

# Narratives

## Executive Summary

The Northern Arapaho Tribe proposes to have 10 AmeriCorps members who will deliver population health care supports and services to the Northern Arapaho Tribe on the Wind River Reservation, including case management, emergency service response, and aid in promotion of physical/behavioral health medical improvements that result in improved access to services and demonstrable patient health outcomes in the Wind River Indian Reservation. At the end of the first program year, the AmeriCorps members will be responsible for the development of the Population Health Aid (PHA) Program. In addition, the AmeriCorps members will leverage an additional six volunteers who will be engaged in population health care assistance. This program will focus on the CNCS focus area(s) of Healthy Futures. The CNCS investment of \$194908 will be matched with \$60700, \$0 in public funding and \$60700 in private funding.

## Rationale and Approach/Program Design

### PROBLEM/NEED

The Wind River Indian Reservation is a high poverty, high unemployment area in rural south central Wyoming. The reservation has been designated as a Medically-Underserved area by the US Department of Health and Human Services. American Indians on the Wind River Indian Reservation (WRIR) suffer from significant health disparities and have the highest early mortality rate in the state of Wyoming. According to data collected by the Wind River Service Unit-Indian Health Service (WRSU) the average age of death for an American Indian on the WRIR is 51 years of age compared with the national average of 78.8 years of age for non-American Indians (CDC 2013 Mortality Multiple Cause Micro-data Files). The age of death on the WRIR is even younger for those with diagnosed alcohol addiction (39 years of age) and for those with multi-substance addictions (31.5 years of age). Other causes of death are accidents, diabetes, cancer and heart related problems (Data: Wind River Service Unit - Indian Health Service Regional Patient Management System 2014) Epidemiology research conducted by Dr. Roland Hart at the WRSU Indian Health Service indicates a positive correlation between substance abuse and co-occurring mental health disorders, especially those related to grief and trauma. Trauma, including early childhood trauma, is related to violent crime (WRIR is one of the top four violent crime reservations in the USA-2010), deaths related to highway accidents, adult suicides, early-onset death related to substance use and disability/deaths related to chronic medical conditions, including diabetes, heart disease and cancer. These early death rates are not only high compared to the general population but are also high compared to American

## Narratives

Indians in other states. When asked if depression, trauma, or panic/anxiety was related to alcohol use, one study showed that observed numbers of people experiencing each mental state was far above the expected number. Depression was expected in 490 people, but was observed in 850 people. Panic and anxiety was expected in 310 people, but was observed in 520 people. PTSD and stress was expected in 180 people, but was observed in 310 people (graph available upon request). It is clear that alcohol use and abuse has increased the prevalence of associated mental illness.

The WRSU provides medical care to over 88% of reservation residents of all ages, a total of 23,274 patients. These numbers are broken out by age as follows: 0 to 4 years (1,245 patients); 5 to 14 (3,343); 15 to 24 (3,491); 25 to 44 (7,858); 45 to 54 (2,996); 55 to 64 (2,292). (Table available upon request.) Despite this service population and the health disparities, the WRSU is funded by the Indian Health Service at 47% of need, with collections from third-party sources, primarily Medicaid, making up the rest of the budget. This leaves little to be spent for population health-based services designed to address these overwhelming health/behavioral health concerns.

Further, Wyoming Department of Workforce Services announced that unemployment among youth ages 18-24 in Fremont County stood at 24% in December 2014 and that this figure isn't expected to go down in the near future. Fremont County, where the reservation is located, has the highest unemployment rate in Wyoming with 1500 persons registered as looking for work with the Unemployment Office (April 2014 -- press release, WY Workforce Services). With unemployment among Northern Arapaho tribal members at 62%, seniors and high school graduates currently face a bleak employment future. This hopelessness in the job sector contributes to the low graduation rate (49%) experienced by schools on the reservation.

The PHA program is poised to provide much needed health services and employment opportunities for the WRIR. The next application sections present an in-depth discussion on our proposed AmeriCorps State and National intervention and expected outcomes.

### EVIDENCE BASE FOR APPROACH

Model Program: The Alaska Tribal Health Consortium's Alaska Community Health Aide Program (CHAP)

Citation: <http://www.akchap.org>; <http://www.uaa.alaska.edu>

--Methodology: Beginning in the 1960s, the CHAP was established to address health concerns in rural Alaska. These include tuberculosis, high infant mortality rates, and high rates of injury. In 1968, formal recognition and funding was received to enable CHAP growth. Currently, the program consists

## Narratives

of 550 Aides serving over 170 rural Alaska Villages. Aides are selected by their communities to receive intensive training, such as Tobacco Dependency Treatment, and are credentialed or certified based on hours of training completed. Aides then act as non-physician primary care providers in their remote communities.

--Outcomes: An Integrative Literature Review funded by HRSA in partnership with the Alaska Center for Rural Health found that while studies measuring the overall effect of the program were lacking, all literature available noted that health for Alaska Natives has improved drastically since the inception of CHAP. Research conducted within the first two years of the program showed that there were increased participation in preventative care by women who were overdue for such testing as well as a decrease in inpatient census and lower lengths of stay. Contributing factors to these outcomes include increased trust and increased communication due to local Aides being members of the immediate community and speaking the local languages. Recently, an eight year track record shows that in home services to Elders and others with chronic medical/behavioral health conditions allows people to remain in their homes and villages longer due to improved health outcomes.

--Similarities and Modifications Appropriate to WRIR: The AmeriCorps PHAs will be local reservation residents well known in their community. As with the Alaska model, choosing reservation residents to work as AmeriCorps insures that they are familiar with the culture and traditions of those with whom they work and be trusted by those they serve. The WRIR Aides will receive training from tribal and non-tribal professionals on an array of topics; however, these topics will be relevant to the Northern Arapaho and may deviate from the training provided by CHAP, originally. The Aides will service a large and extensive rural community similar to the conditions experienced in Alaska. Please see next sections for further methods of approach.

