


Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Appropriations 

Subcommittee: Subcommittee on Interior, Environment, and Related Agencies

Hearing Date: 02/27/2025

Hearing Title : _____

American Indian and Alaska Native Public Witness Days

Witness Name: Jerilyn Church

Position/Title: President/Chief Executive Officer

Witness Type: Governmental Non-governmental

Are you representing yourself or an organization? Self Organization

If you are representing an organization, please list what entity or entities you are representing:

Great Plains Tribal Leaders Health Board

FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

I am the President and Chief Executive Officer of the Great Plains Tribal Leaders Health Board (GPTLHB) and bear a fiduciary duty to that organization. The GPTLHB contracts under the Indian self-determination and education assistance act to carry out programs of the Indian Health Services and receives funding noted below, all of which are provided for the benefit of tribes and Indian people of the Great Plains area. The GPTLHB has an interest in the subject matter of the hearing in that it relates to the GPTLHB's mission to improve the health and wellness of our Tribal citizens.

Please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing’s subject matter that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.

GPTLHB operates programs, services, functions and activities of the Rapid City Service Unit of the Indian Health Service on behalf of the Cheyenne River Sioux Tribe, the Rosebud Sioux Tribe and Oglala Sioux Tribe pursuant to a compact and funding agreement under Title V of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5301 et seq.) (“ISDEAA”). In fiscal year 2023 and a portion of fiscal year 2024 GPTLHB operated such programs, services, functions and activities under Contract No. HHS-1-241-2023-01111 under Title I of the ISDEAA. The funding amounts were approximately \$36 million in FY24, \$84 million in FY23 and expected funding is \$81 million in FY25. These agreements with Indian Health Service provide for operation of a primary care Indian health program.
Please see attached pages for further federal grants and contracts.

Please list any contracts, grants, or payments originating with a foreign government and related to the hearing’s subject that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the amount and country of origin of each contract or payment.

The Great Plains Tribal Leaders Health Board does not have any contracts or payments originating with a foreign government related to the subject matter of the hearing.

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

- I have attached a written statement of proposed testimony.
- I have attached my curriculum vitae or biography.

* Rule XI, clause 2(g)(5), of the U.S. House of Representatives provides:

(5)(A) Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof.

(B) In the case of a witness appearing in a non-governmental capacity, a written statement of proposed testimony shall include— (i) a curriculum vitae; (ii) a disclosure of any Federal grants or contracts, or contracts, grants, or payments originating with a foreign government, received during the past 36 months by the witness or by an entity represented by the witness and related to the subject matter of the hearing; and (iii) a disclosure of whether the witness is a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing.

(C) The disclosure referred to in subdivision (B)(ii) shall include— (i) the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing; and (ii) the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government.

(D) Such statements, with appropriate redactions to protect the privacy or security of the witness, shall be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness appears.



False Statements Certification

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.



Witness signature

2/18/25

Date



Please list any federal grants or contracts (including subgrants or subcontracts) that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.

Funder	Award Total	Program Period	Program Title	Description
Maternal & Child Health Department				
HRSA	\$5,500,000	4/1/19-3/31/2024 CLOSED OUT	Great Plains Healthy Start (GPHS)	Great Plains Healthy Start (GPHS) is a community-based program utilizing paraprofessional Community Health Workers to deliver a variety of services to women of childbearing age, their partners, and children from birth to 18 months. The services provided are free and the only eligibility requirement is residence in one of the seven (7) Healthy Start communities in North and South Dakota, including the urban area of Rapid City.
HRSA	\$1,385,366.00	5/1/2024-4/30/2029	Great Plains Healthy Start (GPHS)	Great Plains Healthy Start (GPHS) provides direct and enabling services for Healthy Start participants, provide group-based health and parenting education, group-based prenatal and postpartum education, case management and care coordination services led by our Care Coordinators, and lastly, conduct outreach, recruitment, and retention efforts for Healthy Start participants in the GPA.
SAMHSA	\$2,750,000	9/30/2018-9/29/2023 CLOSED OUT	Project Launch	The Rosebud Sioux Tribe (GPTLHB/RST) Project LAUNCH will serve children ages 0-8 years old and their families living on and near

