

COMMITTEE ON NATURAL RESOURCES
118th Congress Disclosure Form
As required by and provided for in House Rule XI, clause 2(g)(5)

H.R. 6489 (Rep. Peltola) and H.R. 8942 (Rep. Hageman) and H.R. 8955 (Rep. Johnson of SD) and H.R. 8956 (Rep. Newhouse), 07/24/24

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For Witnesses Representing Organizations:

Name: Jerilyn Church, President/CEO
 Name of Organization(s) You are Representing at the Hearing: Great Plains Tribal Leaders Health Board
 Business Address: 2611 Elderberry Blvd., Rapid City, SD 57703
 Business Email Address: jerilyn.church@gptchb.org
 Business Phone Number: (605) 721-7276, (605) 863-1502

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For Nongovernment Witnesses ONLY:

1. Please attach/include current curriculum vitae or resume.

ATTACHED

2. Please list any federal grants or contracts (including subgrants or subcontracts) related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including 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 calendar years 2022 and 2023 GPTLHB operated such programs, services, functions and activities under Contract Nos. HHS-1-241-2019-01111 and HHS-1-241-2023-01111 under Title I of the ISDEAA. The funding amounts were approximately \$36 million in FY22, \$84 million in FY23 and \$94 million in FY24. These agreements with Indian Health Service provide for operation of a primary care Indian health program.

Below is a list of federal grants received for GPTLHB’s public health services:

Funder	Award Total	Program Period	Program Title	Description
IHS	\$125,000 py / \$625,000	1/1/2021-12/31/2026	Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) Great Plains	The Tribal Injury Prevention Program Cooperative Agreement (TIPCAP) Great Plains Injury Prevention program (GP IPP) will support 18 tribal communities in the Great

			Injury Prevention Program (GIIPP)	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.
HRSA	\$500,000 py / \$1,500,000	9/30/2023-9/29/2026	RCORP	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	\$250,000 py / \$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.
IHS	<i>\$1,897,750 for year 3 *No NIMHD funding in Year 3*</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 for Year 3	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 for Year 3	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 for Year 3	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	\$200,000 py / \$1,000,000	5/1/2022-4/30/2027	Trauma & Violence Prevention Initiative	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.
IHS	\$400,000 py / \$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	\$85,000 py / \$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.
SAMHS A	\$475,000 py / \$950,000	9/30/2022-9/29/2024	Great Plains Tribal Opioid Response Program (GPTOR)	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.
SAMHS A	\$735,998 for Year 5	6/30/2019-5/31/2024	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.
IHS	\$400,000 py / \$2,375,000	5/1/2022- 4/30/2027	CWOY Extension	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.
IHS	\$798,506 py / \$3,992,530	1/1/2023- 12/31/2028	SPDI	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.
IHS	\$150,000 py / \$750,000	9/30/2022 - 9/29/2027	Public Health Nurse Case	The Public Health Nurse (PHN) Case Management

			Manager Program	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.
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3. Please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including 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.

4. Please disclose whether you are 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.

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 above, 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.

5. Please list any current or pending litigation against the Federal government to which you or your

organization is a party. Please disclose as applicable case name, docket number, the court, and subject matter of the litigation.

The GPTLHB is not a party to any current or pending litigation against the Federal government.