

Narratives

Executive Summary

Trinity Health proposes to have 50 AmeriCorps members who will actively engage in health transformation activities in up to seventeen states served by Trinity Health-affiliated hospitals and clinics. At the end of the first program year, the AmeriCorps members will be responsible for improving the health outcomes of at least 1,250 individuals through the application of a Pathways model for community care coordination.

This program will focus on the CNCS focus area of "Healthy Futures." The CNCS investment of 50 AmeriCorps member slots will be leveraged with a projected operational investment by Trinity Health of \$1,117,002.25.

Rationale and Approach/Program Design

Problem/Need:

There is an incredible need for expanded access to care in underserved communities throughout the United States. "Access to care" was identified as the most common community health need, as assessed by Trinity Health's hospitals. The need appeared an aggregate of 31 times in their latest round of Community Health Needs Assessments (CHNA). A CHNA is an assessment process which identifies the health needs of a community served by a nonprofit hospital. Overarching health needs identified in CHNAs are the targets that our hospitals utilize as they work to improve community health. CHNAs are created through the collaboration of a hospital and its community partners, which include social service organizations, public health departments, and individual community representatives.

In addition to "access to care," behavioral health and chronic diseases made up the majority of the remaining most common health needs identified in the CHNAs conducted by Trinity Health. Chronic diseases, including diabetes, obesity, heart disease, and cancer, were noted more than 90 times in the assessments. Behavioral health was noted as a common health need in 13 percent of CHNAs with diabetes being the third most noted common health need at 9 percent. The fourth most noted need, obesity, appeared in 8 percent of assessments. The focus of this application is to utilize an innovative community care coordination model to specifically address the "access to care" and chronic disease management needs in underserved communities near Trinity's healthcare facilities.

Access to care and health insurance is a critical challenge facing individuals and families in our

Narratives

country's low income urban and rural areas. Many families and individuals in underserved communities either do not have easy access to healthcare facilities, have an inability to pay for health services (due to lack of health insurance), or have an insufficient knowledge of the availability of health services. In most cases, these barriers to healthcare access can be eliminated or reduced through informational or enrollment programs. An even more effective solution to this challenge would be the use of a high-touch, personal approach to connecting individuals and families in the community to area resources that would reduce these barriers. For example, having an individual sit with an uninsured community member and help him or her complete an application for health insurance coverage.

Another major healthcare challenge facing individuals with chronic diseases or those living in underserved areas is a lack of coordinated care. Going to a clinic or doctor's office is only the first step in managing a chronic disease. In all instances, regimens of care are prescribed and a patient must embark on a multistep process towards recovery or disease management. For instance, if an individual is diagnosed with type 2 diabetes, a chronic disease, he or she will have to start a regimen of care to manage this condition. The individual would have to begin monitoring his or her blood sugar daily; take up an exercise and general fitness routine; and change his or her diet. While his or her healthcare visit may provide information on blood sugar monitoring, exercise routines, and diet programs, healthcare providers often do not provide information or assistance with accessing supportive services that meet these needs. For example, a clinic may provide the type 2 diabetes patient with a diet program that outlines the types of food he or she should eat, but the clinic does not provide assistance with connecting that individual with sources of fresh, nutritious food in the community. As many urban underserved communities are often located in the middle of food deserts, a low-income diabetes patient would have an especially difficult time in locating the required fresh food to meet the diet program prescribed to him or her.

Accessing healthcare services is also just one factor in supporting an individual's overall health. Underserved and at-risk populations suffer not only from inadequate access to care but also a significant lack of supporting services such as access to nutritious food, safe and affordable housing, transportation, and other social services. It takes much more than going to a clinic or hospital to receive treatment or a diagnosis to stay healthy. If an individual goes to a clinic and receives treatment for respiratory problems but then returns to his or her apartment or house which has a

Narratives

major mold problem and poor air quality, then his or her ability to achieve recovery and live a healthier life is significantly compromised. Additional support needs to be provided to help the patient address the mold problems in his or her primary residence. Otherwise, the long-term care costs for the individual will be significantly more, or treatment for his or her condition would simply be ineffective.

Individuals and families living in underserved communities throughout the United States face these complex challenges, and Trinity through its expansive network of healthcare facilities and providers is uniquely positioned to provide care and support to communities in seventeen states where it has hospital facilities. Furthermore, through a number of its network partners, Trinity has supported and pioneered an evidence-based approach, the Pathways model, to specifically address the fragmentation of healthcare and supportive services described earlier. Pathways is a model that creates a networked system of healthcare and social service providers that can be tapped to achieve positive health outcomes for families and individuals, especially those from underserved populations and communities.

