

ANNUAL REPORT 2025



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Executive Director's Statement

Fiscal Year 2025 was a year marked by both significant challenges and meaningful progress for the Inter-Tribal Council of Michigan. As federal priorities shifted under the new administration, our organization worked diligently to adapt while continuing to uphold our commitment to serving the 12 federally recognized tribes of Michigan. Throughout the year, ITCMI placed a strong emphasis on strengthening communication, collaboration, and coordination among tribal partners, federal agencies, and the State of Michigan. By increasing dialogue and fostering stronger working relationships, we have been able to better advocate for tribal priorities and ensure that tribal voices remain represented.

The revocation of more than \$23 million in United States Environmental Protection Agency grant funding created substantial obstacles for tribal communities and programs across the region. Despite these setbacks, ITCMI remained steadfast in its mission to act as a forum for member tribes and to advocate for programs and policies that improve the economy, education, health, and overall quality of life for Michigan's Native American communities.

Throughout the year, we also witnessed important advancements in several key areas. Our efforts supporting food sovereignty initiatives continued to grow, strengthening tribal self-sufficiency, cultural preservation, and community health. Increased collaboration between tribes, local producers, community partners, and state agencies helped expand opportunities to address food access and promote long-term sustainability.

In addition, ITCMI established Veteran Services during Fiscal Year 2025, helping ensure that Native veterans and their families receive the resources, recognition, and support they deserve through continued outreach and enhanced partnerships with tribal and state service providers.

ITCMI successfully administered and distributed grant funding through core programs including Behavioral Health, Health Education, Maternal and Early Childhood Services, Environmental, and Head Start. These programs remain vital to improving the overall health, wellness, and future opportunities of Native communities throughout Michigan. We continue to be committed to providing technical assistance to member tribes through collaboration, program support, and assistance in the development of tribal regulations, ordinances, and policies. The strengthened communication between ITCMI staff, tribal partners, and agencies within the State of Michigan has further enhanced our ability to respond to community needs and provide meaningful support to tribal nations.

As an organization established by and for the tribes of Michigan, the Inter-Tribal Council of Michigan, Inc. remains dedicated to strengthening tribal sovereignty through innovative programs, strategic partnerships, advocacy, and continued partnership building. We are proud of the resilience demonstrated by our tribal communities and staff throughout this fiscal year, and we remain focused on building a stronger future grounded in sovereignty, collaboration, communication, and service.

The Inter-Tribal Council of Michigan continues to work closely with the 12 federally recognized tribes in Michigan to develop new resources, coordinate events, share information, and strengthen connections among our programs, tribal communities, and partners. To learn more about the agency and access our social media platforms, I encourage everyone to visit our website at www.itcmi.org.

Chi Miigwetch,

Clayton Kincheloe
Executive Director
Inter-Tribal Council of Michigan, Inc.

Executive Board

President —	Whitney Gravelle <i>President, Bay Mills Indian Community</i>
Vice-President —	Austin Lowes <i>Chairman, Sault Ste. Marie Tribe of Chippewa Indians</i>
Secretary —	James Williams, Jr. <i>Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians</i>
Treasurer —	Matthew Wesaw <i>Chairman, Pokagon Band of Potawatomi Indians</i>
	Lucas Sprague <i>Chief, Saginaw Chippewa Indian Tribe</i>
	Sandra Witherspoon <i>Chairperson, Grand Traverse Band of Ottawa and Chippewa Indians</i>
	Bob Peters <i>Chairman, Match-E-Be-Nash-She (Gun Lake Tribe)</i>
	Kenneth Meshigaud <i>Chairman, Hannahville Indian Community</i>
	Winnay Wemigwase <i>Chairwoman, Little Traverse Bay Band of Odowa Indians</i>
	Homer A. Mandoka <i>Chairperson, Huron Potawatomi Nation</i>
	Everett Ekdahl <i>President, Keweenaw Bay Indian Community</i>
	Larry Romanelli <i>Ogema, Little River Band of Ottawa Indians</i>

The Mission

1. To act as a forum for member tribes.

2. To advocate for member tribes in the development of programs and policies which will improve the economy, education, and quality of life for Michigan's Native Americans.

3. To provide technical assistance to member tribes assisting in the development of tribal regulations, ordinances, and policies applicable to health and human services.

History

Inter-Tribal Council of Michigan, Inc. was incorporated as a 501 (C)(3) non-profit organization on April 16, 1968 by four tribes: Bay Mills Indian Community, Hannahville Indian Community, Keweenaw Bay Indian Community, and the Saginaw Chippewa Indian Tribe.

The original purpose was to establish a joint tribal organization of the four Anishinaabek communities and all such other Native American villages or communities as may seek membership to conserve common property, to develop common resources, to promote the common welfare of the members of the participating member tribes, to negotiate with the Federal, State, and Local governments on all matters within the concept of improving the socio-economic status of Native Americans in Michigan, and in general to carry on any activities in connection with being non-profit under the state laws of Michigan.

The agency was created out of financial necessity. The four tribes were so small in population that an organization combining all the numbers could generate more fundable programs for much needed delivery services to tribal members. These four tribes along with other Native American communities that existed at the time can tell you that life was not good for American Indians during this period. The communities suffered extreme poverty, high unemployment, poor housing conditions, poor health care, and other basic services were not readily available for most Native Americans. The Inter-Tribal Council of Michigan was the frontier consortium that allowed a beginning to these four small tribes working for self-sufficiency and better services for their people.

As the agency became more established, it received the designation of being a Limited Purpose Indian Community Action Program, which opened the door to the anti-poverty programs similar to other Community Action Agencies, such as Low Income Energy Assistance Programs, Commodities, Head Start, Weatherization, etc. Inter-Tribal Council of Michigan also began working with the Bureau of Indian Affairs to implement a social services program and the Manpower Program where funds were used to create more job opportunities on the reservation. Inter-Tribal Council of Michigan also began working closely with the Indian Health Services, which ultimately led to the implementation of the contract health dollars used by tribal members to receive health care and an Indian health Field office that was housed at Kincheloe for many years. Home Improvement funds were obtained and a whole array of other services were sought and implemented over the years on behalf of the participating tribes.

The Sault Ste. Marie Tribe of Chippewa Indians joined the agency in 1985. Lac Vieux Desert Band of Lake Superior Chippewa Indians became an official member in 1988, and the Grand Traverse Band of Ottawa and Chippewa Indians became an official member shortly after.

For many years the agency operated under these seven tribes with significant changes occurring on each reservation as they became more and more independent. The bigger tribes always maintained their independence operating as many programs under their own umbrella as possible. The smaller tribes were also becoming more organized and as they developed their infrastructures and gained in population, began assuming more of the Bureau of Indian Affairs and Indian Health Services programming.

Today all of the member tribes operate the majority of initial programs that were once housed at Inter-Tribal Council of Michigan.

Today Inter-Tribal Council of Michigan is comprised of all 12 federally recognized tribes in Michigan:

- Bay Mills Indian Community
- Grand Traverse Band of Ottawa and Chippewa Indians
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Little River Band of Ottawa Indians
- Little Traverse Bay Bands of Odawa Indians
- Match-E-Be-Nash-She (Gun Lake Tribe)
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians

Our agency is divided into several different divisions:

- Administration
- Behavioral Health
- Economic Development
- Environmental Services
- Head Start
- Health Education and Chronic Disease
- Maternal, Infant, and Early Childhood Health

Behavioral Health

TRIBAL GAMBLING DISORDER (TGD) PREVENTION, SCREENING, AND TREATMENT INITIATIVE

Lisa Moran, Behavioral Health Director, lmoran@itcml.org

Description

This initiative provides evidence-based and culturally responsive services focused on prevention, screening, and treatment of gambling disorder (GD). The primary goal is to increase awareness, expand access to treatment, and reduce the impact of gambling disorder among youth, young adults, and adults across tribal communities.

Population Served

The 12 federally recognized tribes in Michigan; American Indian/Alaskan Native (AI/AN) ages 12 and older.

Data Highlights

Prevention & Capacity Building:

- NODS Assessment Training: Delivered training on the NORC Diagnostic Screen for Gambling Problems (NODS) to 22 clinicians, enhancing early identification and referral pathways.
- Gambling Disorder Training: Provided gambling disorder education to 14 individuals, with participants receiving MCBAP Continuing Education Units upon completion.
- Youth Gambling Prevention: Reached 200 students and school staff with youth-focused gambling presentations, increasing awareness of gambling risks and promoting healthy decision-making.
- Community Awareness Campaign: Expanded community visibility by launching five responsible gambling billboards in Traverse City, Mackinaw City, Gaylord, Mancelona, Petoskey, Cheboygan, and Sault Ste. Marie.
- Aired Gambling Disorder PSAs throughout the 2024-2025 NHL Red Wings season, as well as during NFL, Detroit Tigers, and college football games. An additional campaign ran during March Madness. Campaigns were broadcast on Bally Sports, TNT, TBS, and truTV, along with additional sports streaming platforms. A radio PSA also aired during the I-500 snowmobile race, further expanding reach within local communities.
- Purchased and installed a responsible gambling banner designed by ITCMI on an exterior light pole at the agency to enhance visibility and promote community awareness of responsible gambling.

Goals Set and Achieved

- All program goals outlined in the FY workplan were successfully met. The project advanced tribal capacity in prevention, training, youth education, awareness, and screening. All activities were completed within expected timelines.

Screening & Treatment

- Client Screening: Behavioral Health providers screened 706 clients, identifying 31 individuals with a Gambling Disorder diagnosis.

Future Goals

- Continue implementing current objectives and maintain prevention, awareness, screening, and training activities into the next fiscal year.
- Release a new PSA highlighting a tribal community member's recovery journey to strengthen community connection, reduce stigma, and expand awareness.
- Expand training opportunities for tribal providers and communities and update materials based on new evidence, evaluation results, and participant feedback.

TRIBAL BEHAVIORAL HEALTH INITIATIVE

Christin McKerchie, Program Manager, christin@itcmi.org

Description

The TBHI Initiative supports culturally responsive behavioral health services and strengthens telehealth, outreach, and clinical capacity for tribal communities. The program ensures that subcontracting tribes have the resources, coordination, and technical assistance necessary to sustain behavioral health service delivery.

Population Served

Individuals and families served by three participating tribal communities.

Data Highlights

Across the three participating tribal communities, TBHI-supported providers served 1,274 unduplicated individuals. This level of engagement underscores the continued importance of telehealth, outreach, and behavioral health support within participating communities.

Providers delivered a broad range of clinical services, including:

- 2,380 clinical visits
- 103 therapy evaluations
- 54 medication evaluations
- 5,845 therapy appointments
- 478 medication refills

Goals Set and Achieved

- Supported access to behavioral health services through stable and continuous telehealth delivery
- Ensured all subcontractor reports were accurate and submitted on time
- Strengthened communication and coordination with tribal partners

Future Goals

- Continue enhancing telehealth capacity
- Strengthen tribal data reporting systems
- Expand culturally grounded services based on identified tribal priorities

MEDICATIONS FOR OPIOID USE DISORDER INITIATIVE

Arlene Kashata, Program Manager, akashata@itcmi.org

Description

The MOUD initiative aims to expand and enhance access to medications for OUD across tribal communities. These primary goals are to increase the number of individuals receiving MOUD and to reduce opioid use and prescription opioid misuse.

Population Served

Three partner tribes offer on-site direct services: Grand Traverse Band of Ottawa and Chippewa Indians, Pokagon Band of Potawatomi, and Bay Mills Indian Community. This serves 17 counties combined. Support through harm reduction resources and education available to all 12 federally recognized tribes in Michigan.

Data Highlights

- MOUD Program Enrollment: 159 individuals enrolled
- Prescriber Capacity: 8 active MOUD prescribers across the 3 direct service sites, a 60% increase since project started.
- Training Development: Developed culturally enhanced overdose prevention training eligible for MCBAP and Social Work CEUs.
- Harm-Reduction Vending Machines installed at 3 partner sites

Goals Set and Achieved

All FY25 goals were successfully completed, including expanding prescriber capacity, increasing program enrollment beyond targets, implementing overdose prevention strategies, and developing new culturally grounded training resources.

Future Goals

- Overdose Prevention Training: Provide training to at least 75 individuals across Tribal communities
- MOUD Enrollment: Enroll 45 clients in MOUD treatment services, using SUPRT form data
- Newsletter Launch: Develop and distribute a monthly digital newsletter featuring program updates, overdose prevention resources, current events, and information on preventing prescription misuse

MENTAL HEALTH DIVERSION SERVICES

Christin McKerchie, Program Manager, christin@itcml.org

Description

MHDS strengthens culturally informed diversion strategies and behavioral health services across five tribal communities. The program provides allocations, technical assistance, and programmatic support to improve mental health access and service delivery.

Population Served

Native American individuals and families served by five participating tribal communities.

Data Highlights

Across the five participating tribal communities, MHDS supported providers delivered 5,458 appointments/service contacts to 1,416 unduplicated individuals. These numbers show strong engagement and highlight the importance of diversion-focused behavioral health services within participating communities.

Goals Set and Achieved

- Supported culturally grounded diversion efforts across five tribal communities
- Strengthened coordination with courts, health systems, and community partners
- Achieved 100% on-time submission of all FY25 reports, maintaining strong grant compliance

Future Goals

- Enhance workforce recruitment and training efforts
- Strengthen standardized reporting practices across participating communities
- Expand diversion-related activities based on identified tribal needs

TITLE VI NUTRITION & SUPPORTIVE SERVICES FOR NATIVE ELDERS

Christin McKerchie, Program Manager, christin@itcml.org

Description

Title VI provides nutrition, wellness, and supportive services to Native American elders. The program strengthens tribal aging services, supports service planning and coordination, and ensures compliance with federal Title VI requirements.

Population Served

Native American elders served by two participating tribal communities.

Data Highlights

Participating tribal communities provided 8,000 meals, supported more than 20 caregivers, and delivered ongoing case management, wellness checks, and supportive services to elders.

Goals Set and Achieved

- Completed Title VI needs assessments for two participating tribal communities
- Provided technical assistance to sustain nutrition and supportive services
- Participated in the National Title VI Conference
- Prepared the FY26–FY28 continuation application

Future Goals

- Apply needs assessment findings to strengthen elder services
- Support intergenerational engagement initiatives
- Expand outreach and caregiver support programming

ANISHINAABEK COMMUNITY OPIOID INTERVENTION PREVENTION PROGRAM

Arlene Kashata, Program Manager, akashata@itcmi.org

Description

The Anishinaabek Community Opioid Intervention Prevention Program (ACOIPP) provides technical assistance, training, and program support to tribal communities across Michigan. Its mission is to expand access to culturally responsive, evidence-based prevention, treatment, and recovery services for individuals and families affected by opioid use disorder. ACOIPP focuses on building capacity within the tribes and promotes community-driven responses to the opioid crisis.

Population Served

- All 12 federally recognized tribes in Michigan.
- American Indian Health and Family Services in Detroit.

Data

- ACOIPP uses a comprehensive, goal, and objective-based tracking system developed with the Michigan Public Health Institute. A customized Excel system monitors performance measures, activities, and outcomes.

Data Highlights

- Held four virtual trainings:
 - Anishinaabeg Izhitwaawin # 2 - J. Sutherland, 36 participants, 2 CEUs.
 - Nibi Gikinoow'amaagoowin - Water Teachings Panel (Three Indigenous Elder women), 100 participants, 2 CEUs
 - ASAM Criteria 4th Edition - Clinical Updates (Hazelden), 21 participants, 7 CEUs (NBCC, ASWB)
 - Anishinaabek Cultural Teachings (Family Traditions & Values) - J. Sutherland, 80 participants, 2 CEUs
- Conducted 4th Annual Behavioral Health Conference at Grand Traverse Resort and Spa, 100 attendees, 13 presenters, 12 CEUs. Highlighted current opioid and SUD treatment trends with strong cultural integration.
- Hosted White Bison - Warrior Down/Recovery Coach Training in Bay Mills, MI, 3 day in person training, 15 participants, 24 NAADAC CEUs. A culturally grounded relapse prevention and recovery support model for Native Americans returning from incarceration, completing treatment, or maintaining long-term recovery

- Co-Hosted Veterans Affairs Summit in Battle Creek, MI, 120 attendees, including tribal programs staff, community members, and government providers.
- Billboard Campaign: Displayed in high-visibility locations, generating 110,412 total impressions. Message featured “One Day at a Time,” a culturally grounded message supporting hope and recovery.
- PSA Campaign: “Naloxone Saves Lives” (10/1/25 - 1/25/26), aired on cable and streaming platforms, generating 117,519 impressions per month with 98.42% completion rate.
- Distributed educational materials, prevention resources, and travel support to tribal programs.
- Program recognition: Dr. Monal Shroff (MPHI) and Program Manager, Arlene Kashata were invited by the Indian Health Service (IHS) to present virtually to ACOIPP grantees and project administrators on data collection and evaluation - an acknowledgment of the program’s strong performance, and credibility.

