

# Narratives

## Executive Summary

EXECUTIVE SUMMARY The Northwoods NiiJii Enterprise Community Inc. proposes to have thirteen AmeriCorps members who will work with tribal substance abuse prevention coalitions to implement evidence and practice-based strategies that reduce substance abuse issues in the 11 federally-recognized Tribal Nations of Wisconsin. At the end of the first program year, AmeriCorps members will be responsible for helping their local coalitions become more proficient in reducing substance abuse issues by implementing evidence and practice-based strategies within an evidence-based public health framework. In addition, the AmeriCorps members will leverage an additional 50 volunteers who will be engaged in the organization and support of activities that help reduce substance abuse in Indian Country.

This program will focus on the CNCS Healthy Futures Focus Area. The CNCS investment of \$234,000 will be matched with \$140,400.

## Rationale and Approach/Program Design

1.PROBLEM and NEED. The Tribal AmeriCorps Program (TAP) proposal is being submitted to address the PROBLEM of substance abuse among American Indian (AI) members in their communities across Wisconsin. AI individuals are reported as having the lowest income, least education and highest poverty level of any group-minority or majority-in the United States (Denny, Holtzman,Goins and Croft, 2005) and the lowest life expectancy of any other population in the United States (CDC,2010). In Wisconsin Tribes, the accumulation of economic, academic and social risk factors lead to disproportionate health outcomes in Tribal communities.

NEEDS. AI people comprise 0.9% of the total Wisconsin population. However, AI people suffer disproportionate risk factors that far outweigh their numbers. POVERTY. 20.5% of Wisconsin AI live below the poverty line compared to 10.4% of whites (Wisconsin Report 2014, TalkPoverty.org). The unemployment rate for AI in Wisconsin (11.8%) is almost twice the rate for non-Hispanic whites (6.2%)(Wisconsin Budget Project Blog 2013). The AI-white employment rate gap in Wisconsin from 2009-2011 was -16.4% compared to a national average of -13.4%. (Economic Policy Institute, 2013). Two Wisconsin Tribes were listed as having 93% (Sokaogon Chippewa) and an 81% (Bad River) unemployment rates in 2013 (Indian Country.com,8/29/13). SOCIAL JUSTICE. Wisconsin leads the nation in incarceration of AI men, with 7.6% of working age men (or 1 in 13) in state prisons and local jails in 2010, compared to 3.1% (or 1 in 32) nationally (WI Mass Incarceration of African American Males: Workforce Challenges of 2013). In one county in Wisconsin, the tribal population

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represents 9% of the county but accounted for over 50% of the criminal caseload (over 90% of which were AODA related) and 53% of the jail population (Uniform Crime Reporting Data, Report Run February 2015 Vilas County Sheriff Department). HEALTH. In Wisconsin, compared to the total population, AI have higher rates of death and lower rates of hospitalization - from heart disease, cancer, and diabetes. AI young adult, adult and older adult death rates are worst among all categories measured (Health of Wisconsin Report Card 2013). AI had the highest rates of inpatient hospitalizations for self-injury in Wisconsin during 2007-2011 (Burden of Suicide Report, 2014). In Wisconsin, a telling statistic is that Menominee County (the only county where a Tribe makes up the entire geography) is ranked 72nd, worst in the state in "Health Outcomes" for its residents (Wisconsin Counties, 2015). EDUCATION. Compared to Wisconsin students as a whole, AI students in Wisconsin are: less likely to score advanced or proficient on standardized tests on all subjects and at all grade levels; less likely to graduate from high school; more likely to drop out of school; more chronically truant; and more likely to be suspended or expelled for drug or weapons (WI Department of Public Instruction: American Indian Education In Wisconsin. June 2015). SUBSTANCE ABUSE. In Wisconsin, AI lead all of the following indicators regarding alcohol abuse: initiation prior to age 13; current use among high school students; binge drinking among high school students, binge drinking among adults, and heavy drinking among adults (WI Epidemiological Profile on Alcohol and Other Drug Use, 2014). AI youth also lead all groups in the initiation of marijuana use prior to age 13 and current use of marijuana among high school students. The counties where some Tribes are located have the highest rates of opioid-related hospitalizations in the state (WI Epidemiological Profile on Alcohol and Other Drug Use, 2014). The counties where Tribes are located also have consistently seen the highest number of prescriptions written per person for controlled substances in the state (Prescription Drug Monitoring Program Stat Sheets). The rate of prescription drug use (not prescribed) among youth of one Tribal community was 3 times higher than that of youth in the same county as the reservation (Positive Alternatives Coalition Drug Free Community Survey 2015).

