

# Narratives

## Executive Summary

EXECUTIVE SUMMARY Thirteen AmeriCorps members, working with tribal community coalitions, will leverage an additional 50 volunteers, to address substance abuse issues in the 11 federally-recognized Tribal Nations of Wisconsin. At the end of the three year period, coalitions will receive training and, with the added capacity of their AmeriCorps members, become more proficient in reducing substance abuse issues by implementing evidence-based/informed strategies. This project will focus on the CNCS Healthy Futures Focus Area. The CNCS investment of \$247,000 will be matched with \$48,100.

## Rationale and Approach

1.a. NEED. This proposal is being submitted by the Sokaogon Chippewa Community (SCC), as fiscal agent for the Tribal AmeriCorps Program (TAP) which serves the 11 federally recognized Indian Tribes in Wisconsin. The Tribal AmeriCorps Program (TAP) involves a working partnership with Marshfield Clinic Center For Community Outreach (CCO) who provides program management, Northwoods Coalition and the Tribal-State Collaborative For Positive Change (TAP Tribal Advisory Board) providing a solid infrastructure for community health improvement focused on substance abuse prevention. Since 2010, this consortium of partners has successfully launched and operated an inter-tribal AmeriCorps program. The TARGETED COMMUNITIES of this proposal includes the 11 federally recognized tribes: The Sokaogon, Bad River, Lac Courte Oreilles, Lac du Flambeau, Red Cliff and St. Croix Bands of Lake Superior Chippewa, Ho-Chunk Nation, Menominee Tribe of Wisconsin, Oneida Nation, Forest County Potawatomi, and Stockbridge-Munsee. Each tribe maintains a government-to-government relationship with the State of Wisconsin and has its own unique peoples, traditions and health and wellness practices. American Indians (AI) comprise 0.9% of the total Wisconsin population. However, AI people suffer disproportionate health disparities. Tribal communities also suffer substantially from being ECONOMICALLY DISADVANTAGED. 21.7% of Wisconsin AI live below the poverty line compared to 8.7% of all races in the state. The unemployment rate for AI men in Wisconsin is 16.8% compared to 5.1% for white men. Fifty-nine percent of the Wisconsin Tribal workforce is unemployed and of those who are employed, 96% are earning below poverty guidelines (American Indian Population and Labor Force Report, 2005 latest available). Unemployment rates for 7 of the 11 Tribes is 60% or more. DOCUMENTATION OF NEED. In Wisconsin, AI people have disproportionately higher mortality rates. Unintentional injury, diabetes, chronic lung disease, chronic liver disease, heart disease and cancer-all potentially

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preventable- account for almost 68% of all deaths (Wisconsin Minority Health Report, 2001-2005). The overall suicide rate in Wisconsin among AI is at least 25 percent higher than Wisconsin's overall rate (A Tribal Tragedy: High Native American suicides rates persist, November 2010). AI students were the only minority group whose graduation rates decreased between the 2009-10 and 2010-11 school years (Wisconsin Department of Public Instruction: News Release, May 2012). Wisconsin AI men have an incarceration rate more than six times higher than white men (Minority Health Men's Health Disparities Incarceration Report, 2012). AI children, who make up 1.3% of the public school population, make up 22.1% of the students in special education and 9.4% of expulsion and suspension cases (Deconstructing Disproportionality and Building Positive School Cultures, 2012). In Wisconsin, a telling statistic is that Menominee County (Menominee Nation) is ranked 72nd, worst in the state in "Health Outcomes" for its residents (Wisconsin Counties, 2012). The use of prescription drugs for non-medical purposes is rising at an alarming rate. The rate of current illicit drug use among AI and Alaska Natives almost doubled between 2008 and 2009 (Results from the 2009 National Survey on Drug Use and Health: Volume 1, 2010). In 2010, the drug arrest rate among AI was over 1.4 times higher than the overall drug arrest rate (Arrests in Wisconsin, 2010-2011, Wisconsin Statistical Analysis Center, Madison, WI). Wisconsin Tribes seem particularly hard hit by the prescription drug epidemic: deaths by overdose are on the rise as is early initiation of use. Wisconsin Tribes have called for a concerted inter-tribal focus on the prescription drug issue (Great Lakes Inter-Tribal Council's Inter-Tribal Prevention Strategic Plan, 2012). WHY WE SELECTED THIS POPULATION. Tribal communities are greatly underserved, and at risk, in Wisconsin. High rates of substance abuse are a symptomatic marker, sitting atop this mountain of compelling needs. TAP partners decided during the planning grant year of 2009, that substance abuse prevention would be the key focus for the program. The Tribal AmeriCorps program and its members bring needed capacity, an evidence-based approach and support for the protective properties of culture to sustainably support "what works" in Tribal communities.

1.b. AMERICORPS MEMBERS SOLVE PROBLEMS. For the purpose of this proposal, coalitions are a group of local people coming together to solve local problems from a variety of organizations or sectors as defined by the Substance Abuse Mental Health Services Administration (SAMHSA). Tribal prevention coalitions that participate in TAP are all members of the Northwoods Coalition (NWC), a network of community coalitions serving 38 northern Wisconsin counties and the 11 Tribes. WHAT MEMBERS WILL DO. Members are recruited by their local tribal prevention coalition to provide added human resources and capacity to help coalitions implement evidence-based programs to reduce