Model Study: Epidemiology Research and Data Collection

Citation: Dr. Roland Hart (2014) Epidemiology Research and Data Collection.

--Methodology: Dr. Hart PhD, Psychologist with the Wind River Service Unit, collected data through his practice on the WRIR in order to see over arching themes within the population.

--Outcomes: Data collected indicates the existence of a 'treatment effect' occurring when patients had five or more behavioral health visits. The effect was an extended life expectancy, especially for those with chronic medical diseases.

--Similarities and Modifications Appropriate to WRIR: The AmeriCorps program will enable WRSU to conduct more health and behavioral health visits to a wider range of tribal members. This will increase the number of health-related contact and will result in bettered patient-outcomes (the

## Narratives

aforementioned treatment effect). PHA services will be coordinated with patient-centered medical homes. Please see next sections for further methods of approach.

### THEORY OF CHANGE

The AmeriCorps Population Health Aide (PHA) program is transformational in multiple ways. First, it provides for an integration of health care designed to address major deficiencies in the current health system in the areas of chronic disease, emergency services, and behavioral health supports. Second, it develops a much needed workforce for a developing job market. Third, it provides much needed training and a career ladder of opportunities for high school seniors and graduates that takes them out of poverty through meaningful work and respected tribal health careers. Their success will lead the way for other high school students on the reservation to see that finishing high school can lead to employment and a better future.

AmeriCorps PHA workers, drawn from the local community and high school graduates within the health force career ladder, will assist licensed medical professionals in improving health outcomes, reduce health disparities and positively expand life expectancy on the WRIR. AmeriCorps funding will allow for the recruitment and training of PHAs for the tribal health program to meet current and future community health needs.

The program model, as discussed above, is the Alaska CHAP. This program model is based on Collaborative Care where the clinical care of a patient is provided by community health caregivers where standards of practice are agreed upon. Person-centered care planning will direct the PHA approach for positive interventions and support services that address the medical, behavioral, and social needs of the patient with an eye to down-stream diagnosis and upstream prevention. The PHAs will work at the prevention and early intervention levels so that crisis situations are reduced and people, especially the Elders, can remain in their homes. Thus, the program will provide these integrated services across service sectors and delivery settings for enhanced patient participation and positive outcomes. It will be the PHAs' mission to build a care system that is culturally compatible, accepted and understood by community members.

Additionally, the Northern Arapaho (NA) Tribal Health program is actively working to increase funding and to improve care through the adoption of a patient-centered medical home model, which the WRSU is already accredited in by the American Association of Ambulate Care Clinics. WRSU is also engaged in a Medicaid of targeted care management - disability diversion waiver program in conjunction with the Wyoming Department of Health and the Center for Medicare/Medicaid Services.

## Narratives

This Medicaid demonstration waiver would bring in approximately \$17 million additional federal health care dollars to the WRIR, which will support current and developing health/behavioral health services.

Once in place, the Medicaid demonstration waiver will provide a sustainable source of living wage jobs for health care employment opportunities that will require a trained and experienced local workforce. AmeriCorps PHAs will not only be trained in care provision, but will have the opportunity to pursue healthcare careers in their communities at the end of their service term. In this way, Northern Arapaho tribal youth will be given economic opportunity beyond basic training and volunteerism. The job skills training enabled by AmeriCorps lends itself to the ongoing support of the Tribe and its health programs.

### LOGIC MODEL

The logic model provided in the Logic Model Component demonstrates a logical alignment of all program elements. This logic model addresses the need for personal, non-physician care in the remote, medically-underserved location of the WRIR in order to address the medical, behavioral, and social problems that are prevalent in this community. In addition to logic model component, we have included a timeline herein.

Timeline of year one activities:

July 2015:

--AmeriCorps grant is awarded and accepted; Submit leveraged AmeriCorps VISTA project plan and performance plan in eGrants; Begin recruiting AmeriCorps State and National and VISTA workers; Tribe is notified of award and professional trainers are confirmed for training sessions; AmeriCorps members Training Calendar developed for year one to include certificate coursework/cultural competency training.

August 2015:

--AmeriCorps VISTA Memorandum of Agreement awarded, create assignment description for AmeriCorps VISTA member; Interview and select AmeriCorps members; AmeriCorps State and National members hired and oriented during first day; Basic CPR/First Aid training given.

--AmeriCorps members are oriented with various community areas and communities are notified of new PHA services that will become available; Pre-assessment given to AmeriCorps PHAs; Community members in need of non-physician care begin to be referred; AmeriCorps members begin training in

## Narratives

basic responder and CNA course work.

September 2015:

--AmeriCorps PHA training activities continue: Behavioral health, diabetes/patient educator, patient navigation, targeted care management; Community participants are reviewed and selected based on greatest need; Community participants are given pre-assessment; Non-physician care programs developed based on need.

--By mid-September, service delivery will have been fully implemented. Thus beginning at least 1700 hours of direct service delivery by AmeriCorps Members.

October 2015

--Ongoing service delivery.

--Educational workshops have been planned and will begin being implemented by mid-October.

November 2015

--Leveraged VISTA attends PSO and is oriented during first day onsite; VISTA begins creation of a care collaboration process chart; AmeriCorps direct services begin; VISTA and PHAs recruit additional community volunteers as needed.

December-July 2016

--VISTA capacity building activities continue, including volunteer recruitment, fundraising, and coordinated data collection of service activities performed executed

--Ongoing PHA direct service to community members; Ongoing assessment of program and outcomes.

NOTICE PRIORITY -- Healthy Futures

The PHA program is transformational in that it promotes the healthy futures of tribal members on the WRIR. As a secondary benefit, the program also contributes to career and educational opportunity for high school seniors and graduates through service as an AmeriCorps member.

The program is an essential part of the solution to achieve a dramatic and measurable improvement in the overall health of WRIR residents during the program period and beyond. It will achieve these results by creation of a local volunteer "health force" with the skills, education and training necessary to provide non-physician care. AmeriCorps PHAs will provide immediate and long term benefits by expanding individual opportunity for access to healthcare, building family/community stability through trusted resources and by contributing to an integrated community health care system for more sustainable, resilient and healthy communities.