Goals Set and Achieved

All Fiscal Year 25 objectives were successfully completed:

- Increase public awareness & education through trainings, conferences, cultural teachings, and media outreach.
- Support tribal and Urban Indian communities with prevention, treatment, recovery services, technical assistance, and program resources.
- Increase knowledge and use of culturally appropriate interventions supporting MAT/MOUD access.
- Promote overdose reduction and stigma reduction strategies using billboards, PSA campaigns, and culturally based messaging.

Future Goals

- Continue implementation of all objectives to strengthen prevention, treatment, and recovery initiatives.
- Host a Gathering of Native Americans to support community healing, mobilization, and culturally grounded prevention strategies of lower Michigan tribal communities.

ANISHINAABEK STRATEGIC PREVENTION FRAMEWORK INITIATIVE

Lisa Moran, Program Manager, lmoran@itcml.org

Description

This ASPF initiative works to develop and strengthen primary prevention and harm reduction capacity at the community level. Using a data-driven and community-informed approach, ASPF identifies local needs, implements culturally rooted prevention strategies, and expands access to training, professional development, and prevention resources. This initiative emphasizes cultural relevance, community engagement, and collaboration to address substance misuse across tribal communities.

Population Served

All 12 federally recognized tribes in Michigan and the American Indian Health & Family Services (AIHFS) center in Detroit.

Data Highlights

- Hosted a quarterly virtual training series on priority prevention topics, delivering 9 sessions and reaching more than 200 participants
- Hosted the Annual Michigan Tribal Prevention Conference in Bay Mills, MI, with 89 providers/participants in attendance and 591 CEUs distributed
- Held monthly Michigan Tribal Prevention Coalition Meetings, engaging approximately 203 members representing tribal, state, and federal agencies
- Implemented a Positive Prevention messaging campaign, including PSAs, a “Culture is Prevention” billboard, and the creation of a documentary style video on Baagaaadowewin (traditional lacrosse)
- Disseminated Positive Prevention and Overdose Prevention resources based on tribal survey results, distributing to all 12 Tribes in Michigan.
 - 500 smudge kits
 - 600 Seven Grandfather Workbooks
 - 700 medication pill locking units
 - Cultural craft kits.
- Launched an events and professional development calendar to highlight upcoming prevention opportunities for tribal members and service providers, with over 200 flyers distributed across tribal partners and posted on the ITCMI website.

Goals Set and Achieved

All goals outlined in the FY25 work plan were successfully completed. This included hosting required trainings and meetings, implementing the annual prevention messaging campaign, conducting community and provider assessments, leveraging partnerships to expand resources, and distributing primary prevention and harm reduction materials to Michigan's tribal communities.

Future Goals

The ASPF grant ended in August 2025. ITCMI will continue to seek related funding opportunities to sustain and strengthen prevention efforts across Michigan's tribal communities.



STATE OPIOID RESPONSE 4 MEDICATION ASSISTED TREATMENT (SOR4)

Amanda Virden, Program Manager, amanda.virden@itcmi.org

Description

The SOR4 aims to increase knowledge and improve access to services for individuals affected by opioid and stimulant use disorders. Through training and community education, SOR4 promotes the use of prevention strategies, outpatient services, residential treatment, and recovery supports.

Population Served

Individuals with opioid and/or stimulant use disorders who are eligible for services under tribal policies. The program's primary focus includes five subcontracting tribes, with additional outreach and technical assistance provided to all twelve federally recognized tribes in Michigan.

Data Highlights

Client Enrollment:

- 139 clients enrolled in evidence-based outpatient-based treatment
- 52 clients enrolled in residential treatment
- 6 clients enrolled in Healing to Wellness Programs

Workshops & Community Engagement:

- 5 prevention/recovery workshops held, serving 287 participants
- Resource tables reached 139 adults and 69 students
- Attended 12 community events and provided education materials, reaching 2,279 participants

Traditional Healing & Prevention Services:

- 141 clients received direct prevention or Traditional Healing services

Naloxone Training & Distribution:

- Trained 43 individuals and first-responders
- Distributed 459 double-dose naloxone kits

Aftercare Support:

- Referred 4 clients to sober living homes
- 1 client enrolled in a partial hospitalization program

Education & Awareness Campaigns:

- Contracted with Postpartum Healing Lodge to deliver 5 Sacred Pregnancy, Sacred Support trainings
- Launched 20 naloxone awareness billboards in Charlevoix, Petoskey Sault Ste. Marie, Mackinaw/St. Ignace, Gaylord, and Cheboygan
- Public service announcements resulted in 2,593 TV airings and 581,508 streaming TV impressions

Goals Set and Goals Achieved

Accomplishments included expanding access to outpatient and residential treatment services, increasing participation in prevention and recovery workshops, strengthening community engagement through events and outreach, delivering naloxone training and overdose prevention resources, and supporting clients in accessing aftercare services.

Future Goals

- Continue adapting goals and objectives to align with tribal capacity and evolving community needs
- Modify budget and work plan to expand services as staffing capacity increases
- Enhance grant writing efforts and improve SUPRT data collection for ITCMI and partner tribes



Head Start

HEAD START & EARLY HEAD START

Ann Cameron, Head Start Director, ann@itcmi.org
Amanda Rinna, Education & Disabilities Manager, amanda.rinna@itcmi.org
Haley Shaw, Administrative Assistant, haley.shaw@itcmi.org

Description

The Inter-Tribal Council of Michigan, Inc. Head Start Programs (Head Start and Early Head Start) are dedicated to providing and advocating for quality services through a holistic approach of developmentally appropriate, family centered, and culturally relevant services to promote strong, healthy families.

Funding Explanation & Proposed Budget

Funds received are awarded from the Office of Head Start through the Administration for Children and Families. The tribes contribute funding and services to meet the required non-federal share (in-kind match). The State of Michigan provides funding for 0-3 disability services through the Early On Program. Also received are USDA meal reimbursements under the Child and Adult Food Program (CAAFP). The in-kind match or non-federal share is matched annually through tribal funding, services, donations, and volunteer hours that are generated by parents and community members.

Population Served

Our ITCM Head Start Programs partner with 7 of the 12 tribes.

- Bay Mills Child Development Center
- Keweenaw Bay Child Development Center
- Keepers of the Future Child Care Center
- Lac Vieux Desert Child Development Center
- Little Traverse Bay Bands Head Start
- Huron Potawatomi Head Start
- Huron Potawatomi Pine Creek Reservation Head Start



Goals Set and Achieved

- 367 Children and Families Served
- 92% Average Monthly Enrollment (% of funded enrollment)
- 97% of eligible children served

Medical & Dental Exams

- 97% received well-child exams
- 93% have up to date immunizations
- 90% received dental exams

Parent Involvement

Head Start encourages parent participation in every area of our program.

Parent involvement activities vary between our centers. Examples include:

- Family Fun Nights
- Parent Training Workshops
- Fatherhood Activities
- Parent-Teacher Conferences
- Home-to-School Activities
- Parent Committee Meetings
- Home Visits

Kindergarten Preparation

Head Start has a focus to ensure that children are academically being prepared for kindergarten.

Our centers use two research based curriculum to achieve school readiness for kindergarten. They align with the Head Start Early Learning Outcomes Framework and Michigan's Early Childhood Standards of Quality.

The following graphics illustrate growth towards kindergarten readiness based on each curriculum's unique way it outputs these scores for each reporting period. As illustrated in the charts below, there is linear growth from Fall to Spring on the child's pathway to kindergarten.

Data below shows school readiness developmental growth

HIGHSCOPE

	FALL	WINTER	SPRING
APPROACHES TO LEARNING	3.26	3.72	4.30
SOCIAL & EMOTIONAL	3.24	3.76	4.29
LANGUAGE & LITERACY	3.45	3.79	4.37
COGNITION & GENERAL KNOWLEDGE	3.13	3.61	4.12
PHYSICAL DEVELOPMENT	3.48	3.93	4.5

CREATIVE CURRICULUM

	FALL	WINTER	SPRING
SOCIAL & EMOTIONAL	1.65	2.00	2.10
PHYSICAL DEVELOPMENT	1.78	1.91	2.18
LANGUAGE & COMMUNICATION	1.64	1.84	2.10
COGNITION	1.61	1.79	2.12
LITERACY	1.37	1.58	1.77
MATHEMATICS DEVELOPMENT	1.49	1.81	2.12

Program Highlights

Wiba Anung

- A collaborative partnership between Michigan State University and the Inter-Tribal Council of Michigan to support the health and well-being of indigenous children and families in Michigan. This includes but is not limited to culturally relevant curriculum development, research, tribal food sovereignty education, integrate language, and additional outreach.

HOPE

Our center staff have the opportunity to partner with Bay Mills Community College to earn either their Child Development Associate credential, Associate of Arts, or Bachelor of Arts in Early Childhood Education with additional student supports, 100% online, free tuition, laptops, text books, and more.

Future Goals

- To promote school readiness.
- To increase the inclusion of the local culture and language into the program services.
- Enhance family engagement.



Health Education and Chronic Disease

ROGEL CANCER CENTER COMMUNITY GRANT

Jenna Calder, jcalder@itcmi.org

Description

Inter-Tribal Council of Michigan proposes a comprehensive strategy for commercial tobacco prevention and cessation focused on an EBI involving Mass Reach Health Communications. Leveraging ITCM's extensive partnerships with the Centers for Disease Control and Prevention (CDC), the Office on Smoking and Health (OSH), Spectrum Reach, and Lamphere Visuals LLC. ITCM aims to develop an impactful mass reach health communication campaign to increase tobacco quit efforts, educate AI/AN communities about the harms of commercial tobacco use and secondhand smoke, motivate positive behavior change, and promote commercial tobacco cessation while focusing efforts on supporting tribal relations with sacred tobacco. This initiative will use dissemination strategies including strategic billboard placement, internet platforms, the ITCM KeepItSacred.org website, social media platforms, and targeted broadcasts to maximize reach.

Population Served

The target American Indian and Alaska Native population are members of or served by the 12 federally recognized tribes in Michigan, 8 of which are in rural counties across the state in the upper and lower peninsulas of Michigan. The expected outcomes of the project encompass an increase in knowledge about available cessation resources, increased awareness about the health risks associated with commercial tobacco use, and a reduction in commercial tobacco use prevalence to reduce the cancer burden on this population.

Our Breat is Sacred Key Accomplishments

OUR BREATH IS SACRED ACCOMPLISHMENTS

LISTENING SESSIONS

- ✓ Engaged two groups representing tribal and community health

COMMUNITY SURVEY

- ✓ Created a community survey based on the themes identified from listening sessions
- ✓ Incorporated anti-bot strategy to filter out fraudulent responses



Billboards

*"The use of commercial tobacco affects everyone around you.
It can affect infants around you.
It can affect our grandparents."*

--Mariesha, Nottawaseppi Huron Band of the Potawatomi

Text

SACREDBREATH

to

88709

Free culturally tailored help to quit.



*"Traditional tobacco is very sacred.
Commercial tobacco is full of chemicals and very processed."*

--Ashley, Keweenaw Bay Indian Community

Text

SACREDBREATH

to

88709

Free culturally tailored help to quit.



*"Commercial tobacco and vaping are bad for your health.
You could get lung cancer and there could be increased
chances of heart attacks."*

--Xander, Keweenaw Bay Indian Community

Text

SACREDBREATH

to

88709

Free culturally tailored help to quit.



Digital Stories



**MARIESHA'S
VAPING AND
COMMERCIAL TOBACCO STORY**

FOR FREE CULTURALLY TAILORED QUIT COACHING TEXT:
SACREDBREATH
TO
88709



Scan QR Code to view or visit
<https://tinyurl.com/AICTPMariesha>



**ASHLEY AND XANDER'S
VAPING AND
COMMERCIAL TOBACCO STORY**

FOR FREE CULTURALLY TAILORED QUIT COACHING TEXT:
SACREDBREATH
TO
88709



Scan QR Code to view or visit:
<https://tinyurl.com/AICTPAshley>

TRIBAL COLON CANCER SCREENING PROJECT

Denise Porter, denise.porter@itcmi.org

Angel Eggert, angel.eggert@itcmi.org

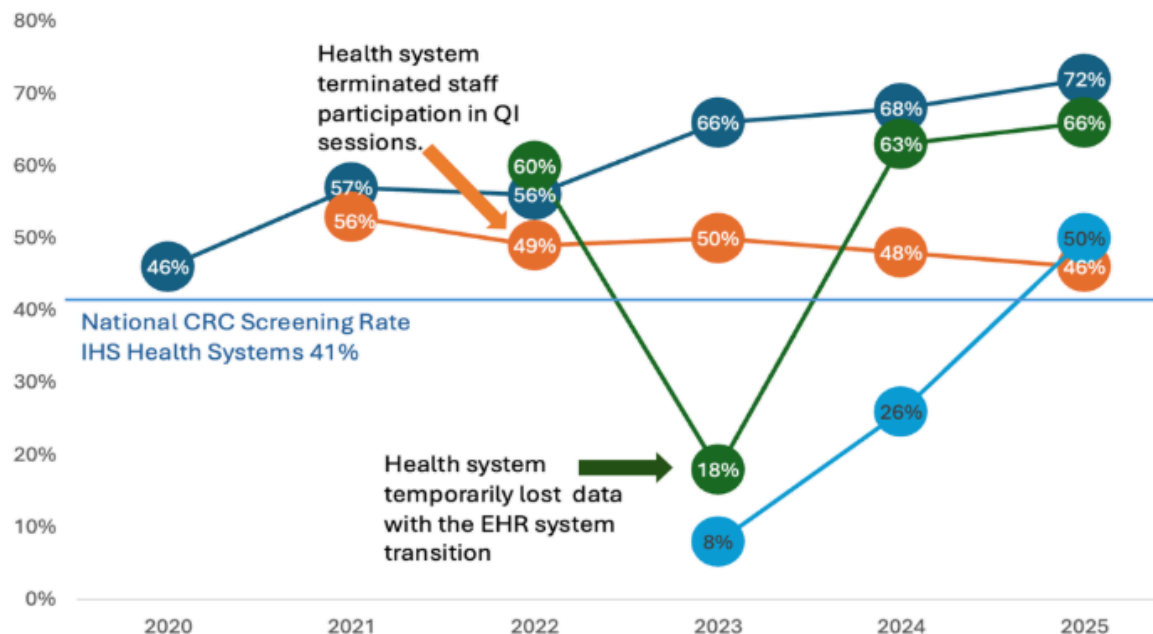
Description

The 2020-2025 Inter-Tribal Council of Michigan partnership with the Centers for Disease Control and Prevention, successfully led a comprehensive initiative to increase colorectal cancer screening among American Indian and Alaska Native populations in Michigan. ITCM collaborated directly with tribal health systems to address CRC screening disparities by implementing evidence-based interventions (EBIs), enhancing patient navigation services, and applying quality improvement strategies tailored to tribal settings.

Population Served

5,558 adult patients ages 45-75

Key Outcomes with Engaged Quality Improvement Sessions and CRC Screening Rates



CRC Screening uptake increased across tribal health systems participating in QI and EBI activities, and data reporting capacity improved by 100% strengthening clinic workflows and program sustainability. Key activities included provider training, culturally relevant community education methods, streamlined referral pathways for cancer screening and diagnostic services, electronic health record reminders, and implementation of patient messaging programs.

Future Goals

ITCM was awarded CDC funding that is providing capacity to embed CRC screening navigators in six tribal health systems, with the goal of increasing CRC screening rates by 10% by 2028, and 20% by 2030. Additionally, ITCM has applied for additional funding from the Michigan Health Endowment Fund to support 3 additional tribal health systems with cancer screening navigation support.