2. THEORY OF CHANGE. If we provide coalitions with capacity, resources, trainings and technical assistance in evidence-based prevention frameworks then they will become more proficient in implementing a range of evidence and practice-based strategies that collectively reduce population-level substance abuse.

The TAP theory of change is based on two evidence-based public health models: the federal Substance Abuse and Mental Health Services Administrations Strategic Prevention Framework (SPF) and the Community Anti-Drug Coalitions of Americas (CADCA) 7 Strategies For Change (7 Strategies).

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SPF is a five-step planning process framework designed to help states, tribes, jurisdictions and communities more effectively understand and deliver effective prevention practices. Community coalitions are the vehicles for these efforts. Distinctive features of SPF include outcomes-based prevention, population-level change, prevention across the lifespan, and data-driven decision-making. The 5-step process includes: capacity building, needs assessment, a comprehensive community action plan, corresponding implementation plan and evaluation. The five steps of the SPF guide prevention professionals in planning, implementing, and evaluating effective evidence-based prevention efforts that reflect cultural competence and show sustainability. The effectiveness of this process begins with a clear understanding of community needs and involves community members in all stages of the planning process.

The 7 Strategies, an evidence-based approach developed by the World Health Collaboration Centre at the University of Kansas, calls for action and is designed to change behavior by reducing harm or increasing positive behavior. The first three strategies are individual focused strategies: 1) Provide Information: includes public awareness campaigns; 2) Enhance Skills: includes workshops to increase skills; 3) Provide Support: creates opportunities that reduce risk or enhance protection. The last four strategies focus on environmental changes: 4) Enhance Access/Reduce Barriers: increasing access to community services; 5) Change Consequences: e.g. penalties for violating laws; 6) Change Physical Design: making physical changes to promote positive behaviors; 7) Modify/Change Rules: e.g. changing rules in the work places, families, or organizations.

PROPOSED INTERVENTION. A collaboration of partners across Wisconsin have come together to provide the infrastructure to support and enhance the outcomes of our theory of change. Marshfield Clinic Center For Community Outreach (CCO) and Northwoods Coalition (NWC), a network of 51 substance abuse prevention coalitions (including the 11 Tribes in Wisconsin), have partnered on substance abuse prevention efforts since 1995. CCO is the regional center for the north and west regions of the Alliance for Wisconsin Youth (AWY), a statewide network of community coalitions in Wisconsin managed by the Wisconsin Department of Health Services. CCO staff manages the NWC coalition. Since 2009, the TAP has joined this partnership, along with the Tribal State Collaboration For Positive Change (TSCPC), a coalition comprised of the behavioral health directors of the 11 Tribes in Wisconsin, state department of health services partners, CCO and one other consulting firm. TSCPC serves as the tribal advisory board for TAP. This board oversees and promotes TAP program efforts and serves as a direct link to state government with regards to behavioral health issues for the Tribes of Wisconsin. TSCPC members help with local recruitment of AmeriCorps members and provide

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professional help and guidance to TAP members as needed. More recently, in 2013 Northwoods NiiJii Enterprise Community, Inc. (Northwoods NiiJii) joined as the fiscal home for the project. CCO staff provides management for TAP.

