professionals in Indian Country by establishing residency programs nationwide. SIHB's residency program is renowned in Indian Country, particularly for its mentorship under Dr. Terry Maresca (Mohawk).

For all SIHB employees, whether they are a medical resident, a lab technician, or supporting us on the administration side, the future is bright. Our growth in programs and investment in the employee experience is paying off. Our staff are our relatives too, and it's imperative that we care for them in the same way.



Empowering Our People

The needs of our communities drive our organization's growth and expansion. Through strong leadership, years of strategic planning, and Tribal and community partnerships, we continue to advocate for, invest in, and mobilize resources for the health of our people. We know that our community deserves the best, and we will continue to fight for it every day.

We have enhanced our specialty care services to incorporate podiatry, pediatrics, and naturopathy. These services broaden the scope of care and allow us to meet regulatory compliance standards. We will continue expanding our service offerings to ensure that each relative is cared for in a specific, culturally attuned way, empowering them to live long, healthy lives.

+20%

Secured \$10.6 billion to implement culturally attuned and community-defined COVID-19 response in the Indian healthcare system through joint advocacy with tribal and urban Indian partners.

53%

of our relatives self-identified as Indigenous

+25%

of all services were delivered to relatives at our Pioneer Square and Lake City clinics.

20+

states, including Washington, are home to relatives who receive care at our sites.



Traditional Indian Medicine

We define the practice of Traditional Indian Medicine as “Trusting and elevating the dynamic knowledges Indigenous peoples hold in our nations, communities, families, stories, blood memories, and ancestry. These are used to bring balance and healing to our minds, bodies, spirits, and our world through songs and prayers, plant medicines, traditional and sustainable foods, ancestral languages, cultural ceremonies, community roles and relationships, and practices of resilience, reverence, and gratitude.”

When a relative sees a provider at Seattle Indian Health Board, a Traditional Indian Medicine apprentice is available at their appointment. Relatives can either meet with the apprentice immediately, or schedule an appointment with someone in our growing network of Traditional Indian Medicine practitioners.

The successful pilot of incorporating Traditional Indigenous Medicine information into our electronic health records system marked a groundbreaking milestone for our organization in 2023. This step is crucial for the formal recognition and billing of these services, ensuring that these services are accurately recorded and appropriately reimbursed. Not only will this enhance patient care, but it also sets a new



standard in the intersection of modern and traditional healthcare practices. This initiative underscores our role as leaders and innovators in healthcare.

Over the past two years, our Traditional Health team has grown dramatically to support the demand for their services—from just one practitioner on the clinic floor, to welcoming two new, on-staff practitioners and additionally placing a Traditional Indian Medicine apprentice on every care team at every clinic location. We also now offer a clinical rotation program with the University of Washington, wherein medical students shadow practitioners and apprentices to learn what traditional medicine is, and how it is incorporated into our care model.

Where Medicine is Created

Each season, our Traditional Medicine practitioners tend to our Indigenous plant medicine gardens. The Beacon Food Forest provides a space for our Traditional Indian Medicine team to grow the exact plant medicines that they need to best serve relatives. We call it “sust’əlǰixwali,” a name in Lushootseed that roughly translates to “a place where medicine is created.” As we renovate our new residential treatment facility on Vashon Island, we are also preparing an ADA-accessible plant medicine garden for relatives to use and enjoy there as well.



Culturally Attuned Treatment

When Native people can access culturally attuned care, ultimately, we see better health outcomes. We have the traditional knowledge and community-centered approach necessary for our people to thrive from birth to walking on.

In February 2020, we paused inpatient services at the Thunderbird Treatment Center in Rainier Beach in order to search for a new, more expansive location. At that time, our facility had the lowest recidivism rate in the state. This year, we finalized the purchase of a new facility on Vashon Island that will once again provide much-needed services to relatives seeking care for substance use disorders.

Grounded in our traditional beliefs and practices, Thunderbird Treatment Center will fully implement our IndigiKnow care model by integrating our behavioral health, medical, dental, and traditional health services in a culturally attuned, residential, in-patient treatment program.

Our clinical sites are places of healing, anchored in tradition, that empower our relatives to walk in a culture of wellness. As we remodel the Vashon Island facility, we are working to develop spaces for ceremony and traditional practices. When it opens in 2025, Thunderbird Treatment Center will be the largest in-patient treatment center in the state. The facility will also increase bed capacity in King County by 62%. The center will have 92 beds, including 15 dedicated to pregnant and parenting people so caregivers can bring their children on the healing journey.