Theory of Change:

To address the needs outlined earlier, Trinity Health proposes to deploy 50 AmeriCorps members as community health coordinators consistent with the Pathways model. The Pathways model involves a community health coordinator who serves as the direct connection point between a community member and a defined network of healthcare and service providers. Within the Pathways model, a "pathway" refers to a regimented referral process and treatment path for a particular need. Working with a community health coordinator, a community member is assigned a variety of pathways relevant to his or her health needs.

There are six core pathways within the Pathways model. Three of the core pathways involve referrals to service providers: Medical Home, Medical Referral, and Social Service Referral. The Medical Home pathway is concerned with moving a community member through a process that assists him or her in selecting an appropriate primary care provider. The Medical Referral pathway seeks to connect community members with specialty medical services (such as dental, vision, hearing, mental health, substance abuse support, etc.). The Social Services Referral pathway connects an individual with an appropriate social service provider to meet their needs (transportation, financial planning, medication assistance, clothing, food, etc.). The other three core pathways address more specific need areas:

Narratives

Health Insurance, Medication Assessment, and Pregnancy. The Health Insurance pathway seeks to connect an individual with insurance coverage that can support their medical needs. The Medication Assessment pathway addresses the coordination of medication regimens. It tracks the prescriptions that a community member receives and focuses on ensuring that the medications are being taken as prescribed. The sixth and final core pathway, Pregnancy, is focused on reducing health disparities and improving health outcomes around pregnancies.

Under the Pathways model, a clinic responding to a diabetic community member who has a mental health problem would assign a community health coordinator to that individual to coordinate his or her care. Community health coordinators are typically recruited from the at risk populations or communities that they serve. This recruitment practice helps to put individuals in these roles that understand the issues facing their communities. The community health coordinator assigned to the diabetic would start two Medical Referral pathways for the individual (one with a primary care provider to monitor the diabetes diagnosis and another for a mental health provider to manage the individual's mental health problems). The community health coordinator would coordinate the visits to both doctors and follow-up with the service providers to make sure that the community member made it to his or her appointments. If the community member did not make it to an appointment, the community health coordinator would investigate why that didn't occur and might start a Social Service Referral pathway to address that challenge. For example, if the community member wasn't able to make his or her appointments due to transportation issues, then the community health coordinator may connect him with a public transportation provider. If the diabetic individual is elderly and unable to cook his or her own food, the community health coordinator would start a Social Service Referral pathway with Meals on Wheels. The community health coordinator provides an individual approach to each community member they encounter, and the pathways utilized will be different depending on each person's needs.

A coordinator will meet one-on-one on an ongoing basis with each community member assigned to him or her. (Meetings are typically an hour or less in length.) Utilizing the Pathways model outlined earlier, a coordinator will assign a community member to specific referral pathways which address each individual's needs. These pathway services may include health insurance enrollment, healthcare provider referrals, social service provider referrals, and case management (where the coordinator follows up on referrals to ensure that the community member and referred organizations are

Narratives

connecting). The Pathways model is adaptive and the community health coordinator will assign new pathways or modify previously assigned pathways depending on the progression of the community member. Because each care coordination interaction is individualized, the length of coordination varies depending on the needs of each individual. Some care coordination may last for the entire length of the AmeriCorps member's year of service. Some cases may be closed after the successful referral of a community member to a handful of service providers (a few months). In Trinity's implementation of Pathways in Muskegon, MI, general stabilization for patients was often achieved by the tenth month. The number of visits between a community member and a coordinator will also vary depending on the needs of each individual. Some community members may require more regular follow-up (once a week or several times a month). Others may require a monthly check-in. Past experience with the Pathways model indicates that each community health coordinator can serve a portfolio of around 25-30 individuals at a time. We expect 50 AmeriCorps members to serve 1,250 individuals through this model in 2016. The members will make at least 2,000 successful referrals during this time period and program recipients will report an 80 percent satisfaction rate through post-program surveys.

The locations and populations served through the program will be varied based on the deployment of the AmeriCorps members. Members will be deployed to Trinity facilities in one of the seventeen states: California, Connecticut, Delaware, Florida, Georgia, Idaho, Oregon, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, and Pennsylvania. Trinity's clinics serve a wide variety of at risk and underserved populations including individuals grappling with HIV/AIDS, elderly populations, underserved low-income urban and rural communities, and the like. All of these groups lack access to care either from a lack of health insurance and/or a lack of knowledge regarding available resources. The Pathways model addresses this access to care problem by delivering customized care coordination to these at risk groups. The program will help to jumpstart the process of deploying Pathways nationally across the Trinity network. More importantly, the program will provide a vital resource to connect members of at-risk and underserved populations with high quality and comprehensive solutions to their health problems. The program offers a holistic approach to addressing key health issues that plague our poorest communities.