## **Narratives**

Additionally, the lack of a trained workforce to address the extreme health disparities faced by tribal members and the lack of employment opportunities for high schoolers on the WRIR means that the need for AmeriCorps programming is two-fold. Members participating in service will gain much needed skills and be able to pursue productive employment pathways that are expected to grow with a trained workforce.

### **MEMBER TRAINING**

AmeriCorps Members will receive onsite training upon their arrival that will include a complete overview of NA Tribal Health programs and WRIR. Members will be provided with the SOTS Member Handbook which is based on the AmeriCorps Handbook but includes tribal and organization specific policies, such as timekeeping. They will be expected to read this manual and acknowledge they have received and understood its contents. Members will also be made aware of what is appropriate for the PHAs and will be expected to adhere to the internal policies of the NA Tribal Health program.

Additional training will be in preparation to become PHAs. This in-depth training will be certified and conducted by both tribal and non-tribal professionals in relevant fields of study. Six professionals have been confirmed as coordinators/contributors to the PHA training program and confirmation and scheduling of these trainers will take place within the first month of an AmeriCorps grant award.

The training and work areas will include:

--CPR/First Aide training; Tribal Employee Rights Office training program; First Responder training; Northern Arapaho Emergency Medical Services program; Certified Nurse Aide training; Tribal Employee Rights Office training program; Behavioral Health Aide training; Northern Arapaho Tribal Health department in conjunction with the Wind River Service Unit and Northern Arapaho Tribal Health; Diabetes Educator and other Patient Education topical training; Wind River Service Unit, Indian Health Services & Northern Arapaho Tribal Health programs; Patient Navigation/targeted care management training; Wind River Service Unit, Indian Health Services and State of Wyoming certified application counselors

### **MEMBER SUPERVISION**

Acting under the general supervision of the AmeriCorps Tribal Coordinator with direct supervision by the NA Tribal Health department program manager, the AmeriCorps PHAs and VISTA member will receive training, supervision and support for their assigned community work. The leveraged VISTA will provide daily mentorship.

## **Narratives**

Members will be supervised on a daily basis during the first few months of the PHA program to ensure complete participation in required training. Trainers will also provide evaluations of PHA member participation, while PHAs will be required to show superior knowledge retention and passing results in coursework to be certified. Once certified, AmeriCorps PHAs will receive direction for service delivery from the Tribal Coordinator and Tribal Health program manager. NA supervisors will meet with the entire PHA team on a weekly basis or as needed. The Tribal Coordinator and trainers will be available to answer questions and provide ongoing learning opportunities throughout the year. The Tribal Coordinator will also check in with community participants to understand ongoing needs and to ensure PHAs have provided the direct services planned and promised.

Additionally, reporting, monitoring, and evaluation of progress in performance measures will be overseen by the fiscal sponsor. SOTS staff will conduct site visits on an annual basis to see progress first hand and to provide immediate feedback, as needed. SOTS is available at any time via email or telephone to answer questions or provide support as it relates to AmeriCorps or CNCS, as well.

### **MEMBER EXPERIENCE**

The AmeriCorps members will have the opportunity for a meaningful experience as PHAs. As a team, the PHAs will build a close bond and network with each other and the Tribal Health program through intensive training and certification in a variety of topics. PHAs will be expected to perform at high cognitive levels which will require confidence building through participation, study, and reflection. Combined with culturally relevant training for application within the NA community, the PHA members will experience a deep connection to the service work and to each other as a learning cohort. Further, the members will provide mutual support to each other throughout their direct service efforts and beyond the training phase in order to process their feelings about the work, which will, at times, be both stressful and emotionally compelling. This is due to the nature of serving in remote communities where patients suffer from chronic disease, depression, grief and other losses.

In order to ensure that the members can connect on a personal level with patients, the PHAs will be recruited from the high school graduates and healthcare career track individuals who live within this community. Recruitment will include speaking directly with students in high school classrooms and advertising in high traffic areas such as Indian Health Services and community centers.

As described above, these tribal youth will conclude their year of service as certified Population Health Aides. This will enable them to continue in their healthcare career track or to pursue continued education in the field. Many may even choose to remain as additional community volunteers beyond

## **Narratives**

their year of service as a means to continue working with the community participants with whom they have bonded with during their service. The Medicaid demonstration waiver will also ensure sustainability in career opportunities for these newly trained experts in the workforce.

### **COMMITMENT TO AMERICORPS IDENTIFICATION**

AmeriCorps PHA members will each receive a t-shirt with the AmeriCorps logo on it. The PHAs will be expected to wear this t-shirt to any training event or service session to identify themselves as a team. The PHA will also be expected to wear their t-shirt to the first one-on-one visit with a new community participant, but as they may meet with the same participant on a daily basis, they will not be required to wear the same shirt during subsequent visits. Instead, the PHAs will receive AmeriCorps lapel pins which they will wear to identify themselves as members when not wearing their t-shirt. Costs for these items are allocated in the budget.

Further, a Tribal Health ID will be provided to all PHAs that will denote their roles as AmeriCorps members.

### **Organizational Capability**

#### **ORGANIZATIONAL BACKGROUND AND STAFFING**

Spirit of the Sun (SOTS), a 501(c)3 nonprofit and a current CNCS grantee, has worked with the Northern Arapaho Tribe in the past on economic development and planning initiatives for the tribe. Their partnership for grant program and fiscal management provides seasoned management as they manage AmeriCorps VISTA members for American Indian tribes in multiple states, including a current VISTA member at the WRSU.

SOTS has been in operation for over 10 years and has had VISTAs serving in-house for five. As of 2012, the organization was asked to manage a large VISTA operational grant that expanded services from in-house to nationwide. Over the past three years, SOTS has since developed a robust program that has partnered with nearly 30 tribal worksites and hosts 15 VISTAs with plans for additions to be made.