FOOD FARMACY PROGRAM IN AMERICAN INDIAN COMMUNITIES IN MICHIGAN

Michigan Health Endowment Fund's 2024
Nutrition and Healthy Lifestyles Grant

*Hannah Swartz, hannah.swartz@itcmi.org
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Description

The Food Farmacy Program in American Indian Communities project partners with six Michigan tribal communities to increase access to nutritious and traditional foods and support healthy behavior change. Each community implements its own culturally responsive, evidence-based produce prescription program tailored to local needs. Through clinical referrals, patients experiencing food insecurity and diet-related chronic conditions such as diabetes, obesity, or high blood pressure are enrolled by their healthcare providers.

Participants receive “prescriptions” for nutrition education and vouchers to purchase fresh fruits, vegetables, and traditional foods from local vendors. By integrating healthcare with food access, the program addresses food insecurity, strengthens tribal food sovereignty, and improves health outcomes for Native communities across Michigan. In this second round of funding from the Michigan Health Endowment Fund, ITCM is measuring health outcome data to demonstrate the impact of the program and support sustainability.

Population Served

Food Farmacy programs are being implemented at Bay Mills Indian Community, Hannahville Indian Community, Keweenaw Bay Indian Community, Little Traverse Bay Bands of Odawa Indians, Nottawaseppi Huron Band of the Potawatomi, and Saginaw Chippewa Indian Tribe.

Culturally Adapted Produce Prescription Pilot Reduces Food Insecurity and Increases Fruit And Vegetable Consumption In 3 Native Communities

*H. Swartz¹, *C. Arteaga², *L. Fisher (Sault Ste Marie Tribe of Chippewa Indians)³, K. Talarek⁴, M. Taylor⁵, M. Gasco⁶, L. Rabbish⁷, K. Hansen⁸, T. Lafave⁹, E. Leffler¹⁰, H. Hollenbeck¹¹

¹Inter-Tribal Council of MI, Inc, Sault Ste Marie, MI; ²MI Public Health Institute, Okemos, MI; ³Little Traverse Bay Bands of Odawa Indians; ⁴Hannahville Indians Community; ⁵Pokagon Band of Potawatomi Indians

Background

American Indians and Alaska Native (AI/AN) populations face disproportionately high rates of nutrition-related health issues.

The Inter-Tribal Council of Michigan, Inc. (ITCMI) partnered with three Michigan Tribes to culturally tailor and pilot **Food Farmacy**, a produce prescription program aimed at addressing high rates of food insecurity and nutrition-related chronic conditions in their communities.

Produce prescription programs increase access to and consumption of fruits and vegetables as well as support healthy behavior change among patients with low incomes and chronic disease risk. Each participating tribe had a goal unique to their community needs and health challenges.

Hannahville Indian Community

Improve high rates of nutrition-related diseases like diabetes, obesity, and cardiovascular disease by improving access to fresh and traditional foods.

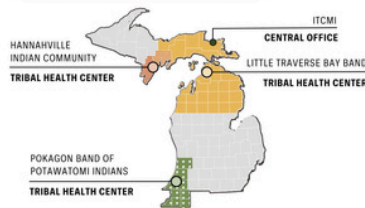
Pokagon Band of Potawatomi Indians

Overcome affordability challenges and limited food access, especially for low-income members who did not qualify for federal nutrition assistance yet still faced difficulties obtaining healthy foods.

Little Traverse Bay Bands of Odawa Indians

Improve access to fresh, nutritious foods and support community members in learning how to shop for, store, and prepare fruits and vegetables, many of which were unfamiliar or underused.

Tribe Locations & Service Areas



Food Farmacy Program Details

Each tribal community designed and implemented a customized Food Farmacy program tailored to their unique resources, seasonal availability, and community interests. While each program was unique, all included a combination of nutrition education, counseling or goal setting, and vouchers redeemable at local food sources in exchange for fresh foods. Program lengths, food sources, and program activities included:

Hannahville Indian Community // 12 weeks

• Different food sources for different seasons (On-site farmer's market, tribally-owned aquaponics greenhouse & local meat market); Garden kit incentives; Facebook Live cook-along demonstrations.

Pokagon Band of Potawatomi Indians // 5 months

• Three food sources; Vouchers for fresh fruits & vegetables, lean meats, and mature plants with education materials.

Little Traverse Bay Bands of Odawa Indians // 18 months

• Six food sources; (tribally owned farm, local farmers markets, & natural food co-op); Vouchers for fresh & frozen fruits, vegetables, lean proteins like meats & seafood, as well as dried fruits & legumes.



To see detailed information about each tribe's tailored Food Farmacy Program, check out our implementation guide!



Scan me with your smart phone camera

Program Evaluation

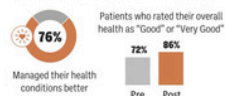
Program evaluation was conducted in partnership with the Michigan Public Health Institute (MPHI) and overseen by the MPHI Office of Research Integrity and Compliance. Key data sources included program process maps, monthly check-ins, and quarterly reports detailing partnerships formed, patients enrolled, and vouchers distributed.

Pre- and Post- Program Surveys

Participants completed surveys at the start and end of the program. The survey evaluated patient outcomes and satisfaction, focusing on skill development, behavior change, fruit and vegetable consumption, food insecurity, chronic health condition improvements, and overall experience.

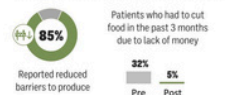
Survey Results

Hannahville Indian Community (N=86)



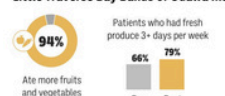
"My blood glucose went down!"
- HIC PATIENT

Pokagon Band of Potawatomi Indians (N=40)



"We had more money for fresh produce."
- PBDPI PATIENT

Little Traverse Bay Bands of Odawa Indians (N=152)



"The Food Farmacy program made it so much easier to purchase healthy food."
- LTBB PATIENT

Overall Program Satisfaction (All Tribes Combined)



Future Directions

The Inter-Tribal Council of Michigan received new funding from the Michigan Health Endowment Fund to expand the Food Farmacy project to four more tribal communities, with a focus on collecting both health outcomes and self-reported behavior data to demonstrate the program's long-term impact.

THANK YOU to our partners, funders, and food sources:



To see this poster and full Food Farmacy Resources:

<https://tinyurl.com/ITCMFoodFarmacy>



Goals Set

The Food Farmacy program is up and running in five of the six participating tribal communities. Due to staffing changes, one tribe is delayed in their implementation. Program staff have received positive feedback from participants, and the program is sought after by community members.

Achieved Goals

- Established a Food Farmacy Advisory Council with representation from all six tribes.
- Created and updated process maps for each tribal community with key elements of the program including screening, enrollment, education, voucher redemption, and health outcome data collection.
- Five tribes implemented Food Farmacy programs.
- Enrolled over 170 participants into the program.
- Partnered with over 10 local food vendors including farmers markets, co-ops, grocery stores, and farmers.
- Collaboration with elders and wisdom keepers to provide nutrition education and traditional food preparation and storage knowledge.
- Presented at the Native American Nutrition Conference in September 2025.

Future Goals

The Food Farmacy program will continue to expand its reach and impact by deepening partnerships with tribal clinics and local food vendors. The Food Farmacy program will strengthen connections to cultural food traditions. The program will also prioritize the collection and sharing of data to guide tribal, state, and federal policies that advance food access and promote health equity. In addition, culturally tailored programming will be expanded to ensure sustainability, foster long-term community impact, and uphold food sovereignty for future generations.

Closing Thoughts

Food is medicine, and Food Farmacy is proof of how powerful that truth can be when woven into healthcare and community life. By blending modern healthcare approaches with traditional knowledge and values, the program not only nourishes bodies but strengthens communities, culture, and sovereignty. We are deeply grateful for the collaboration for our tribal partners, healthcare providers, elders, and families whose commitment continues to shape a healthier future for generations to come.

OUR BREATH IS SACRED

Ashley Young, Ashley.young@itcml.org

Description

Through sub-awards, three communities will plan and implement grant-required activities adapted to their communities to reduce the burden of commercial tobacco use and its impacts on health for AI/AN population through education and intervention. As an administrator of this project, ITCM will use community-based participatory approaches to gather input and support community-led activities through peer-learning monthly meetings and ad-hoc technical assistance. ITCM will also leverage new and existing multi-level/multi-sector coalitions to implement evidence-based interventions that promote, educate, and implement economic and community policy changes regarding the sale and use of commercial menthol and other flavored commercial tobacco products. Project logic model was created to describe ITCM's approach and strategy.

Population Served

The ITCM Our Breath is Sacred; Three Fires Menthol and Flavored Tobacco Reduction Project is administered by the Inter-Tribal Council of Michigan, Inc. and implemented in collaboration with three Michigan communities:

- Bay Mills Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Leelanau Investing for Teens

Goals Set and Achieved

ITCM and partner communities launched new coalitions like the Healthy Native People Coalition the Youth Coalition and joined state and national workgroups to share perspectives and strengthen efforts. To address youth vaping, ITCM collaborated with SAMHSA, Bay Mills Indian Community, and Sault Tribe Behavioral Health to host a three-day Youth Gathering of Native Americans (GONA). All three tribal communities utilized the newly established youth coalition to successfully connect with young people and families, amplified youth voices in community events, and secured resources to sustain and grow youth engagement moving forward. Their outreach was successful with combined methods of school-based education, culturally relevant events, policy advocacy, and direct engagement with youth and community members. These efforts reached hundreds of students and adults, provided immediate access to cessation support and built momentum for stronger tobacco-free community norms. ITCM and partner communities all completed community-wide equity assessment reports

Future Goals

Our future goals are to use the four strategies below to reduce the burden of menthol and other flavored commercial tobacco products in tribal communities.

- Strategy 1: Engage diverse partners to promote and support social, economic and community change to increase awareness of the harms of menthol and other flavored tobacco product use and availability of cessation services.
- Strategy 2: Educate the public, community leaders, partners, and decision-makers on policy, systems, and environmental changes that can prevent and reduce menthol tobacco use.
- Strategy 3: Implement culturally appropriate interventions tailored for community needs to prevent and reduce menthol and other flavored tobacco product use.
- Strategy 4: Use research, surveillance, and evaluation to measure progress made in reducing tobacco use and other menthol tobacco-related disparities and inform public health action.



REACH JOURNEY TO WELLNESS

Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health

*Hannah Swartz, hannah.swartz@itcmi.org
Chelby Archambeau, chelby.archambeau@itcmi.org*

Description

The Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) grant funds community-driven strategies to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic groups with the highest risk, or burden, of chronic disease. The Inter-Tribal Council of Michigan has partnered with six tribal communities in Michigan to address chronic disease risk factors such as poor nutrition, physical inactivity, commercial tobacco use and historically low adult vaccination rates. Through culturally centered, community-driven strategies, ITCM works alongside tribal partners to create sustainable policy, systems, and environmental changes that advance health equity.

Population Served

The REACH Journey to Wellness program services 6 of the 12 federally recognized Native American/Alaska Native tribes in Michigan:

- Bay Mills Indian Community
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi Indians
- Saginaw Chippewa Indian Tribe

Goals Set and Achieved

Despite challenges with vaccine and tobacco funding, the REACH program made meaningful progress in nutrition, physical activity, and community engagement. ITCM routinely distributes culturally relevant health messages through newsletters, social media, and community outreach in addition to the following strategy specific goals:

Food Service Guidelines

- Completed 6 in-depth assessments of food service venues (e.g., elders congregate meals, casino vending machines, health center break rooms, convenience stores, etc.) where policies can be enacted to improve access to health and nutritious food.

Fruit and Vegetable Vouchers Incentive and/or Produce Prescription Programs

- 6 REACH tribes are implementing culturally responsive produce prescription programs, also known as Food Farmacy programs.
- 170+ participants enrolled since June 2025
- 1 ITCM staff has an active role in Michigan Produce Prescription Steering Committee
- 3 ITCM staff have an active role in the Michigan Cancer Consortium Program for Breast Cancer in Young Adults Food Insecurity Workgroup
- 19 community members identified and enrolled into federal fruit and vegetable voucher incentive programs (SNAP/EBT, Double Up Food Bucks, FDPIR, or Senior Fresh).

Physical Activity

- Completed 6 community walk audits to evaluate the safety, accessibility, and overall connectivity of the community and public spaces to increase physical activity.

Commercial Tobacco

- 10,000+ people impacted by 3 new or enhanced commercial tobacco prevention and control policies passed through tribal government.
- Bay Mills revised their health center's policy to be in compliance with Michigan's Smoke-Free Indoor Air Law, prohibiting the use of commercial tobacco on campus while allowing traditional tobacco use for ceremonial purposes in designated traditional healing room and other designated ceremonial spaces.
- Hannahville adopted a smoke-free campus policy to cover the new administration and health center building.
- Pokagon revised their Government's Household Hazardous Waste Policy to include e-cigarettes and vape products reducing environmental hazards from toxic chemicals and batteries.
- Hosted a Youth GONA on June 10-12 in Bay Mills with 70 attendees with representation from 9 different tribes in Michigan.
- Develop media campaigns (e.g. PSA videos and billboards) to prevent vaping.

Vaccination

- 9 tribal health staff trained in Motivational Interviewing for Vaccine Hesitancy.
- 39 events where adult vaccines were administered or information was provided.
- 6,555 attendees at vaccine events (e.g., pop-up flu clinics, health fairs, pow wows, and other community events).
- 1,686 adults received vaccines at vaccine events.
- 8,620 people were reached virtually and in-person vaccine education events.

Future Goals

Finalize contractual agreements with partner tribes and Michigan Public Health Institute.

Increase Healthy Native People Coalition engagement.

Strengthening engagement with tribal health directors, local coalitions, and community stakeholders through strategic briefings.

Expand access to produce prescription and Food Farmacy programs.

Support tribal partners in promoting healthy food service guidelines.

Support community projects that increase access to safe physical activity opportunities.

Secure and leverage complimentary funding.

Closing Thoughts

The ITCM REACH Journey to Wellness program acknowledges that policy, systems, and environmental change is a long-term and complex process. The progress achieved by our partnering tribes reflects the power of sustained relationship building, cultural knowledge, collaborative partnerships, and strong community leadership. We are deeply grateful to our tribal partners, coalition members, and community members for their continued collaboration and support.



SMOKE FREE HOMES

Promoting Smoke-Free Homes in Rural American Indian Households

Ashley Young, Ashley.young@itcmi.org

Description

Promotes healthier living environments by supporting tribal families in keeping their homes free from commercial tobacco smoke. The purpose of this program is to reduce exposure to secondhand smoke in nonsmokers and children by encouraging and supporting households to create a smoke-free home. (ie., voluntary rules that ban smoking in the home).

Population Served

The Smoke Free Homes program services 4 of the 12 federally recognized Native American/Alaska Native tribes in Michigan:

- Bay Mills Indian Community
- Keweenaw Bay Indian Community
- Little Traverse Bay Bands of Odawa Indians
- Pokagon Band of Potawatomi Indians

Goals Set and Achieved

Pre-test and refine an adapted Smoke-Free Homes intervention.

Evaluation of the impact of the adapted intervention on establishment of smoke-free home rules among tribal households.

Future Goals

Conduct a mixed methods process evaluation of the intervention.

Assess changes in community readiness to address smoke-free tribal housing.

BREAST & CERVICAL CANCER CONTROL PROGRAM (BC3NP)

Denise Porter, Denise.porter@itcmi.org

Description

A program that offers women that are at or below the 250% poverty level, and without commercial insurance, access to mammograms, pap tests, and follow-up care for breast and cervical cancer.

Population Served

The 12 federally recognized tribes in Michigan; women ages 21-64 who qualify for breast or cervical screenings by meeting the program criteria.

Data Highlights

At the September 2025 Mobile Mammogram Event at KBIC and HIC 159 women had mammograms. Of those women, 81.3% identified as Native American. 10 were enrolled in BC3NP.

Goals Set and Achieved

To increase number of enrolled women in the BC3NP program for the year 2025-2026.

Future Goals

Provide support to get more women access to mammogram through mobile mammogram programs by working with the tribes to facilitate the implementation of services. As well as educate and work with the tribes to increase access to breast and cervical cancer screening.

To increase the number of uninsured women covered under BC3NP through ITCM.