\$2M

will support Indigenous birthing communities that improve maternal health and help infants thrive.

Building Capacity for Maternal Wellness

Our traditional ways of knowing allowed our people to deliver healthy babies to healthy families for thousands of years. However, because of the erasure of Indigenous birthing practices, American Indian and Alaska Native people currently experience some of the highest infant mortality rates in the country.

The Family Services Division works to ensure Indigenous birthing people, babies, and their families thrive. We support Indigenous families throughout their prenatal, birth, and child rearing journey. The Family Services Division creates programming that centers cultural understanding, strengthens social support, and facilitates access to resources. Cultural activities include smudging, cradleboard classes, traditional foods, plant medicines, and other wellness services. Our Family Saturday pediatric clinic creates an inclusive space for families to connect with one another and build social support. Our weekly Expecting and New Parent Lunch provides an opportunity to connect with community resources, provide prenatal and postpartum education, and provide traditional foods to our relatives. Our community partnerships with other Indigenous-serving organizations allow us

to wrap support around our relatives and provide comprehensive care throughout the prenatal and postpartum period.

To continue our efforts, we are committed to utilizing external resources such as the HRSA Innovation Grant. This grant, “Birthing Sovereignty: Reestablishing Indigenous Birthing Communities”, will support us in implementing culturally attuned practices into our care model. Its goal is to reduce maternal mortality by providing quality care across all stages of pregnancy and ensuring that Indigenous birthing people get the high-quality care they deserve. In addition, the HRSA Innovation grant has allowed us to increase our programming around traditional birthing practices to ensure our relatives have healthy and safe birthing experiences.

Currently, we hold weekly lunches for expecting and new parents so they can connect with other Indigenous families and our medical staff for education and perinatal support. We are also engaging with our community to inform the future of the program, and work in partnership with the people who are using these services. Without input from our community, this work does not happen. By using Indigenous models of shared leadership and collective decision-making, we will enhance the continuum of care.

Lucy. Antre Schivord.

[illegible]

Upholding Indigenous Data Sovereignty

Indigenous people have always been scientists. We are reclaiming sovereignty over our data, replacing ineffective methods with culturally rigorous Indigenous data practices to ensure that our people are counted.



Data Is a Story

Data embodies the story about our integration of Traditional Indian Medicine. Our integration of traditional practices and western medicine has resulted in significant improvement in relatives' health outcomes.

The data highlights the improved management of chronic conditions such as anxiety, depression, suicidal ideation, and alcohol consumption. Powered by data, we have evidence of how our care model provides real benefit to our relatives through every encounter.

Understanding the data behind our care model allows us to pave the way for what the future of traditional practices can provide across the country and helps us make improvements and decisions about how to best care for our relatives.

The implementation of Traditional Indian Medicine within our electronic health record (EHR) system was a crucial step for us to gather and analyze the data on our health outcomes properly. Our fully integrated EHR system allows us to improve our holistic care model. With the data supporting our approach, we have the potential to influence Traditional Indian Medicine reimbursement policies within Medicare and Medicaid. The data-backed effectiveness of our Traditional Indian Medicine practices will allow us to continue advocating for inclusion in reimbursements to ensure culturally attuned care is recognized and supported within the universal health care system.

Indigenous Data Practices

When we use the terms “data genocide” and “decolonizing data,” they are not metaphors. These terms are literal. For decades, Indigenous people have been misclassified, misidentified, and excluded in Western data systems due to structural racism and substandard research practices that consistently fail to capture our communities' public health data correctly. In the absence of accurate data, research does not represent the strengths of Indigenous communities properly, funders fail to allocate adequate resources, and disparities created by settler colonialism go unacknowledged.

We are leading a movement to decolonize data through our public health division, Urban Indian Health Institute. To decolonize data is to use Indigenous methodologies to pass down data and stories, for the benefit of our people for generations. This year, we launched a national campaign on decolonizing data and worked to build impact, capacity, and infrastructure across the country.

PRINCIPLES OF DECOLONIZING DATA

We have a legal right to data governance through treaty and trust responsibility.

We restore cultural and spiritual practices that include belief systems that are contrary to Western religious practices and common belief systems.

We are accountable to the next generations.

We have a responsibility to sustain and build Tribal strength and vitality through data.

We collect data that includes Tribal affiliations and/or Tribal enrollment as defined by each individual Tribal nation.