Evidence Base:

The Pathways model was developed through the Community Health Access Project (CHAP) in

Narratives

Mansfield, Ohio, by Dr. Sarah Redding and Dr. Mark Redding. The focus of CHAP, and the Pathways system, was to improve health outcomes and access to care for at-risk, underserved populations. The primary target of the original program was addressing poor birth outcomes among at-risk populations (which were predominantly located in low-income communities). The model was applied by Mercy Health Muskegon (a member of the Trinity Health network) through its Health Project in 2014. The program was supported by a Health Care Innovation Award from the Centers for Medicare and Medicaid Studies (CMS), and the Health Project was one of three Michigan sites that participated in the "Michigan Pathways to Better Health" program. In Muskegon, the Pregnancy pathway employed by the Health Project was one example of the model's effectiveness in addressing a key health outcome through a holistic approach. The Health Project's "Pathways to a Healthy Pregnancy" program served 91 women during the first 21 months of the program. The program prevented 22 low birth weight newborns out of 23 at-risk pregnancies. "Pathways to a Healthy Pregnancy" had enrolled mothers from the highest risk group in Muskegon County and made their outcomes equal with that of the general population.

The Pathways model is an evidence-based approach to patient care, tested out over the last 15 years. Since the start of the program, it has become a national model that is being disseminated through the U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ). Two studies are outlined below which support the Pathways model of providing coordinated care to communities through the use of community health coordinators (also referred to as "community health workers" or "community health navigators").

Sartorius, Peter. "Pathways Model Aligns Care, Population Health." *Health Progress: Journal of the Catholic Health Association of the United States* (2015): 25-29. <www.chausa.org>

This article, published in the Catholic Health Association of the United States' *Health Progress* journal, describes the Pathways model utilized by the Health Project (of Trinity Health in Muskegon). It provides anecdotal evidence and an overview of the program that is very supportive of its implementation. The program was supported by an award from Centers for Medicare and Medicaid Studies (CMS). This resource provides moderate evidence in support of the Pathways model.

Redding, Sarah et al. "Pathways Community Care Coordination in Low Birth Weight Prevention." *Maternal and Child Health Journal* 19 (2015): 643-650.

Narratives

The article describes in detail the effects of the CHAP Pathways Model on addressing poor birth outcomes in Ohio. The article analyzes the results of the program during its 2001-2004 years of operation and found that only six low birth weight babies were born in the study group while fifteen low weight babies were born in the non-Pathways control group. Aside from supporting the Pathways model, the article also outlines the Ohio program which formed the basis for this system. This resource represents a strong evidence source in support of the Pathways model.

Member Training:

Trinity Health has extensive experience across its network providing oversight and training to volunteers, interns, and new hires. With more than 89,000 full-time employees spread across 200 facilities, Trinity has sufficient capacity to monitor and manage its requested 50 AmeriCorps members. For this program, Trinity Health will employ a regular and inclusive training process to fully engage AmeriCorps members in their community health coordinator roles.

After the award of an AmeriCorps Partnership Challenge grant, Trinity Health's system office would immediately convene a web-based meeting with its potential host sites. Through the webinar, we would provide initial training to the host site supervisors regarding the approved activities and projects in which their AmeriCorps members would be allowed to engage, including a description and explanation of prohibited activities. An implementation tool kit will be provided to the host sites which will outline these procedures in greater detail. Trinity's system office will develop the tool kit, which will draw heavily from AmeriCorp's own knowledgebase resources. Potential host sites would then have to submit a request to utilize one or more of the AmeriCorps slots awarded to Trinity Health. To receive an AmeriCorps slot or number of slots, a host site would have to note in what roles it would engage the members and how those service opportunities would fit within the community health coordinator role described in this application. Host sites would also have to describe how they plan to assign and monitor the day-to-day activities of the AmeriCorps members. Trinity will hire two full-time staff members to work directly with the host sites to assign tasks and training to the members which are consistent with the community health coordinator role described in this application.

