

RESOLUTION NO. 64-07

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION AUTHORIZING CHEROKEE NATION BEHAVIORAL HEALTH SERVICES AND CHEROKEE NATION INDIAN CHILD WELFARE TO SUBMIT AN APPLICATION FOR AN ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) FUNDED GRANT TO EXPAND DRUG TREATMENT CAPACITY TO IMPROVE PERMANENCY OUTCOMES FOR CHILDREN

WHEREAS, the Cherokee Nation since time immemorial has exercised the sovereign rights of self-government in behalf of the Cherokee people;

WHEREAS, the Cherokee Nation is a federally recognized Indian Nation with a historic and continual government to government relationship with the United States of America;

WHEREAS, the Cherokee Nation recognizes the needs of children and families who are affected by methamphetamine or other substance abuse by a parent;

WHEREAS, the need of such citizens to receive treatment that allows families to recover from substance abuse is underserved in tribal or community-based treatment programs;

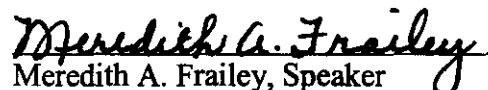
WHEREAS, Cherokee Nation Behavioral Health Services and Cherokee Nation Indian Child Welfare wish to expand capacity for intensive outpatient treatment for methamphetamine and other substance abuse that will improve permanency outcomes for children and families;

WHEREAS, if selected for funding, the Cherokee Nation will be awarded a grant for \$2,500,000 with a matching fund requirement of \$593,000 over the course of five years, including through in-kind.


BE IT RESOLVED BY THE CHEROKEE NATION, that the Council of the Cherokee Nation authorizes Cherokee Nation Behavioral Health Services and Cherokee Nation Indian Child Welfare to submit a formal application to the Administration for Children and Families for a Targeted Grant to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse and that the Principal Chief (or his designee) is authorized to negotiate and execute all official documents in this regard.

CERTIFICATION

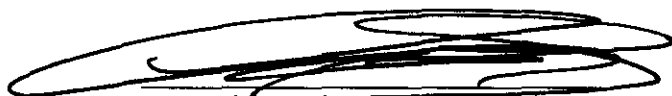
The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 11th day of June, 2007, having 17 members present, constituting a quorum, by the vote of 17 yea; 0 nay; 0 abstaining.


Meredith A. Frailey, Speaker
Council of the Cherokee Nation


ATTEST:


Don Garvin, Secretary
Council of the Cherokee Nation

Approved and this 15th day of June, 2007.


Chadwick Smith, Principal Chief
Cherokee Nation

ATTEST:


Melanie Knight, Secretary of State
Cherokee Nation

Department of Health and Human Services,
Administration for Children and Families, Children's Bureau:
**Targeted Grants to Increase the Well-Being of, and to Improve the Permanency
Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse**
(Funding Opportunity Number HHS-2007-ACF-ACYF-CU-0022)

Description of Proposed Project

The proposed project will marshal resources and expertise of Cherokee Nation Behavioral Health Services and Indian Child Welfare to develop a specialty program for parents with substance abuse problems and their children in order to improve permanency outcomes in these families.

Substance abuse treatment for parents will use the Matrix Model for treatment of stimulant (e.g., methamphetamine) dependence. The Matrix Model is an evidence-based intervention strategy that qualifies as intensive outpatient treatment, providing 9 or more hours of service per week to address unstable, multidimensional issues. This makes it a useful treatment for parents who abuse methamphetamine or other drugs of addiction and find themselves facing multiple additional stressors, including inability to care for their children appropriately and potential loss of custody of their children. The Matrix Model includes delivering educational information, encouraging family participation, teaching relapse prevention skills, advocating self-help involvement, and administering drug testing to facilitate successful treatment. Using the intensive outpatient model ensures that parents receive the significant amount of treatment required while also allowing them to remain with their families and in their communities, avoiding the additional stressors of leaving family and jobs behind to attend inpatient treatment. Further, treatment with the Matrix Model is provided primarily in groups so that resources are used efficiently and so that individuals develop appropriate peer support. Participants are expected to continue providing and participating in peer support for up to one year after they have completed 16 weeks of intensive outpatient services.

Because of the multiple stressors often encountered by these families, there are additional needs that must be met in order to ensure successful treatment for parents and positive permanency outcomes for children. Each family who participates in the proposed project will receive case management services to assist in these needs such as inadequate housing or limited vocational skills. Case management will also help families navigate the multiple systems that they may be involved in, including the legal system. Transportation and childcare for treatment sessions will be provided in order to reduce barriers to success. The proposed project will also include psychoeducational groups and activities for children and adolescents of parents who are in treatment. Families will participate in monthly activities that will focus on cultural learning and enjoyable activities for parents and children, providing opportunities to improve relationships and to incorporate traditional cultural activities and teachings into recovery. Shared office space and extensive collaboration between Behavioral Health Services and Indian Child Welfare staff will ensure that services are coordinated and delivered efficiently. It is this coordination, above all, that is seen as critical to the success of the proposed project.

ADMINISTRATIVE CLEARANCE:

Program/Project Manager:

Misty Boyd 5/30/07
Signature Date

Department Director:

[Signature] 5/30/07
Signature Date

Group Leader:

Melissa Power 5/31/07
Signature Date

Finance Approval (if needed):

Signature Date

Government Resources Group:

Lita May 5/31/07
Signature Date

Administration Approval:

Melanie 5/31/07
Signature Date

LEGISLATIVE CLEARANCE

Legislative Aide:

S Britton 5/31/07
Signature/Initial Date

Standing Committee:

Full Council

6-11-07

Next Meeting Date

Chairperson:

Signature/Initial Date

Returned to Presenter: _____
Date

**Cherokee Nation
Act/Resolution Proposal Form**

Act

Resolution

TITLE: A resolution authorizing Cherokee Nation Behavioral Health Services and Cherokee Nation Indian Child Welfare to submit an application for an Administration for Children and Families (ACF) funded grant to expand drug treatment capacity to improve permanency outcomes for children

Department Contact: Misty L. Boyd,
Behavioral Health Services or
Norma Merriman,
Human Services

Resolution Presenter: Melissa Gower

Council Sponsor: Joe Crittenden

NARRATIVE:

(See Attached Outline for Information Needed)

The purpose of this resolution is to approve an application for grant funding to allow Cherokee Nation Behavioral Health Services and Cherokee Nation Indian Child Welfare to develop a collaborative program to meet the needs of children and families affected by a parent's methamphetamine or other substance abuse. This project will utilize an evidence-based program of intensive outpatient treatment for substance abuse (i.e., the Matrix Model) that will allow parents with substance abuse problems to remain near their children and in their communities. The Matrix Model includes delivering educational information, encouraging family participation, teaching relapse prevention skills, advocating self-help involvement, and administering drug testing to facilitate successful treatment. Collaboration between Behavioral Health Services and Indian Child Welfare will focus on coordinating treatment and service delivery to meet the additional needs in these families through case management services, transportation to treatment, childcare during treatment, psychoeducational groups for youth affected by parental substance abuse, and culturally-informed family activities to improve parent-child relationships.

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