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substance abuse. One of the coalition members will serve as the host site and site supervisor for the TAP member. Each coalition that applies for a TAP member must fill out the TAP Tribal and Coalition Memorandum of Understanding (TAP MOU). This document, signed by the Tribal Chair, Coalition Chair and site supervisors, includes the Member Service Plan as well as assurances identifying the role of each partner and rules and guidelines for the program. Each coalition will work with CCO staff and the host site to develop the Member Service Plan that establishes the framework for member activities for the year. The service plans are revisited once members begin their terms of service to insure the plans match member skillsets and interests. The TAP Member Service Plan has two sections. The first section describes four nationally and/or state-recognized evidence-based programs designed for coalitions to implement in their communities-Parents Who Host Lose The Most Program (PWHLTM), developing Parent Networks, developing a Prescription Drug Initiative or a Youth Engagement project . Coalitions need to choose at least one program for implementation. In coalitions that choose PWHLTM members will: work with local law enforcement to step up party patrols; local media and schools on a public awareness campaign; distribute signs, posters and clings throughout the community; and help local governments pass resolutions of support for the program. In coalitions that choose Parent Networks members will: work with their coalition to recruit parents of school age youth focused on providing youth safe environments; create a directory of parents who have signed the Parent Network agreement; coordinate logistics, food and materials, for at least two parent presentations with substance abuse prevention topics. In coalitions that choose to develop a Prescription Drug Initiative, members will: work with their coalitions to develop a public awareness campaign on misuse, abuse and diversion using tools from the evidence-based Wisconsin model program Good Drugs Gone Bad; participate in at least two nationally sanctioned Drug Enforcement Agency Take Back Events to encourage proper disposal of unused medications; and work with their local law enforcement to set up permanent drop boxes for unused medications. In coalitions that choose to implement a Youth Engagement strategy members will: serve as mentors for youth who will participate in a youth-led campaign, produce youth led media communications and participate in at least one service learning project. Sites and members are encouraged to consider cultural appropriateness and adaptability for the programs they implement. The second section in the TAP service plan requires all sites and members to choose their own evidence-informed programs for youth. Risk and Protective Factor research tells us that youth who are bonded in a positive way to their peers, family, school and community, are less likely to engage in negative behaviors (Western Collaborative for the Application of Prevention Technologies, date unknown). Direct service by

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members with youth provides increased community protective factors. In the past, TAP members have helped facilitate or mentor culture clubs, tribal youth councils, language classes and a host of other programs. Members will actively participate in trainings and programs, improving their skillsets, and coalition outcomes, in the process. In the past three years, TAP members completing their terms of service either furthered their education, got hired in their community, and served another term or some combination of these outcomes. WHAT ORGANIZATIONS WILL ACCOMPLISH. Many coalitions are poised and ready for action, but are restricted due to a lack of human and financial resources. Armed with evidence-based/informed roadmaps and trained people, these coalitions will be more likely to achieve measureable outcomes with respect to substance abuse issues in their community. With the help of their members, coalitions will utilize an evidence-based framework to implement programs that address substance abuse issues in the community. NUMBER OF SLOTS REQUESTED. We are requesting 13 full-time 1700 hour service slots for this proposal.

1.c. EVIDENCE-BASED/INFORMED & COMMUNITY IMPACT. TAP will continue to immerse coalitions and members in evidence-based/informed approaches via their service plans. In addition, CCO staff will enhance this approach via technical assistance (TA), trainings, resource development provided directly to coalitions and members via local meetings, Northwoods Coalition meetings and TAP member trainings. INTERVENTIONS ARE EVIDENCE-BASED-COALITION DEVELOPMENT. At the federal level, coalitions have been endorsed as an effective approach to combat chronic health conditions (Butterfoss, Goodman & Wandersman, 1993). At the local level, coalitions function as catalysts or agents of change, influencing individual behavior, delivering services, and other activities (NORC, Assess the Sustainability, 2010). Research also validates the critical role that coalitions can play supporting positive youth development activities. The Member Service Plan will be developed using the infrastructure of SAMHSA's Strategic Prevention Framework Process (SPF) to achieve the quality needed for positive outcomes. SPF consists of 5 phases: capacity building, needs assessment, a comprehensive community action plan, corresponding implementation plan and evaluation. Sustainability planning, cultural competency and evaluation strategies that include process and outcome measures are included throughout the process. The SPF process will be a common denominator across communities as a strategy to strengthen coalitions to implement substance abuse prevention programs integrating the Seven Strategies for Change, an evidence-based approach developed by the World Health Collaboration Centre at the University of Kansas. The 7 Strategies call for action and are designed to change behavior by reducing harm or increasing positive behavior. The strategies are: 1) Provide Information: includes public awareness campaigns; 2)

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Enhance Skills: includes workshops to increase skills; 3) Provide Support: creates opportunities that reduce risk or enhance protection; 4) Enhance Access/Reduce Barriers: increasing access to community services; 5) Change Consequences: e.g. penalties for violating laws; 6) Change Physical Design: making physical changes to promote positive behaviors; 7) Modify/Change Rules: e.g. changing rules in the work places, families, or organizations. Each of the four programs coalitions can choose to implement in the TAP MOU is recognized as an evidence-based or evidence informed approach. Traditional cultural health and wellness practices are evidence-based according to many elders and certainly evidence-informed as they have been incorporated in tribal wellness for many generations. Coalitions and members will work towards utilizing each of the 7 Strategies for Change for each program they implement. Research validates that coalitions that implement evidence-based programs utilizing the 7 Strategies for Change framework have a greater chance of effectively impacting community health (ICF International Evaluation 2012). INTERVENTIONS ARE EVIDENCE-BASED-MEMBER DEVELOPMENT. Two evidence-based/informed theories serve as the framework for our approach which states: if members participate in the full range of TAP activities (member trainings, TA, coalition meetings and efforts, mentoring youth, recruiting volunteers, Northwoods Coalition meetings and efforts, additional terms of service in TAP); then they will experience a positive change in their lives. Risk and Protective Factor Theory looks at risk variables that exist within the environment, e.g. poverty, or lack of jobs, and then the interventions (protective factors) that reduce these factors such as member training and skills development, pro-social community opportunities (Hawkins and Catalano, 1992). In addition, the Search Institutes framework of the 40 Developmental Assets (1989) is an evidence-informed approach that discusses the importance of providing external assets (e.g. member support, empowerment) and internal assets (e.g. member commitment to learning, positive identity) to insure healthy member development. CHANGES BY 2016 & IMPACT-COALITIONS. The TAP project is designed to build capacity and skills over several years for coalitions and members to achieve proficiency and maximize outcomes. By the end of the three years, coalitions will demonstrate proficiency in utilizing the 7 Strategies For Change in implementing the programs they choose. Early coalition development example: implementing 3 of the 7 Strategies for Change for Parent Networks. Advanced coalition development example: implementing all 7 Strategies for Parent Networks. Substance abuse prevention programs grounded in the evidence-based approach of SPF and the Seven Strategies for Change have a statistically reliable chance of effectively impacting community health. CHANGES BY 2016 & IMPACT-MEMBERS. By the end of the three year cycle, members who fully engage in the range of

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TAP activities, trainings and efforts will become employed in their communities, return to school, return for additional terms of service or some combination of these outcomes. We will MEASURE and REPORT IMPACT on coalitions and members as described below in our evaluation plan.

