

SQUAXIN ISLAND TRIBE

RESOLUTION NO. 97- 62
of the
SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the **Squaxin Island Tribal Council** is the Governing Body of the Squaxin Island Tribe by the 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, and general welfare of the Squaxin Island Tribal Reservation residents; and

WHEREAS, the **Administration for Native Americans** has announced the availability of funds for projects that provide for long-term governance and social and economic development to promote social and economic self sufficiency,


THEREFORE BE IT RESOLVED, that the **Squaxin Island Tribal Council** does hereby approve submission of an application to the **Administration for Native Americans** on behalf of the Squaxin Island Tribe and the Northwest Indian Treatment Center for funds to pursue a project that will promote recovery through a Substance Abuse Treatment System involving Family Treatment and Out Patient and Residential Treatment Collaboration.

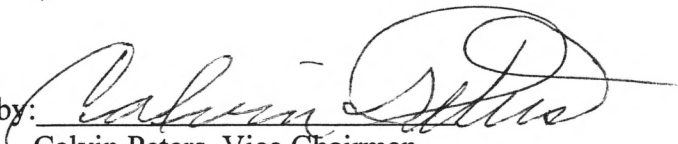
BE IT FURTHER RESOLVED that the **Squaxin Island Tribal Council** does hereby authorized the Tribal Chairman or the Executive Director to be the Tribe's signatory and representative in all future matters requiring Tribal authorization on this particular project; and

BE IT FURTHER RESOLVED that these authorities shall be for the duration of this project.

CERTIFICATION

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at the regular meeting of the Squaxin Island Tribal Council, held on this 13th day of Nov, 1997, at which time a quorum was present and was passed by a vote of 4 for and 0 against with 0 abstentions.


David Whitener, Sr., Chairman

Attested by: 
Calvin Peters, Vice Chairman


Susan McFarlane, Secretary

1998 ANA - SEDS GRANT

NORTHWEST INDIAN TREATMENT CENTER

Year I

Goal: Promote recovery through a "seamless" Substance Abuse Treatment System involving Out Patient and Residential Treatment

Objective 1: Design and Establish a Family Treatment Program at the Northwest Indian Treatment Center

Objective 2: Design a Continuum of Care Model

Objective 3: Establish Service Protocols

Objective 4: Increase Staff Skills

Objective 5: Recruit and Train Three American Indian Interns

Year 2

Goal: Promote recovery through a "seamless " Substance Abuse Treatment System involving Out Patient and Residential Treatment

Objective 1: Implement Family Treatment Program

Objective 2: Implement Continuum of Care according to Service Protocols

Objective 3: Continue Staff Trainings

Problem Statement: The NWITC accepts patients from the 42 Tribes of Oregon, Washington and Idaho, the Portland Area IHS Area. Most patients are referred from local Tribes however: Shoalwater, Skokomish, Squaxin Island, Chehalis, Nisqually, Quinalt. A problem consistently described by TC former patients and by outpatient counselors is that too many patients do not successfully transition back into their home communities after residential treatment.

The primary problem is transferring the therapeutic relationship and support from residential treatment to the outpatient program in order to maintain the gains of residential treatment and to establish a successful recovery at home. When the patient moves from one organization to another, responsibility for the patient, or patient “ownership” changes. With a continuum responsibility is continuous.

Another problem is that it is difficult to recruit Native chemical dependency counselors with skills and experience working with patients who have unresolved grief, unresolved trauma and internalized negative identity. These are the issues related to chronic relapse patterns in Native communities.

A third problem is the inefficient use of resources available between NWITC and the outpatient programs. There is always a conflict between residential program need to establish admission criteria and waiting lists and the outpatient programs need to obtain service for their patients. This struggle creates tension. It uses time and energy that could better be spent looking for solutions and alternatives.

A fourth problem that effects patient outcomes is related to patient families. Patients are often part of a large extended family that has patterns of behavior that impact the patient’s likelihood of successful recovery. To change extended family patterns in order to provide a context or matrix within which patients are more likely to succeed requires intensive family therapeutic interventions and some follow up post treatment.

Proposal: NWITC proposes a project to develop a partnership between residential treatment and the referring outpatient programs of the six nearby Tribes.

One goal of the partnership is to create a smooth continuum of treatment services from pre-treatment to aftercare between residential treatment and the outpatient programs that refer patients into residential treatment .

Objectives:

To create a planning and problem solving team whose members include outpatient and residential directors and other staff to develop a service access and delivery plan that reaches across organizational boundaries and uses the resources of different Tribes.

- a. OP directors and TC director meet every other month to develop methods for improving residential treatment access, developing ways to share staff, improving treatment model,

planning training

To provide eight days of advanced training to develop and enhance extended family therapy skills of residential and outpatient counselors

- a. 8 sessions of all day training is presented to outpatient and residential counselors

To create a Native counselor intern program in order to develop a pool of Native counselors with skills in family treatment, grief counseling, and supportive counseling for adults victimized as children

- a. Recruit and train 4 Native interns, achieve certification

2. A second goal of the project is to improve patient outcomes i.e., reduce frequency and severity of relapse post residential treatment.

Objectives:

To create a service delivery team made up of residential and outpatient counseling staff from the Tribal community to provide some aftercare services in the home community and to bring outpatient counselor skills into the residential setting.

- a. TC staff meets with OP staff for pre-treatment staffing and residential referral planning
- b. TC staff meets with OP staff for post-treatment staffing and aftercare planning
- c. TC staff and OP staff co-facilitate an aftercare group each week

To develop an intensive family treatment capacity at the Treatment Center.

- a. A week long intensive family treatment model is developed and implemented.
- b. Follow-up family treatment provided as appropriate

BUDGET

11/13

2 AWA grant

Salaries:

Executive Director (24mos. 50%)	80,000.
Project Coordinator (12mos. 100%)	50,000.
Data Coordinator (24mos. 100%)	50,000.
Case Coordinator (18mos. 50%)	36,000.
2 Native American Interns (24mos. 100%)	<u>140,000.</u>
	356,000.

Supplies:

Educational Materials (for training)	8,000.
Printing and Binding Costs	<u>5,000.</u>
	13,000.

Other:

Travel and Training	5,000.
Contract (4 trainings x 3,500/session)	<u>14,000.</u>
	19,000.

INDIRECT

190,120.

TOTAL

578,120.

Swater
Shoh
Chutaki
Nisa

JOB - Mary Kim Cooper
NWA / Seeds