				<p>the Rosebud Indian Reservation. The project will help to develop safe supportive environments where children can thrive and grow up healthy and ready to learn. Using the public health approach, the project will focus on a two-prong strategy that strengthens the capacity and infrastructure of MCH systems community and increases support to families through enhanced direct services.</p>
IHS	\$625,000	1/1/2021-12/31/2026	Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) Great Plains Injury Prevention Program (GPIPP)	<p>The Tribal Injury Prevention Program Cooperative Agreement (TIPCAP) Great Plains Injury Prevention program (GP IPP) will support 18 tribal communities in the Great Plains to reduce injury from motor vehicle crashes for children from 0-8 years through: assessing and identifying current child passenger safety capacity, resources and needs; increasing community Child Passenger Safety Technician capacity; and providing community education on the correct usage of child passenger safety seats and distribute seats to families who lack resources to purchase them.</p>
BIA	\$26,500	2/13/2023-9/30/2023 CLOSED OUT	Great Plains Injury Prevention Program – Child Passenger Safety Supplement (CPS)	<p>The supplement will enhance the TIPCAP project aimed at reducing juvenile death and injuries. The program is implemented in GPA areas that currently support Child Passenger Safety Technicians and will establish at least three fitting stations, distribute car seats, and provide educational materials and</p>

				a child passenger safety training to community members.
ACF	\$362,466 Plus \$111,639.53 supplement	9/30/2018- 9/29/2023 CLOSED OUT	Great Plains Maternal Infant and Early Childhood Home Visiting Program / Great Plains Tribal Chairmen's Health Board- Sisseton- Wahpeton Oyate of the Lake Traverse Reservation Tribal MIECHV Program	The Great Plains Tribal Maternal Infant and Early Childhood Home Visiting program (TMIECHV) will serve American Indian families with young children from birth to kindergarten entry using an evidence-based and culturally-tailored Home Visiting Program. The SWO TMIECHV program will assess community needs and service integration while developing community capacity and enhancing systems of care for SWO families. This high-quality home visiting service will support healthy development by addressing maternal and child health, early learning, family support, and promote positive child and family outcomes.
ACF	\$ 3717000	9/30/2023- 9/29/2028	Great Plains Tribal Maternal Infant and Early Childhood Home Visiting Program (TMIECHV)	The Great Plains Tribal Maternal Infant and Early Childhood Home Visiting program (TMIECHV) will serve American Indian families with young children from birth to kindergarten entry using an evidence-based and culturally-tailored Home Visiting Program. The TMIECHV program will assess community needs and service integration while developing community capacity and enhancing systems of care for families in Rapid City, Rapid Valley, and RST. This high-quality home visiting service will support healthy development by addressing maternal and child health,

				early learning, family support, and promote positive child and family outcomes.
HRSA	\$500,000	9/30/2020-9/29/2023 CLOSED OUT	Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome (RCORP-NAS)	The Rural Communities Opioid Response project's purpose is to reduce Neonatal Abstinence Syndrome, Opioid Use Disorder, and other Substance Use Disorders by building community capacity in the Crow Creek Reservation Community that benefit women of childbearing age, including pregnant women and their families who are at risk for OUD/SUD. The project will focus on improving care integration and coordination and implementing strategies to enhance prevention efforts, improving access to treatment, and develop a recovery community.
HRSA	\$1,500,000	9/30/2023-9/29/2026	Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome (RCORP-NAS)	The Rural Communities Opioid Response Program - Neonatal Abstinence Response will continue to reduce Neonatal Abstinence Syndrome, Opioid Use Disorder, and other Substance Use Disorders by building community capacity in the Crow Creek Reservation Community that benefit women of childbearing age, including pregnant women and their families who are at risk for OUD/SUD. The project will focus on shifting from current capacity-building activities to service delivery and sustainability activities will allow the program to continue reducing NAS effectively and equitably among the Crow Creek Sioux Tribe community.
IHS	\$1,250,000	4/1/2022-3/31/2027	The Wo'ohitike Collaborative	TWC addresses gaps in forensic healthcare by maintaining and

				expanding regional relationships to develop a SART team, training OHC medical personnel and staff advocates, and creating public health messaging to educate on the accessibility and availability of culturally appropriate, trauma-informed forensic healthcare services. The program also partners with Native Women’s Health to offer sexual assault medical forensic examinations, forensic interviewing, and advocacy for survivors.
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Great Plains Tribal Epidemiology Center

IHS	<i>\$1,897,750 for year 4</i>	9/30/2021 - 9/29/2026	Great Plains Tribal Epidemiology Center	GPTEC's mission is to provide leadership, technical assistance, support and advocacy for the 18 tribal nations and communities serviced by the Great Plains Area IHS in order to eliminate the disparities in health that currently exist for tribal peoples within the four-state region of South Dakota, North Dakota, Nebraska and Iowa. In consultation with and on the request of Indian tribes, tribal organizations, and urban Indian organizations, GPTEC is charged with: Collecting data; Evaluating data and programs; Identifying health priorities along with tribes; Improving health care delivery systems; Providing epidemiologic technical assistance to tribes and tribal organizations; Providing disease surveillance to tribes. This award includes funds to provide targeted STD and COVID-19 response activities, as well as emergency and community public health response activities within the Emergency Operations Center (EOC).
IHS	\$125,000	9/30/2023-9/29/2024	GPTEC – HIV/STI Supplement	This supplement will provide technical assistance and/or disease surveillance to support