After the AmeriCorps slots have been assigned to the various host sites, recruitment for the program will be conducted at both the national level and local level (with Trinity Health referring candidates from the national AmeriCorps database and the host sites referring candidates from their local

Narratives

communities). Training for AmeriCorps members will be continuous throughout the program. Trinity plans to hold an initial multi-day orientation/training at its system office in Livonia, Michigan (a suburb of Detroit) for all fifty AmeriCorps members. This multi-day training will focus on the expectations of AmeriCorps members, the overall focus of the Pathways program, and our goals over the coming year. Also, at this initial meeting, we expect to deliver an intensive in-person training in the Pathways model and community health coordinator role. Subsequent training in Pathways and the community health coordinator role will be offered on a bi-monthly basis via multi-hour webinars or teleconferences. The bi-monthly meetings will also provide instruction to the members on what it means to be an AmeriCorps member, life after their year of service, and give them opportunities to speak about their service.

Member Supervision:

Trinity will hire two full-time staff members (managers) for this program who will be responsible for interfacing with all of the host sites and ensuring compliance with AmeriCorps' guidelines and regulations. The program managers will conduct at least one in-person visit per site during the course of the program. They will also conduct bi-weekly group meetings via teleconferencing with the entire AmeriCorps group. These meetings will help to build comradery within the group and allow for members to raise concerns or comments about the program with the managers. The two managers will be responsible for maintaining contact with the host site supervisors and ensuring that both the site supervisors and members are compliant with AmeriCorps guidelines.

All supervisors participating in this program will be required to engage in a training seminar at the beginning of the process to communicate the relevant information necessary for their proper local administration of the program. Oversight of the overall program will be conducted at the Trinity system office in Livonia, MI. The system office will develop and distribute the implementation tool kit noted earlier. It will also coordinate the application and placement process for AmeriCorps members and maintain regular contact with local supervisors to ensure the efficient and proper operation of the program. Trinity system staff have been in regular contact with the state commissions involved in this request and will not only connect the state commissions with the local supervisors for the program but also coordinate this program with the state commissions throughout its tenure.

Member Experience:

Narratives

Through their time with Trinity, AmeriCorps members will be actively engaged as community health coordinators through their host sites. Trinity polled its 21 regional health groups to understand the types of community health work in which AmeriCorps members would likely participate. The regional health groups noted a wide variety of likely engagement activities such as: outreach and education to the community about healthcare options; working with underserved groups to improve their access to healthcare (through insurance enrollment); working with homeless populations to improve healthcare outcomes surrounding chronic diseases, health literacy, nutrition/obesity, and HIV/Hepatitis-C; conducting outreach to individuals who utilize healthcare systems extensively but are non-compliant with their prescribed healthcare regimens; participate in community events that emphasize overall health education; work with at-risk populations to address social determinants which are hindering their health outcomes or access to care; direct service in clinics that are located in at-risk communities or specifically serve at-risk populations; and providing healthcare navigation services to at-risk populations. These are just some of the areas that the AmeriCorps members could serve through this program. All of these areas are in desperate need of individuals who want to give back to their community, and AmeriCorps members will have a real impact on peoples' lives through their service in this program.

The healthcare industry is the fastest growing employment field in the United States. According to the US Bureau of Labor Statistics, more than 12,100,000 individuals were employed in either the "Healthcare Support Occupations" or "Healthcare Practitioners and Technical Occupations" fields. Both fields are the first and second fastest growing employment fields, respectively, in the United States with "Healthcare Support Occupations" projected to grow by more than 28 percent between 2012 and 2022 and "Healthcare Practitioners and Technical Occupations" projected to grow by more than 21 percent during the same time period. As of 2012, healthcare professions accounted for 8.2 percent of the U.S. workforce. That share of the U.S. workforce will rise to 9.3 percent in 2012. Overall, the growth in the healthcare sector's job market will account for 18.5 percent of the overall job market in the country through the next decade. The proposed AmeriCorps program would provide very real experience in the healthcare field for members, which could prove valuable if they choose to remain in the healthcare field professionally after their service.

Aside from the fact that the healthcare sector is a growing field that offers real potential employment opportunities to AmeriCorps members, healthcare is a growing need in our communities. AmeriCorps

Narratives

members will need to address these healthcare needs if they plan to continue to serve in professional careers through the nonprofit sector. Health issues and concerns play a critical role in many parts of the nonprofit sector today and are integral to any organization providing community services.

Through an AmeriCorps placement with Trinity Health, the program's participants will learn a key set of skills and be exposed to a field that is critical to their continued community service and activity in the nonprofit sector. Furthermore, as community health coordinators, they will have the opportunity to interface with a variety of other service providers, which will give them exposure to other parts of the nonprofit sector (where they may choose to serve later in their careers or through their volunteer activities).