PERFORMANCE MEASURE TARGETS FOR COALITIONS WERE DETERMINED based on past experience and research that indicates coalitions are an effective means to improve community health when they incorporate an evidence-based approach. We also considered coalition progress from our current grant project.

CURRENT GRANTEES. In the last full program year TAP members focused on two objectives: strengthening community coalitions and developing meaningful relationships with youth.

STRENGTHENING COALITIONS PERFORMANCE. Our model for change states that as a result of member efforts, coalitions will develop infrastructure and begin to implement one of four evidence-based programs to reduce substance abuse in the community. CCO staff and other prevention professionals provided TA and training on SPF to members and coalitions via a variety of methods: on-site CCO staff trainings; TA and trainings provided through the NWC network (16 regional meetings); and providing coalitions with CCO-staff developed SPF workbooks. While our TA and trainings covered a range of prevention strategies, the emphasis was geared towards the four evidence-based programs highlighted in the TAP MOU. To measure performance and impact, we developed and implemented the TAP Coalition Progress Tool, a focus-group interview methodology. Interviews were conducted with coalition members and TAP members during June/July 2012.

Coalition progress was measured for each program implemented. Coalitions had four guiding parameters, developed by CCO staff, for each program. If the coalition utilized all four parameters, they were 100% proficient. IMPACT. Progress on this performance was better than we had expected. While coalitions had to choose only ONE of the four evidence-based programs to work on during the service year, all 9 TAP coalitions worked on implementing multiple programs. Six of the 9 coalitions worked on implementing all four programs. The other three coalitions worked on implementing three of the four programs. With regards to proficiency: three coalitions were 100% proficient in developing a Rx Drug Initiative; three coalitions were 100% proficient in implementing a Youth Engagement project; 4 coalitions were 100% proficient in implementing the Parents Who Host Lose the Most Program; and seven of the coalitions worked on the Parent Network strategy. The TAP Progress Tool gave us a method to assess future training and TA needs for coalitions and their members. PLAN FOR IMPROVEMENT. Beginning in 2013-14 we will add the 7 Strategies For Change as the framework for each program that is implemented into the TAP Coalition Progress Tool.

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DEVELOPING MEANINGFUL RELATIONSHIPS WITH YOUTH- PERFORMANCE. To maximize the opportunities to effectively develop meaningful relationships between youth and adults, TAP members used the framework of their service plans to serve youth in a variety of programs. TAP members tracked and reported the number of youth they served monthly to CCO staff and results were reported quarterly in the TAP Report to the Tribes. The TAP Youth Survey, a new 13 question survey adapted from Project Star, was used to measure if youth developed a trusting relationship with their TAP members and their attitude towards the future. This survey was to be administered to youth at the beginning of member service terms and again towards the end of the year. "Improvement" with regards to the performance measure was defined as an increase in points between pre and post survey responses. IMPACT. The 1712 youth directly served by TAP members in 2011-12 far exceeded the number of youth we anticipated serving. Due to delays in development of the survey and subsequent training for members, the pre-survey was not administered until February 2012. TAP members were only able to administer the pre-surveys to 116 youth, and members were only able to re-connect with 41 of those youth to administer the post-survey in June. Of the 41 youth who took both pre-and post-surveys, an average of 62.5% of their responses either stayed the same or increased in their attitudes towards their future and describing a trusting relationship with an adult. Our goal was 70% response rate. PLAN FOR IMPROVEMENT. We will administer the pre-survey earlier in the year in October. We will work with members to insure they track youth throughout the year and administer post-surveys before the end of May.

1.d. MEMBER RECRUITMENT. Local coalitions recruit members from their Tribal communities to serve in TAP. Tribal populations are disparately overrepresented with regards to community health issues but historically underrepresented in Wisconsin when it comes to solving these issues. TAP hopes to improve this situation by building local capacity to solve local issues. Since 2009, we have developed a sound HISTORY working with the TAP tribal communities. CCO staff makes on-site presentations to local Tribal Councils and organizations regarding TAP program outcomes and the continuing needs for future recruits. TAP Quarterly Reports and weekly emails describing members and program progress are distributed widely. Host site supervisors will be provided a one-day training to prepare them for the recruitment and management of their member. CCO staff provides TA and other resources to the sites, including recruitment guidelines, sample job descriptions, flyers, posters and newspaper ads. Information is provided on how to recruit members through educational institutions, media outlets, job centers, veteran groups and elder centers. Host site supervisors and coalition key contacts will be responsible for interviewing and selecting members. The TAP Member Screening and

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Interview Form will be shared with sites as a template to score applicants and document screening and interview findings. In the past, the majority of members have been from the communities in which they serve. Since applicants will be working with children and may provide transportation, members must be at least 18 years of age; possess a high school diploma or equivalency; and, pass both criminal and Department of Motor Vehicle background checks. All enrollment considerations will be non-partisan, non-political and non-discriminatory as established in the Corporation For National and Community Service (CNCS) policies.