				Tribal and Urban communities, help Tribal and Urban communities develop enhanced activities and expanded capacity to identify AI/AN people who are not in care, and respond to detect and characterize growing HIV, STI, or HCV clusters and prevent new infections.
IHS	\$250,000	9/30/2023-9/29/2024	GPTEC – COVID Vaccine Supplement	This supplement evaluates and supports GPA-wide interventions that promote SARS-CoV-2 vaccine uptake.
IHS	\$205,000	9/30/2023-9/29/2024	GPTEC-DVP/SASP/FHC Technical Assistance Supplement	This supplement provides technical assistance to the Substance Abuse Suicide Prevention (SASP), Domestic Violence Prevention (DVP), and Forensic Healthcare (FHC) projects funded within the GPA.
IHS	\$150,000 Year 1 only	9/30/2021-9/29/22 CLOSED OUT	Targeted STD Activities Supplement	This supplement focuses on congenital Syphilis in Tribal communities to provide activities that achieve a reduction in CS rates among AI/AN people.
IHS	\$1,000,000 Year 1 only	9/30/2021-9/29/2022 CLOSED OUT	COVID-19 Response Supplement	This supplement evaluates and supports GP-wide interventions that promote COVID pandemic response, mitigation, and recovery.
CDC - NWPIHB Subaward	\$101,183 for Year 3 *Pending 2025 contract	2/1/2021-1/31/2026	IVAC (Increase Vaccination Across Adult Populations)	The TEC-IVAC subaward from Northwest Portland Indian Health Board addresses low immunization rates and vaccine hesitancy in American Indian/Alaska Native adults. The program will 1) Increase the proportion of persons who are vaccinated annually against seasonal influenza, and 2) Increase the proportion of adults age 19 years or older who get recommended vaccines.
University of Colorado Boulder Subaward	\$100,000	7/15/2022-3/31/2023	University of Colorado Boulder Subaward	This subaward is provided to enhance Tribal Epidemiology Center capacity to undertake research and data analyses consistent with local health priorities and needs.

University of Colorado Boulder Subaward	\$200,000	6/26/2023-3/31/2024 CLOSED OUT / Extended	University of Colorado subaward	This subaward is provided to enhance Tribal Epidemiology Center capacity to undertake research and data analyses consistent with local health priorities and needs.
University of Colorado Boulder Subaward	\$171,500	4/1/2024-5/31/2025	University of Colorado subaward	This subaward is provided to enhance Tribal Epidemiology Center capacity to undertake research and data analyses consistent with local health priorities and needs.
CDC Extension	\$2990388	9/30/2017-9/29/2022	Good Health & Wellness Evaluation Supplement	The purpose of this extension is to continue and complete the work initiated through this Supplement (primarily completion of a qualitative Policy Project to explore the implementation and impact of policies established), with the goal of demonstrating the impact of the variety of Good Health & Wellness in Indian Country Initiatives implemented across the Great Plains Area.
CDC Extension	\$7,321	9/30/2019-9/29/2020 CLOSED OUT 2022	Oral Health Supplement	The purpose of this extension is to continue and complete the work initiated through this Supplement, with the goal of bringing together oral health providers, subject-matter experts, and tribal and other partners to pursue meaningful collaboration and initiatives (including development of an oral health client assessment, an oral health data abstraction guide, and review and development of oral health outreach and educational materials) to better understand and support the improvements

				within oral health in the Great Plains Area.
CDC	\$2,322,100	9/1/2022-8/31/2027	Tribal Epidemiology Center Public Health Infrastructure (TECPHI)	Our purpose is to strengthen the public health infrastructure and capacity of the Tribal Epidemiology Center and Great Plains Area tribes and Urban Indian Organizations (UIOs), so that these entities can meet national public health accreditation standards and deliver the 10 Essential Public Health Services. By increasing capacity in this way, GPTEC, GPA tribes, and UIOs within the GPA Indian Health Service area can more effectively identify and address underlying social determinants of health, reduce persistent health disparities, and improve the overall health and wellbeing of AI/AN populations. In accomplishing this, through the strengthening and expansion of our current Great Plains Tribal Epidemiology Center Public Health Infrastructure program efforts, GPTEC will 1) develop and implement TEC infrastructure improvement plans based on capacity assessment results, 2) collect and use data to carry out assessments and identify health priorities, 3) plan, implement and evaluate interventions to address health priorities, and 4) support tribes and UIOs with the development, implementation, and evaluation of plans for data collection and workforce development.
CDC	\$10,00,000	9/1/2022-8/31/2027	TECPHI Opioid	The purpose of this Supplement is to grow and establish capacity, infrastructure, systems, and partnerships to support the