GOOD MEDICINE KEEPERS

Jenna Calder, jcalder@itcmi.org

Description

ITCM is a partner with the Rocky Mountain Tribal Leaders Council. This cooperative agreement strives to prevent commercial tobacco use and cancer in populations with tobacco- and cancer-related health disparities. We are a part of the National Network serving the tribal communities throughout the nation along with Great Plains Tribal Leaders Health Board, Alaska Health Fair, and Native American Rehabilitation Association

Population Served

Tribes throughout the state of Michigan and all tribal communities and membership across the nation for tobacco and cancer related disparities.

- **Mathew DuBois:** A Native American Lung Cancer Survivor's Message on Screening
 - <https://youtu.be/eF9H2Y3R7r8?si=HF0P9xUjI4uGcXfm>
- **Native American Health:** The Life-Saving Power of Breast Cancer Screening
 - <https://youtu.be/HMN6PKtMU-w?si=-hZIYFMFmQyuxVbl>

Goals Set and Achieved

One of the goals was to work with the state and leverage funds to get an AI/AN Adult Tobacco Survey done for the tribes in Michigan. This will be take place starting September 2025.

Future Goals

Utilize the data we collect and have from the state of Michigan to find our focus and gap areas of services to enhance commercial tobacco cessation service while promoting our revitalization of our traditions with keeping our tobacco sacred.

TOBACCO CONTROL PROGRAM

Michigan Department of Health and Human Services

Denise Porter, Denise.porter@itcmi.org

Description

Provides funding to support the reduction of commercial tobacco use and its health impact. It focuses on the prevention, cessation, education, and policy initiatives that address tobacco-related disparities in our tribal communities.

Population Served

The 12 federally recognized tribes in Michigan
American Indian/Alaska Natives residing in Michigan

2025 Tobacco Cessation Training Certification Data

Certification Type	Number
Level 1: Basic Tobacco Intervention Skills	18
Level 1: Instructor Certification	3
Level 2: Treatment Specialist	13
Level 2: Instructor Certification	3

Key Callout:

37

Total Certifications

31

*Practitioners
Trained*

6

Instructors Certified

Goals Set and Achieved

In 2025, two training sessions were completed with 18 individuals certified in commercial tobacco.

Future Goals

Tobacco survey for 4 or more tribal health systems including:

- Bay Mills Indian Community
- Hannahville Indian Community
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi Indians

Environmental Services

DEPARTMENT OF ENERGY'S INTERTRIBAL ORGANIZATION OPPORTUNITY: SUPPORT FOR TRIBAL CLEAN ENERGY COMMUNICATION AND ENGAGEMENT

Jenna Killips, jkillips@itcmi.org

Project Period: October 2025 - September 30, 2028 (pending annual review by DOE)

Description

The purpose of this opportunity is to help federally recognized tribes navigate and access DOE funding and technical assistance opportunities by amplifying DOE messaging and creating effective engagement opportunities for member tribes. Funding will support communication, internal organizational capacity-building, and engagement activities – to build long-lasting effective working relationships with tribal elected leaders, key staff, and DOE through partnering with intertribal organizations to establish channels of communication and education between Indian Energy, tribes, and energy-related communities.

Population Served

- The 12 federally recognized tribes in Michigan
- American Indians and Alaska Natives residing in Michigan

Goals and Objectives

- ITCM to build upon relationships, positioning and planned events and services to map out how to integrate this opportunity into all of their growing initiatives.
- ITCM will utilize our other departments of Water, Natural Resources, Conventions, and Climate Resilience to build a list of current contacts for energy-related initiatives.
- ITCM will develop a curriculum and strategic approach for educating audiences based on how they will participate in planning and execution of energy projects.
- Improve communication channels through means such as an energy-specific website for information and toolkits, housing content from trainings, summits, and energy resolutions in one spot.
- Providing access to a tribal liaison who can assess each tribe's strategic energy goals and connect them with relevant trainings, contractors, and funding sources.

Future Goals

- Create an easy, streamlined approach to provide our tribes with funding opportunities and updates from DOE.

WEATHERIZATION ASSISTANCE PILOT PROGRAM

Bill Bernier, bbernier@itcml.org

Project Period: March 1, 2024 - September 30, 2026

Description

Funded by philanthropic sources, this program aims to support low-income residential properties by conducting baseline energy assessments, identifying and making necessary home repairs, implementing high-impact efficiency measures and installing heat pumps or alternative HVAC equipment to lower energy costs, improve indoor air quality, and reduce reliance on fossil fuels.

Population Served

- Bay Mills Indian Community

Goals Set and Achieved

- Educate tribal members about the benefits of residential electrification and recruiting households to participate.
- Develop a “proof of concept” for inspiring additional tribes in Michigan to embrace this model.
- Measure and understand the role of federal funding in achieving outcomes, and create a set of lessons learned and best practices for successfully expanding this pilot to tribes statewide and
- Strengthen prospective funding proposals for federal funding-such as applications to U.S. EPA’s Climate Pollution Reduction Implementation Grants and Community Change programs-with cost and emissions reduction data validated in practice.

End Outcome: reduce the monthly utility bills and overall energy burden of participating low-income tribal members/families, improve the indoor air quality and comfort of their dwellings, decrease GHG emissions, prepare tribal residential properties for further electrification and climate resilience, and achieve and articulate a “proof of concept” that will support our prospective statewide rollout of this program.

ENVIRONMENTAL HEALTH SERVICES

Anthony Rinna, anthony.rinna@itcmi.org

Description

EHS programs provide three Michigan tribes with environmental health related services for the benefit of the tribes' members. This includes, but is not limited to, food safety evaluations for tribal kitchen/food service facilities with detailed reports and follow-up evaluations, annual health and safety evaluations for tribal facilities with detailed reports, annual health center accreditation compliance surveys, FDA approved Food Protection Manager/Food Handler trainings, and other surveys/trainings/consultation as it related to Environmental Health as required/requested by the tribes served.

Population Served

- Bay Mills Indian Community
- Grand Traverse Band of Ottawa and Chippewa Indians
- Sault Ste. Marie Tribe of Chippewa Indians

Goals Set and Achieved

- Food protection surveys:
 - Food protection surveys of kitchens/food service facilities, including 67 facilities, totaling 115 routine annual inspections and additional follow-up inspections as required.
 - Additionally transient vendors at pow wows receive food safety inspections as requested by the tribes.
 - Provide guidance and consultation on changes to food operations and equipment upgrades.
- Institutional/facilities/health care surveys:
 - Life safety surveys for 39 facilities annually.
 - 15 health facility accreditation compliance surveys annually.
 - 10 playground/recreation area surveys annually.
 - 4 child care surveys annually.

- ServSafe Food Protection Manager trainings:
 - 4 ServSafe Food Protection Manager 7 hour course with exam offered during fiscal year 2025, with one makeup exam proctored. A 4 hour food handler and hazardous communications training was also held.
 - In fiscal year 2025 a total of 38 tribal employees earned food protection manager certification through the National Restaurant Association after training and testing with ITCM.
 - A total of 10 food handler certificates of completion were issued in fiscal year 2025.
- For all 148 surveys/inspections conducted to November 2025, all have included detailed reporting of identified deficiencies, as they related to environmental health/life safety, and consultation provided to facilities/safety/kitchen staff to bring facilities into compliance with applicable tribal and federal regulations, with follow-up actions/inspections as necessary.
- A variety of consultation was provided to tribes as it relates to food protection/sanitation practices in commercial kitchens, life safety, and various federal regulations and requirements.

Future Goals

- Continually provide these services on an annual basis.
- Include additional tribes and expand the program as tribal interest allows.
- Update the program needs as facilities and tribal needs change.
- Increase the number of certified food protection manager courses offered annually.
- Maintain completion rates for scheduled inspections above 95% aiming for 100% completion rates for scheduled inspections.
 - For fiscal year 2025 programs that were completed as of November 2025, there was a 97.3% completion rate for all scheduled routine inspections. The 3% of inspections not completed were due to a variety of factors including scheduling conflicts, changes in facility operations, and unavailability of facility operators to provide access to facilities. However, 6 new facilities were added during this time period which were not scheduled. These additional 8 surveys put the completion rate for fiscal year 2025 surveys (not including those still ongoing) at 101%. Ongoing inspections are expected to be completed at similar rates by the end of calendar year 2025.

ITCM CLIMATE POLLUTION REDUCTION GRANT

Lucas Roff lucas.roff@itcml.org

Project Period: June 15, 2023 - June 30, 2026

Description

This program is funded through the EPA and assists tribes with their future climate adaptation plans. ITCM will collaborate with tribes and provide tribes with two climate adaptation plans: a Priority Climate Action Plan (PCAP) and a Comprehensive Climate Action Plan (CCAP). PCAPs included implementation ready plans the tribe could implement to lower greenhouse gas emissions as soon as possible. PCAPs were completed for each tribe on March 1, 2024. CCAPs include comprehensive climate adaptation planning from present day until 2050. CCAPs will include complete greenhouse gas inventories for each tribe, future greenhouse gas emissions projections, benefit analysis, workforce development, and greenhouse gas emissions reduction measures. At the end of this program partnering tribes will have a roadmap for reducing carbon emissions through 2050.

Population Served

- Bay Mills Indian Community
- Grand Traverse Band of Ottawa and Chippewa Indians
- Little River Band of Ottawa Indians
- Nottawaseppi Huron Band of the Potawatomi
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians

Goals and Outcomes

- **Goal:** Develop a priority climate action plan that includes implementation actions, tons of greenhouse gas emissions reduced over a lifetime, determine greenhouse gas reduction measures implementation ready.
 - **Outcome:** PCAPs were completed for each participating tribe on March 1, 2024. Each PCAP included measures that were implementation ready to reduce carbon emissions as soon as possible. PCAPs were used by tribes to apply for implementation funding. Bay Mills Indian Community and Nottawaseppi Huron Band of the Potawatomi received implementation funding for projects listed in both tribes PCAPs.

- **Goal:** Develop a comprehensive climate action plan that includes greenhouse gas inventories for each tribe in all sectors, benefit analysis, economic benefits, workforce development, greenhouse gas reduction measures, reduction of tons of greenhouse gases and co-pollutants by 2050.
 - **Outcome:** CCAP development is still in progress. CCAPs are nearly completed for each tribe. Draft CCAPs will be made available by January 2026 for public comment. CCAPs will be completed by June 1, 2026 for each tribe.
- **Goal:** Conduct community outreach and stakeholder engagement meetings for each participating tribe to obtain input on this program and climate issues for each tribe.
 - **Outcome:** Throughout this program community outreach has been conducted. Community outreach was designed to provide input for each tribe's PCAP and CCAP. Surveys were created for each tribe to obtain input on what should be included in PCAP/CCAP. Two or more outreach events have been conducted since the start of this program for each tribe. Events included attending pow wows, natural resource fairs, health fairs, and standalone presentation feedback events. Over 200 surveys were completed and were used for PCAP and CCAP development.
- **Future Goals**
 - Complete each tribal CCAP by June 1, 2025
 - Tribe implement greenhouse reduction measures listed in CCAPs to lower tribes' carbon footprint, create energy related jobs and improve the health of each community.
 - Tribes can use CCAPs as a resource for future funding opportunities.

UNDERGROUND STORAGE TANK PROGRAM

Greg Shubel, gshubel@itcml.org

Project Period: October 1, 2024 - September 30, 2026

Description

This project allows ITCM Environmental Services Department to provide direct assistance to the owners and operators of underground storage tanks (fuel service stations), to ensure that RCRA Subtitle I is fully implemented in Indian Country. The compliance inspector travels to the stations located within the exterior boundaries of the reservations, and provides education and recommendations to make sure the station is following the federal regulations for underground storage tanks. These site visits include a check for proper record keeping, as well as a physical inspection of the equipment on site.

There are currently 33 regulated facilities located within the boundaries of the participating tribal reservations. The compliance inspector visits each regulated UST facility at least once every three years. Compliance assistance is offered to all participating tribes when requested. By providing compliance assistance, the tribes can not only be re-assured protection of their groundwater but also be prepared before EPA or other credentialed inspectors conduct an inspection of their facility.

Population Served

- Grand Traverse Band of Ottawa and Chippewa Indians
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Little River Band of Ottawa Indians
- Little Traverse Bay Bands of Odawa Indians
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians

Goals

- Assist facilities with any questions they may have regarding compliance with federal regulations.
- Conduct inspections at facilities on behalf of USEPA.
- Ensure the protection of groundwater and environment on tribal lands.

LEAD TESTING IN TRIBAL SCHOOL AND TRIBAL CHILD CARE PROGRAM DRINKING WATER

Greg Shubel, gshubel@itcml.org

Project Period: October 1, 2025 - December 31, 2027

Description

With funding made available by the U.S. Environmental Protection Agency, through Section 1459A of the Safe Drinking Water Act, ITCM, is undertaking the testing of tribal schools and childcare facilities for lead contaminated drinking water. ITCM will provide lead testing to participating schools/childcare facilities based on prioritization of facilities which serve more vulnerable populations (under age six) and based on the age of the infrastructure at facilities that are likely to contain lead plumbing or lead-containing fixtures.

Population Served

- Bay Mills Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Pokagon Band of Potawatomi Indians
- Saginaw Chippewa Indian Tribe
- Sault Ste. Marie Tribe of Chippewa Indians

Goals

Through this program ITCM will implement the EPA's 3Ts guidance as the method to:

1. Communicate, throughout the implementation of the program, the results and important lead information to the public, parents, teachers, and tribal community.
2. Train on the risks of lead in drinking water and testing for lead, as well as developing key partnerships to support the program.
3. Test using appropriate testing protocols and a certified laboratory.
4. Take Action, including the development of a plan for responding to results of testing conducted and addressing potential elevated lead where necessary.

MICHIGAN TRIBAL SEED COLLECTION NETWORK

Emily Kemp, emily.kemp@itcmi.org

Project Period: July 15, 2025 - December 31, 2027

Description

The Tribal Seed Collection Network will collect tree seeds that will be purchased by National Forests in Michigan. The initiative also provides training and resources to empower tribal citizens as independent seed collectors.

Population Served

- 12 federally recognized tribes in Michigan.

Goals and Outcomes

Achieved as of 11/21/2025:

- Program Manager recruited and onboarded in October 2025.
- Initial meetings held with USFS and NFF partners.

Future Goals

- Complete 6 tribal community visits.
- Host 2 training sessions annually (4 total by end of 2027).
- Train at least 30 community members.
- Identify and document 10 seed collection sites within National Forests.
- Assist with the completion of a Tribal Forest Protection Agreement between tribes and the US Forest Service as needed.
- Ensure annual summary reports for all seed collection sites, including alignment and yield trends.

CREATING MEANINGFUL AND CULTURAL WATERSHED EDUCATION EXPERIENCES FOR THE STUDENTS OF THE OJIBWE CHARTER SCHOOL

Dustin Paras, dustin.paras@itcmi.org

Project Period: August 1, 2023 - July 31, 2026

Description

The purpose of this program is to provide students in grades K-12 who attend Ojibwe Charter School (OCS) meaningful watershed educational experiences. This program provides students with 6 outdoor field experiences, where students learn about local watersheds in their community, the effects of climate change on those watersheds and the importance of learning Indigenous Traditional Ecological Knowledge (ITEK). This program also allows students to learn about future careers in the Environmental/Natural Resources fields. This program allows students to learn about the environment and the importance of watersheds outside the classroom walls. For this program ITCM has partnered with Bay Mills Indian Community Biological Services for presentations and field day experiences. At the end of this program students will have the opportunity to present what they learn at an end of the year celebration/presentation.

Population Served

- Students and staff of Ojibwe Charter School, Bay Mills Indian Community.

Goals and Outcomes

- **Goal:** Teach students at OCS the effects of climate change on local watersheds and environment.
 - **Outcome:** Students have gone on five out of six field experiences throughout their local community. During field experiences students have learned the effects of climate change from past data and hands on learning.
- **Goal:** Introduce students the importance of wetlands and watersheds.
 - **Outcome:** Throughout this program students have learned about wetlands and watersheds through the outdoor field experiences.
- **Goal:** Students will learn ITEK lessons.
 - **Outcomes:** Students are learning ITEK lessons from the OCS Language and Cultural teacher.