1.e. MEMBER TRAINING. TAP partners with Marshfield Clinic AmeriCorps programs to provide a series of training events for members. Training sessions have been evaluated and adapted each year based upon member feedback. A cultural competency track is included in all scheduled trainings. All professionals from across Wisconsin are brought in as guest trainers. Topics at the three day orientation in September include: citizenship; tribal sovereignty; conflict resolution; AmeriCorps rules, regulations and prohibited activities; AI-specific topics; overview of CNCS AmeriCorps program and other forms of national service. Training will be provided on SPF: assessment, capacity building, planning, implementation, evaluation; the Seven Strategies for Change; risk and protective factor theory; and evidenced-based substance abuse prevention programs with a focus on Parent Networks, Parents Who Host Lose The Most, Prescription Drug Initiatives and Youth Engagement. Members will also be trained on volunteer recruitment. Each member will receive a participant agreement and the Tribal AmeriCorps Member Handbook, which contains information on member benefits, rules, regulations, human resource policies and prohibited activities as well as resources and tools that directly relate to the activities in the Member Service Plans. Upon completion of member orientation, CCO staff will facilitate a host-site orientation for site supervisors and members that will cover Member Service Plan activities (including the 7 Strategies For Change and the 4 TAP programs), local site expectations, site tour, site policies and procedures, member identification, travel and reimbursement, and reporting requirements. Supervisors and members will be trained on CNCS rules, regulations, prohibited and permissible activities. Members are given pocket guides of prohibited activities. In addition, all print materials will provide extensive guidance around compliance related issues. The statewide opening ceremony in October will incorporate networking and social interaction with member development training determined by the state commission. A 3-day midterm training in January will include cultural competency; AI-specific topics, career development; volunteerism; risk and protective factors; and review of TAP evidence-based programs and 7 Strategies For Change. A statewide end of year celebration will be held in May and will include topics determined by the state

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commission.

1.f. MEMBER SUPERVISION. As the TAP program manager, CCO staff will enroll members, work with SCC staff to manage all benefits and be assigned to provide program leadership, TA and support. Opportunities to participate in TAP will be made available to tribal-based coalitions in 10 of the 11 communities where Tribal governments have passed a TAP Resolution of Support. Each coalition applies for an AmeriCorps member by completing the TAP MOU. TAP members will be supervised locally. When sites complete their TAP MOU, they must indicate the name and qualification of the supervisor and sign assurances that commit the host site to orient, train, and communicate with the member. Each TAP MOU is also signed by the Tribal Chair. TAP host site supervisors are committed and understand the importance of their role in the success of the program. CCO staff has and will continue to work closely with host sites to assure that supervisors receive the training, oversight and support needed to effectively manage their member. A 1-day orientation will be provided for all host site supervisors that addresses CNCS AmeriCorps requirements, prohibited and approved activities and guidelines, plus training and TA on the key components of evidenced-based substance abuse prevention programs including the four TAP prevention programs, 7 Strategies For Change and volunteer recruitment. All is covered in the TAP Handbook which is given to each supervisor and member. Host site supervisors will provide day to day supervision of members, office space and dedicated computer access, secure matching funds, participate in required training, ensure that required paperwork is completed and complete two member evaluations annually. CCO staff will work closely with site supervisors, the local coalition and the member, ensuring that each has adequate support to meet goals and activities outlined in the Member Service Plans. Many TAP members have little family support and CCO staff has made the commitment to be available on-call 24/7 for all members as needed-a key component to the success of past members. In addition, TAP Tribal Advisory Board members, made up of behavioral health specialists from all 11 tribes, are also available as needed.

1g. MEMBER EXPERIENCE. In the past three years most TAP members have come to TAP either unemployed or under employed. Some have past criminal backgrounds. Taking advantage of the TAP program design has led to life-altering opportunities for some members. At the coalition table, TAP members are introduced to a variety of programs and people in their own communities they might not otherwise meet. TAP program emphasis on evidence-based/informed practices, trainings and TA builds member skillsets, encouraging members to take leadership roles in ongoing efforts in their coalitions. As member's step-up, the community gets a chance to see, and encourage, the gifts of

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each TAP member. In this process members, many for the first time in their lives, are afforded an opportunity to build self-esteem for themselves and respect within the community. Members become empowered and realize they have a direct hand in impacting community outcomes. These POWERFUL SERVICE EXPERIENCES produce community impact twofold: first as members contribute to improving local community prevention efforts and second as members improve their lives. Experience in service will enhance their resumes and prepare them for future work in their communities. Many members have transitioned into community based work upon completion of their term of service, often with their host site, or gone back to school or returned for another term of service. OPPORTUNITIES FOR MEMBERS TO CONNECT WITH ONE ANOTHER. TAP members are connected to each other via the various trainings offered throughout the service year, weekly email updates from CCO staff, monthly coalition meetings and quarterly Northwoods Coalition meetings. Members help each other replicate "what works" in their service from one community to another. In addition, TAP members are connected to the more than 40 members serving in Marshfield Clinic AmeriCorps programs via trainings and other meetings throughout the year. LEARN FROM THEIR SERVICE: members are encouraged to submit success stories quarterly on their required TAP Report To Tribes. Members join CCO staff at Tribal government presentations to share their stories. Member reflection will be a standing agenda item at local coalition meetings. Members also share their stories with other AmeriCorps members at orientation and midterm trainings. Members will attend two statewide events, an opening ceremony and end of year celebration, and will have an opportunity to attend an annual state prevention conference. Members will be encouraged to join the national AmeriCorps Alums and AmeriCorps Member Directory (updated annually) as ways to stay connected with members in other programs. The Marshfield Clinic/Tribal AmeriCorps Facebook page will provide additional ongoing communication among members. SENSE OF IDENTITY: A logo for the TAP was developed two years ago by a tribal artist from the Oneida Nation. We provide the members with service gear that includes the AmeriCorps logo alongside the TAP logo. TAP members are recognized throughout the state by their Tribal governments who have passed Resolutions of Support to recognize the program, the members and local coalition's efforts.