Shifting Power and Resources to Community

When the state of Hawai'i passed legislation to convene a task force on the disappearance and murder of Native Hawai'ian women and girls, they failed to provide funds to support the task force's efforts. We sprang into action. We provided funding for Kamāwaelualani, a nonprofit organization in Hawai'i dedicated to culture, education, and community activation. They published HOLOI Ā NALO WĀHINE 'ŌIWI, the first official report on the epidemic of missing and murdered Native Hawai'ian women and girls in the state. Supported by our funding, they can publish part two of their landmark report.

This is just one example of how we use our resources to support Indigenous health through community grants. We provide resources to Tribal and urban communities as well as departments of health and safety at state and county levels. In addition to monetary support, grantees receive technical assistance to develop decolonizing data practices.

IN 2023

We awarded \$2.2 million to 19 organizations to advance work supporting data decolonization.

We funded six scholarships for learners to attend the National Indian Health Board conference.

We dedicated more than 1,000 hours of staff time to provide data and technology assistance for other Tribal epidemiology centers and organizations.

We launched a Decolonizing Data Fellowship.



Missing and Murdered Indigenous Women and People

We envision a time when all Native people have healthy and successful lives. But the crisis of missing and murdered Indigenous women and people (MMIWP) gravely impacts our communities and their ability to thrive. Inaction from the US government has allowed this crisis to go on for far too long. We haven't—and won't—stop fighting to bring our relatives home and keep our families together.

Our team advocates for our relatives at every level. Our Executive Vice President Abigail Echo-Hawk (Pawnee) is an executive member of Washington state's MMIWP task force. She works with Attorney General Bob Ferguson and other members of the task force, pushing forward legislation and recommendations for the state legislature to protect our people from harm.

This past year, we contributed to state legislation that successfully created an MMIWP cold case investigation unit and a toolkit to give families impacted the updated resources they need to find their missing relatives. Utilizing UIHI data, we have supported numerous pieces of federal and state legislation dedicated to finding and bringing families back together.

We also welcomed Senator Maria Cantwell to an MMIWP roundtable discussion in May 2023. Along with local Tribal leaders, we shared personal connections to this work, what's being done at the state level, and plans for a national model to follow. With Washington having one of the highest numbers of MMIWP cases in the country, it is vital that we partner with community and national leaders to address this problem head-on.

Health Equity and Justice for Native People

Through our work in policy and advocacy, we are fighting for Native people's right to live, and live well, wherever they reside. Over the past year, we supported 30 pieces of legislation focused on health equity and justice for Native people. This success is directly tied to your investment in our work. We continue to demand that the United States government fulfill its legal obligations to American Indian and Alaska Natives as outlined in our trust and treaty rights.

STATE LEVEL – PASSED

Behavioral Health

We successfully advocated for the establishment of behavioral support specialists to enhance mental health services. Our advocacy is strengthened by a 100% Native behavioral health counseling staff.

Dental Therapy

We played a key role in supporting advocacy efforts for the establishment and authorization of the dental therapy profession within Federally Qualified Health Centers, enhancing access to culturally appropriate dental care.

Free School Meals

We supported legislation to ensure that all K-12 students receive free school meals, promoting equitable access to nutrition and fostering better educational outcomes for all children.

Students Experiencing Homelessness

We helped to support legislation aimed at addressing the needs of students experiencing homelessness, ensuring they receive the support and resources necessary to succeed in their education and overall well-being.

STATE LEVEL – ONGOING

Establishing a Native American scholarship program

We continue to advocate for the establishment of a Native American scholarship program, working to secure educational opportunities that will empower future generations and support the academic success of Native students.

Providing “Baby Bonds” for newborn infants enrolled in Apple Health

We are actively advocating for the implementation of “Baby Bonds” for newborns enrolled in Apple Health, aiming to build financial security from birth and promote long-term economic well-being for Native children.

Regulating rent increases

We are supporting efforts to regulate rent increases to ensure housing affordability and stability for our communities. By advocating for fair and predictable rent policies, we aim to protect our community from excessive rent hikes and promote equitable access to housing.

Using capital expenditure to reduce homelessness

We support the use of capital expenditure to address homelessness. By investing in long-term housing solutions and infrastructure improvements, this initiative aims to provide stable and sustainable support for our relatives experiencing housing instability. Our efforts focus on ensuring that these investments are directed towards effective and impactful solutions.