SOTS employs a full-time Program Manager at 95% time. Time will be modified to 90% with the additional 5% of time devoted to ensuring complete compliance and oversight of this AmeriCorps grant, if awarded. The nonprofit already has in place a reporting system, time tracking system, and payroll system that will be used. For a description of these systems, please see next section.

The NA Tribal Health program has provided health services to tribal member since 1998. Carlton Underwood, CPA provides direct supervision of the day to day operation of programs, with assistance

## **Narratives**

from Allison Sage, MSW, Director of the Northern Arapaho Nation Social Services Department. Overall management is under the direction of the tribal administrator Harold Ouray, a former Bureau of Indian Affairs Administrative Officer, and Richard Brannan, council member responsible for Northern Arapaho Tribal Health and Human Services operations. Brannan assumed these responsibilities following seven years as CEO of the WRSU. The tribe is currently engaged in expansion of their self-determination efforts as a public health authority and in assumption of additional clinical services from the WRSU. This has been in process for two years with the contracting for an Integrated Health Systems Planner, with vetting of plans among WRSU staff, and with the tribal community members and stakeholders through the Health Disparities Roundtable. Identified activities in the AmeriCorps grant application were identified through the Roundtable and the application's goals and objectives shared and finalized. The Roundtable began 4 years ago. These open community meetings include tribal, state, county, faith-based and private agencies with an average of 30 persons monthly and 75-100 persons at larger, quarterly meetings. The WRSU's patient-centered medical home services has received accreditation from the Accreditation Association of Ambulatory Health Care. This accreditation means that the WRSU meets or exceeds nationally recognized standards of quality for health care and patient safety. The NA Tribal Health services are currently in negotiation to insure that services will also meet or exceed these accreditation standards. The program will employ one full-time Tribal Coordinator at 95% of time and make use of in-kind expertise from the NA Tribal Health Program Manager.

### **COMPLIANCE AND ACCOUNTABILITY**

As mentioned, SOTS has in place a reporting system, time tracking system, and payroll system that members can access online in order to demonstrate compliance with grant activities. The reporting system requires a monthly submission along with supporting documents such as leave request forms, volunteer recruitment/sign-in sheets, pictures, and more. Members are asked to report on their monthly activities such as participants attending programs, hours of training received, activities conducted that align with their performance measures, and challenges they may have faced over the month. These reports are then reviewed by SOTS staff. Information is processed and submitted as a report in the eGrants system and feedback is provided to the member when needed. Time tracking and payroll is monitored on a bi-weekly basis. Members are expected to accurately account for time and include sick days, vacation days, as well as compensatory time accrued or used over their 40-hour

## Narratives

work week. These systems are currently used for the AmeriCorps VISTA grant that is in operation and will be modified accordingly for the AmeriCorps State and National grant.

SOTS also conducts monthly training phone calls between all of its remote VISTA placements who each focus on varied tasks. Because the AmeriCorps PHAs will be in one centralized location and performing similar tasks, daily oversight and collaboration will be managed by the NA Tribal Health program and its designated Tribal Coordinator. Once initial training and certification is complete, meetings will be conducted on a weekly basis to ensure compliance. At this time, members will be asked to reflect on their direct service or to complete their monthly reporting for SOTS.

Annually, SOTS will conduct site visits to WRIR in order to oversee PHA members in-person. These visits will be planned in advance unless concern is raised that risk or noncompliance is occurring. Site visits allow SOTS staff to provide immediate feedback and intervention as well as fully comprehend any problems that may be difficult to convey remotely. SOTS reserves the right to reorganize PHA members as needed based on performance or risk and to reassign Tribal Coordinator duties with insight from the Northern Arapaho Business Council if the identified Tribal Coordinator is unable to comply with AmeriCorps rules and regulations.

All parties will be made fully aware of these rules and regulations upon grant award via SOTS orientation training and our AmeriCorps Member Handbook of policy guidance. Further, AmeriCorps members will be trained and certified by the Northern Arapaho Tribe. As such, SOTS does not foresee any adverse effects occurring in the Northern Arapaho community due to the PHA program.

### PAST PERFORMANCE FOR CURRENT OR FORMER GRANTEEES

N/A for First Time Applicants

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

The budget both aligns with our narrative of activities and is sufficient to carry out activities. SOTS currently operates a nationwide AmeriCorps VISTA grant at a CNCS approved rate of \$18,500 per MSY for 20 MSY. Although this proposal allows costs per MSY of up to \$13,930 for programs operating in rural communities and programs recruiting opportunity youth, we are requesting \$19,491 per MSY as it is necessary for a successful program and closely aligns with our current approved VISTA rate with the addition of FICA and Workers Compensation, from which VISTAs are exempt.

Northern Arapaho Tribe is one of two tribes residing on the WRIR. The second is Eastern Shoshone. These two tribes have a long and traumatic history of inner turmoil that presents a barrier to

## **Narratives**

successfully hosting and completing activities under tribal management. Due to its extreme rural location and lack of coordinated efforts between tribes, the Northern Arapaho Business Council has engaged SOTS to provide the infrastructure necessary for success. SOTS will provide this structure in as cost-effective manner as possible, with just 5% of time devoted to providing needed oversight, reporting, and fiscal responsibility. In this way, additional costs incurred are as small as possible.

### **-PERSONNEL-**

The first largest expense in making this project feasible for the Northern Arapaho and increases our MSY is the need for a dedicated, fulltime AmeriCorps Tribal Coordinator at 95% time who will be overseen by the 5% time SOTS Supervisor as mentioned above as well as a donation of 10% time NA Tribal Health Program Manager. The AmeriCorps Tribal Coordinator is crucial to ensuring the success of the project by providing daily supervision and direction. The salary for this position is based on average salary in WRIR for entry level managers. The fourth and last personnel is the SOTS ED whose time is also donated. PLEASE NOTE: The SOTS ED is 90% parttime under the current AmeriCorps VISTA grant. Therefore, his remaining 10% of donated time under SOTS will be halved, with one-half (or 5% total parttime) donated to this program grant.