The communities in which this program's AmeriCorps members will be serving are some of this country's poorest areas and underserved neighborhoods. One in eleven of the ZIP codes served by Trinity facilities have unemployment rates of 10 percent or greater. More than 16.5 percent of the ZIP codes served by Trinity have had at least 15 percent of their populations drop below the poverty line in the last 12 months. Just over 9 percent of the served ZIP codes have had at least 20 percent of their populations drop below the poverty line in the last 12 months. Through their efforts in this program, AmeriCorps members will be engaged in truly meaningful service to some of our nation's most underserved populations. This work will impart to the members the importance and need for their service. It is our hope that this program will be a call to action for a life of service for the program's participants.

AmeriCorps members will have opportunities to reflect on their service through regular bi-weekly gatherings at the national level (via web conferencing). The initial orientation for the program will bring all of the members together for an in-person meeting at the beginning of the program. In-person meetings for AmeriCorps members located within close geographic proximity to each other will be held on a quarterly basis (likely with one of the two national managers present).

All of the service commissions present in the states which will serve as host locations for this grant have been consulted on this application. Trinity will coordinate with the commissions in the states where it is placing its AmeriCorps members to ensure that those individuals are integrated into each state's overall service culture and objectives. Preliminary conversations have already occurred with many of the relevant state commission representatives. We are expecting that our AmeriCorps

Narratives

members will be connected to other members and the larger AmeriCorps network through their interaction with the state commissions.

More broadly, Trinity plans to host monthly webinars for the AmeriCorps members utilized in this program. Throughout the program, members will have the opportunity to interact with each other through these webinars and learn about the various components of the healthcare sector and receive training from different experts within the Trinity system. Members will be encouraged to engage not only with their Trinity colleagues at the local level but also with their fellow Trinity AmeriCorps members nationally through online interactions.

All AmeriCorps members will be recruited locally at the various Trinity system sites (either through local referrals or referrals from AmeriCorps' national service database). Trinity employees will be encouraged to recommend the program to individuals that they may know in local at-risk communities. Trinity will work with state commissions to advertise the program to their AmeriCorps applicants. It will also work to connect the local host sites with members from AmeriCorps' national service database.

Commitment to AmeriCorps Identification:

The AmeriCorps program with Trinity will be clearly identified as such to the public and internally. Members will receive AmeriCorps gear with clearly visible AmeriCorps logos. AmeriCorps members will be strongly encouraged to wear their gear throughout their service with Trinity. All public relations regarding the program will clearly identify AmeriCorps' involvement. As noted earlier, Trinity has connected with the appropriate state commissions for this grant and will have its program managers integrate this program into the individual state AmeriCorps networks where Trinity's members are present.

Organizational Capability

Organizational Background and Staffing:

The Trinity Health network is highly qualified to execute the proposed AmeriCorps service program in 2016. The network serves families and individuals in 21 states and more than 160 counties in the United States through 86 affiliated hospitals and 115 long-term care, assisted, independent living and affordable housing communities. In addition, Trinity has 105 clinics, affiliated with its hospitals, which provide care and support to underserved populations throughout its service areas. Overall,

Narratives

Trinity employees more than 89,000 full-time staff, 3,300 of whom are physicians, and the network also works with more than 22,890 affiliated physicians.

Through its 105 clinics, Trinity provides healthcare to about half a million unduplicated patients a year (or around 42,500 individuals a month) from underserved populations. All of these safety net clinics provide healthcare services to a vulnerable, at risk, or high need community. More than 70 percent of their care is directed to uninsured or Medicaid patients and their services are subsidized by the broader hospital network. They are also directed to provide evidence-based health care services including primary care and/or specialty care. In some cases, these include supportive services that promote access to health care while measurably improving health status and reducing disparities.

Trinity has extensive experience managing large federal grant and receives millions of dollars of support annually through HHS, CMS, and other federal grantors. Its accounting department is responsible for managing the patient billings and grant support that come in annually to fund the work of the network's 21 regional health groups. Consequently, Trinity has sufficient capacity to manage an award of this size from CNCS.

Trinity has implemented a version of the Pathways model in the past through its Health Project network partner. An article detailing the outcomes of that program is provided in the Evidence Base section of this application. This past program experience speaks to Trinity's ability to deploy a Pathways model in the various host sites for this program.

