

SQUAXIN ISLAND TRIBE

RESOLUTION NO. 94 - 25

OF THE

SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Indian Reservation by authority of the Constitution and By-Laws 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 and By-laws of the Tribe, the Squaxin Island Tribal Council is charged with the duty of protecting the health, security, education and general welfare of tribal members; and

WHEREAS, the Squaxin Island Tribe has been a member of the South Puget Intertribal Planning Agency since its inception in 1976; and

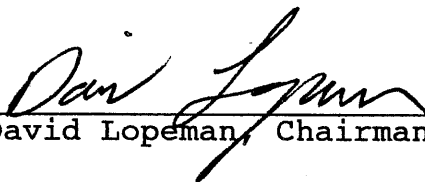
WHEREAS, the Squaxin Island Tribe has, over the past several years, been involved in an ongoing health care development effort aimed at increasing the level and range of health care services available to tribal families at the community level; and

WHEREAS, the Tribe has been advised of the availability of funding through the Health Resources Services Administration, Office of Rural Health, for Rural Health Outreach grants; and


NOW THEREFORE BE IT RESOLVED, that the Squaxin Island Tribal Council does hereby authorize the South Puget Intertribal Planning Agency to prepare, submit, negotiate, execute and administer with the Health Resources Services Administration, Office of Rural Health, a three year grant proposal and agreement, and any amendments thereto, for a Rural Health Outreach Project for the Squaxin Island community.

C E R T I F I C A T I O N

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at a meeting of the Squaxin Island Tribal Council, held on this 11th day of March, 1994, at which a quorum was present and was passed by a vote of ___ for, and ___ against with ___ abstentions.



David Lopeman, Chairman



David Johns, Vice-Chairman

Attested by:



David Whitener, Sr., Secretary

**South Puget Intertribal Planning Agency
1994 Rural Health Outreach Project**

**South Puget Intertribal Planning Agency
HRSA Rural Health Proposal Abstract**

The Chehalis, Nisqually, Shoalwater Bay, Skokomish and Squaxin Island Indian Tribes are proposing a three year project through the South Puget Intertribal Planning Agency to improve access to health care services for at-risk and vulnerable populations within the service areas of the five Tribes. The project will address three major areas of health service delivery need which have been identified by the Tribes as being critical to improving the health status of each community:

1) Health Education and Prevention: To develop an effective community health promotion and education program for each community that increases utilization of each tribal clinic for preventive health care services.

2) Access to Direct Care Services: To increase access to physician care (either internist or family practice physician) for community families served by the tribe's community based health clinics.

3) Improved Systems of Referral: To improve the referral network between tribal clinics and specialty provider and each within the area, and enable each Tribe to more effectively track referrals made from the clinic.

The project will also include a participation component (to be developed by each community) aimed at measuring the effectiveness of different interventions (incentives, outreach, social recognition) for increasing participation in preventive care services.

Program Model: Each Tribe will develop a tribally determined scope of work and budget for their portion of the project funds. The project is based on a pass through model in which services are designed and delivered by and within each of the 5 communities, with sharing of information, data, strategies, and health prevention and education materials through a networking arrangement between tribal health clinics and providers. This model provides for maximum local self determination in design of services, selection of providers, and targeting prevention and education materials while at the same time providing for resource sharing or joint working joint arrangements where there is significant overlap in approaches or commonality of need. The Tribes will form an intertribal working group of providers and key players in the health services arena which will come together on a regular basis to share strategies and service delivery methods for working with their specific populations. Because the tribes have different strategies for increasing access to health care within their communities, there will be a diversity of approaches being offered from which each Tribe will be able to borrow. These approaches will assist each Tribe in increasing the capacity of the tribal health clinics and health service programs, and in participating in health care reform processes taking place at the state and federal levels.

Budget: The overall budget for the project will be in the \$300,000 range, with 15% (\$39,135) reserved for SPIPA administration and coordination, leaving \$52,173 for each community for each of the three years of the project. An example of a possible tribal budget (to be determined by each Tribe) is as follows:

Physician or Health Ed Spec: 1 day per week:	\$20,000
Fringe: 25%:	\$5,000
Travel: local travel/training	\$2,000
Supplies:	
-Program :	\$3,000
-Outreach:	\$5,000
-Training:	\$2,000
Contractual:	
-Prevention curriculum development:	\$3,000
-Community and provider training:	\$10,000
-Evaluation:	\$2,173
Total :	\$52,173

The project is also innovative in that it will enable the Tribes to more fully participate in the changes in the health care delivery system currently taking place at both the state and federal levels. Increased access to physician services will provide an important link between the individual tribal clinics and the off reservation health care system as cost containment measures such as limited approved providers and managed care are introduced in to the health care system.