Each year, NWC develops a list of evidence and practice-based strategies that NWC coalitions are eligible to apply for. These are called the NWC Menu Items. The NWC Menu Items are implemented within the SPF and 7 Strategies evidence-based frameworks. CCO uses a portion of the funding it gets from the AWY to reimburse NWC coalitions for successful implementation of its menu items. CCO staff provides technical assistance and trainings for its TAP members and member coalitions regarding the menu items.

In this proposal, 13 fulltime AmeriCorps members will be made available for recruitment by the substance abuse coalitions for the 11 Tribes in Wisconsin to help them implement the NWC Menu Items. TAP members will recruit an additional 50 volunteers to help with this effort.

PROGRAM DESIGN. Tribes that want to participate in TAP must have their governments pass a Resolution of Support. This insures tribal participation and support from tribal leadership and spells out the expectations and deliverables of our program. Our goal is to have Resolutions of Support (on file) from all 11 Tribes in Wisconsin. TAP members are recruited by their local tribal prevention coalition. One of the coalition members will serve as the host site and site supervisor for the TAP member. Each coalition that applies for a TAP member must fill out the TAP Tribal and Coalition Memorandum of Understanding (TAP MOU). This document, signed by the Tribal Chair, Coalition Chair and site supervisors includes assurances identifying the role of each partner and rules and guidelines for the program. A member cash match is required insuring local commitment to the program. Our goal is to have 8 Tribal coalitions sign MOUs to participate in TAP. TAP staff will track the number of coalitions participating in the NWC Menu Item initiatives using the TAP Participation Log. Each coalition will work with CCO staff and the host site to develop the TAP Member Service Plan that establishes the framework for member activities for the year.

The TAP Member Service Plan will be developed using the infrastructure of SPF and the 7 Strategies. The service plans are developed once members begin their terms of service to insure the plans match member skillsets and interests. The TAP Member Service Plan describes the NWC Menu Items and provides space for the members and site supervisor to record member service efforts related to these tasks.

By October 2016, each Tribal coalition must choose at least two NWC Menu Items to work on. Each Menu Item has a specific set of member tasks assigned to it, plus flexibility for local coalitions to add

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their own community-specific tasks. Sites and members are encouraged to consider cultural appropriateness and local adaptability for each. CCO staff provides training and technical assistance for TAP members and coalitions on the NWC Menu Items within the SPF and the 7 Strategies frameworks. Coalitions will be awarded mini-grants upon successful evidence of completion of each menu item according to NWC guidelines. 2015-16 NWC menu items included: development of a Drug Endangered Children's Program; Prescription Drug Initiative; AODA Policy Initiatives; Legislator Education Initiative; Town Hall Meeting on AODA Issues; Parents Who Host Lose The Most (PWHLTM) Initiative. Reports on coalition and member progress will be compiled and sent quarterly to Tribal governments by CCO staff. Our goal is that at least 7 coalitions will show progress in implementing 2 evidence-based initiatives during the service year.

The 13 TAP Members will receive two days of trainings regarding these initiatives at orientation, 2-days at midterm. CCO staff will communicate with members weekly about their progress. CCO staff and TAP members will meet at least once per month with their local coalitions. Coalitions will attend four quarterly NWC Regional meetings to network with other coalitions, and receive specialized trainings on specific issues of concern. Each year NWC will provide a series of prevention-related trainings and other opportunities (e.g. prevention certification) across the AWY region at no-cost to NWC coalitions and their TAP members. Finally, each year NWC will provide scholarships for coalition members and TAP members to attend the WI State Prevention Conference.

CCO staff will evaluate coalition progress using the TAP Coalition Progress Survey. This focus-interview tool will be implemented with each participating coalition as a pre and post survey at the beginning and the end of the service term year. Quarterly reports will be compiled for Tribal governments and presented annually at their meetings.