Compliance and Accountability:

Trinity will hire two full-time program managers to oversee its AmeriCorps program at the national level. We will seek out individuals for these positions who have had experience managing AmeriCorps programs in the past. A number of our local host sites have noted, through their responses to our requests for feedback on the program, that they have former AmeriCorps members active in their organizations who would be able to provide oversight or experience for the local implementation of the program. Trinity has a strong background in managing federal grants and experience in overseeing programs with extensive restrictions and regulations. The program managers will be responsible for maintaining regular communication with the host sites and ensuring that they remain in compliance with AmeriCorps guidelines and regulations. Trinity has existing HR policies related to

Narratives

reporting compliance issues and resolving those issues with proper remediation. In the event that a compliance violation occurs, Trinity will utilize these existing policies to address the violation.

All AmeriCorps members will be utilized in direct service roles (providing referral and outreach services to at risk or underserved populations to improve health outcomes). AmeriCorps members will not be involved in advocacy efforts or political activities. While Trinity Health is a Catholic healthcare network, our work is nonsectarian and the provision of our health services is conducted without discrimination towards the religious beliefs of our service providers or our recipients. Employees of Trinity hail from all faiths and belief backgrounds, and the network serves all individuals in its communities regardless of their personal lifestyles or religious beliefs.

Budget/Cost Effectiveness

Trinity Health is committed to supporting all of the operating costs for this program. These funds will come from Trinity's national operating budget. Local program sites (hospitals and clinics) will only have to provide supervisors to assign and monitor the day-to-day service activities of the AmeriCorps members. This oversight will be provided in-kind as part of these individuals' regular duties. Trinity does not plan to raise additional funds for this program in this upcoming year.

The estimated total program costs for the Trinity Health Community Health Coordinators program is \$1,403,502.25, which includes an estimated \$1,117,002.25 in operational costs to be borne by Trinity and \$286,500 in Segal Education awards provided by CNCS. The projected \$1,117,002.25 in operational costs number is an estimate of the amount Trinity expects it to cost to deploy this program. It includes \$829,627.25 in projected living allowance costs for 50 full-time AmeriCorps members. This number includes the base \$12,530 living allowance stipend per full-time member; a 7.65% FICA allocation; a \$3,000/member estimate for healthcare coverage; and a \$100/member estimate for background check costs. The staff program managers will undergo a background check as part of the hiring process at Trinity. The second largest expense for the program is the \$286,500 in Segal Education awards which will be provided by CNCS if this application is approved. The third largest expense is for the full-time staff oversight of the project (\$167,625) which includes the costs to hire two full-time program managers for the project for the year (approximately \$143,000) and their travel costs to program sites (approximately \$24,625). An estimated \$93,750 has been budgeted for training and AmeriCorp identity building. This line item involves the costs to purchase apparel for AmeriCorps members (\$2,500); maintaining an online training system for the members throughout

Narratives

the program year (\$10,000); providing a Pathways model trainer (\$15,000); and for members' travel to the initial orientation for the program in Livonia (\$66,250). We are planning to commit about 300 hours from our existing staff to launch the program and monitor the grant (\$9,000), and we have budgeted \$17,000 in additional software, IT, evaluation efforts, and miscellaneous infrastructure/supply costs.

Please note that these projected numbers may vary significantly from the actual costs of the program. Our intent with the budget was to calculate our maximum costs for the program, and our actual costs may rise or fall by a large margin if our AmeriCorps members are located in particular states or locations. For example, having a larger number of AmeriCorps members near our main headquarters in Livonia would cut back on the travel costs for the orientation and our program managers conducting site visits. We also sought to project a maximum cost of purchasing health insurance for an AmeriCorps member. That actual cost may come in lower. The overall living allowance allocation (\$626,500), FICA allocation (\$47,927.25), HR costs, and Segal Education Award amount should be fixed (barring a change in the number of AmeriCorps members that we can deploy).

Evaluation Summary or Plan

Not Applicable.

Amendment Justification

Not Applicable.

Clarification Summary

AmeriCorps' clarification requests are rewritten in quotes below.

A. Programmatic Clarification Items:

"1. Please describe how the site selection and placement process ensures that AmeriCorps members will not be placed in positions that were recently occupied by paid staff. Also, clarify whether proposed member activities will supplant, duplicate, or displaces staff, interns, and/or volunteers."