				accurate monitoring of and data-driven response to the opioid epidemic as it effects the Great Plains Area. The project includes four primary components: 1) partnering with tribes and key stakeholders to improve surveillance; 2) Addressing and improving data issues related to racial classification across data systems; 3) Improving non-fatal overdose data collection; and 4) Improving fatal overdose data collection.
CDC	\$732,832	9/30/2017-9/29/2022 CLOSED OUT	Tribal Epidemiology Center Public Health Infrastructure (TECPHI)	Through funding from the CDC, GPTEC seeks to contribute to the health and wellness of tribes in the Great Plains Area by working to understand and reduce disease risk and other factors that lead to health disparities and to support the growth and development of GPTEC and tribal public health systems in response. Project strategies and activities include: 1) strengthening public health capacity and infrastructure (growing and supporting data infrastructure, services, and governance; cultivating public health capacity and human resources through internships, training, certifications, and communities of practice); 2) improve effectiveness of health promotion/disease prevention (funding the implementation of innovative Tribal Public Health Projects and Data Assessments; promoting tribal public health best

				practices); and 3)engage in sustainability activities (supporting public health grant writing, management, evaluation, and sustainability; promoting structured and comprehensive public health support services; promoting systems thinking, partner mapping, and regional alignment/collaboration; growing and supporting evaluation infrastructure and services).
CDC- NIHB Subaward	\$350,000	5/1/2023-6/30/2024 DISCRETIONARY FUNDING REMAINDS	Electronic Case Report (eCR) for Tribal Nations	The purpose of this Supplement is to grow and establish capacity, infrastructure, systems, and partnerships to support the accurate monitoring of and data-driven response to the opioid epidemic as it effects the Great Plains Area. The project includes four primary components: 1) partnering with tribes and key stakeholders to improve surveillance; 2) Addressing and improving data issues related to racial classification across data systems; 3) Improving non-fatal overdose data collection; and 4) Improving fatal overdose data collection.
CDC- NIHB Subaward	\$350,000	5/1/2023-6/30/2024 DISCRETIONARY FUNDING REMAINDS	Electronic Case Report (eCR) for Tribal Nations	This subaward from NIHB allows GPTEC to establish the systems and processes needed to receive eCR data directly to the Tribal public health authority (PHA), develop criteria to send eCR in the CSTE Reportable Conditions Knowledge Management System

				(RCKMS) that will be used by Association of Public Health Laboratories Informatics Messaging Services (AIMS) to send eCR, and begin the implementation process of electronic case reporting eCR directly to the Tribal PHA.
IHS	\$2,000,000	7/1/2024-6/31/2029	Native Public Health Resilience	This program will establish a Great Plains – Tribal Disease Intervention Training Center (GP-TDITC) to increase the tribal public health workforce's capacity to investigate, diagnose, and address health problems impacting tribal communities. Program staff will develop a tribally focused, culturally responsive disease intervention specialist (DIS) certification training program and develop a culturally competent public health workforce that practices cultural humility, supports a range of public health competencies, and reflects tribal communities across the GPA.
IHS	\$875,000	9/1/2024-8/31/2029	Great Plains ETHICS Program	GP ETHIC will develop and provide accredited clinical continuing education training modules for tribal and tribal-serving health care and public health staff, to increase capacity for prevention, diagnosis, and treatment of HIV/HCV/syphilis.
CDC – ND DHHS Subaward	\$300,000	9/1/2023-12/31/2024 CLOSED OUT	STI Prevention and Care for Indigenous Persons	To address rising HIV, viral hepatitis, and other sexually transmitted disease rates (HIV/STIs) among American Indians and Alaska Natives, the STI Prevention and Care for Indigenous program will hire one Disease Intervention Specialist (DIS) to work with ND tribal health and state public health officials to

				identify HIV/STI cases; locate cases and/or contacts; and conduct disease investigations. The DIS will connect patients and contacts to care services, including field testing and treatment, and health education.
CDC	\$3,000,000	4/13/2020-4/12/2021 No-cost extension through 12/30/2022 CLOSED OUT	Emergency Operations Center (EOC): We Are Warriors	Awarded to assist Great Plains tribal nations in responding to the COVID-19 pandemic and to develop and expand emergency preparedness capacities. The We are Warriors- Emergency Operations Center (EOC) provides support to our Relatives in Pennington County and our member tribes throughout the Great Plains. We have been able to serve 16 of the tribes in the Great Plains and been able to serve the local community where the health board is housed. Our focus now is on serving tribal programs, clinics, hospitals, and other emergency management teams in the Great Plains by providing PPE, cleaning supplies, technical assistance, and other essential resources. We also focus on supplying food and cleaning supplies to our relatives in Rapid City, who have tested positive for COVID- 19.
Health Promotion & Disease Prevention				
CDC	\$809,354 (varies yearly) Approx. 4,046,770 total award	6/30/2017-6/29/2022 CLOSED OUT	Great Plains Breast and Cervical Cancer Early Detection Program	The initiative will support implementation of a comprehensive and coordinated approach to policy, systems, and environmental change