**MEMBER ROLES:** All Members will serve as mentors and leaders in their communities depending on their individual skillsets. Member roles may be different at different sites. It will depend on the NWC Menu Items their coalition chooses to work on and the tasks their coalitions associates with those Menu Items and identify in the individual Member Service Plan. For example: in coalitions that choose to work on the Drug Endangered Children's Program, members could: help coordinate local meetings; research existing DEC protocol's and MOU's between agencies for adaptation; research local needs data; help raise awareness in the community, and recruit volunteers to help.

While TAP members may have differing tasks associated with their Menu Items and Service Plans they will have universal roles. Members will: get trained in SPF, the 7 Strategies and NWC Menu Items; serve as liaison between NWC and the coalition; attend local coalition meetings monthly to

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assess technical assistance and training needs and guide progress; serve 35 hours per week; serve and track community members served via direct outreach; recruit and track additional volunteers to help with coalition-sponsored efforts and events; complete a quarterly report of their activities, hours, success stories and send to CCO staff; work with CCO staff and coalition leaders to implement and analyze the TAP Coalition Progress pre-survey.

**VOLUNTEER ROLES:** Volunteers add extra capacity to get the work done. Volunteers will help members plan and implement events, work with youth and families and other efforts as required by the local coalition task plan and member service plan.

**TARGET POPULATION.** This proposal serves youth, adults and families via Tribal coalitions on the lands of the 11 federally recognized Indian Tribes in Wisconsin: The Sokaogon, Bad River, Lac Courte Oreilles, Lac du Flambeau, Red Cliff and St. Croix Bands of Lake Superior Chippewa; Ho-Chunk Nation, Menominee Tribe of Wisconsin, Oneida Nation, Forest County Potawatomi, and Stockbridge-Munsee band of Mohican Indians. Tribal coalitions are encouraged to recruit TAP members from the AI communities in Wisconsin.

**COALITION OUTCOMES.** Substance abuse prevention programs grounded in the evidence-based approach of SPF and the 7 Strategies have a statistically reliable chance of effectively impacting community health. In the short term, we expect at least 50 coalition members to become actively engaged in the SPF process to help their coalitions implement population-based evidence-based strategies within the SPF and 7 Strategies framework. Mid-term outcomes include: coalitions will become more proficient utilizing the lower strata (individually focused) of the 7 Strategies. In the long-term we expect coalitions will become proficient in implementing population-level changes in the substance abuse environment. This is meaningful progress: in the past the focus in prevention has been on individual-based prevention efforts that did not profoundly change the larger substance abuse environment. Population-based prevention efforts represent meaningful progress in Indian Country. By the end of the three years, coalitions will demonstrate proficiency in utilizing the all 7 Strategies in implementing the NWC Menu Items they choose.

Utilizing this program design the past 5 years, TAP members have produced significant and unique contributions to previous prevention efforts. One member was elected to the Lac du Flambeau Tribal Council where he, along with the local tribal coalition, made a significant impact during their State of Emergency (for drug abuse) process, policies and protocols utilizing SPF and the 7 Strategies for Change. The Tribe has been recognized by SAMHSA as a national leader in addressing substance abuse issues. The tribal coalition has just been awarded a Healthy Partnership Program Grant from

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the Medical College of Wisconsin to expand their efforts.

MEMBER OUTCOMES. In the short term, we expect TAP members to participate in additional trainings and one-on-one TA that advances their understanding of reducing substance abuse at the community level. In addition, members will successfully complete their term of service. In the midterm, members will return for additional terms of service. In the long term, members will get hired or return to school for higher learning.

3. EVIDENCE BASE. Implicit in our program design is the empowerment of Tribal coalitions. Social workers have been reasserting for decades that community-level interventions are needed to help people and communities improve quality of life and achieve social justice (Hardcastle & Powers, 2004; Haynes, 1998; Maton, 2008; Specht & Courtney, 1995; Weil, 1996).