As noted in the application narrative, Trinity Health is deploying AmeriCorps members to healthcare sites where Community Health Coordinator programs can be piloted. There are only a few locations within our network that offer community care coordination, and in the few instances in which there

Narratives

is an existing program, Trinity's existing community health workers will assist the AmeriCorps members in their community health coordinator roles. (AmeriCorps members would supplement, not replace, existing staff in these instances.) However, there is only one site with an existing community health coordination program that has expressed interest so far in the AmeriCorps program. The vast majority of the requested AmeriCorps slots (45+) will likely be assigned to locations where this program is a pilot project with no existing full-time staff.

In addition to the fact that AmeriCorps members will be predominantly serving in pilot programs (where they won't be replacing full-time staff positions -- because no full-time positions existed in these areas previously), Trinity Health will also require that AmeriCorps members be deployed to positions where they will not be displacing full-time staff as part of its application process inside of its network. All network locations seeking an AmeriCorps member will need to apply for a slot to Trinity Health. We will use this application process to ensure that the potential host sites are requesting a member for an eligible role within their organizations. This practice will ensure compliance with AmeriCorps' guidelines and with Trinity's goals for this grant.

"2. In the Multi-State Operating Section (For applicants that are operating in more than one state): Please fill in the following information for your operating sites: organization name, address, city, and state, zipcode + 0000 (egrants will correct the last four digits to the correct numbers), amount of funding going to the operating site, number of proposed AmeriCorps members that will be located at the site."

We have provided a list of potential operating sites, in the "Operating Sites" section, that have expressed interest in hosting a number of AmeriCorps members. Final site selection, as noted in our application, will be dependent on each site completing an internal application process to ensure that they will utilize the AmeriCorps members in an appropriate manner. No funding is assigned to any of the operating sites because all of the costs will be shouldered directly by Trinity Health.

"(Added request via e-mail -- 8/11/15.) In addition to the providing a list of proposed sites, can you also provide information about (1) the need specific to the potential states, or why they were selected (alternatively, the program could provide information about the selection process for potential service locations); and (2) how the program has consulted with state commissions and plans to inform and

Narratives

work with commissions if awarded a grant."

Specific sites have been identified based on a poll that Trinity Health deployed among its network partners -- notifying them of the Partnership Challenge grant opportunity and requesting that they notify Trinity if they were interested in utilizing an AmeriCorps member. The individuals polled by the survey were Trinity's Community Benefit officers who are responsible for organizing their individual hospital's work with underserved and at-risk populations. We will select final host sites based on each site's ability to deploy AmeriCorps members in roles consistent with the Community Health Coordinator role (defined in the narrative); in a way that pilots community health care coordination; and does not violate AmeriCorps guidelines (e.g. does not displace existing staff). The pool of potential sites is limited to Trinity Health's network partner facilities for this application.

Prior to submitting this application, Trinity Health consulted with the state service commissions of 21 states. Four states, Alabama, Nebraska, South Dakota, and North Carolina, were eliminated from our original list because of a lack of interest from Trinity's facilities in those areas. Consultations were undertaken with the state commissions of seventeen states: California, Connecticut, Delaware, Florida, Georgia, Idaho, Oregon, Illinois, Indiana, Iowa, Maryland, Massachusetts, Michigan, New Jersey, New York, Ohio, and Pennsylvania. Consultation forms were submitted for thirteen of these states and individual one-on-one conversations via e-mail or phone were had with representatives of five of these states. Four of the five states in which conversations occurred utilized the conversation as their consultation and did not require the submission of a formal consultation form. We have told all of the state commissions (that we have had contact with) that we will be reconnecting with them to integrate them into our program if we receive an award. We expect to utilize the state commissions to fully incorporate our AmeriCorps members with the overall AmeriCorps program in each state (so that our AmeriCorps members are not working in a program by themselves without a connection to other AmeriCorps members).

B. Budget Clarification Items

"1. As a potential new grantee to CNCS, you are required to complete one (1) pre-award document and an on-line financial certification and National Service Criminal History check course prior to the award of your grant. The Office of Grants Management will send you a separate email regarding the completion and submission of the following documents: Financial Management Survey Form (FMS);

Narratives

and the certification you have taken the on-line courses 'Key Concepts of Financial Management for Federal Grantees' and 'National Service Criminal History Check (NSCHC) Course.' These documents must be completed and returned to the Office of Grants Management as quickly as possible to ensure a timely Notice of Grant Award should you be selected for award."

We just received this e-mail on Thursday (8/13/15). We plan to complete all of the required courses and surveys and have the required documentation back to CNCS by the end of next week (8/21/15).