- **Goal:** Teachers at OCS will receive professional development course through this program.
 - **Outcome:** This program provided teachers at OCS Project Wild and Project Aquatic Wild curriculums. An employee of Michigan Department of Natural Resources presented teachers of OCS both curriculums. At the end of training, teachers were presented a certification and Project Wild and Project Aquatic Wild lesson planning books.
- **Goal:** Students will receive necessary supplies for future outdoor lessons.
 - **Outcome:** This program is able to provide students and staff of OCS supplies to continue outdoor lessons, which include waders for every student, gardening supplies, water quality meter, water quality kits and dip nets.
- **Future Goals**
 - To have a framework established to have continuous outdoor education program for future students at OCS.
 - To expand the program to other tribal K-12 schools.

UPDATING SOURCE WATER PROTECTION PLANS FOR MICHIGAN NATIVE AMERICAN TRIBES

Dustin Paras, dustin.paras@itcmi.org

Project Period: October 1, 2025 - September 30, 2028

Description

This program will update each Michigan Tribe's Source Water Protection Plan (SWPP) on a three-year cycle. Each tribe SWPP will include containment inventory, delineation and susceptibility. Each plan will include update or new maps to reflect any changes in the tribe's source water protection area.

Population Served

- 12 federally recognized tribes in Michigan.

Goals and Outcomes

This is a new program for ITCM, funding was awarded in October 2025 the following goals have been established:

- Work with each Michigan tribal environmental department and water department to develop a SWPP for each tribe.
- Update a tribe SWPP per quarter, with all twelve tribes' SWPP being updated by three years.
- Update source water maps for each tribe.
- Collaborate with technical assistance providers, Indian Health Services, and Great Lakes Community Action Partnership.

Future Goals

- To have a program that will continuously update SWPP every three years for each tribe in Michigan.
- To provide an adequate plan that protects drinking water for each tribe in Michigan.

BUILDING A STRONG FOUNDATION FOR LASTING ENERGY CODE ADOPTION BY NATIVE NATIONS IN MICHIGAN

James Bremer, james.bremer@itcmi.org

Project Period: January 1, 2025 - December 31, 2027

Description

Building energy codes establish minimum standards for energy efficient design and construction, thus ensuring that new and renovated buildings are healthy, cost-effective, and resilient.

Population Served

- 12 federally recognized tribes in Michigan.

Data

Michigan is currently using 2015 International Energy Conservation Code, (IECC).

- Adoption of 2021 IECC could save 10.7% in annual utility costs.
- Michigan residents can expect to save \$7.2 million in energy costs and cut carbon dioxide emissions by more than 44,850 metric tons during the first year across the state.

Goals

- To have all 12 federally recognized Michigan tribes adopt current or more stringent energy codes.

Future Goals

- To enable all 12 federally recognized Michigan tribes to stand as ambassadors and stewards of the environment in the reduction of fossil fuel use and bring their carbon footprint to zero.

WATER OPERATOR CERTIFICATION TRAINING AND TECHNICAL ASSISTANCE PROGRAM

Bill Bernier, bbernier@itcml.org

Project Period: October 1, 2025 - September 30, 2027

Description

Funded by US EPA, this program will fund a certified water operator (CWO) position at ITCM to work closely with tribal utility/water departments, deliver needed training and offer technical assistance.

Population Served

- 12 federally recognized tribes in Michigan.

Goals and Outcomes

This is a new program for ITCM, funding was awarded in October 2025. The following goals are in progress:

- **Provide Training:** ITCM's CWO will work with each tribe's utility department to provide the training needed so staff can gain continuing educational credits and certifications.
- **Technical Assistance:** Job duties for the CWO will include technical assistance for Michigan tribes. Technical assistance will include preparing and/or updating source water assessments and protection plan, asset management plan, and emergency response plans. Technical assistance will also include overall guidance, emergency assistance (that does not include offering temporary operator services), compliance assistance, document review and signature, and anything for which Michigan tribes need assistance.
- **Outreach and Recruitment:** ITCM's CWO will conduct outreach events for Michigan's tribes. These events will help recruit future water operators.
- **End Outcome:** The program will increase tribal capacity and lessen the burden of tribal utility staff needing to travel for training to gain continuing educational credits and certifications. The CWO will help determine each tribe's annual training need and assist the tribal utility departments in keeping track of continuing education credits, so credentials do not lapse. The program will also allow tribes the ability to receive technical assistance and in-person assistance with source water assessments and protection plans, asset management plans, and emergency response plans. The program will directly impact and increase the quality of drinking water and human health within tribal communities.

Maternal, Infant, and Early Childhood Services

HEALTHY START

Amanda Bahrou, amanda@itcmi.org
Sandy Thompson, sthompson@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

Healthy Start is an initiative funded by the Healthy Resources and Services Administration (HRSA) that provides tailored support and care coordination for families to improve health outcomes before, during, and after pregnancy.

Population Served

Healthy Start partners with nine tribal sites to provide services for families prenatal to 18 months postpartum. Partner sites include:

- American Indian Health and Family Services - Detroit
- Bay Mills Indian Community
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Little River Band of Ottawa Indians
- Little Traverse Bay Bands of Odawa Indians
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi
- Saginaw Chippewa Indian Tribe

Data Highlights

Participants Served through Case Management/Care Coordination (1/1/2025-10/31/2025)

Participant Category	Number Served through CM/CC
Pregnant Women	123
Preconception Women	0
Interconception Women	154
Infants/Children	261
Fathers/Partners	56

Our program served 594 total participants between 1/1/2025 and 10/31/2025.

Participants Served through Group based Education 1/1/2025 - 10/31/2025)

Participant Category	Number Served through GBE
Pregnant Women	3
Preconception Women	9
Interconception Women	6
Infants/Children	
Fathers/Partners	8
Undetermined Participant Category	249

Our program provided group-based education to 275 participants between 1/1/2025 and 10/31/2025.

Goals Set and Achieved

During the reporting period, the program made measurable progress through staff training, system enhancements, partner collaboration, and culturally grounded outreach activities designed to improve maternal and child health outcomes.

Home visitors received training on assessing health insurance status, and the program data system was configured to require documentation of insurance status at each visit. A referral tickler was embedded in the system to support follow-up on insurance-related referrals. Home visiting staff were also trained in prenatal assessment and referral processes to support early entry into prenatal care, and tribal partners reported hosting outreach events within their communities to increase awareness of our home visiting program services.

To support postpartum care, home visitors were trained on postpartum assessment processes. American College of Obstetricians and Gynecologists (ACOG) guidelines were reviewed during home visiting staff meetings, and information about Urgent Maternal Warning Signs was distributed. Staff were encouraged to participate in related training opportunities hosted by the Region 1 Perinatal Quality Collaborative and Upper Peninsula Health Care Solutions. In addition, the program reviewed ACOG guidelines related to well-woman care and conducted refresher training on documentation processes within the data system.

Safe sleep efforts included targeted project advisory committee working sessions that created dedicated space for community consortium members to share community strengths, successes, and needs related to infant safe sleep and breastfeeding. These discussions directly informed the development of culturally grounded infographics highlighting cradleboards as a traditional safe sleep option, alongside best practices for breastfeeding, baby wearing, and safe sleep. Safe sleep program materials were reviewed with home visiting staff during the reporting period, and 39 Pack 'n Plays, 32 safe sleep sacks, 7 crib sheets and 20 board books were distributed to families in collaboration with ITCM's Safe Sleep project. Safe sleep education was also shared at community events.

Breastfeeding promotion activities included the review and sharing of breastfeeding program materials and the development of an updated, culturally tailored handout titled “Breastfeeding Is More Than Nourishment,” which emphasizes the connection between breastfeeding and safe sleep. tribal partner sites conducted outreach activities, including booths at Powwows, offering breastfeeding education, information, and comfortable spaces for mothers to breastfeed.

Tobacco cessation capacity was strengthened when the ITCM Healthy Start Project Director attended Tobacco Intervention Skills Training and obtained Level 2 Tobacco Treatment Specialist certification. This training was also offered and shared at no cost with tribal partner sites.

Well-child visit promotion included a review of recommended well-child visit schedules and documentation within Healthy Start forms. Program staff continued to access Bright Futures/American Academy of Pediatrics materials through a partnership with the State of Michigan Home Visiting Initiative.

Behavioral health capacity was enhanced through staff training on depression screening tools and assessment processes. Participants with positive screens were offered direct mental health support through local tribal programs or through a referral to an ITCM-contracted Behavioral Health Specialist. The ITCM BHS referral option has addressed barriers to access to care. Home visiting staff were also trained on intimate partner violence screening and response processes.

In partnership with MSU Center of Outreach and Engagement, home visiting staff were trained in a cultural tailored curriculum “Gikinawaabi” that includes nutrition education components. Family Spirit has lessons dedicated to healthy eating and overall nutrition education.

During the reporting period community consortium membership increased, reflecting expanded community participation; our program made great strides towards our consortium plan activities.

Future Goals: ITCM will continue to build program capacity in alignment with the goals and objectives outlined in the grants approved work plan. Priority will be given to increasing participation in group-based educational activities and strengthening engagement within the community consortium, ITCM’s Maternal Child Advisory Council. The program will also sustain and further enhance its innovative Behavioral Health Services initiatives. Additionally, the program will strive to meet a goal of serving 450 participants annually, with the aim of 250 participants being prenatal.

MAAJTAAG MNOBMAADZID TRIBAL HOME VISITING INITIATIVE

Amanda Bahrou, amanda@itcmi.org
Madison Thompson, mthompson@itcmi.org
Josie Babcock, josie.babcock@itcmi.org
Sandy Thompson, sthompson@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

Tribal Home Visiting is funded by the U.S. Department of Health and Human Services - Administration of Children and Families (ACF). ITCM's Tribal Home Visiting program provides home visiting services for clients prenatal through kindergarten entry. Tribal Home Visiting has a 5-year project period. Year 3 of implementation of THV began on October 1, 2025.

Population Served

Tribal Home Visiting partners with eight sites to provide home visiting services for clients prenatal through kindergarten entry. Our eight partner sites include:

- American Indian Health and Family Services - Detroit
- Bay Mills Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Little Traverse Bay Bands of Odawa Indians
- Nottawaseppi Huron Band of the Potawatomi
- Pokagon Band of Potawatomi
- Saginaw Chippewa Indian Tribe

Data Highlights

- Service Delivery
- 382 Households Served
- 470 adult & 485 child participants served
- 130 pregnant women served
- 2,528 home visits were conducted

- **Depression Screening**
 - 83% of eligible caregivers were screened for depression
- **Substance Abuse Screening**
 - 81% of eligible adult participants were screened for substance abuse during the reporting period
- **Well Child Visits**
 - 62% of due well child visits were received by children served by THV
- **Developmental Screenings**
 - 80% of eligible children were screened for developmental delays during a required screening window
 - Tribal home visitors utilize the ASQ-3 to screen for developmental delays and provide referrals and individualized support to families who need additional support
- **Intimate Partner Violence Screening**
 - 81% of primary caregivers were screened for IPV during the reporting period
- **Breastfeeding Initiation**
 - 88% of caregivers who enrolled in THV prenatally and had a live birth during the reporting period initiated breastfeeding

Goals and Outcomes

During the reporting period, the program made measurable progress through staff training, system enhancements, partner collaboration, and culturally grounded outreach activities designed to improve maternal and child health outcomes.

Home visitors received training on assessing health insurance status, and the program data system was configured to require documentation of insurance status at each visit. A referral tickler was embedded in the system to support follow-up on insurance-related referrals. Home visiting staff were also trained in prenatal assessment and referral processes to support early entry into prenatal care, and tribal partners reported hosting outreach events within their communities to increase awareness of our home visiting program services.

Support the development of happy, healthy successful AI/AN children and families

- By 9/29/2025, enhance the project's capacity to provide culturally responsive services by engaging a sub-committee of the Project Advisory Committee to identify elements of program implementation to be adapted and/or enhanced with cultural content and or framing.
 - Met - Ongoing
 - The Maternal Child Advisory Council meets monthly. While we do not have assigned sub-committees, meetings involve targeted conversations on programming around Tribal Home Visiting projects.
 - The MCAC regularly provides feedback on ITCMI's CIRCLE-HV project that focuses on revising the Caregiver Stress and Resilience measure developed during a previous evaluation study. As part of this process, the research team, composed of ITCMI and MPHI staff, distributed engagement surveys to MCAC members to receive feedback on the project team's communication and engagement with the Advisory Council.
 - ITCMI's Infant Safe Sleep project facilitated targeted project advisory committee working sessions that provided space for Advisory Council members to discuss community successes and needs around Infant Safe Sleep and Breastfeeding. As a result of the Infant Safe Sleep project, infographics were developed that highlighted cradleboards as a traditional safe sleep option and best practices around breastfeeding, baby wearing, and safe sleep options.
- By 9/29/2026, achieve improvement in at least 1 child health outcome and 1 parent/caregiver health/well-being related outcome.
 - Ongoing - Our project will use benchmark data from FY25 to help us determine program activities that will support improvement in 1 child health outcome and 1 parent/caregiver health/wellbeing related outcome.

- By 9/29/2026, each Home Visitor providing services to families as part of the project will have received the required number of Quality Assurance observations in the previous 12 months, in line with their level of experience and in accordance with national model fidelity guidelines.
 - Ongoing
 - Quality Assurance Site Visits: ITCMI's Leadership Team conducts supervisory visits where the home visitor is observed on a home visit and is assessed for adherence to the model using the Family Spirit "Quality Assurance form". Scores in 1) Lesson Structure and Tasks, 2) Relationship, and 3) Adherence, Competence and Flexibility, are reviewed with the home visitor, local supervisors, and shared with Family Spirit National
 - During FY2025, 67% of required quality assurance visits were received by eligible home visitors.
- Build a high quality, comprehensive early childhood system
 - By 9/29/2024, complete a Needs and Community Readiness Assessment to identify leading maternal, infant and early childhood health and social issues and needs, related community assets, quality of existing services, and gaps in all eight participating communities
 - Met
 - By 9/29/2024, complete a new Implementation Plan reflecting priorities identified in the needs assessment, stakeholder input, and broad-based service provider collaboration
 - Met - Completed
 - ITCMI's Implementation Plan was approved in April 2025. Tribal partners were trained on the approved Implementation Plan and began implementation in May 2025.

- By 9/29/2025, then annually, each tribal partner site will co-sponsor at least one local early childhood professional development or community education event in collaboration with at least one other EC program (Head Start/preschool, child welfare, child care, child health clinic, tribal partners, etc.)
 - Progress: All eight tribes co-sponsored at least one qualifying event.
 - Activities included:
 - Father education and support groups.
 - *Fatherhood is Sacred* and *Motherhood is Sacred* programs implementing the NAFFA curriculum, in collaboration with tribal child support and court programs.
 - A Diaper Drive at the Lac Vieux Desert Health Center, used as an outreach opportunity with folders containing program information.
 - Playgroups featuring cultural teachings provided by tribal cultural departments and Family Spirit lessons.
 - Baby Celebrations with booths offering education on immunizations, breastfeeding, Healthy Start programs, and car seat safety.
 - Booths at Powwows offering breastfeeding support, education, and information about community health programs.



- By 9/29/2025, each tribal partner implementation site will become an active member of their local Michigan Home Visiting Leadership Group
 - Seven tribal partner implementation site has at least one Home Visitor active member on their local Michigan Home Visiting Leadership Group or other Collaborative Group (i.e. Perinatal Quality Collaborative, UP Breastfeeding Network, Great Start Collaborative, Baraga County & Executive Committee, Western UP Local Inter-Agency Coordinating Council, Breastfeeding Support of Color Wiikwedong: KBIC Early Childhood Collaborative, UP Perinatal Quality Collaborative, Perinatal Collaborative, UPR1PQC, Perinatal SUD)

- ITCM met the State Local Leadership Manager to coordinate LLG participation. At this time, it is encouraged that tribal sites become active members of other collaboration groups when Local Leadership Groups are not available in their region.
- Contribute to the evidence base around the strength and promise of tribally managed programs in improving child outcomes
 - By 9/29/2025, the project will have a fully operational dissemination plan for sharing lessons learned and achievements, which will be updated annually.
 - Met - Ongoing
 - As part of the CIRCLE-HV project, ITCMI has facilitated discussions with the Advisory Council on what types of materials should be created for dissemination and what audiences are important to include in our dissemination efforts.
 - An ITCMI quarterly newsletter was developed in 2025 that includes updates on all ITCMI programming. Updates on Tribal Home Visiting are also provided quarterly at tribal health directors meetings.
 - The ITCMI team will annually review lessons learned and program achievements.
- By 9/29/2028, project staff will have authored or contributed to at least one national, peer-reviewed publication incorporating project data and/or evaluation results.
 - Ongoing
 - As part of the CIRCLE-HV project, plans for a peer-reviewed publication are forthcoming.

