

**RESOLUTION NO. 91-17**

**COUNCIL OF THE CHEROKEE NATION**

**A RESOLUTION AUTHORIZING THE APPLICATION TO INDIAN HEALTH SERVICE'S FY2018 YOUTH REGIONAL TREATMENT CENTER AFTERCARE PILOT PROJECT AND THE ACTIVITIES PROPOSED THEREIN**

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

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

**WHEREAS**, Cherokee Nation operates the Jack Brown Center, a co-educational treatment facility for chemically-dependent Native American adolescents, recognized as a Youth Regional Treatment Center by the Indian Health Service;

**WHEREAS**, the mission of Jack Brown Center is to serve Native American youth with substance abuse problems by providing opportunities for education, and/or mental, spiritual, emotional and physical growth through treatment;

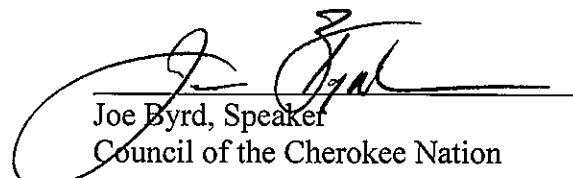
**WHEREAS**, Cherokee Nation submits an application to the Indian Health Service, Division of Behavioral Health, Youth Regional Treatment Center Aftercare Pilot Project program;

**WHEREAS**, upon award, Cherokee Nation will enter into a Cooperative Agreement with Indian Health Services which entails activities at the Jack Brown Center including: post-discharge case management for up to a year following discharge; ongoing, holistic, and cultural services and training for clients and their families to ease the transition for clients back into their home communities; and tracking and documentation of cases following discharge, allowing for the use of statistics to guide evaluation and improvement plans for the program and for treatment plans as a whole;


**BE IT RESOLVED BY THE CHEROKEE NATION**, that the Tribal Council hereby authorizes an application for funding to the Indian Health Service, Division of Behavioral Health, Youth Regional Treatment Center Aftercare Pilot Program grant; and that the Principal Chief, Bill John Baker, and/or his designee be authorized to sign documents as necessary to submit said application on behalf of Cherokee Nation.

**CERTIFICATION**

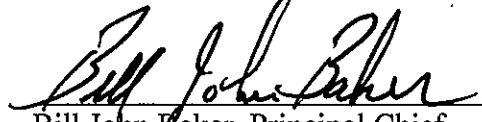
The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 13<sup>th</sup> day of November, 2017, having 16 members present, constituting a quorum, by the vote of 16 yea; 0 nay; 0 abstaining.

  
Joe Byrd, Speaker  
Council of the Cherokee Nation


**ATTEST:**

  
Frankie Hargis, Secretary  
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 21 day of November, 2017.

  
Bill John Baker, Principal Chief  
Cherokee Nation

**ATTEST:**

  
Chuck Hoskin, Jr., Secretary of State  
Cherokee Nation

**ADMINISTRATIVE  
CLEARANCE**

Dept/Program:

Signature/Initial

Date

Executive Director:

Signature/Initial

Date

Treasurer (Required:  
Grants/Contracts/Budgets):

Signature/Initial

Date

Government Relations:

Signature/Initial

Date

Administration Approval:

Signature/Initial

Date

**LEGISLATIVE CLEARANCE:**

Legal & Legislative Coordinator:

Signature/Initial

Date

Standing Committee & Date:

Chairperson:

Signature/Initial

Date

**Cherokee Nation  
Act/Resolution Proposal Form**

Act

Resolution

**TITLE:**

**A RESOLUTION AUTHORIZING THE  
APPLICATION TO INDIAN HEALTH SERVICE'S  
FY2018 YOUTH REGIONAL TREATMENT CENTER  
AFTERCARE PILOT PROJECT AND THE  
ACTIVITIES PROPOSED THEREIN**

DEPARTMENT CONTACT: Darren Dry, x5519

RESOLUTION PRESENTER: Darren Dry

COUNCIL SPONSOR: Bryan Warner

**NARRATIVE:**

This Resolution authorizes the application of Cherokee Nation to the Indian Health Service's, Division of Behavioral Health, Youth Regional Treatment Center Aftercare Pilot Project program, and subsequent Cooperative Agreement with Indian Health Services if awarded. The Cooperative Agreement will entail aftercare activities at the Jack Brown Center, such as post-discharge case management, cultural services and training for clients and their families, and tracking of clients following discharge for the purpose of establishing evaluation measures.