				<p>strategies to prevent and control cancer. GP-BCCEDP will include cross-cutting strategies that align with the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) domains. GP-BCCEDP will also increase breast and cervical cancer screening services to uninsured and underinsured women and implement key evidence-based strategies to reduce structural barriers to screening within health systems.</p>
CDC	\$1,541,988 for GPBCCEDP + GPCCCP	6/30/2022-6/29/2027	Great Plains Breast and Cervical Cancer Early Detection Program	<p>The initiative will support implementation of a comprehensive and coordinated approach to policy, systems, and environmental change strategies to prevent and control cancer. GP-BCCEDP will include cross-cutting strategies that align with the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) domains. GP-BCCEDP will also increase breast and cervical cancer screening services to uninsured and underinsured women and implement key evidence-based strategies to reduce structural barriers to screening within health systems.</p>
CDC	\$1,541,988 for GPBCCEDP + GPCCCP	6/30/2022-6/29/2027	Great Plains Comprehensive Cancer Control Program (GP CCCP)	<p>GPCCCP will obtain cancer incidence and mortality data, using this data to inform and educate coalition members, partners, policy makers, and the public about the most impactful cancers and the importance of ensuring that Great Plains AI/AN benefit from cancer prevention,</p>

				screening, and survivorship support strategies.
IHS	\$225,000	9/30/2021-9/29/2026	Cancer Support Leadership Fund	This project intends to specifically address the gaps in community survivorship support, infrastructure, culturally appropriate cancer education and information, and lack of awareness and sensitivity about AI cancer survivorship issues to all Great Plains Tribes.
NIH – Columbia University contract	\$388,805	9/1/2021-8/31/2024 CLOSED OUT	Living Well with Serious Illness	This project intends to specifically assess the gaps in palliative care and create an education curriculum that is culturally tailored and community-driven as well as to inform the development of other interventions to increase access to palliative care services for tribal communities.
NIH – Columbia University contract	\$424,668	9/1/2022-8/31/2023 CLOSED OUT	ACT Approaches to COVID Testing	This project will assess the potential impact of alternative strategies for improving vaccine delivery and testing uptake in 3 tribal communities (OST, RST, CRST). Informed by our established community advisory board and established conceptual frameworks, we will use an innovative methodological approach integrating stakeholder interviews and discrete choice experiments to develop robust insights into how to design key components of testing and vaccine delivery. To achieve these goals, we will conduct a two-phase study with three specific aims:

				<p>1. To assess the social, cultural, and economic factors that affect the affordability, availability and acceptability of COVID-19 testing and vaccination among Lakota communities in Western South Dakota.</p> <p>2. To determine how alternative approaches to testing and vaccine delivery will influence the likelihood that tribal members will undergo testing and vaccination.</p> <p>3. To expand the GPLHRC to develop a sustainable platform for creating evidence to support the COVID-19 response among Lakota tribes, collaborate with other efforts to improve COVID-19 testing among vulnerable populations, and contribute to the RADx-UP network.</p> <p>The products of this project will include strategies to increase the acceptability and accessibility of testing and vaccination in Lakota communities, an innovative and adaptable “tool-kit” for assessing the impact of delivery options in the future, expanded avenues for tribal engagement in testing responses, and new knowledge about the role of key cultural, social, and economic factors in access</p>
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				to health care among Lakota tribes.
NIH – Emory University contract	\$342,900	2/10/2022-1/31/2027	Smoke-Free Homes	The Smoke-Free Homes Program will build on previous successful collaborations to promote smoke-free homes and reduce second-hand smoke exposure for AI/AN non-smokers and children. Smoke-Free Homes staff will conduct community readiness assessments, hold regional meetings, provide collaborative small research grants to seven tribal partners.
NIH – SDSU subaward	\$103,357	9/23/2022-7/31/2024 CLOSED OUT	Palliative Care Messaging Program	This SDSU subaward will address the need for access to and use of culturally responsive palliative care for AI/NA in South Dakota. The program will establish a multidisciplinary, tribally-driven collaborative team consisting of Great Plains Tribal Leaders Health Board and active AI/AN community advisory boards at Cheyenne River, Rosebud, and Pine Ridge reservations, and South Dakota State University. The team will conduct a campaign messaging efficacy test using the narrative as culture-centric health promotion model (NCHP) to create culture-centric narrative messaging that improves knowledge of palliative care and encourages participants to engage in formal and informal communication about palliative care.
ACYF	\$594,259	6/30/2016-9/29/2021 No-cost extension through 6/30/2022 CLOSED OUT	Sexually Transmitted Infections & Teen Pregnancy Prevention Initiative (STITPPI)	With funding from the Family & Youth Services Bureau (Administration for Children and Families) and following a highly successful first cycle (2011-2016), STITPPI is currently partnering with