FEDERAL LEVEL

Increase for IHS

We continue to gather bipartisan support on issues facing Indian Country. After we met with Rep. Mike Simpson to thank him for his support for both the Indian Health Service and Indian Country as a whole, Simpson told us this: “We’re not making cuts on the backs of our Indian brothers and sisters. We’ve done that for too long and it’s not going to happen (in the House Committee on Appropriations – Subcommittee on the Interior, Environment, and Related Agencies).” (M. Simpson, personal communication, September 27, 2023)

Urban Indian Health Parity Act

We are speaking up in favor for the Urban Indian Health Parity Act, which seeks to extend 100% Federal Medical Assistance Percentage (FMAP) to services provided to Medicaid-eligible patients at urban Indian organizations (UIOs). With over 70% of Native people living in urban areas, this legislation is crucial in ensuring that UIOs receive equitable funding, enabling them to continue offering essential healthcare services to Native communities.

Comprehensive Addiction Resources Emergency (CARE) Act

We are supporting the Comprehensive Addiction Resources Emergency (CARE) Act, which aims to establish programs, grants, and initiatives to combat substance use disorders. This legislation is critical in expanding access to resources and support systems that address addiction, ultimately serving to heal and strengthen our community.

BADGES for Native Communities Act

We support the BADGES for Native Communities Act, which seeks to revise federal policies and procedures for information sharing, reporting, and investigating cases of missing, unidentified, or murdered Indigenous people. This legislation is crucial in enhancing the law enforcement response to these cases and ensuring justice and safety for our relatives.

Family Violence Prevention and Services Improvement Act of 2023

We are supporting the Family Violence Prevention and Services Improvement Act of 2023, which will modify, expand, and reauthorize the Family Violence and Prevention Services program through fiscal year 2028. This bill is essential for providing continued funding to emergency shelters and support services for victims of domestic violence, ensuring safety and assistance for relatives in need.

Charting a Financially Sustainable Future

When we maximize savings and profit, we reinvest that money back into serving Indigenous communities.



Building Infrastructure

Our strategic braided funding strategy has allowed us to utilize both our grants and our clinic-generated revenue to maximize the impact of our services for our relatives. We are using our funds to build out the infrastructure for the future of Indigenous health, including our Family Services Division, and our future site on Vashon.

With this in mind, we can support more relatives, in the best way possible. Our innovation in finance ensures that we don't have to worry about a grant coming to a close: we always have structures in place that allow our work to continue without interruption.

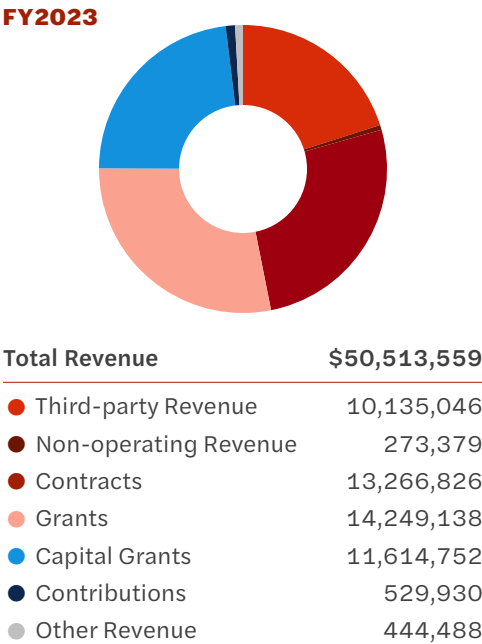
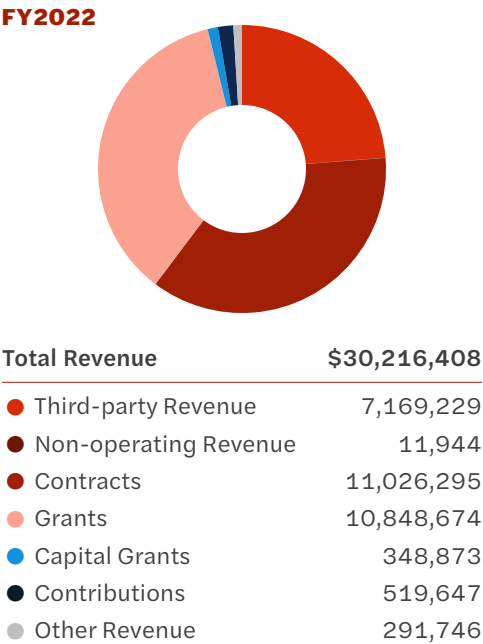
Securing Funding

Medicaid services provided to American Indian and Alaska Native people at Indian Health Service and Tribal facilities are 100% reimbursable. This reimbursement rate, known as Federal Medical Assistance Percentages (FMAP) eligibility, was set by the federal government in 1976 to supplement trust and treaty healthcare obligations to our people.