"2. No funds should be added to the budget. Please remove accordingly. Please remove the Grantee Share from the budget, since this is an EAP application that does not include a formal match. Instead, this figure should be included in the Demographics section of the application as "Other Revenue Funds. Please adjust your budget to remove the cost of the Education Awards from the CNCS Share of the budget; this is handled separately from the grant budget."

All of the budgeted line items from our request have been removed and the full project cost figure (\$1,117,002) for Trinity Health has been moved to the "Other Revenue Funds" field in the Demographics section. We have not modified the budget narrative component of the application so that a breakdown of our expected operational costs is still available for review. The executive summary of the application has been modified to remove references to the Segal Education award amount and clarify the Trinity Health investment as an operational cost.

"3. The dollar amount provided in the "Other Revenue Funds" field of the Funding/Demographics section of the application should include any funds used to run the program EXCEPT CNCS share and budgeted match. This field is intended to capture additional revenue that supports the program but is not included as match in the budget. The number provided in this field appears low based on the size of your program."

See our response to the above clarification item. This field has been updated.

"4. Please edit Section III of the budget to meet the requirements outlined in the Application Instructions. Enter a brief description of the source of match. Identify each match source separately. Include dollar amount, the match classification (cash, in-kind, or Not Available) and the source type

Narratives

(Private, State/Local, Federal, Other or Not Available). Define all acronyms the first time they are used."

Trinity Health is committed to supporting all of the operating costs for this program. These funds will come from Trinity's national operating budget.

\$1,117,002 in cash support from Trinity Health (private support) - represented in the "Other Revenue" field of the "Funding/Demographics" section.

C. Performance Measure Clarification:

(The responses to these questions have also been added to the Performance Measure section of the application.)

"1. H4: Please describe how the program will ensure unduplicated count of each beneficiary."

We will specifically log the number of individuals who enter a care coordination program with the AmeriCorps members as part of this project. Each AmeriCorps member will utilize a tracking system to log their interactions with clients and their progress on the various pathways that the AmeriCorps members are working with them on. The Community Health Coordinator program is a direct one-on-one consultation program. Consequently, services and consultations are delivered on a per-client basis -- making it difficult to create a duplicated count of beneficiaries. For instance, if a single client receives five referrals through the program, he or she is only counted as one client, not five. All services are tied to the client's profile, and the only situation in which clients could be potentially double-counted is if they misrepresented who they were to the community health coordinator. Even in that case, the community health coordinator would likely be able to recognize the person from past interactions and have them correctly identified in the system. If a client leaves the care coordination model and comes back several months later, he or she is not entered as a new client. His or her record is reactivated.

"2. OUTCM26779: An exit satisfaction survey and anecdotal evidence is not rigorous enough to capture a meaningful, significant change in knowledge, attitude, behavior, or condition that can be directly attributed to AmeriCorps members' service. Please edit this outcome to describe a pre/post test

Narratives

where the program can clearly specify a level of improvement necessary to be counted as "improved" and explain why this gain is significant. (For example, if the outcome is a change in knowledge attributed to the AmeriCorps members' health education interventions, the proposed instrument would measure a change in beneficiary knowledge, not a change in beneficiary satisfaction.)"

This outcome has been changed in the Performance Measures section to the following statement. Our logic model has been updated to include this metric as our new long-term outcome.

AmeriCorps members engaged in this program will successfully complete at least 1,250 pathways with their clients. As noted in the narrative, a pathway is a referral protocol which cannot be completed or closed until a particular outcome has been achieved. For example, a community member who has been assigned a medical pathway (to connect him or her with an appropriate medical service) will not complete the pathway unless he or she is scheduled for the service and actually attends the appointment. The community health coordinator walks a community member through this process and can only "complete" a pathway if the objective is achieved. The positive outcomes of the successful completion of pathways would include insurance enrollment, successfully attending a doctor's visit, obtaining shelter, being connected with a vital social service, and the like. Because the Pathways model is built to move community members to specific outcomes, achieving the completion of a pathway will create a clear and measurable improvement in the condition of the program's beneficiaries. At the end of the program, we would be able to report on the number of beneficiaries that have been enrolled in insurance programs, connected with primary care providers, set up with critical social services, and other outcomes that result from completed pathways.

"3. OUTCM26778: Please remove OUTCM26778. Programs can collect and monitor data on these activities for their own programmatic purposes, and they do not need to submit it to CNCS."

This outcome was removed from the Performance Measures section on 8/12/2015. However, the outcome remains in effect in our provided logic model.

Continuation Changes

Not Applicable.

Grant Characteristics