Future Goals

- Continue meeting with the Maternal Child Advisory Council monthly to provide project updates and garner community and participant feedback on program implementation and evaluation
- Identify and achieve improvement in at least 1 child health outcome and 1 parent/caregiver health/well-being related outcome based on FY25 data
- Continue supporting tribal partners in co-sponsorship of early childhood professional development or community education events
- Continued participation of ITCMI and tribal partners in local LLGs and other collaborative groups
- Continue development of CIRCLE-HV dissemination plan and dissemination of THV project updates at ITCMI HV Network meetings, tribal health director meetings, Maternal Child Advisory Council meetings, and other outlets

FFPSA/FAMILY SPIRIT

Shentele Apps, shentele.apps@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

The Federal Family First Prevention Services Act (FFPSA) has the goal of strengthening families by preventing child maltreatment, unnecessary removal of children from their families, and homelessness among youth. In Michigan, one of the ways this will be achieved is through expanding effective home visitation services for families encountering the child welfare system. The goal of the Inter-Tribal Council of Michigan Families First Prevention Services Act Expansion (FFPSAE) will be to establish a tribal liaison/Family Spirit home visitor at each of the identified tribal pilot sites to provide education and support to families through home visiting services using the Family Spirit model. Families served will be identified, through tribally established criteria, as at risk of or experiencing child protective service intervention. Activities for this project reflect the needs of Michigan tribal communities, currently experiencing disproportionately high rates of CPS cases. Direct home visiting services will be supported in tribal communities.

Population Served

Families identified through tribally established criteria.

Data Highlights

Referrals - 20, Families served - 15

Goals and Outcomes

FFPSA/Family Spirit's current goal was to expand the program to more tribes in Michigan. In FY25, we were able to add an additional site, bringing our total tribes engaged in the program to four. We are also trying to maintain at least 50% caseload capacity across all sites and continue receiving referrals. We were able to increase referrals at each site, but it has not met the 50% goal just yet.

Future Goals

For FY26, the program is hoping to expand and add two additional tribal sites, bringing the total to six participating tribes. It remains a goal for caseload capacity to be at least 50% across all sites. The program manager also continues to advocate for the eligibility requirements to be amended. Removing the child welfare involvement requirement would transform the program into a true prevention service, and more families would be able to have access to this program. These amendments are still in the approval process through the federal government.

STATE HOME VISITING

Amanda Bahrou, amanda@itcmi.org

Madison Thompson, mthompson@itcmi.org

Sandy Thompson, sthompson@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

The Michigan Early Childhood Home Visiting Tribal Expansion program's purpose is to support the provision of evidence-based home visiting services within tribal communities in Michigan, and expanding the reach of tribal home visiting within the state. This program is funded through a grant supported by the State of Michigan's general funds and seeks to address persistent disparities in maternal, infant, and early childhood health and social indicators among the American Indian and Alaska Native (AI/AN) population through delivery of home visiting services. The project aims to expand the capacity of an existing network of services, furthering progress toward a comprehensive, high-quality early childhood system.

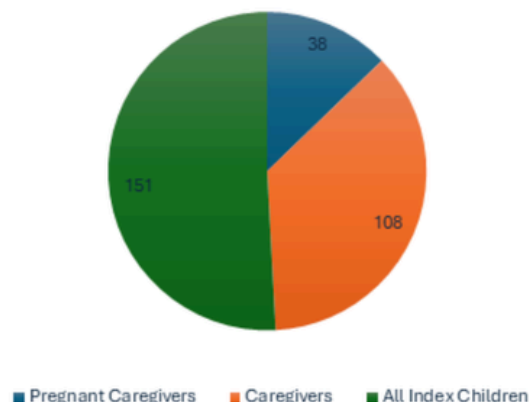
Population Served

State Home Visiting partners with three sites to provide home visiting services for clients prenatal through kindergarten entry. Our three partner sites include:

- Little River Band of Odawa Indians
- Pokagon Band of Potawatomi
- Sault Ste. Marie Tribe of Chippewa Indians

Data Highlights

Participants Served Through State Home Visiting



Goals and Outcomes

- Supporting the development of happy, healthy, and successful American Indian and Alaska Native (AI/AN) children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs.
 - Met & Ongoing - We met this goal by implementing culturally responsive home visiting practices that supported family well-being, strengthened parenting skills, and addressed early childhood development and health needs.
- Implementing high-quality, culturally relevant, evidence-based home visiting programs in AI/AN communities and expanding the evidence base around home visiting interventions with Native population.
 - Met & Ongoing - This year, we built on our long-standing use of the Family Spirit curriculum by training and certifying all home visitors in Family Spirit THRIVE, further ensuring culturally relevant, evidence-based support for families with children ages 3-5.

Goals and Outcomes

- Supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems.
 - Met & Ongoing - By maintaining active collaboration with Early On, early childhood programs, and local leadership groups, we continued to strengthen partnerships and promote a coordinated network of support for young children and families.

Future Goals

- Continue supporting the development of happy, healthy, and successful American Indian and Alaska Native (AI/AN) children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs.
- Continue implementing high-quality, culturally relevant, evidence-based home visiting programs in AI/AN communities and expanding the evidence base around home visiting interventions with Native populations.
- Continue supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems.

INCREASING HEALTH LITERACY (IHL)

Josie Babcock, josie.babcock@itcmi.org

Madison Thompson, mthompson@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

The Increasing Health Literacy Project aims to enhance health literacy and expand access to culturally tailored mental health resources for tribal members living in Michigan's Eastern Upper Peninsula (EUP) and participating in ITCM's Home Visiting Network across the state of Michigan. Our goal is to develop and share materials that boost knowledge, attitudes, and self-efficacy around mental health for both youth and adults. We prioritize youth mental health – including support for pregnant and postpartum women, their partners, and youth ages 0-18, along with their parents, caregivers, and peers.

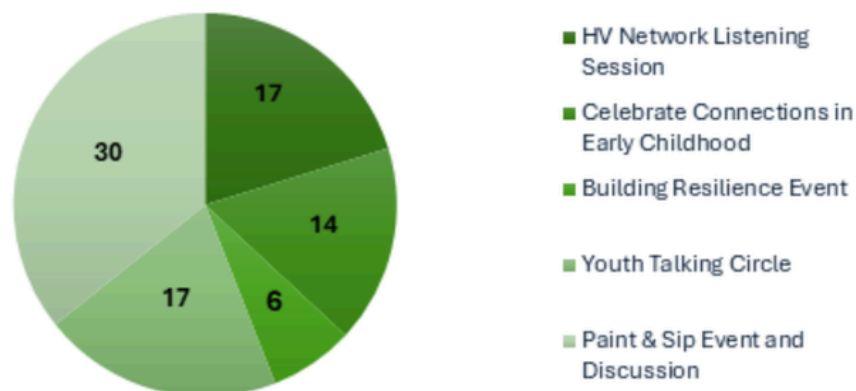
Population Served

The project's target population is tribal members/families living in the Eastern Upper Peninsula (Chippewa, Luce, and Mackinac counties) and clients receiving services through Tribal Home Visiting, State Home Visiting, and/or Healthy Start (serves all 12 tribes).

Data Highlights

In Year 1, 5 community listening sessions and talking circles were facilitated with 84 total participants.

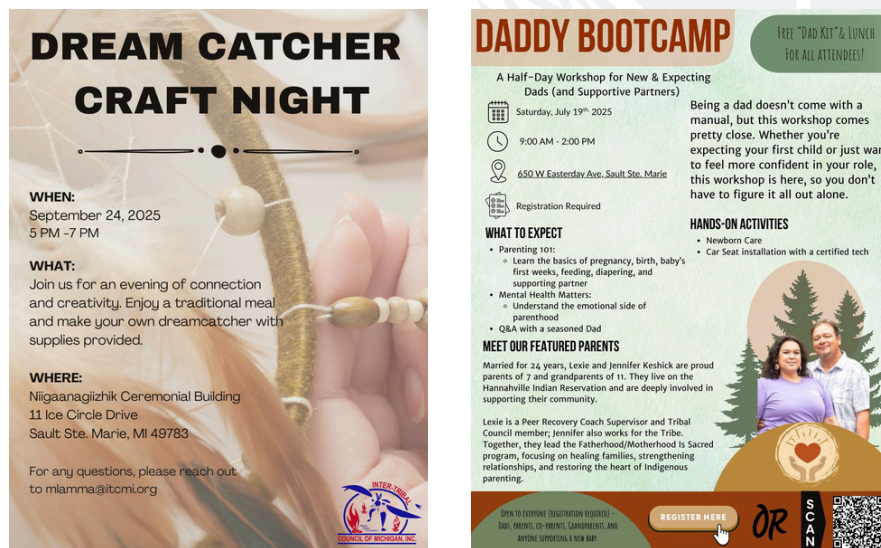
Listening Session Participation



Six resources were created during Year 2 of the IHL project. They included an infographic for providers on supporting families and youth mental health, three youth mental health posters and billboard, and podcast titled Strong Minds, Strong Families focused on spiritual health and parenting (publishing soon).



The IHL project hosted three community events to bolster community social networks and share out project resources. They included a Daddy Bootcamp event in Sault Ste. Marie, a yoga event with Sault Tribe Youth Education and Activities, and a dream catcher craft night.



Project findings and resources were shared out at community partner meetings including the Great Start Collaborative, Sault Tribe Early Head Start/Head Start professional development training, ITCM's Home Visiting Network quarterly meetings, Tribal Health Directors meetings, and Maternal Child Advisory Council meetings.

All project resources can be found on the ITCM website at www.itcml.org/increasinghealthliteracy

Goals Set and Achieved:

- Increase mental health literacy for tribal members residing in the Eastern Upper Peninsula of Michigan through a community-based approach that centers Indigenous values and beliefs.
 - Met - The IHL project facilitated five community listening sessions and talking circles to learn about the mental health gaps and priorities of the community. The project team regularly met with the Maternal Child Advisory Council to get feedback on program implementation and resources development. The IHL project facilitated mental health discussions with home visitors, community partners, and community members at events to reduce stigma around mental health and develop community-based mental health resources.
- Create and disseminate updated perinatal and youth mental health resources to residents of the EUP and THV/Healthy Start clients that are culturally tailored and community driven.
 - Met & Ongoing - Six resources were created Year 2 of the IHL project. They included an infographic for providers on supporting families and youth mental health, three youth mental health posters and billboard, and a podcast titled Strong Minds, Strong Families focused on spiritual health and partnering (publishing soon). Resources will continue to be shared at department events and meetings at www.itcmi.org
- Facilitate workshops/community engagement opportunities in each county of the Eastern Upper Peninsula to bolster social networks and improve patient and care provider relationships.
 - Met - The IHL project hosted three community events to bolster community social networks and share out project resources. They included a Daddy Bootcamp event in Sault Ste. Marie, a yoga event with Sault Tribe Youth Education and Activities, and a dream catcher craft night.

Future Goals

- Continue discussions around perinatal and youth mental health with our home visiting network and Maternal Child Advisory Council.
- Project materials will be housed on at www.itcmi.org and will continue to be updated as needed.
- Continue to uplift community needs and priorities around mental health through program implantation and resource development.

SOR4 TRIBAL PERINATAL OPIOID USE DISORDER/NEONATAL ABSTINENCE SYNDROME INITIATIVE (NAS) JI-NANAANDAWI'INDWAA WAA-ONDAADIZIIKEJIG (HEALING FOR THOSE CREATING LIFE)

Josie Babcock, josie.babcock@itcmi.org

Jessica Thompson, jessica@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

The goal of the Tribal Perinatal Opioid Use Disorder/Neonatal Abstinence Syndrome Initiative (NAS) is to enhance the capacity of tribal communities to respond to the opioid epidemic by strengthening systems and providing support and services to mothers at risk for, or diagnosed with, and opioid and/or stimulant use disorder. This includes offering support and services for their infants and young children, including families affected by neonatal abstinence syndrome (NAS). Activities in this project address the needs of Michigan tribal communities currently experiencing disproportionately high rates of NAS, OUD, and opioid-related mortality. Direct care coordination services will be provided for Upper Peninsula tribal communities with the highest rates of perinatal OUD/NAS.

Population Served

Provide care coordination aimed at ensuring that families who are preconception, prenatal, postpartum, or parenting children aged 0-3 years old, and are affected by opioid use disorder, receive comprehensive health, substance use treatment, peer recovery support, social, educational, and other services to maximize their well-being and chances for recovery and stability. All five UP tribes partnered with ITCM to provide services to their members and surrounding communities including:

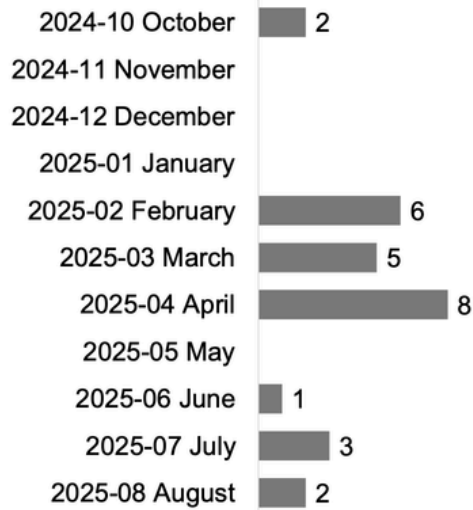
- Bay Mills Indian Community
- Hannahville Indian Community
- Keweenaw Bay Indian Community
- Lac Vieux Desert Band of Lake Superior Chippewa Indians
- Sault Ste. Marie Tribe of Chippewa Indians

Data Highlights

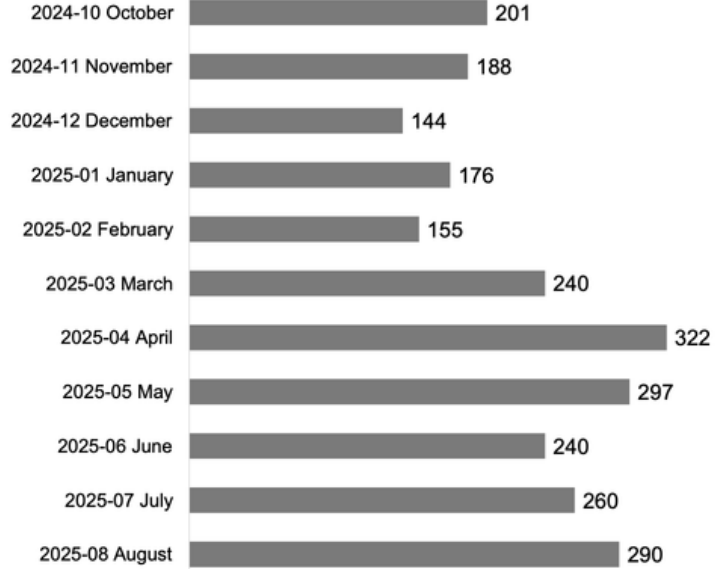
Total New Clients FY25

27

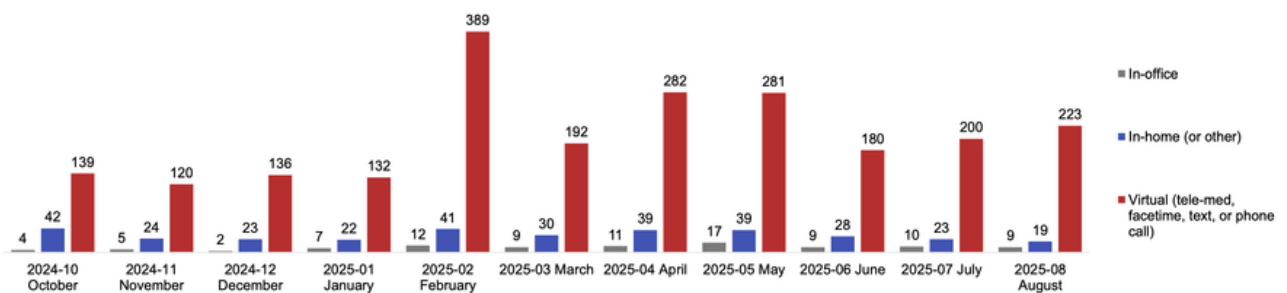
NEW CLIENTS PER MONTH



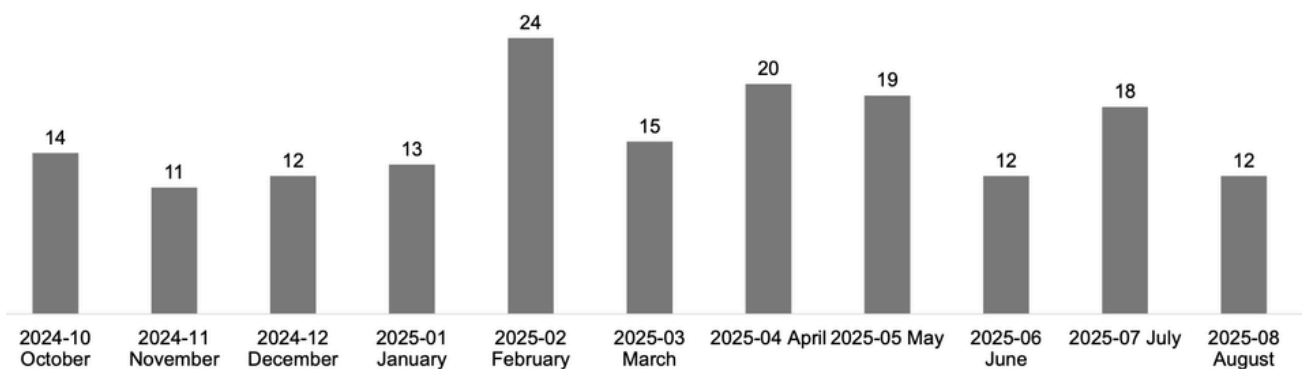
NUMBER OF CLIENT CONTACTS



CLIENT VISITS (IN-OFFICE, IN-HOME, VIRTUAL)