### **-BENEFITS-**

Benefits are based on the current FICA rate of 7.65%.

### **-STAFF TRAVEL-**

The AmeriCorps Tribal Coordinator will attend the CNCS Grantee Training as they will be in charge of day to day oversight and operations of this grant. This will ensure that they are fully aware of and adhere to all AmeriCorps regulation. The SOTS Supervisor is an AmeriCorps Alum and has overseen the current VISTA grant for the past three years. As such, she is aware of CNCS regulations and understands how to locate and make use of AmeriCorps resources.

To provide fiscal oversight and ensure adherence to regulations, SOTS will contribute a cash match for both the SOTS Supervisor and SOTS ED to each conduct one site visit to WRIR, annually.

### **-MEMBER TRAVEL-**

The second largest expense which increases our MSY is PHA local travel in order to provide direct services to qualified tribal members. WRIR is 3,500 square miles or 2,240,000 acres of rural land and

## **Narratives**

water. In order for the PHAs to provide much needed services, they will be required to travel up to 50 miles per day or more in a radius around the three medical hubs out of which they will be based. For these reasons, cost per MSY increases exponentially. The NA Tribe will make use of GSA vehicles at the monthly rate of \$171.00 for a sedan, each of which will require at least \$40/week in gas for the expected distances traveled.

### **-SUPPLIES-**

Additional costs are described by line item within the budget and in the logic model. Costs are justified as being quotes, such as the cost for 4 emergency phones (1 for each vehicle) at \$100 each, which is based on historical data. AmeriCorps T-shirts and Lapel Pins are based on prices quoted on the AmeriCorps.gov website.

### **-CONTRACTUAL SERVICES-**

In-kind is in the form of the time and expertise of Tribal and non-Tribal professionals to conduct training, evaluation and accreditation of AmeriCorps PHAs. The amount of time spent training our PHAs and other volunteers alone is valued at more than the 24% required match. However, due to the above described turmoil that affects WRIR, we have chosen not to declare more than the required 24% in an effort to provide maximum security for successful completion of the grant.

Payroll services are estimated at \$200/MSY for ADP processing and electronic time manager.

Financial bookkeeping, accounting, external fiscal oversight and budget expertise/insight is estimated at \$6000 per year. SOTS is committed at 5% time, and Bookkeeping is reflected at this percentage.

### **-MEMBER TRAINING-**

The cost per PHA for books, tests, paper printing, and other educational materials is estimated at \$100 per certification course. The certifications include CPD/First Aid, Certified Nurse Aide, Basic Emergency Responders/Emergency Medical Responders, and Behavioral Health Aides. These certifications are authorized by the state of Wyoming and tribal health program. Basic EMT certification for an average American can cost between \$500 and \$1,000. To receive these certifications at greatly reduced costs due to NA Tribal in-kind enables this project to be both successful and cost-effective.

### **-OTHER PROGRAM COSTS-**

## Narratives

The SOTS Supervisor and SOTS ED already have background checks on file with CNCS through our current AmeriCorps VISTA grant. Therefore, only 12 checks are required. A State Registry (at the cost of \$49 at the Sheriff's office), FBI Fingerprinting, and an NSOPR check for 10 members, 1 AmeriCorps Tribal Coordinator, and 1 NA Tribal Health Program Coordinator is estimated at a total of \$70 each.

Additional in-kind will be provided by the Tribe for office space of \$400/MSY and AmeriCorps Tribal Coordinator. This is not a monthly rate, but an estimate of value as the 10 AmeriCorps members will be in an out of the service units on a daily basis. Basic office supply costs of \$75 per month are estimated to account for paperwork, ink, pens, pencils, etc.

### -MEMBER LIVING ALLOWANCE-

AmeriCorps allocation.

### -MEMBER SUPPORT COSTS-

FICA at 7.65% and Worker's Compensation based on Wyoming's 2014 published Premium Rates of \$1.76 per \$100 in payroll are included in the budget.

All AmeriCorps members will enroll in the market exchange for health insurance coverage, as required by the grant. HealthCare.gov states that Tribal Members receiving \$12,530 annually may receive up to \$199.98/mo tax credit which will cover all incurred costs for a Basic Plan that aligns with CNCS regulations.

### -ADMINISTRATIVE/INDIRECT COSTS-

We have opted for a fixed rate indirect at 5% CNCS share and 10% Grantee Share. This fixed rate is based on administrative costs in the following categories: Personnel, Fringe Benefits, Staff Travel, Contractual Services, and Other Operating Costs.

External fundraising is an ongoing effort for both SOTS and the Northern Arapaho Tribe. Richard Brannan recently transitioned from his post as CEO of the WRSU-Indian Health Service to be elected to a two-year term on the Northern Arapaho Business Council, the executive governing body of the Northern Arapaho Tribe. Brannan is spearheading the Medicaid demonstration waiver with the State of Wyoming to bring additional federal revenues for targeted, integrated health care management services that will provide long-term sustainability for the PHA program through the tribal health department. If funded, it will help to subsidize PHA services and employment beyond AmeriCorps

## Narratives

service terms.

The budget has been revised based on clarification questions. Costs have been described in the narrative and basis for calculation included in each line item.