				local staff with four Great Plains Area tribal nations to empower youth to make healthy choices by implementing and evaluating evidence-based teen pregnancy and STI prevention programming (Get Real, Draw the Line/Respect the Line (DTL/RTL), Basics of Reproductive Health, and Nu-CULTURE) in tribal schools and communities, while also pursuing the proliferation of such programming throughout the region, to the extent possible.
ACYF	\$3,000,000	9/30/2021-9/29/2026	STITPPI (Sexually Transmitted Infections & Teen Pregnancy Prevention Initiative)	STITPPI is expanding its program (cycle three) among youth ages 10-19 within the Great Plains region, especially those youth who reside on tribal lands and urban areas. STITPPI empowers youth to make healthy choices through evidence-based teen pregnancy and STI prevention programming (Get Real, Draw the Line/Respect the Line (DTL/RTL), Basics of Reproductive Health, and Nu-CULTURE, and other curricula) in tribal schools and communities.
CDC	\$950,000	9/30/2019-9/29/2024 CLOSED OUT	Good Health & Wellness in Indian Country	The Great Plains Good Health & Wellness (GPGHW) Program, funded by the Centers for Disease Control and Prevention (CDC) Good Health and Wellness in Indian Country (GHWIC) Initiative, will increase the number of GPA tribes/UIOs/tribal entities who are implementing Good Health and Wellness in Indian Country's Component 1 evidence-informed policy, system, and environmental (PSE) and community-clinical

				linkage (CCL) strategies and activities. These strategies and activities will increase the purchasing of healthier foods, increase breastfeeding, increase physical activity with an emphasis on walking, and reduce the prevalence of commercial tobacco use, type 2 diabetes, high blood pressure and high blood cholesterol.
CDC	\$4,685,890	9/30/2024-9/29/2026	Good Health & Wellness in Indian Country	The Great Plains Good Health & Wellness (GPGHW) Program, funded by the Centers for Disease Control and Prevention (CDC) Good Health and Wellness in Indian Country (GHWIC) Initiative, will increase the number of GPA tribes/UIOs/tribal entities who are implementing Good Health and Wellness in Indian Country's Component 1 evidence-informed policy, system, and environmental (PSE) and community-clinical linkage (CCL) strategies and activities. These strategies and activities will increase the purchasing of healthier foods, increase breastfeeding, increase physical activity with an emphasis on walking, and reduce the prevalence of commercial tobacco use, type 2 diabetes, high blood pressure and high blood cholesterol.
CDC – NACDD contract	\$62,160	08/01/2022-7/31/2023 CLOSED OUT	Tribal Umbrella Hub Agreement	<p>he purpose of this learning opportunity from the National Association of Chronic Disease Director's is to learn how to develop and implement an Umbrella Hub Arrangements (UHAs) to:</p> <p>1. Increase access in tribal communities to the National Diabetes Prevention Program (National DPP) lifestyle change program (LCP).</p>

				<p>2. Support LCP coaches and cultural relevance in program delivery.</p> <p>3. Work toward sustainability by billing healthcare payers such as Medicaid or Medicare.</p>
CMS	\$1,217,100 Plus \$112,500 supplement	8/27/2021- 8/26/2024 CLOSED OUT	Great Plains Health Insurance Exchange Navigator Program (GP HIEN)	The GP HIE Program aims to increase knowledge of the Health Insurance Exchanges and resources, and assist uninsured American Indians living in He Sapa Catchment counties and urban Rapid City to navigate the Health Insurance Exchanges and enroll. Certified Navigators will conduct public education activities to raise awareness about the FFE; provide 1:1 assistance to consumers in facilitating selection of a QHP; provide information to consumers and ensure accessibility and usability of Navigator tools and functions, provide referrals to any applicable office of health insurance consumer assistance.
CMS	\$3,388,905	8/27/2024- 8/26/2029	Great Plains Health Insurance Exchange Navigator Program (GP HIEN)	The GP HIE Program aims to increase knowledge of the Health Insurance Exchanges and resources, and assist uninsured American Indians living in South Dakota to navigate the Health Insurance Exchanges and enroll. Certified Navigators will conduct public education activities to raise awareness about the FFE; provide 1:1 assistance to consumers in facilitating selection of a QHP; provide information to consumers and ensure accessibility and usability of Navigator tools and functions, provide referrals to any applicable office of health insurance consumer assistance.