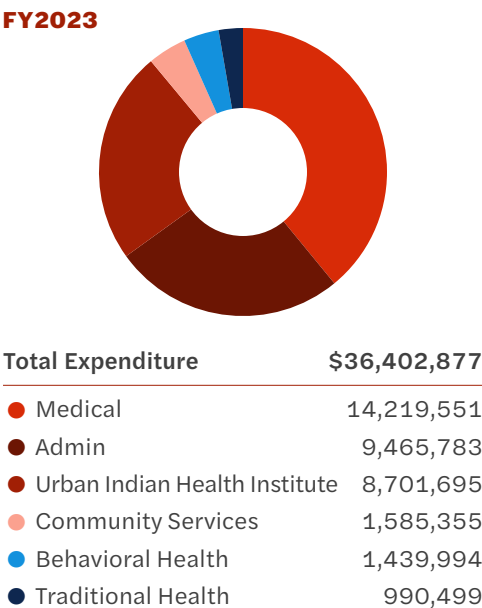
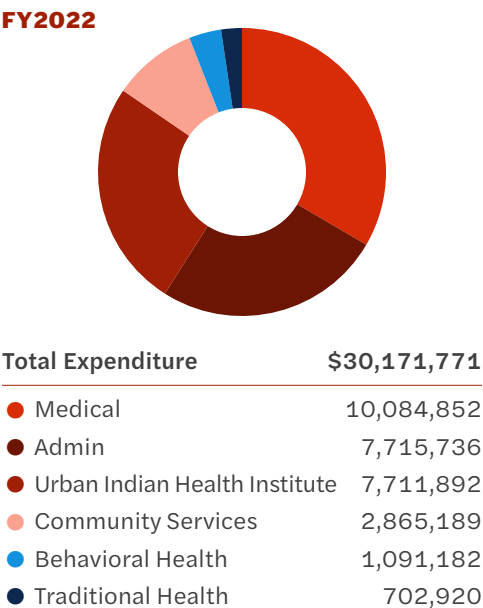
More than 70% of American Indian and Alaska Native people live in urban areas, yet the urban Indian organizations (UIOs) that serve them are the only Indian Health Service facilities excluded from receiving a full match.

In 2021, the federal government temporarily extended 100% FMAP eligibility to UIOs for two years. These matched Medicaid services provided in Washington resulted in \$22 million in cost savings for the state, money which the state reinvested into the program. As one of two UIOs in the state, we were awarded \$11 million from the reinvestment account and used these funds to purchase the land and facility on Vashon Island for the re-opening of our in-patient facility.

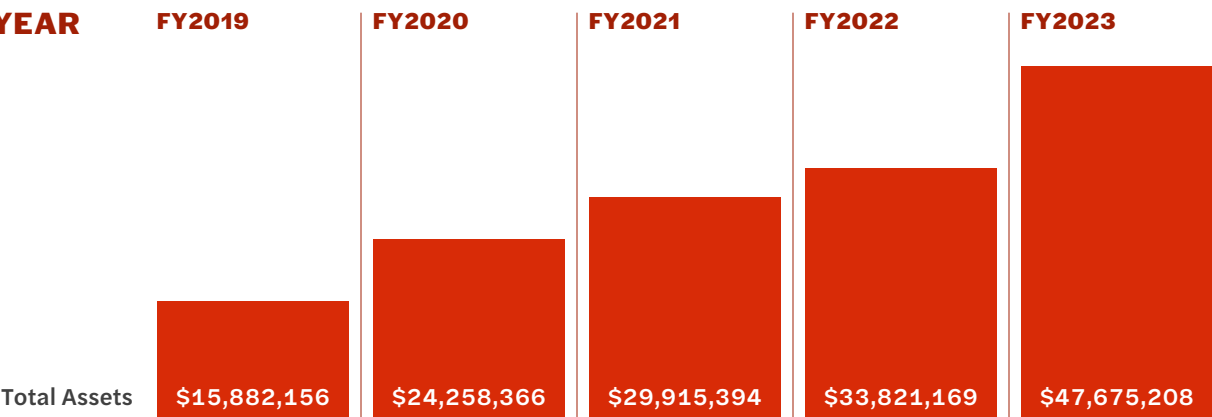
REVENUE
BY CATEGORY



EXPENDITURE
BY DIVISION



YEAR-TO-YEAR
GROWTH



For the Love of Native People

International District Clinic

611 12th Ave S
Seattle, WA 98144

Lake City Clinic

12736 33rd Ave NE Suite 200
Seattle, WA 98125

Pioneer Square Clinic

124 2nd Ave S
Seattle, WA 98104

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