A recent trend in substance abuse prevention is the adoption of models that are similar to a public health approach, which targets change across an entire population or community (Haggerty & Shapiro, 2013; Linowski & DiFulvio, 2012; Toomey, Lenk, & Wagenaar, 2007). Compared to individual level of analysis, environmentally focused, community-level strategies target the conditions of a community or specific population. The intention is to reduce access or opportunities to abuse substances, reduce tolerance, and increase penalties for violating substance abuse use laws (Holder, 2002; Pentz, 1998, 2000). In an effort to assist communities with the implementation of environmental strategies, the U.S. Center for Substance Abuse Prevention developed the SPF as a structured guide for the process of community change (Florin et al., 2012). The SPF model emphasizes the use of epidemiological data and the development of sustainable, community-based coalitions to implement environmental strategies (Buchanan et al., 2010). Typically, these coalitions emphasize the recruitment of multi-sector representatives, analysis of complex community needs, active participation of community members, and grassroots planning and decision making (Berkowitz, 2001). Coalitions have been shown to broaden participation within a community, leading to an increase in commitment, resources, and sustainability of an initiative (Gloppen et al., 2012; McMillan, Florin, Stevenson, Kerman, & Mitchell, 1995; Mizrahi & Rosenthal, 2001; Shapiro, Oesterle, Abbott, Arthur, & Hawkins, 2013; Wolff, 2001). At the local level, coalitions function as catalysts or agents of change, influencing individual behavior, delivering services, and other activities (NORC, Assess the Sustainability, 2010). The SPF has begun to show increased coalition capacity (Nargiso et al., 2013) and a decrease in problem consumption patterns and related consequences of substance abuse when the model is fully implemented (Imm et al., 2007; Buchanan et al., 2010), and was included as an effective model in the recently released report to the U.S. Congress on underage

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drinking prevention efforts (U.S. Department of Health and Human Services, 2013). TAP empowers coalitions with skills to affect prevention goals (empowering community collaborations and promoting the factors that minimize the risk of substance abuse) and methods (SPF, 7 Strategies) with the hopes of attaining community-level change. Michigan State University has verified through an independent evaluation that coalitions that received 7 Strategies training from the CADCA Training Institute are: engaged in a more comprehensive set of strategies to reduce substance abuse; spend a greater portion of their time on implementing population-level environmental strategies; more highly likely to bring about a new policy or practice in their community ([www.cadca.org/coalitionhandbook102013.pdf](http://www.cadca.org/coalitionhandbook102013.pdf)).

PRE-PRELIMINARY EVIDENCE. We have not found a specific, replicable evaluation or research study to evaluate whether empowering Tribal coalitions with capacity and resources increases the utilization of the 7 Strategies to reduce population-level substance abuse. The evidence cited above leads us to believe we are on the right track however. In 2013, TAP developed the pre- and post-survey TAP Coalition Progress Tool, a focus-group interview methodology, to track the proficiency of coalitions implementing evidence-based strategy initiatives utilizing the 7 Strategies in their communities. This qualitative tool is administered to coalition members by CCO staff and the local TAP member(s): pre-survey in September and the post-survey in August. The interview takes 30-60 minutes. Coalition members are asked to evaluate their performance on each of the 7 Strategies for each NWC Menu Item. The survey tool is an excel spreadsheet and calculates from 0-4 the progress the coalition made within each NWC Menu Item for EACH of the 7 Strategies. Zero indicates no progress. One indicates beginning progress, stakeholders engaged. Two indicates community organized and ready to act. Three indicates strategy implemented. Four indicates outcomes measured. In 2014-15, we had all 9 Tribal Coalitions with TAP members make progress, effectively demonstrating utilization of the 7 Strategies. Pre- (September 2014) and post (September 2015) surveys were conducted with each coalition. Coalitions ranked themselves during the interview process and provided verbal evidence for utilization of the 7 Strategies for the NWC Menu Items they implemented.

This data provides a link to our theory that capacity enriched and empowered coalitions will improve at implementing evidence-based strategies in their community to reduce substance abuse. Coalitions rank themselves on their progress providing insight on future training and technical assistance needed to move the coalition to the next level.