Community Behavioral Health				
SAMHSA	\$125,0000	7/31/2021-7/30/2026	Great Plains Native Connections Program (GPNC)	The Native Connections Program will continue serving the Crow Creek Sioux Tribe in South Dakota. The program will implement a youth navigator program, community support groups, training, and educational workshops to reduce suicide behavior and Substance Use Disorder; to increase behavioral health services and resource utilization; to increase education opportunities for substance abuse and mental health to reduce stigma; to promote a culture of trauma healing and behavioral health wellness; and to facilitate tribal suicide prevention, intervention, and postvention community of practice.
SAMHSA	\$1,050,000 Plus \$854,761 supplement	9/30/2020-9/29/2022 CLOSED OUT	Great Plains Tribal Opioid Response Program (GPTOR) 707	The Tribal Opioid Response Program serves Native people, both youth and adults, in Pennington County and the Crow Creek Tribe. The work is to reduce opioid use disorder and opioid overdose through education, prevention and treatment resources. The TOR program is funded by SAMSHA.
SAMSHA	\$950,000	9/30/2022-9/29/2024 CLOSING OUT	Great Plains Tribal Opioid Response Program (GPTOR) 707	The Great Plains Tribal Opioid Response Program (GPTOR), funded by SAMHSA, serves Native people, both youth and adults, in Pennington County and the Crow Creek Tribe. The work is to reduce opioid use disorder and opioid overdose through education, prevention and treatment resources.
SAMHSA	\$3,828,170	9/30/2024-9/29/2029	Great Plains Tribal Opioid Response Program (GPTOR) 707	The Great Plains Tribal Opioid Response Program (GPTOR), funded by SAMHSA, serves Native people, both youth and adults, in Pennington County

				and the Crow Creek Tribe. The work is to reduce opioid use disorder and opioid overdose through education, prevention and treatment resources.
SAMHSA	\$700,000 Plus \$854,761 supplement	9/30/2021- 9/29/2023 No-cost extension through 3/31/2024 CLOSED OUT	Great Plains Tribal Opioid Response Program (GPTOR) 709	The Great Plains Tribal Opioid Response program's goal for the 24 month grant period is to create and coordinate resources that strengthen, complement, and sustain the capacity to support the ability to prevent and treat opioid use disorder and stimulant misuse in the Flandreau Santee Sioux Tribe, the Cheyenne River Sioux Tribe, the Lower Brule Sioux Tribe and the Omaha Tribe of Nebraska.
SAMHSA	Between \$734302- \$735,998 per year	6/30/2019- 5/31/2024 CLOSED OUT	Connecting With Our Youth (CWOY)	Connecting With Our Youth (CWOY) is a program of the Great Plains Tribal Chairmen's Health Board dedicated to reducing the number of Native youth deaths by suicide and suicide attempts in the Paha Sapa catchment area. CWOY goals include: Increase the delivery of early intervention and follow-up care for AI youth and family members following critical suicide-related events (i.e., suicide-related hospitalization and sentinel events in school or at home involving law enforcement). Deliver culturally-adapted postvention resources following death by suicide events to reduce suicide attempts and deaths by suicide among AI youth. Increase the capacity of existing behavioral health counseling programs to reduce suicide attempts and deaths by suicide among AI youth. Increase the capacity of K-12 and postsecondary schools to reduce suicide attempts and deaths by suicide among AI youth.

SAMHSA	\$3,675,000	9/30/2024-9/29/2029	Connecting With Our Youth (CWOY) NEW	<p>Connecting With Our Youth (CWOY) is a program of the Great Plains Tribal Chairmen's Health Board dedicated to reducing the number of Native youth deaths by suicide and suicide attempts in the Paha Sapa catchment area. CWOY goals include: Increase the delivery of early intervention and follow-up care for AI youth and family members following critical suicide-related events (i.e., suicide-related hospitalization and sentinel events in school or at home involving law enforcement). Deliver culturally-adapted postvention resources following death by suicide events to reduce suicide attempts and deaths by suicide among AI youth. Increase the capacity of existing behavioral health counseling programs to reduce suicide attempts and deaths by suicide among AI youth. Increase the capacity of K-12 and postsecondary schools to reduce suicide attempts and deaths by suicide among AI youth</p>
IHS	\$2,375,000	5/1/2022-4/30/2027	CWOY Extension	<p>CWOY Extension will supplement and increase the capacity of the CWOY program to reduce the number of Native youth deaths by suicide and suicide attempts in the He Sapa catchment area. This program will fund two additional Support Navigators and a Licensed Clinical Social Worker dedicated to providing behavioral health treatment to youth and families. The program will train the Licensed Clinical Social Worker and Oyate Health Center Behavioral Health providers to provide three evidence-based therapies that are not currently offered at OHC.</p>