To clarify the reasoning behind our conservative commitment of Grantee Share from the Northern Arapaho Tribe, we have outlined several factors that affect this grant opportunity:

1. Northern Arapaho and Eastern Shoshone have a long history of turmoil. In 1878 while in the process of forcibly relocating the Northern Arapaho Tribe, the US government was snowed into the Wind River Valley requiring that the Northern Arapaho be housed on the Eastern Shoshone's reservation land. That is, land that belonged to an enemy tribe. The Eastern Shoshone agreed to this arrangement with the understanding that when the snow melted, the Northern Arapaho Tribe would be moved northward. That never came to pass. To this day, there is still tribal feuding and in-fighting among tribal members that makes the WRIR an unstable area politically, economically, and socially. This feuding contributes to elevated instances of drug cartel activity, methamphetamine sales and abuse, violence and other addictions; not to mention tribal member anxiety and distrust in dealing directly with federal agencies.
2. Due to the unstable fiscal and economic environment on Wind River Indian Reservation, the Northern Arapaho Tribe is unable to formally commit a more significant portion of the program costs. Although there is ample in-kind support, and financial opportunities are being pursued by the tribe through the Medicaid Demonstration Waiver which would provide cash dollars in support of Service Unit activities; at this time, the NA Business Council is leery to commit funds that may not be accrued in a timely manner or managed responsibly by the tribe once accrued. The high rate of staff turnover, the disbandment of the inter-tribal council that provided an anchor between Northern Arapaho and Eastern Shoshone, the current efforts of the tribe to achieve Public Law 93-638 status for self-determination in IHS, and ongoing tribal disputes makes it highly difficult for the tribe to contribute a more significant portion of the program costs.
3. For this reason, Spirit of the Sun was asked to provide fiscal oversight to ensure compliance with CNCS. Although SOTS provides services at a minimal cost, the added expense increases the cost per MSY. This cost is offset by a proportionately high financial donation by SOTS in the form of travel to site visits.

## Narratives

4. Additionally, because of SOTS<sub>2</sub>'s remote location and the turmoil existing on WRIR, a dedicated onsite supervisor is required to ensure day to day compliance with the grant. The AmeriCorps Tribal Coordinator will receive an adequate salary to ensure that this entry level position is competitive and retains a dedicated supervisor for the duration of the grant. This cost drastically increases the cost per MSY. Although the tribe will not make a formal commitment for funds, it is likely that operational costs will be financially augmented by tribal cash contributions.

5. Further, Wind River Indian Reservation is located on an expanse of land extending across 3,500 square miles (2.24 million acres) of rural land and water. It is the third largest reservation in the US. The Wind River Service Unit and Indian Health Services will act as service hubs to an extensive region. For this reason, transportation for PHA members is a necessary cost that also drastically increases cost per MSY. Again, while not formally committed, it is with all likelihood that transportation and remote communication will be financially augmented by tribal cash contributions to gas, mileage, GSA vehicle rental prices, and cellphone services.

### Evaluation Summary or Plan

N/A

### Clarification Summary

CLARIFICATION 3:

1. Budget has been updated to reflect the approved grant award.

2-4. Performance measures have been updated to show in-home care, age requirement for elders, and pre-/post-survey collection.

5. The PHAs will be recruited from local high school graduates, college students, and college aged tribal youth. Complete position description and recruitment materials will be created to ensure that applicants are fully aware of age and education requirements. Prospective candidates will be asked to fill out an internal application which will ask for date of birth and background education/experience. Once reviewed, interviewed, and selected, the candidates will be required to submit identification (typically a tribal ID) as proof of date of birth and any other documentation such as school transcripts, resumes, and contact information of past employers as proof of education/experience. After the candidate has been verified, they will submit to the required background check before being officially hired.

## Narratives

### CLARIFICATION 2:

#### A. Budget (updated in Budget and Justification)

##### i. In support of Tribal grantee share:

1. Northern Arapaho and Eastern Shoshone have a long history of turmoil. In 1878 while in the process of forcibly relocating the Northern Arapaho Tribe, the US government was snowed into the Wind River Valley requiring that the Northern Arapaho be housed on the Eastern Shoshone's reservation land. That is, land that belonged to an enemy tribe. The Eastern Shoshone agreed to this arrangement with the understanding that when the snow melted, the Northern Arapaho Tribe would be moved northward. That never came to pass. To this day, there is still tribal feuding and in-fighting among tribal members that makes the WRIR an unstable area politically, economically, and socially. This feuding contributes to elevated instances of drug cartel activity, methamphetamine sales and abuse, violence and other addictions; not to mention tribal member anxiety and distrust in dealing directly with federal agencies.
2. Due to the unstable fiscal and economic environment on Wind River Indian Reservation, the Northern Arapaho Tribe is unable to formally commit a more significant portion of the program costs. Although there is ample in-kind support, and financial opportunities are being pursued by the tribe through the Medicaid Demonstration Waiver which would provide cash dollars in support of Service Unit activities; at this time, the NA Business Council is leery to commit funds that may not be accrued in a timely manner or managed responsibly by the tribe once accrued. The high rate of staff turnover, the disbandment of the inter-tribal council that provided an anchor between Northern Arapaho and Eastern Shoshone, the current efforts of the tribe to achieve Public Law 93-638 status for self-determination in IHS, and ongoing tribal disputes makes it highly difficult for the tribe to contribute a more significant portion of the program costs.
3. For this reason, Spirit of the Sun was asked to provide fiscal oversight to ensure compliance with CNCS. Although SOTS provides services at a minimal cost, the added expense increases the cost per MSY. This cost is offset by a proportionately high financial donation by SOTS in the form of travel to site visits.
4. Additionally, because of SOTS's remote location and the turmoil existing on WRIR, a dedicated onsite supervisor is required to ensure day to day compliance with the grant. The AmeriCorps Tribal Coordinator will receive an adequate salary to ensure that this entry level position is competitive and retains a dedicated supervisor for the duration of the grant. This cost drastically increases the cost per

## Narratives

MSY. Although the tribe will not make a formal commitment for funds, it is likely that operational costs will be financially augmented by tribal cash contributions.

5. Further, Wind River Indian Reservation is located on an expanse of land extending across 3,500 square miles (2.24 million acres) of rural land and water. It is the third largest reservation in the US. The Wind River Service Unit and Indian Health Services will act as service hubs to an extensive region. For this reason, transportation for PHA members is a necessary cost that also drastically increases cost per MSY. Again, while not formally committed, it is with all likelihood that transportation and remote communication will be financially augmented by tribal cash contributions to gas, mileage, GSA vehicle rental prices, and cellphone services.

ii. In addition to the 10 members and 1 Tribal Coordinator, the budget now accounts for the NA Tribal Health Program Manager who is a grantee share position. Both SOTS staff members, the SOTS Supervisor as mentioned in the previous clarification and the SOTS ED as part of this clarification, have background checks on file with CNCS as required by the current VISTA grant.