1.h. VOLUNTEER GENERATION. Volunteer service will provide essential support to coalitions. Members will work with their coalition members to recruit at least 50 volunteers to support coalitions to implement substance abuse prevention programs and strategies identified on the Member Service Plans. A TAP Volunteer Report will track the number of volunteers recruited by name, date the

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activity has occurred, hours served and a description of the activity. Members, trained and aware of PROHIBITED ACTIVITIES, will provide ongoing guidance and support to volunteers throughout the program year to ensure compliance with AmeriCorps regulations. Members will also work with CCO staff to recognize outstanding volunteer service through the Volunteer service awards presented at the state prevention conference. Volunteers that have been recruited will be prepared and available to sustain the work into the future.

1.i. COMMITMENT TO AMERICORPS IDENTIFICATION. TAP is committed to the AmeriCorps brand. Orientation, mid-term and host site supervisor training have and will continue to include extensive use of the AmeriCorps logo, education on how to identify affiliation with AmeriCorps and the distribution of AmeriCorps promotional and marketing materials. All materials (member host site signs, handbooks, pledge posters, service gear, member identification badges, etc.) associated and used with this program have had and will continue to contain the TAP and AmeriCorps logos and names. Materials produced and distributed to host sites, including recruitment flyers, member applications, host site applications, member processing packets, and materials all contain a prominently placed TAP and AmeriCorps logos and names. Members will be provided with a media promotion packet and written standards for member identification in the community regarding media contacts, phone messages and email signature blocks. Program promotion will include banners, the AmeriCorps website, thumb drives, numerous give-a-ways and more. A sense of teamwork will be cultivated among Marshfield Clinic, Tribal AmeriCorps members and other AmeriCorps programs across the state, as they connect at AmeriCorps related trainings, conferences, and celebrations. On each occasion, members will be required to wear AmeriCorps gear. Host sites, supervisors, and members will have access to the TAP and AmeriCorps logos and will be encouraged to use it whenever the opportunity arises.

### Organizational Capability

2.a. ORGANIZATIONAL BACKGROUND AND STAFFING. TAP is a collaborative project with the Sokaogon Chippewa Community (SCC) serving as the fiscal agent and Marshfield Clinic Center For Community Outreach (CCO) as the programmatic agent. FISCAL OVERSIGHT: SCC HISTORY Sokaogon Chippewa Community Family clans migrated from eastern Canada to Madeline Island a thousand years ago. Before the reservation was formally approved following the Indian Reorganization Act of 1934, the Sokaogon had always lived in the vicinity near Rice Lake without the benefit of any form of tribal government, other than the ability to hold council meetings. The band received federal recognition and reservation status in 1937. PROGRAMMATIC OVERSIGHT:CCO

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MISSION: To serve patients through accessible, high quality health care, research and education with a vision to reduce the burden of disease, disability and cost for patients and communities. CCO

HISTORY: Marshfield Clinic, founded in 1916, is a not for profit 501(c)(3) organization with over 54 locations in Wisconsin. CCO was established as a Clinic department in 1998. It is responsible for population-based strategies focused on community health improvement. Its purpose is to provide TA, consultation, education, training and resources, to serve as a catalyst for program design and development, and, to assist in developing healthy environments that foster resilient, successful children, youth and families. FISCAL MANAGEMENT EXPERIENCE AND GRANTS

MANAGEMENT-SCC. The SCC currently manages over 100 grants including state, federal and various other granting agencies. All grants are in compliance with OMB Circular A-133 via annual external audit. Grants help support a variety of programs and projects on the reservation including housing, education, economic development, law enforcement, courts, healthcare, social services, elder services, environment and historic preservation. Each grant is assigned a compliance coordinator who oversees the fiscal and narrative aspects of a grant. The SCC Tribal Council oversees all tribal operations. The Tribe is an original member in the Great Lakes Inter-Tribal Council (GLITC), a non-profit organization started in 1965 to help Tribes expand sovereignty and self-determination. Most of the programs at GLITC focus on improving prevention in Wisconsin Tribes. Funding most relevant to this proposal includes SCC acting as fiscal agent on behalf of the 11 Wisconsin Tribes for the Tribal AmeriCorps Program-starting with the AmeriCorps planning grant of 2009 through this third year of the current grant ending in August 2013. SCC and CCO built a working partnership to collaboratively manage this inter-tribal project, successfully enrolling 13 full-time MSY each year for the past three years. SCC Tribal Council members met with CCO staff on numerous occasions during the past 4 years to discuss and assess this working partnership, utilizing the experience of CCO staff to help build the capacity needed to make this project work. Roles and responsibilities for both SCC (fiscal) and CCO (programmatic) are clearly defined in this process. The SCC Tribal Council passed a resolution to pursue a full implementation grant in partnership with CCO in December 2009. EXPERIENCE, STAFFING AND MANAGEMENT STRUCTURE-SCC: The SCC government is a council made up of six persons as listed in the constitution: Chairperson, Vice-Chair, Secretary, Treasurer, Councilman I, Councilman II. Tribal Council meets monthly and holds a combination of general sessions and closed (executive) sessions. It also meets twice per year to hold a general annual meeting and semi-annual meeting. The Tribal Council oversees all operations of the Tribe. The Tribal Treasurer oversees the accountant; payroll manager, human resource director, and background check coordinator. Tim

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Murphy, Tribal Accountant and lead accountant for TAP has 10 years of experience working with multiple funding agencies for the Tribe. During this time he has been the compliance officer ensuring grants function as they were intended and reports are finished in a timely manner. Sylvia Vandiver, SCC Tribal member and Tribal accountant for 15 years, has strong working knowledge of all the Tribe's functions. She has detailed knowledge in Payroll and Accounts Payable. Donna Vodar, Tribal Human Resources, has 4.5 years of experience handling human resource development and compliance for the Tribe. Tiffany McGeshick, Background Check Coordinator, has 19 years of experience with the Tribe, initiating and reporting background checks on all employees for the Tribe, including the casino. All have worked on TAP since its inception.