SAMHSA	\$1,740,511	2/21/2021- 2/20/2022 No-cost extension through 5/31/2023 CLOSED OUT	Where Are You (WAY) Program	WAY is focused on the essential need for integration of services and the importance of a comprehensive plan of mental and / or substance use disorder treatment services for AI impacted by the COVID pandemic. Activities will develop the capacity and form the basis of whole health.
SAMHSA	\$930,000	11/30/2020- 11/29/2023	Great Plains Circles of Care	This Circles of Care grant is focused on the development of a comprehensive integrated trauma-informed community initiative within the He Sapa Catchment Area. The proposed implementation plan begins with an extensive effort to understand structural challenges that have produced substantial behavioral health disparities for American Indian (AI) youth and families in the He Sapa area.
CDC	\$1,000,000	4/13/2020- 4/12/2021 No-cost extension through 12/30/2022 CLOSED OUT	COVID-19 Supplement / Trauma & Violence Prevention Initiative	Award to supplement to the COVID- 19 Tribal Public Health Capacity- Building and Quality Improvement cooperative agreement to improve the collection, maintenance, interpretation, and dissemination of data related to suicide, IPV, and childhood trauma among the 17 tribes in the Great Plains Area. This supplement will support the creation of culturally-relevant prevention resources and communication and education tools. Through this award the health board will support the promotion of culturally relevant,

				evidence- based, and evidence- informed suicide and IPV prevention practices.
IHS	\$1,000,000	5/1/2022-4/30/2027	Trauma & Violence Prevention Initiative	TVPI addresses existing regional gaps in data sharing, reporting, education, and advocacy by conducting needs-based assessments and designing a strategic training curriculum for tribal law enforcement, tribal school administrative staff, and students, Domestic Violence (DV) shelter staff, and community members. The program will expand awareness and access to culturally appropriate, trauma-informed DV prevention services.
SAMHSA	\$1,350,000	9/30/2023-9/29/2026	Great Plains Preventing Youth Overdose: Treatment, Recovery, Education, Awareness, and Training (GP PYO TREAT)	The Preventing Youth Overdose: Treatment, Recovery, Education, Awareness, and Training (PYO TREAT) program will increase access to improve local awareness among youth of risks associated with fentanyl, increase access to medications for opioid use disorder (OUD), and train healthcare providers, families, and school personnel on the best practices for supporting youth with OUD and those taking medications for opioid use disorder (MOUD).
SAMHSA	\$3,000,000	9/30/2023-9/29/2026	988 Tribal Response Program	The Great Plains 988 Tribal Response program was developed to increase the awareness and utilization of the 988 Suicide and Crisis Lifeline as a first step to addressing the mental health crisis through intervention and response. The population of focus is American Indians and Alaska Natives (AI/AN) people living in the He Sapa (Rapid City, SD) area, tribal communities, and statewide

				while using culturally relevant approaches. The program's primary goal is to build the capacity of 988 Suicide and Crisis Lifeline and improve integration and implementation of AI/AN and tribal crisis response.
OHC Public Health Programs				
HIS	\$798,506	1/1/2022-12/30/2023 No-cost extension through 12/31/2022 CLOSED OUT	Special Diabetes Program for Indians	The OHC SDPI program will continue participating in the Joslin Vision Network (JVN) and performing retinopathy screening eye exams for patient-relatives with diabetes, as well providing physical fitness activities, training, and education. In addition, the program will offer individualized as well providing physical fitness activities, training, and education. In addition, the program will offer individualized Diabetes Management education for each program participant, focusing on dietary choices and physical wellness. Further education will address the impact of dental hygiene on diabetes and the importance of maintaining oral health.
IHS	\$3,992,530	1/1/2023-12/31/2028	Special Diabetes Program for Indians	The OHC SDPI program will continue participating in the Joslin Vision Network (JVN) and performing retinopathy screening eye exams for patient-relatives with diabetes, as well providing physical fitness activities, training, and education. In addition, the program will offer individualized Diabetes Management education for each program participant, focusing on dietary choices and physical wellness. Further education will address the impact of dental hygiene on diabetes and the importance of maintaining oral health.
USDA – SDSMT subaward	\$191,000	9/15/2022-9/14/2025	Fight Against Diabetes: South Dakota	This subaward from South Dakota School of Mines & Technology will improve food

			Produce Prescription Program (SD-PPP)	and healthcare access to OHC patient-relatives who qualify for the Special Diabetes Program for Indians and may benefit from an improved diet of fresh fruits and vegetables.
IHS	\$750,000	9/30/2022 - 9/29/2027	Public Health Nurse Case Manager Program	The Public Health Nurse (PHN) Case Management Program will address disparities in the treatment of infectious diseases and provide critical support for direct STI health services in South Dakota's AI/AN communities. Program staff plan to mitigate the prevalence of STI within Indian Country through a case management model focused on 1) Improving treatment rates for AI/AN with STIs, and 2) Enhancing STI education in the community by participating. The program will hire a public health nurse (PHN) who will complete a community assessment and develop case management services in coordination with tribal communities.
NIH – University of Colorado subaward	\$285,878	6/1/2023-5/31/2024 No-cost extension through 5/31/2025	Urban Caring Text Program	This subaward from the University of Colorado will strengthen the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening process at Oyate Health Center and refer 350 eligible patient-relatives who screen at moderate/elevated risk for suicide. Once enrolled, the program will provide these participants with culturally tailored and appropriate texts for one year. The program's overall goal is to reduce suicide risk and ideation among patient relatives by the end of the program period.