



SQUAXIN ISLAND TRIBE

RESOLUTION NO. 14-14

of the

SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Tribe, its members, its lands, its enterprises and its agencies by the authority of the Constitution and Bylaws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; **and**

WHEREAS, under the Constitution, Bylaws and inherent sovereignty of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of the tribal members, and with protecting and managing the lands and treaty resources and rights of the Tribe; **and**

WHEREAS, the Squaxin Island Tribal Council has been entrusted with the creation of ordinances and resolutions in order to fulfill their duty of protecting the health, security, education, and general welfare of tribal members, and of protecting and managing the lands and treaty resources of the Tribe; **and**

WHEREAS, the Squaxin Island Tribe has been advised of the availability of funding for a new one year funding cycle through the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Integrating Colorectal Cancer Screening within Chronic Disease Programs; **and**

WHEREAS, the Squaxin Island Tribe is a member of the South Puget Intertribal Planning Agency (SPIPA), through which body it presently operates Centers for Disease Control and Prevention programs focusing on cancer prevention and treatment, including the Comprehensive Cancer Control Program, the Native Women's Wellness Program and the Colorectal Health Program, which provide cancer screening and treatment referral services, improving health outcomes for people living with cancer, and promote awareness of the availability and importance of screening services; **and**

WHEREAS, SPIPA, in consultation with the Squaxin Island Tribe, has determined that it is in the best interest of the members of the Tribal communities to continue this funding

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for projects related to implementation of cancer prevention and control programs to reduce morbidity, mortality and related health disparities; **and**

WHEREAS, SPIPA will submit an application for funding under the above referenced funding opportunity for an amount not to exceed \$700,000 in federal funds; **and**

WHEREAS, the Squaxin Island Tribe will complete a Memorandum of Agreement with SPIPA prior to the implementation of the program;

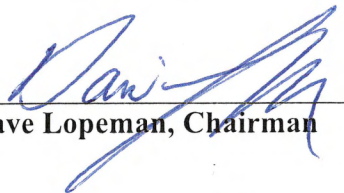
NOW THEREFORE BE IT RESOLVED, that the Squaxin Island Tribal Council does hereby authorize SPIPA to submit a proposal to the United States Department of Health and Human Services, Centers for Disease Control and Prevention, Integrating Colorectal Cancer Screening within Chronic Disease Programs for an amount not to exceed \$700,000 on behalf of SPIPA and the Squaxin Island Tribe for a period of twelve months.

BE IT FURTHER RESOLVED, that the Squaxin Island Tribal Council does hereby authorize the Tribal Chairman, Tribal Administrator or Director of Operations to be the Tribe's signatory and representative in all future matters requiring Tribal authorization on this particular project; **and**

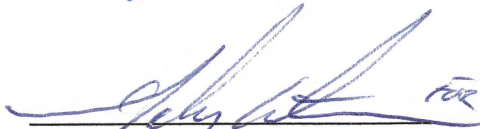
THEREFORE BE IT FINALLY RESOLVED, that these authorities shall be for the duration of the project.

CERTIFICATION

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at the meeting of the Squaxin Island Tribal Council, held on this 27 day of February 2014, at which time a quorum was present and was passed by a vote of 5 for and 0 against with 0 abstentions.



Dave Lopeman, Chairman



Arnold Cooper, Vice Chairman

Attested by: 

Pete Kruger, Secretary

SPIPA Proposal Abstract

This document was prepared by SPIPA staff as a planning/communication tool for Tribes. All new projects, after funding and prior to implementation, will require an executed Memorandum of Agreement between SPIPA and the participating Tribes.

<u>Agency</u>	U.S. Department of Health and Human Services/Center for Disease Control	<u>Deadline</u>	<u>03/07/2014</u>
<u>Agency Program</u>	Integrating Colorectal Cancer Screening within Chronic Disease Programs	<u>Current Date</u>	<u>02/04/2014</u>
<u>Funding Range</u>	Up to \$1,000,000 per year	<u>SPIPA Lead</u>	<u>Carmen Kalama</u>
<u>Project Duration</u>	1 year – June 29, 2014 – June 30, 2015		
<u>Grant Type</u>	Limited Competitive, must be a current grantee		
<u>Agency Funding Goal</u>	Reduce health disparities in colorectal cancer screening, incidence, and mortality among the 50+ years of age population.		

Participating Tribes

SPIPA tribes plus Quinault Indian Nation and Cowlitz Indian Tribe

MOA/MOU

With providers as required

Resolutions

SPIPA and all participating Tribes

Match Required

None

Project Goals:

Decrease the incidence of colorectal cancer among SPIPA and Quinault and Cowlitz tribal members, especially among those who are 50+ years of age.

Project Objectives:

- 1). Meet the eight required components of: Program Management, Provision of Screening and Diagnostic Follow-up Services, Public Education and Patient Recruitment, Quality Assurance and Professional Development, Partnership “Development and Maintenance, Clinical and Cost Data Collection and Tracking, Patient Support Services, and Program Monitoring and Evaluation.
- 2). Provide 0.5 Caseworker/Patient Navigator for each SPIPA Tribe to provide education/outreach and assist clients through the screening process, and a 1.0 program coordinator at SPIPA.
- 3). Deliver colorectal cancer prevention health education and screening to men and women 50+ years of age the SPIPA and Cowlitz and Quinault Indian tribal communities.
- 4). Increase the number of annual FOBs and once every 10-years colorectal screening exams among SPIPA and Cowlitz and Quinault Indian tribal members 50+ years old.
- 5). Provide general and individual colorectal cancer screening educational and resource materials that are appropriate for Native American men and women.

Anticipated Benefits to Tribes

- Increased tribal clinic staffing by 0.5 FTE per Tribe.

Tribal Role

- Increased access to culturally appropriate colorectal cancer prevention health education and screening.
- Hire 0.5 Caseworker/Patient Navigator, * Collaborate with SPIPA on outreach
- activities for Tribal members and training for clinic staff.
- Submit progress reports as required and participate in collaborative planning.

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Budget Summary: DHHS/CDC Integrating Colorectal Screening within CDC Programs

\$275,484	Salaries 0.5 Patient Navigator x 7 Tribes, 1.0 FTE Coordinator (at SPIPA), 1.0 billing/data (SPIPA)
\$80,143	Benefits (at 28% - an average)
\$16,560	Travel/ Training
\$125,000	Screening Services Screening costs: colonoscopies for eligible at age 50+ and every 10 years, FIT annually, Dx procedures – based on medicare reimbursement rates to providers.
\$68,248	Materials/Supplies Office supplies \$5,980; Telephone/Communications \$1,700; Clinical Supplies \$4,500; Meeting/Training Support \$1,000; Community Events \$21,528; Outreach materials \$11,040; Reduction of Barriers to Screening \$22,500
\$17,500	Contractual Quality Assurance Contractor and External Evaluator
\$582,935.00	Subtotal
110,025.00	Indirect (subtotal – contractual x 16.3%)
\$692,960.00	Total _____