### B. Programmatic

i. The sentence regarding liability for PHA training has been removed.

ii. Service hours reflect the time it will take to recruit and hire new AmeriCorps members. As such, the start date for the 12-month member service year will be roughly one month (mid-August) into the first budget year and will necessarily extend the member service year into the second budget year of the AmeriCorps grant (mid-August of 2016). For this reason, the additional month of service extending into the second year was not factored into the first year program plan or budget. While 1700 hours will be achieved in the first budget year pending any vacations, sick days, or holidays; the PHA members will have an additional month of service in the second year to account for hours missed, sick days taken, or other unexpected circumstances. Any additional time will be made up through weekend or evening hours in adherence with our employee and member handbooks.

iii. VISTA member costs will be kept separate from AmeriCorps State and National Costs. SOTS works with an external accountant and adheres to Generally Accepted Accounting Principles. All expenditures are mapped within QuickBooks and delineated by Grant Number and class category, such as Overhead or Staff Travel. All requests for fund reimbursement are submitted via expense

## Narratives

report with receipts as needed, tracked by SOTS staff using an Excel spreadsheet to identify Grant Number, processed with a Purchase Order, and submitted to the accountant for bookkeeping purposes. Using ADP Payroll Processing, SOTS will ensure living allowances and staff costs are accurately recorded and withdrawn under each grant as well.

### C. Performance (Updated in Performance Measures and Logic Model)

i. and ii. Minimum dosage to be counted for this measure has been updated to include duration of time of at least 15 weeks or 30 hours of service provision. As described in the narrative, it is not assumed that patients will be retained for the entire year. While some may drop out of the program, others may require a shorter extent of participation based on need, illness, or deficiency (such as once per week for 20 weeks). Required dosage for each patient will be assessed on intake. Those without a chronic illness who need less than 30 hours of service for instance, will be included in the head count if they participate in the full dosage identified during intake for their circumstance.

iii. The number of educational service sessions/workshops is 20 for the year. The logic model and performance measures have been updated to clarify that more than one session per month will occur on occasion.

### CLARIFICATION 1:

#### A. Budget (changes made directly in budget justification)

i. Costs have been adjusted.

ii. Costs have been adjusted.

iii.1 Criminal background checks account for 10 members and 1 fulltime AmeriCorps Tribal Coordinator. One 5% of fulltime SOTS Supervisor already has a background check on file with CNCS and does not require cost consideration. The remaining part time staff are not paid out of CNCS funds and therefore do not require a background check. (See justification).

iii.2 Background checks will include FBI fingerprinting in addition to state registry check and NSOPR. (See justification)

iv. All AmeriCorps members will enroll in the market exchange for health insurance coverage (See justification).

v. Staff position clarification is below (Section B part ii), in narrative and in budget justification.

## Narratives

- vi. The NA Tribal Health Program Coordinator Local Travel line item has been removed from the budget.
- vii. Source of funds have been updated to reflect changes made to budget with the majority from in-kind and a minimal amount cash donation.
- viii. The three pre-award documents have not been sent as of June 4th 2015, though may already be on file for our currently existing CNCS program grant.

### B. Program

- i. Spirit of the Sun holds itself accountable for instances of risk or noncompliance in a variety of ways. To prevent risk within SOTS, we have in place an operational handbook and employee handbook that outline our policies and procedures and align with AmeriCorps regulations. These policies are strictly enforced and are overseen by our Board of Directors, External Accountant, and Financial Auditor. A copy of these policies have been provided to CNCS and approved. Additionally, we have received our 2014 Financial Audit that demonstrates our adherence to Generally Accepted Accounting Principles with no findings. To prevent risk within the tribe, we have received a signed resolution from the Northern Arapaho Business Council (the governing body of the Northern Arapaho Tribe) agreeing to a partnership on this CNCS grant program. Further, when awarded, we will sign an MOU agreement between SOTS and the Northern Arapaho Business Council clarifying both expectations and repercussions if terms are not met. Our fulltime, onsite AmeriCorps Tribal Coordinator will provide daily oversight and management to ensure AmeriCorps members conduct themselves according to the requirements of this grant. Further, we will require that the 10 AmeriCorps members sign an agreement stating that they both understand the requirements of the position and that they will comply with all AmeriCorps rules and regulations.
  
- ii. The original proposal narrative and budget proposed 4 personnel, two of which are paid out of this grant. The first paid position will be at 5% of fulltime for an SOTS Supervisor who will be in charge of grant oversight, compliance, payroll, and reporting to CNCS. The second paid position will be at 95% of fulltime for an AmeriCorps Tribal Coordinator who will provide fulltime, ongoing, daily oversight of the 10 members. This includes all day-to-day compliance, monthly reporting to SOTS, supervision of members, volunteers, and activities including recruitment, hiring, training, communication with various WRIR departments and service units, conflict mitigation, and all other onsite duties. The first unpaid position will be at 10% of fulltime for the NA Tribal Health Program Manager who will donate

## Narratives

a portion of their time to ensuring Tribal compliance to CNCS regulations and overseeing the fulltime AmeriCorps Tribal Coordinator. They will also provide direction for the development of the Health Aides Program and insight into training. The second unpaid position will be at 5% of time for the SOTS ED. PLEASE NOTE: The SOTS ED is currently employed at 90% of parttime under an AmeriCorps VISTA Grant and 10% of parttime under donation. OF THIS DONATED TIME, half will be given to the State and National Program. Therefore, only 5% of total parttime hours (half the portion that is not CNCS funded) is accounted for in the Grantee Share of the budget. The SOTS ED provides oversight to the SOTS Supervisor to ensure compliance and proper management of CNCS funds. His insight is also valuable as a liaison and business professional in Indian Country.

iii. Executive summary has been revised.