**PROGRAMMATIC EXPERIENCE AND GRANTS MANAGEMENT-CCO.** Since 2000, Marshfield Clinic has successfully operated multi-site, statewide AmeriCorps initiatives that have been funded both competitively and in the state formula achieving some of the highest State service commission evaluations for program management. The TAP builds on Marshfield Clinic's extensive experience working with community coalitions to address health problems. Marshfield Clinic provides the leadership to the Northwoods Coalition.

**EXPERIENCE, STAFFING & MANAGEMENT STRUCTURE-CCO:** Ronda Kopelke, Director, has provided administrative and program oversight to Marshfield Clinic AmeriCorps since it began in 2000. She has over 30 years of experience working in population and community health and has been principal investigator on numerous state and federal grants. She currently serves as a member of the State Council on Alcohol and Other Drug Abuse, and holds positions with the UW School of Medicine Masters of Public Health Advisory Committee and Translational Research Committee. Bob Kovar, Prevention Specialist, has provided the leadership and program management for TAP since it began in 2009. He has extensive experience working with the Tribal Nations in Wisconsin since 1998 as a program developer and collaborator, receiving tribal, state and national recognition and awards for his efforts. He has worked with the TAP Tribal Advisory Board and the SCC fiscal team since the inception of TAP in 2009. He will manage all aspects of the proposed program. Denise Brickheimer-Reichert, Assistant Director, has provided operational and fiscal oversight to Marshfield Clinic AmeriCorps programs since they began. She has extensive experience managing multiple local, state and federal grants and contracts. She has a close working relationship with the SCC fiscal team, working in tandem with SCC staff to provide assistance as needed for all aspects of grants management. Brian Blahnik, AmeriCorps Manager, has managed the Marshfield Clinic AmeriCorps programs since 2000 and has expertise in program management, operations, logistics and organizational development. He will oversee TAP program management.

**PLANS FOR**

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PROVIDING FINANCIAL AND PROGRAMMATIC ORIENTATION AND TRAINING AND TA TO STAFF. CCO staff will continue to work with SCC staff to provide fiscal assistance for TAP as needed, and all programmatic training and TA to coalitions, host sites and members. The TAP MOU carefully outlines the roles and expectations of all the partners in the project as well as the rules and guidelines for the program. CCO and SCC staffs have developed a checklist that include templates and guidelines for tracking CNCS required paperwork, including background checks, making new-member orientation efficient and compliant. CCO staff will attend CNCS conferences and webinars and update SCC staff on changes/issues. CCO and SCC staffs will conduct quarterly internal audits to ensure CNCS and member compliance. TRAINING AND SKILL DEVELOPMENT FOR MEMBERS: Members will attend four trainings; orientation, midterm training, opening ceremony and end of year celebration. Training on programmatic and substance abuse prevention specific skills will be conducted by Marshfield Clinic staff and/or other prevention professionals (including tribal) and consultants hired by CCO. CCO staff will attend monthly tribal coalition meetings and provide trainings and TA as needed. TAP members will attend Northwoods Coalition trainings and meetings. Members will receive regular email notices regarding report deadlines, upcoming trainings and resources. EVALUATION: SCC will work closely with CCO staff who has managed numerous federal and state grants requiring program evaluation, including developing and sharing both process and outcome evaluation tools for AmeriCorps they have refined since 2000. EXPERIENCE ADMINISTERING AMERICORPS AND FEDERAL GRANTS. The SCC has successfully operated a multi-site, inter-tribal AmeriCorps program beginning with a planning grant in 2009 followed by a three-year implementation grant. The SCC currently manages over 100 grants including state, federal and various other granting agencies. MANAGEMENT STRUCTURE: Each SCC grant is assigned a compliance coordinator who oversees the fiscal and narrative aspects of a grant. The SCC Tribal Council oversees all tribal operations. The Tribal Treasurer oversees the accounting office which administers the Grant. On the programmatic side, the CCO administrative team provided the impetus for the organizational design of this program and engages in strategizing during weekly meetings. The Northwoods Coalition and TAP Tribal Advisory Boards also provide guidance.

CURRENT GRANTEES. INTEGRATED AND SUPPORTED WITHIN ORGANIZATION. TAP has been fully integrated within the fiscal management structure of the SCC. SCC staff relies on the CCO staff for programmatic leadership. CCO staff meets weekly as a team, monthly with the TAP Tribal Advisory Board, and at least once a year with each tribal government, for guidance and feedback, which reinforces tribal-wide commitment. PERFORMANCE: The best evidence TAP has

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been well managed is that 10 of the 11 Tribes have signed TAP Resolutions of Support. COMPLIANCE AND RESPONSIVENESS: SCC and CCO staffs keep apprised of policies and procedures and compliance related issues via regular communications with the CNCS Project Officer, and attending AmeriCorps program webinars, meetings and state/national trainings. CCO staff convenes regular site visits to ensure compliance by host sites, members and supervisors. In its 4-year history, the program has addressed and completed all CNCS clarification and compliance related requests. Annual external audits are conducted by SCC for all grant programs. CCO and SCC staffs jointly conduct quarterly internal audits. Any issues will be noted and a plan will be developed to resolve them.