TRANSPORTATION PROVIDED



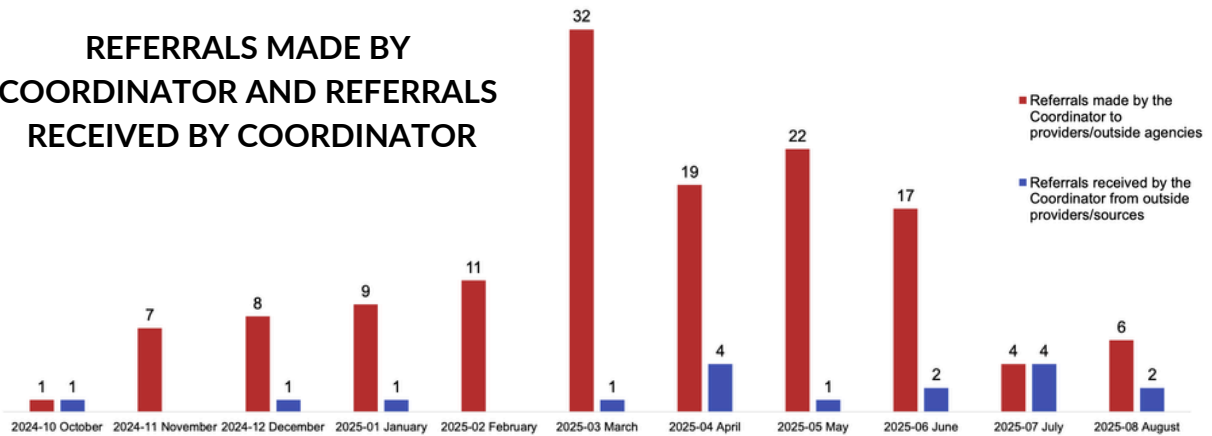
NUMBER OF OTHER DIRECT SERVICES PROVIDED TO CLIENT/FAMILY



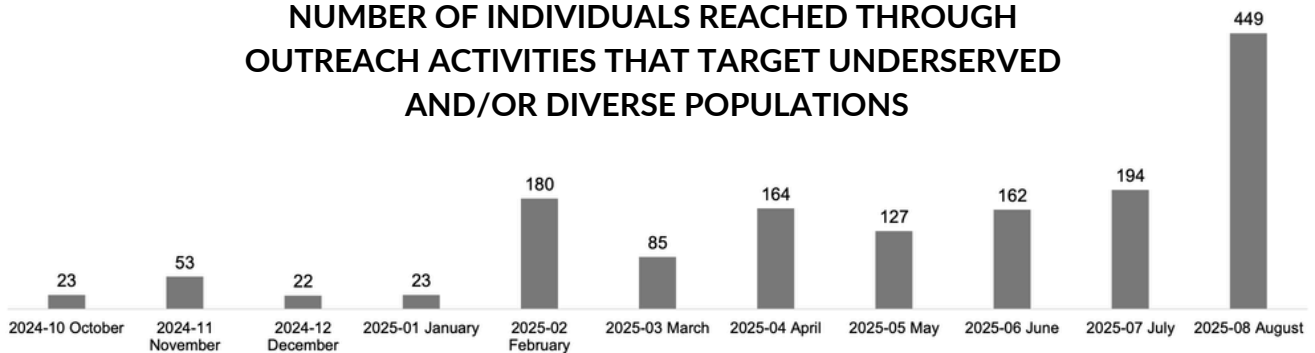
NUMBER OF CLIENTS DISENGAGED FROM SERVICES



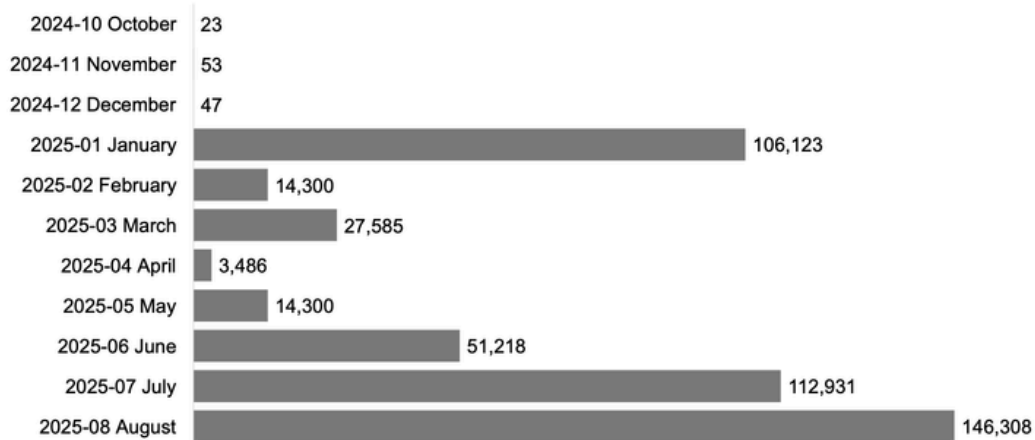
REFERRALS MADE BY COORDINATOR AND REFERRALS RECEIVED BY COORDINATOR



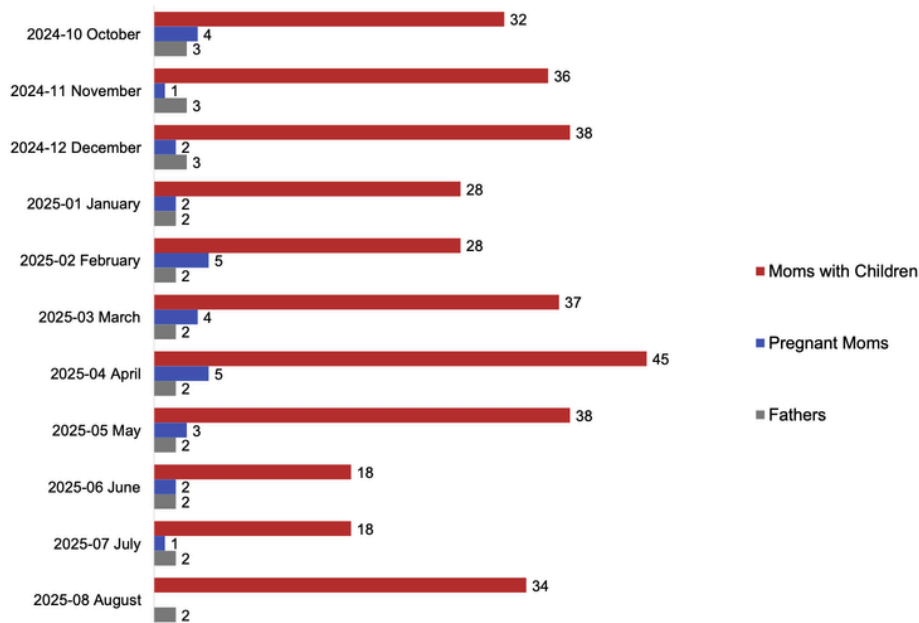
NUMBER OF INDIVIDUALS REACHED THROUGH OUTREACH ACTIVITIES THAT TARGET UNDERSERVED AND/OR DIVERSE POPULATIONS



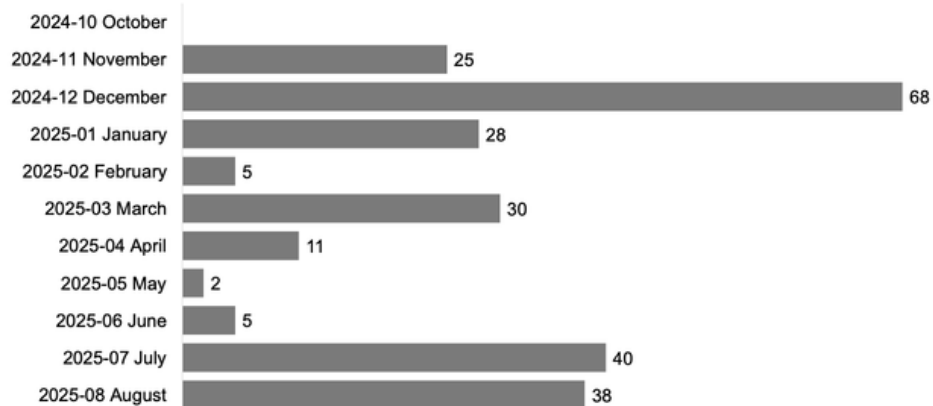
NUMBER OF INDIVIDUALS EDUCATED USING STRATEGIC MESSAGING



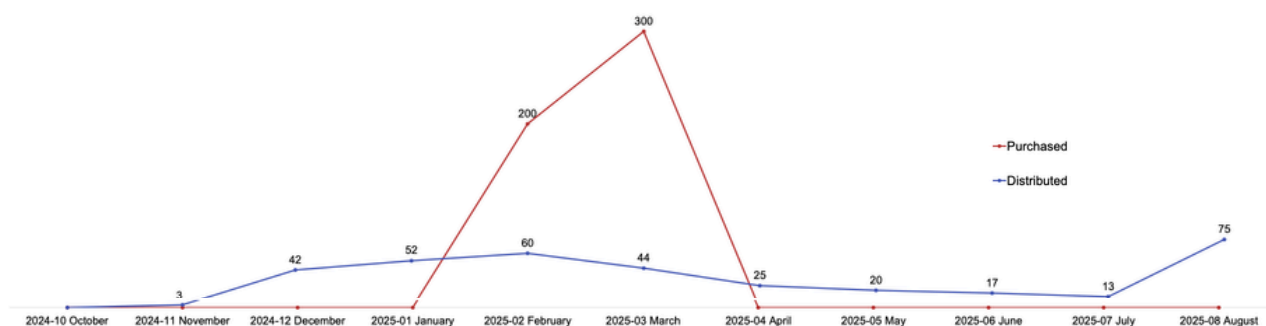
NUMBER OF PREGNANT MOMS AND MOMS WITH CHILDREN



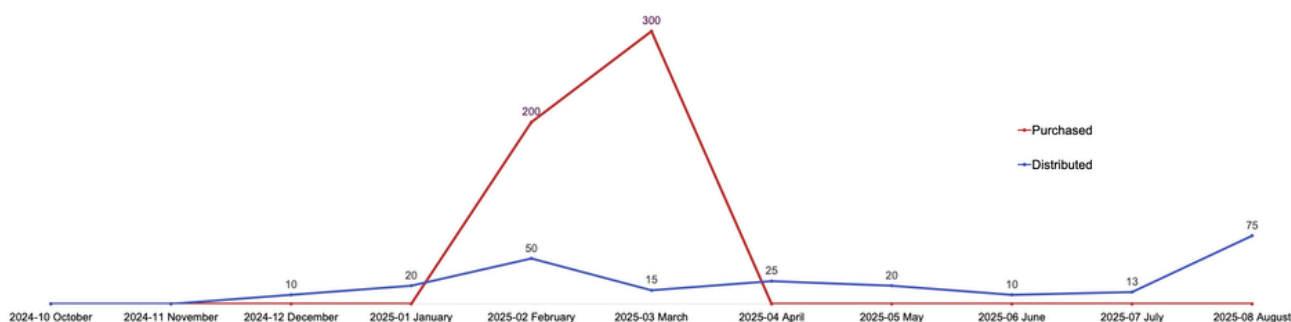
NARCAN (MDHHS) DISTRIBUTED



FENTANYL TEST STRIPS PURCHASED AND DISTRIBUTED



XYLAZINE TEST STRIPS PURCHASED AND DISTRIBUTED



Goals Set and Achieved

The project's goal is to enroll and provide care coordination services to 50 mothers, children, and families experiencing OUD/SUD who are at risk for or diagnosed with NAS. We have completed year one of a two-year project with 27 participants aiming for an overall 80% follow-up rate. As of the latest report (August), the project has achieved a 75% follow-up rate for the GPRA 6-month follow-up

Future Goals

The SOR4 Tribal Perinatal Opioid Use Disorder/NAS Initiative is a federal SAMHSA grant awarded to the State of Michigan, with ITCM as a sub awardee that contracts with the Michigan tribes to fulfill the goals and objectives outlined in the grant guidance. The project began in 2018 with three Upper Peninsula tribes and has now expanded to all five UP tribes. The state has since reached out to ask if additional tribes would like to be included, and ITCM is in the process of polling tribes to see if they would like to participate in the project. The additional funds offered would allow two Lower Peninsula tribes to become part of the project. The project's target goal would increase to 70 women/mothers/families and bring care coordination services and education opportunities to the tribal and surrounding communities.

INFANT SAFE SLEEP

Shentele Apps, shentele.apps@itcmi.org

Project Period: October 1, 2025 - September 30, 2026

Description

The purpose of this project is to support promotion and awareness of infant safe sleep best practices in tribal communities, provide educational activities, conduct community outreach efforts and/or expand community awareness of infant safe sleep.

Population Served

ITCM's Home Visiting Network of tribal partners

Goals Set and Achieved

- Created three infographics that provide a visual of disparity trends with sleep related infant deaths amongst the American Indian/Alaska Native and tribal community populations of Michigan. (SEE ATTACHED INFOGRAPHIC)
- Provided culturally grounded community education resources to support safe sleep awareness for all tribal communities in Michigan.
- Provided several safe sleep supplies to our tribal communities including pack n plays, sleep sacks, crib sheets, as well as board books.
- Hosts events promoting safe sleep such as cradle board workshops, lunch & learn sessions, as well as training sessions hosted in-person and virtually to community members and professionals.

Future Goals

- During FY26, ITCM intends to continue the above goals we've already reached by expanding and supporting tribal communities even further.
 - Plan to develop a new infographic that will be used by home visitors and providers to prompt safe sleep discussions with new or expecting mothers.
 - Continue to provide safe sleep supplies to all of our tribal sites in Michigan.
 - Develop new training opportunities to learn about safe sleep, both in-person and virtually.
 - Promote education surrounding the use of cradleboards within our tribal communities.

Our Infant Safe Sleep program continues to support all tribal communities across Michigan by developing new educational materials, making safe sleep items accessible to community members.

INDIGENOUS INFANT SAFE SLEEP SERIES

Breastfeeding is more than nourishment.

It's a moment of connection, comfort, and tradition. This fact sheet offers gentle guidance for keeping your babies safe while honoring Indigenous practices like skin-to-skin contact, cradleboard use, and babywearing.



Sleeping Safely at the Breast

It is normal for babies to fall asleep while breastfeeding because they are full, warm, and comfortable. Breastmilk contains hormones that cause a relaxed, happy feeling for both baby and parent.