iv. The logic model and performance measures have been revised to reflect service to a wider audience than just elders. The PHA program will affect other tribal members such as baby boomers and youth through their volunteer service. While a majority of in-home care recipients will be elders (both over and under the age of 65), a minority will be tribal members under the age of 65 who are not considered elders but are in most need of in-home care, primarily those with disabilities or chronic conditions (e.g. cancer). Additionally, while the families of all patients are not direct recipients of in-home care, they will benefit from watching and learning during each home visit. They will gain knowledge and insight into how to provide at-home care to their loved ones and, along with the patient, will be participating in patient care planning. Further, the workshops planned for the community at large will encourage any who are interested to attend. These workshops will provide educational opportunities on how to care for one's own health and well-being as well as how to apply the knowledge in their daily life and to help others within their family. As an added benefit, AmeriCorps members will also act as role models for future generations of youth who are considering healthcare professions. Even beyond their service year, the Health Aides will be able to provide ongoing mentorship to community youth who are interested in following in the Health Aides' footsteps. Through tribal educational scholarships that can complement the AmeriCorps Education Award, AmeriCorps members will have the resources to continue in a career ladder in health care professions.

v. The timeline and member activities have been revised in the narrative to demonstrate 10.5 months

## Narratives

of service activities, accounting for 42 weeks of direct service delivery or 1700 hours of fulltime, 40 hour/week, member service. This also accounts for the additional time required for recruitment and training of these fulltime AmeriCorps Members between July 15th and October 1st. Therefore totaling over 1700 hours of member participation. Each week, members will provide non-physician ancillary health care to 100 patients (10 patients per member) in 1 hour time slots per day, twice per week. This means that each patient will receive 2 hours of care each week. This also means that the members are conducting home visits four days per week. Each eight hour day may look as follows: Check-in at WRSU, receive briefing from Tribal Coordinator, sign-out vehicles (.4 hr); Drive to 1st home visit (.4 hrs); Conduct 1st home visit (1 hr); Compile notes, drive to 2nd home visit (.4 hrs); Conduct 2nd home visit (1 hr); Compile notes, drive to 3rd home visit (.4 hrs); Conduct 3rd home visit (1 hr); Compile notes, drive to 4th home visit (.4 hr); Conduct 4th home visit (1 hr); Compile notes, drive to 5th home visit (.4 hr); Conduct 5th home visit (1 hr); Compile notes, return to WRSU, sign-in vehicle, receive debriefing (.4 hr). Drive times, note taking, and briefing/debriefing times may vary. On the fifth day of each week, the members will file any necessary reporting associated with their service, prepare and conduct onsite workshops for additional tribal members, and follow up on any other designated service tasks.

vi. The Population Health Aid program is a completely new program. The AmeriCorps members will not supplant, duplicate, or displace paid staff. By providing in-home, non-physician healthcare as well as public educational seminars to those tribal members in need, the AmeriCorps are inherently providing a unique service to the tribe. As demonstrated in our evidence based study, the PHA program will enable non-physician healthcare providers to produce significant contributions within the reservation, such as lowering inpatient census and increasing the number of people making use of preventative care services. Reservation-wide improvement in overall healthcare can be gained by providing non-physician care to those in need.

vii. Members will be certified in CPD/First Aid, Certified Nurse Aide, Basic Emergency Responders, Emergency Medical Responders, and Behavioral Health Aides. These certifications are authorized by the state of Wyoming and tribal health program.

viii. Inconsistencies in the number of recruited volunteers have been corrected. We estimate that six additional community volunteers will be recruited within the first year of launching this new

## Narratives

program. Volunteers will receive the same training as AmeriCorps members, with an option to become certified. Volunteers will aid in providing ongoing educational workshops, reviewing patient applications for in-home care, and raising awareness. If certified, they will also provide in-home, non-physician ancillary health care on a volunteer basis. The number of additional volunteers is expected to grow as the program gains awareness and interest.

ix. The AmeriCorps VISTA will be leveraged from SOTS's current AmeriCorps VISTA grant program. As stated in the original narrative, the VISTA will provide daily mentorship to the State and National members. This does not mean supervision. Daily supervision of all AmeriCorps members will be provided by the AmeriCorps Tribal Coordinator. In addition, the VISTA will work with the Tribal Coordinator to build the capacity of the PHA program. They will draft and submit grants, create recruitment and advertising materials, create a website and develop social media, develop training manuals and binders based on best practices for PHAs, recruit volunteers and create management policies and procedures, assist with fundraising activities, and build overall program sustainability through indirect service.

x. The fulltime AmeriCorps Tribal Coordinator, who is in charge of all day to day programming compliance, will attend the CNCS sponsored training in order to become adequately trained to follow AmeriCorps and program regulations, priorities, and expectations, as well as to gain insight about available resources for ongoing support. Through this training and ongoing support from SOTS, the AmeriCorps Tribal Coordinator will be able to provide the AmeriCorps members with sufficient levels of support and daily oversight. Additionally, the Tribal Coordinator will work with the AmeriCorps VISTA to ensure the members receive peer support through ongoing mentorship, aiding with challenges that may arise throughout their service term. The SOTS Supervisor, who will provide overall grant reporting and compliance at 5% time, is an AmeriCorps Alum and has been managing an AmeriCorps VISTA grant for three years. The SOTS Supervisor has already received training on AmeriCorps regulations and has a depth of understanding in regards to resources available to ensure proper management of grant funds. The SOTS Supervisor will be available at any time to provide insight and answer any other questions the AmeriCorps Tribal Coordinator may have.

C. Performance Measures (changes made directly in Performance Measures section)

i. Performance measures have been updated to include a more comprehensive view of all individuals

## Narratives

served.

ii. MSY allocations have been adjusted to include additional performance measure breakdowns.

iii. Processes for beneficiary identification and ensure beneficiaries meet qualifications have been added to the performance measures H8 and H9.

iv. The minimum dosage required for beneficiaries to be considered in these measures has been added to the performance measures.

### Continuation Changes

N/A

### Grant Characteristics