2.b. SUSTAINABILITY/FINANCIAL & IN-KIND RESOURCES. The program has a 3-year history of successfully raising funds to support AmeriCorps service activities and initiatives through a required cash match contribution from host sites. The cash match requirement for 2013-2014 will be \$3,700 per member. Additional in-kind resources include host site supervisor hours, and office space, phone and computer usage that sites provide for TAP members. Community stakeholder support is high among the Tribal governments in Wisconsin. The TAP Tribal Advisory Board plays an active role in guiding the program and its members. EXPERIENCE RAISING FUNDS: We have delegated this portion of the program sustainability to our CCO staff partner. CCO staff has more than 15 years of experience raising funds for Tribes in Wisconsin obtaining monies for Tribal projects from CNCS, SAMHSA, AmeriCorps Host Site cash match contributions, Marshfield Clinic, and a variety of local schools, foundations and community-based charitable organizations. SUSTAINABLE BEYOND GRANT CCO staff is currently organizing the Wisconsin Tribal Initiative (WTI), an inter-tribal project bringing health and education professionals from the 11 Tribes together with key stakeholders from the state and other healthcare providers to build an innovative model for procuring funds for tribal-identified community health priorities and supporting programs that work- like TAP. This array of experience contributes to long-term sustainability of the program. Experience has shown that when programs have positive outcomes, they become increasingly valuable to the community, which often leads to the community support needed for long-term sustainability. Coalitions that obtain positive substance abuse prevention outcomes will be poised to apply for a variety of local, state or federal resources to sustain the work. Since coalitions typically recruit members from within their communities, most members stay and continue supporting local efforts through volunteerism or ethic of service after their term of service has ended. A strong corps of volunteers built at the local level and enhanced by the members service will help ensure that adequate human resources exist to get things done after AmeriCorps funding ends. COMMUNITY STAKEHOLDERS & PARTNERS. These include

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the 11 Tribal Nations in Wisconsin, TAP Tribal Advisory Board, CCO, Northwoods Coalition and the community coalitions located in tribal communities across Wisconsin where TAP members serve. PLANNING. Coalitions across Indian Country in Wisconsin will be invited to apply for an opportunity to host members by completing a TAP MOU, developed with CCO staff and approved by the TAP Tribal Advisory Board, which will include detailed strategies to support efforts within the proposed performance measure. Tribal chairs will sign off on Member Service Plans to assure support and feedback from the top levels of government. Coalitions must appoint a site supervisor and be prepared to adhere to AmeriCorps rules and guidelines. The process for host sites participation includes assurances for adequate programmatic and financial capabilities with review by the TAP Tribal Advisory Board and final signatures by Tribal Chairs. This input will ensure that the members and host sites are meeting the needs of the community making a valuable impact towards long term sustainability.

2.c. COMPLIANCE & ACCOUNTABILITY/PROGRAM & SERVICE SITE COMPLIANCE. SCC and CCO staffs have together established systems to detect and prevent prohibited activities and other compliance-related issues from occurring. The September orientation provides members with training around CNCS rules, regulations, prohibited and permissible activities. In addition, all print materials provide extensive guidance around compliance-related issues. Host site supervisors are trained on prohibited activities and other compliance-related issues at their site orientation in the fall. Members and site supervisors are given TAP Handbooks which has a comprehensive explanation of prohibited activities and compliance-related issues. Members are provided with pocket guides of prohibited activities. The TAP MOU outlines the rules and guidelines of the program as well as responsibilities of each partner as well as the member. Regular site visits by CCO staff, quarterly internal audits by CCO and SCC staffs, and annual external audit of SCC all provide a solid foundation for compliance and accountability. ACCOUNTABILITY: CCO staff will continue monthly site visits to local coalition meetings and host sites to ensure AmeriCorps standards and agreements are met. Coalitions that have compliance related or accountability issues will receive immediate attention through the non-compliance process, included in the TAP Handbook, which is designed to address, coach and resolve these issues within a designated timeframe. Host sites and members also sign the TAP MOU which outlines and describes in detail prohibited and permissible activities, compliance issues and policies. The SCC accounting office will monitor all fiscal activity to ensure appropriate use of funds, provide support for contractual and consultant agreements, and perform all grant related accounting functions, including completion of fiscal status reports. SCC will make it a priority to prepare for site

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visits conducted by CNCS, and all feedback will receive careful follow-up attention. CO staff will advise TAP Tribal Advisory Board monthly of any coalition, site or member concerns and appropriate action will be taken as needed.

**CURRENT GRANTEES: DEMONSTRATED COMPLIANCE.** With 13 members spread across 9 Tribal communities and literally thousands of square miles, staff had to ensure that systems were in place to avoid compliance related issues and risk. Throughout the past three years, these systems have been modified based on guidance from CNCS and experience with members and host sites. TAP has not been cited for any compliance issues. **ENROLLMENT.** The enrollment rate in 2011-12 was 108%. The program was awarded 13 full-time MSY. **RETENTION.** The retention rate in 2011-12 was 70%. Three of the nine members who completed their terms were second year members. Five members exited the program without an award; three for cause, one for compelling health reasons and one was hired at her host site. There continue to be substantial challenges for retention in TAP. Many members come from difficult backgrounds: impoverished, experience with substance and/or domestic abuse, single parents, and little family support. All of the members exited early for poor performance were given Performance Improvement Plans that included extra help from CCO staff, site supervisors and even counseling from TAP Tribal Advisory Board members. But it wasn't enough for everyone. **PLAN FOR IMPROVEMENT:** In an effort to achieve a 100% retention rate, TA will be provided through on-site visits and ongoing communication to surround each member with supportive meaningful relationships. CCO staff will help coalitions select members that fully understand the financial and time commitment of the program. CCO staff and TAP Tribal Advisory Board will work more diligently to identify members who are in need of help and engage appropriate resources. Particular attention will be given to member incentives. TAP member success stories will be shared with all members, host site supervisors coalitions and Tribal leaders. During TAP trainings, members will participate in team building and self-empowerment opportunities. Members will be nominated for volunteer service awards available through our program and the State Prevention Conference.