SAFETY TIPS

- Breastfeed only when you're sober and awake.
- If you choose to breastfeed in a chair or couch, do so while you're awake and not in danger of falling asleep suddenly.
- If you're feeling sleepy, it's better to breastfeed your baby in your own bed in the side-lying position. If you fall asleep while breastfeeding, move baby to their own safe sleep space when you wake up or have a loved one move them for you without waking you up.
- If you have any questions about breastfeeding, consult with a lactation specialist or tribal home visitor – they are there to help!

Sleeping Safely Skin to Skin

The first hour after birth is often called the "golden hour" when skin to skin contact is really important. Skin to skin contact is always beneficial, and you can hold your baby skin to skin for as long as you wish.



SAFETY TIPS

- Hold baby skin to skin when you're sober and awake. If you feel drowsy from medications taken during labor/birth, you may wish to ask a support person to help you hold your baby.
- Hold baby naked in just a diaper against your bare skin. You may drape a blanket across you both for warmth – just be sure to keep baby's face and neck free from any covering.
- You may wish to delay bathing with harsh soaps and chemicals to maintain the natural protective coating on your newborn's skin.

Sleeping Safely in the Cradleboard

Many Anishinaabe families are returning to the daily use of traditional cradleboards for their babies. Cradleboards are a perfect example of "back to sleep," the safest way for babies to sleep comfortably.



SAFETY TIPS

- Regularly check your baby's cradleboard for any loose parts that need tightened or replaced.
- Consider tying the strings from top to bottom and be sure to securely tie any loose strings.
- Wrap baby in seasonally-appropriate swaddles, careful not to overheat baby with heavy or thick fabrics.
- Once baby is wrapped in their cradleboard, don't overlay any extra loose blankets on top.
- Consult with local knowledge-keepers and elders to learn how to safely care for your baby and their cradleboard.



Sleeping Safely in the Baby Carrier

Wearing your baby in a baby carrier is a safe, traditional way to hold your baby while they are awake or asleep. Only carry your baby when you are fully awake and sober. Never carry your baby in a moving vehicle including a car, bicycle, or motorcycle.



SAFETY TIPS (TICKS RULES)

- **(T) Tight:** Your baby should be close to your body with no slack or looseness in the carrier fabric.
- **(I) In View at All Times:** You should be able to see your baby's face and neck at all times. There should be no fabric covering your baby's face.
- **(C) Close Enough to Kiss:** Your baby should be as close to your chin as possible, so you can easily kiss their forehead.
- **(K) Keep Chin off the Chest:** Your baby's head and neck should be aligned for easy breathing. Watch that their neck is never curled.
- **(S) Supported Back:** Your baby's back should not be curved – wrap them tight to your body.

TRIBAL HOME VISITING PROGRAM

Find a Tribal Home Visiting Program near you for personalized, in-home support.



MORE SAFE SLEEP RESOURCES AND INFORMATION



PROVIDER FACT SHEET

Sleep-Related Infant Deaths Among Infants of American Indian Ancestry — 2010-2022

Sleep-related infant death¹ is a leading and preventable cause of death for children under one

American Indian infants are more likely to die due to sleep-related causes than white infants. In this report, American Indian infants include those identified as American Indian, alone or with one or more additional races, on the infant's death certificate. This includes their ancestry and Tribal affiliation identified on the death record.

129 Michigan infants of American Indian ancestry died of sleep-related causes from 2010 through 2022, and...

INEQUITIES IN SLEEP-RELATED INFANT DEATH

American Indian infants were **2.6 times more likely to die** from sleep-related causes than white infants.

American Indian infants who died due to sleep-related causes were more likely to have Medicaid healthcare coverage (76%) than all American Indian infants born in Michigan (53%).

RISK FACTORS

American Indian infants born before 37 weeks were **2.4 times more likely to die** due to sleep-related causes than those born at 37 weeks or later.

American Indian infants weighing less than 5 ½ pounds at birth were **2.3 times more likely to die** due to sleep-related causes than those weighing 5 ½ pounds or more.

SIMILARITIES ACROSS DEATHS

71% of American Indian infants who died from sleep-related causes died before reaching 5 months of age.

90% of American Indian infants who died from sleep-related causes were found unresponsive in their own homes.

GIVE ALL BABIES A CHANCE TO THRIVE

What providers need to know about preventing sleep-related deaths



FULL-TERM, HEALTHY WEIGHT BABIES

Support your pregnant patients with holistic, high-quality care before and during pregnancy.

Infants are more likely to be born on time and at a healthy weight when pregnant people get good, respectful, and culturally sensitive care that focuses on their overall well-being.



13% of American Indian infants who died due to sleep-related causes were both born premature and at a low birthweight

BACK TO SLEEP

Infants should be placed to sleep on their back at nap time and at bedtime.

When a baby is lying on their back, the food tube (esophagus) is below the air tube (trachea). If they spit up, the food or fluid goes back into the stomach, not the lungs. However, when a baby is on their stomach, the esophagus is above the trachea. Spit-up can pool near the trachea's opening, making it easier for the infant to choke.



40% of American Indian infants who died due to sleep-related causes were not on their back when found unresponsive

SAFE SLEEP LOCATION

Infants should sleep in a cradleboard or a safety-approved crib, bassinet, or portable crib with a firm mattress and tight-fitting sheet.

Unsafe sleep locations include adult beds, couches, or chairs, as well as any place that isn't a cradleboard or safety-approved crib, bassinet, or portable crib. Using sitting devices such as car seats, strollers, swings, infant carriers, and slings for sleep is not recommended. In cases where American Indian infants died due to sleep-related causes, 9% did not have a crib, bassinet, or portable crib available at the time of death.



71% of American Indian infant sleep-related deaths occurred in an unsafe sleep location

SEPARATE SLEEP SURFACE

Infants should sleep alone on a surface separate from adults, animals, and other children that is free of blankets, pillows, or toys.

Of 70 infants who were sharing a sleep surface with people at the time of the incident, 74% were sharing a sleep surface with one or more adults and 4% were sharing a sleep surface with one or more children. An additional 21% were sharing a sleep surface with one or more adults and one or more other children. Objects, such as blankets, pillows, comforters, and stuffed animals, were present in the sleep environment in 62% of all sleep-related deaths.



54% of all American Indian infant sleep-related deaths involved sharing a sleep surface

BREASTFEEDING

Infants should be exclusively breastfed or fed with pumped breastmilk.

Breastfeeding, especially exclusive breastfeeding, helps protect against sleep-related deaths. American Indian infants whose mothers did not start breastfeeding were twice as likely to die due to sleep-related causes compared to those whose mothers planned or started breastfeeding.² Giving a pacifier at nap time and bedtime, once breastfeeding is established, is recommended.



30% of American Indian infants who died due to sleep-related causes had never been breastfed

SMOKE-FREE

Patients who are pregnant should not smoke during pregnancy and caregivers should avoid exposing infants to smoke.

American Indian infants born to mothers who smoked during pregnancy were 3.4 times more likely to die due to sleep-related causes than infants born to mothers who didn't smoke.² Sharing a sleep surface with a current smoker or a mother who smoked during pregnancy increases the risk of sleep-related death.³



57% of American Indian infants who died of sleep-related causes had a mother who smoked during pregnancy

How can you help keep babies safe?

TALK TO YOUR PATIENTS ABOUT...

- ✓ Putting infants to sleep on their backs
- ✓ Always using a safe sleep location
- ✓ Infants sleeping alone on a separate surface
- ✓ Breastfeeding
- ✓ Keeping infants in smoke-free environments



TRIBAL HOME VISITING PROGRAM

For personalized, in-home support to help parents create safe sleeping environments for their infants.

REFERENCES

- 1 Sleep-related infant deaths are defined as deaths to Michigan resident infants less than 1 year of age that occur suddenly and unexpectedly and include sudden infant death syndrome (SIDS), undetermined/sudden unexpected infant death (SUID), suffocation/positional asphyxia, and other causes where the sleep environment was likely to have contributed to the death. Death data are by county of residence from the Centers for Disease Control and Prevention (CDC) SUID Case Registry – 2010 to 2022, Michigan Public Health Institute, 2025.
- 2 Birth data are from the Michigan Resident Birth Files (2010–2022), Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services, 2025.
- 3 Rachel Y. Moon, Rebecca F. Carlin, Ivan Hand, The Task Force on Sudden Infant Death Syndrome and the Committee on Fetus and Newborn; Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics July 2022; 150 (1): e2022057990. <https://doi.org/10.1542/peds.2022-057990>.

Prepared by the Michigan Public Health Institute, Center for Child and Family Health (data) and Center for Healthy Communities (design), 2024. Please direct questions and comments to Katie Parker, Senior Project Coordinator, at kparker@mph.org.

FAMILY FACT SHEET

DID YOU KNOW?

Sleep-related infant death is a **leading and preventable cause of death** for children under one

What is sleep-related death?

Deaths to infants (babies less than 1 year of age) that occur suddenly and unexpectedly due to: Suffocation/Positional Asphyxia; Sudden Infant Death Syndrome (SIDS); Undetermined/Sudden Unexpected Infant Death (SUID); and other causes when the sleep environment was likely to have contributed to the death.

129 Michigan infants of American Indian (AI) ancestry died due to sleep-related causes from 2010 through 2022.

American Indian Infants who died from sleep-related causes were...

- 2.6x more likely to die than white infants.
- more likely to have Medicaid health coverage (76%) compared to all other AI infants in MI (53%).
- 2.4x more likely to die if they were born before 37 weeks.
- mostly below five months of age (71%).
- 2.3x more likely to die if they weighed less than 5 ½ pounds.
- almost all found unresponsive in their own homes (90%).
- placed to sleep in an unsafe sleep location, like an adult bed, couch, or chair (71%).
- not sleeping on their backs when found (40%).
- 1.9x more likely to die due to sleep-related causes if they were not breastfed.
- 3.4x more likely to have had a mother who smoked during pregnancy.
- sharing a sleep surface with adults and/or other children, (54%) or with objects like blankets (62%).

Honoring our Traditions

PROTECTING OUR BABIES

Native families may sleep close to their babies for comfort, bonding, and breastfeeding. Of the infants who were sharing a sleep surface when they were found unresponsive, 95% were sharing a sleep surface with either one or more adults, or adults and other children.

Here's how to reduce the risk while still keeping your baby near:

- ✓ Use a cradleboard, safety-approved bassinet, or safety-approved crib.
- ✓ Always honor back to sleep, because it helps your baby breathe fresh oxygen. It does not cause choking.
- ✓ Firm, flat surfaces: no blankets, pillows, stuffed animals, or soft mattresses.
- ✓ There should be no other children or pets in bed with your baby.
- ✓ Exclusively breastfeed your baby for the first six months of life.
- ✓ Do not fall asleep with your baby on a couch or chair.



TRIBAL HOME VISITING PROGRAM

For personalized, in-home support to help you create safe sleeping environments for your infants.



MORE SAFE SLEEP RESOURCES

Visit the Inter-Tribal Council of Michigan's website to learn how safe sleep practices can protect your baby and support healthy development.

Financial Statements

Inter-Tribal Council of Michigan, Inc.

Statement of Financial Position September 30, 2025

ASSETS

Cash	\$ 1,675,152
Restricted Cash	62,993
Grants Receivable	2,820,189
Accounts Receivable	150,437
Investments	502,227
Property, Improvements and Equipment, net	<u>1,514,007</u>
TOTAL ASSETS	<u>\$ 6,725,005</u>

LIABILITIES AND NET ASSETS

Liabilities:

Accounts Payable	\$ 1,816,356
Accrued Liabilities	231,628
Refundable Advances	761,516
Compensated Absences	67,411
Loan Payable	<u>635,939</u>
TOTAL LIABILITIES	<u>3,512,850</u>

Net Assets:

Without Donor Restrictions	<u>3,212,155</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 6,725,005</u>

See independent auditor's report and accompanying notes to financial statements.

Inter-Tribal Council of Michigan, Inc.**Statement of Activities
For the Year Ended September 30, 2025****SUPPORT AND REVENUE:**

Federal Grants	16,336,707
Other Grants	2,422,555
Interest Income	1,311
Investment Return	14,271
Rental Income	8,454
Miscellaneous Income	1,245,700
Gain/Loss on Sale of Assets	8,750
Total Support and Revenue	20,037,748

EXPENSES:

Program Services	18,358,002
Management and General	961,185
Total Expenses	19,319,187

Change in Net Assets	718,561
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NET ASSETS WITHOUT DONOR RESTRICTIONS, BEGINNING OF YEAR	2,493,594
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NET ASSETS WITHOUT DONOR RESTRICTIONS, END OF YEAR	<u><u>\$ 3,212,155</u></u>
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See independent auditor's report and accompanying notes to financial statements.

Inter-Tribal Council of Michigan, Inc.
**Schedule of Functional Expenses
For the Year Ended September 30, 2025**

	Program Services					Supporting Services	Total
	Health and Welfare Services	Education Services	Energy Services	Environmental Services	Total	Management and General	
Personnel Expenses:							
Salaries & Wages	\$ 1,594,707	\$ 2,794,100	\$ -	\$ 258,578	\$ 4,647,385	\$ 477,721	\$ 5,125,106
Payroll Taxes and Employee Benefits	826,275	1,445,066	-	134,013	2,405,354	248,183	2,653,537
Total Personnel Expenses	2,420,982	4,239,166	-	392,591	7,052,739	725,904	7,778,643
Operating Expenses:							
Professional Services	-	-	-	-	-	25,700	25,700
Travel	155,655	23,081	-	28,493	207,229	23,593	230,822
Postage and Shipping	-	-	-	-	-	6,755	6,755
Meals	306,861	37,688	-	-	344,549	-	344,549
Supplies	341,450	171,433	-	24,736	537,619	59,996	597,615
Maintenance	11,659	1,716	-	1,090	14,465	12,386	26,851
Communication	22,468	13,374	-	422	36,264	2,265	38,529
Space Cost	6,336	130,180	-	593	137,109	9,507	146,616
Other	297,917	24,471	-	29,045	351,433	15,779	367,212
Interest	14,216	2,093	-	1,329	17,638	13,241	30,879
Insurance	9,174	23,808	-	858	33,840	18,691	52,531
Client Services	17,601	1,500	-	-	19,101	-	19,101
Utilities	10,570	1,556	-	988	13,114	11,229	24,343
Contractual	7,108,420	1,059,898	114,843	256,244	8,539,405	-	8,539,405
Transportation	-	51,544	-	-	51,544	-	51,544
Equipment	-	31,019	-	-	31,019	-	31,019
Training	31,786	113,938	-	-	145,724	-	145,724
Grant Match	-	796,409	-	-	796,409	-	796,409
Total expenses before depreciation	10,755,095	6,722,874	114,843	736,389	18,329,201	925,046	19,254,247
Depreciation	23,213	3,417	-	2,171	28,801	36,139	64,940
Total Expenses	<u>\$ 10,778,308</u>	<u>\$ 6,726,291</u>	<u>\$ 114,843</u>	<u>\$ 738,560</u>	<u>\$ 18,358,002</u>	<u>\$ 961,185</u>	<u>\$ 19,319,187</u>

See independent auditor's report and accompanying notes to financial statements.

Inter-Tribal Council of Michigan, Inc.**Statement of Cash Flows
For the Year Ended September 30, 2025****Operating Activities:**

Change in net assets	\$ 718,561
Adjustments to reconcile change in net assets to net cash used by operating activities:	
Depreciation	64,940
Unrealized gain (loss) on investments	(43)
Changes in operating assets and liabilities:	
Accounts receivable	17,173
Grants receivable	580,168
Accounts payable	164,247
Accrued expenses	33,069
Refundable advances	128,886
Compensated absences	(2,673)

Net cash provided by operating activities 1,704,328

Cash Flows From Financing Activities:

Principal payment on long-term debt	<u>(25,928)</u>
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Net cash provided (used) by financing activities (25,928)

Investing Activities:

Purchase of investments	(500,000)
Reinvested interest and dividends	(2,184)
Purchase of property and equipment	<u>(672,964)</u>

Net cash used in investing activities (1,175,148)

Financing Activities:

Repayments of long-term debt	<u>(25,928)</u>
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Net cash used in financing activities (25,928)

Net increase in cash and restricted cash 503,252

Cash and Restricted Cash, Beginning of Year 1,234,893

Cash and Restricted Cash, End of Year \$ 1,738,145

See independent auditor's report and accompanying notes to financial statements.



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