### **Cost Effectiveness and Budget Adequacy**

3.a. **COST EFFECTIVENESS.** The TAP budget of the previous three years has been cost effective in large part because of our ability, with the approval and support of CNCS, to exceed the allowable cost per MSY. This has allowed us to keep the required cash match per member affordable for the tribal coalitions. Return on investment to the tribes in 2011-12 was 899%. **SPECIAL CIRCUMSTANCES & WAIVER REQUEST.** SCC is proposing to recruit and retain 13 MSY in year 1, 14 MSY in year 2 and 15 MSY in year 3. The proposed CNCS cost per MSY is \$19,000 in year 1. This proposal requests above

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the maximum allowable MSY. Tribal communities in Wisconsin are economically distressed. There is a scarcity of corporate and philanthropic resources. 21.7% of Wisconsin AI live below the poverty line compared to 8.7% of all races in the state. The unemployment rate for AI men in Wisconsin is 16.8% compared to 5.1% for white men. Fifty-nine percent of the Wisconsin Tribal workforce is unemployed and of those who are employed, 96% are earning below poverty guidelines (American Indian Population and Labor Force Report, 2005 latest available). The low rate of funding invested in public health in Wisconsin is an additional burden on the Tribes. According to America's Health Rankings, United Health Foundation, WI ranks 48th among states in amount of funding invested in public health. There exists in WI a high burden on local community organizations, healthcare organizations and other key sectors to address public health disparities. Through TAP, human resources and technical assistance will be provided to communities to help offset the shortfall of funds invested in public health. CNCS SUPPORT IN LAST 5 YEARS; The SCC currently manages over 100 grants including internal tribal (55% of grants), state (15%), and federal (27%) granting agencies. The proposed TAP grant represents 3% of our total operational and organizational budget. We received the \$50,000 planning grant in 2009. In 2010, SCC was awarded \$253,500 for the first year of a 3-year grant with renewals in 2011 (\$253,500) and 2012 (\$247,000). We have received support from CNCS for the last three years of the TAP grant for higher than allowable MSY cost: 2010 (\$19,500), 2011 (\$19,500), and 2012 (\$19,000). DIVERSE FUNDING: Coalitions must provide a cash match as a condition of participation. Matching contributions will increase incrementally each year. In 2013, the contribution will be \$3,700 per member, 2014 will be \$3,900 and 2015 will be \$4,100. Invoices will be sent to participating TAP sites in September 2013. In addition, coalitions provide in-kind contributions (i.e. computer, telephone, host site supervisor time, meeting expenses, travel, supplies). As part of their overall strategic plan, Marshfield Clinic has supported TAP since 2009 by providing in-kind commitments for staff affiliated with the program and including TAP in all member trainings. Since 2010, TAP has been successful in securing all matching resources. COST EFFECTIVE APPROACH: For a small investment (cash match), tribal communities get trained, full-time people that help lead efforts to prevent local substance abuse. TAP has tracked the return on investment by member and Tribe (cost of the cash match vs. benefit of member service hours x \$21/hour). Overall return on investment to the Tribes was 820% in 2010-11 and 899% in 2011-12. Additional benefits include member outcomes: of the nine members who successfully completed their term of service last year, 5 were employed in their host community (one was elected to Tribal Council) and 4 reenrolled for another term of service with TAP. From an economic AND a human development standpoint, TAP is

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one the most cost-effective programs in Indian Country. CURRENT GRANTEES: Implicit in the TAP program design is the resolve to make a deeper impact in Tribal communities without a commensurate increase in federal funds. As coalitions improve their proficiency at implementing evidence-based programs they will become more fundable. Training TAP members in prevention now further impacts communities by developing prevention professionals saving the Tribe future training dollars.

3.b. BUDGET ADEQUACY. This proposal is for a full-time COST REIMBURSEMENT grant. Program costs will include personnel, staff and member travel, member support costs, service gear, printing, member training, fee for OnCorps reporting system, finger printing fees, criminal background checks and indirect costs. The total amount budgeted is \$247,000. CNCS funding will support 13 full-time MSY at \$19,000 per MSY. Additional resources will be obtained from coalition cash match contributions, SCC and Marshfield Clinic in-kind contributions.

### Evaluation Summary or Plan

EVALUATION PLAN. We will MEASURE THE IMPACT OF TAP ON COMMUNITY COALITIONS using the TAP Coalition Progress Tool. The tool is an on-site focus group-interview process. The TAP program manager will conduct pre-(September) and post-(August) interviews with coalition members and TAP member at each coalition site. Coalitions will be asked to provide documentation of their efforts. The tool will be an excel spreadsheet with columns for each of the four TAP programs (Parent Network, Parents Who Host Lose The Most, Prescription Drug Initiative, and Youth Engagement). Each of the 7 strategies For Change will be listed by row under each column. During the interview process, the TAP program manager will record progress under each column and row. TAP staff and members will work with coalitions to help them integrate each of the 7 Strategies for Change into their program implementation. Coalitions will be scored based on their utilization of all 7 Strategies For Change during the service year. For example: coalitions that utilize all 7 of the Strategies will receive a score of 100%. Coalitions that utilize 5 of the 7 Strategies will receive a score of 72%. Coalitions that receive ANY SCORE within a given program column will be deemed to have made an effort towards implementing that program during the service year. Coalitions that receive NO SCORE will be considered making no effort towards implementing that program during the service year. CCO staff will assess coalition progress and provide future TA or trainings as needed to help coalitions utilize all 7 Strategies For Change in programs they choose to implement. As trainings and resources ratchet up, so do community impacts. We will use the TAP Coalition Participation Log, an excel spreadsheet, to compile and log the number of coalitions that participate in TAP. Participation will be

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measured by: Number of Tribal Resolutions of Support for TAP and number of TAP MOU's completed and signed. A TAP Volunteer Report will track the number of volunteers recruited by name, date the activity has occurred, hours served and a description of the activity. The TAP Evaluation Plan also includes MEASURING THE IMPACT OF TAP ON MEMBERS. To evaluate this, we will implement a TAP Pre-Service Survey at the time service begins to measure unemployment, schooling and service terms. We will implement a TAP Member-to-Success Survey to count individuals who are hired into a job, return for another term of service, return to school or some combination of these outcomes between enrollment and 1 year after finishing the program. ALL TAP outcomes will be compiled and REPORTED QUARTERLY AND ANNUALLY in the TAP Report to the Tribes distributed to each Tribal government, and in CNCS Progress Reports.

### **Amendment Justification**

N/A

### **Clarification Summary**

NA

### **Continuation Changes**

NA