4. NOTICE PRIORITY. This program meets all CNCS requirements and fits within the Healthy



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Futures funding priority. Our aligned performance measure is program specific. TAP will empower coalitions to alter current population-level behavioral health patterns with capacity enrichment, training, technical assistance and resources. This will enhance the ability of Tribal coalitions to implement increasing, more efficient, effective, and sustainable strategies to reduce substance abuse. Implementing TAP inter-tribally expands the scale and reach of the effort to match the scope of the problem.

5. MEMBER TRAINING. TAP provides members with a 2-day orientation in September and a 2-day midterm training. Tribal specific sessions are included in all trainings. Topics at the orientation and midterm include: citizenship; tribal sovereignty; substance abuse issues; conflict resolution; AmeriCorps rules, regulations and prohibited activities; and volunteer recruitment. Training will be provided on SPF, the 7 Strategies; risk and protective factor theory; and evidenced and practice-based substance abuse prevention strategies with a focus on the NWC Menu Items. Upon completion of member orientation, CCO staff facilitates a host-site orientation for site supervisors and members that cover all program requirements which are included in the TAP Handbook. During the course of the year, members can attend additional regional NWC trainings and will be provided scholarships for the State Prevention Conference.

6. MEMBER SUPERVISION. Host site supervisors will provide day to day supervision of members, office space and dedicated computer access, secure matching funds, participate in required training, ensure that required paperwork is completed and complete two member evaluations annually. CCO staff will work closely with site supervisors, the local coalition and the member, ensuring that each has adequate support to meet goals and activities outlined in the Member Service Plans. CCO staff has will continue to work closely with host sites to assure that supervisors receive the training, oversight and support needed to effectively manage their members. TAP Performance Improvement Plans will be developed as needed to help supervisors manage their members. In addition, TAP Tribal Advisory Board members are also available for counseling members.

7. MEMBER EXPERIENCE. Tribal coalitions recruit TAP members from their own communities. At the coalition table, TAP members are introduced to a variety of programs and people in their own communities they might not otherwise meet, leading to future opportunities. TAP members get high level training in prevention and experience first-hand what it takes to move communities to implement strategies that reduce substance abuse. Many members have transitioned into community-based prevention jobs upon completion of their term of service, often with their host site, or returned either to school or another term of service.

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TAP members are connected to each other via various trainings and retreats, weekly email updates from CCO staff, monthly coalition meetings and quarterly NWC meetings. Members receive recognition from their leaders via quarterly reports and local presentations. Member reflection is a standing agenda item at local coalition meetings. Members can attend NWC regional trainings and will have scholarships for the state prevention conference. TAP success and member stories will be shared with the National service Network. Members are encouraged to join the national AmeriCorps Alums.

8. COMMITMENT TO AMERICORPS ID. A logo for the TAP was developed several years ago by a tribal artist from the Oneida Nation. Orientation, mid-term and host site supervisor trainings include extensive use of the AmeriCorps logo, education on how to identify affiliation with AmeriCorps and the distribution of AmeriCorps promotional and marketing materials. All materials (member host site signs, service gear, member ID badges, etc.) all contain the TAP and AmeriCorps logos and names. Members are encouraged to wear their TAP service gear. Materials produced and distributed to host sites, including recruitment flyers, member applications, host site applications, etc. all contain prominently placed TAP and AmeriCorps logos and names. Members will be provided written standards for member identification in the community regarding media contacts, phone messages and email signature blocks. Program promotion will include banners, the AmeriCorps website, thumb drives, numerous give-a-ways and more. A sense of teamwork will be cultivated between TAP members and other AmeriCorps programs across the state.

### Organizational Capability

ORGANIZATIONAL BACKGROUND AND STAFFING. TAP is a collaborative project with Northwoods NiiJii serving as the fiscal agent and CCO as the programmatic agent. FISCAL OVERSIGHT: Northwoods NiiJii HISTORY. Northwoods NiiJii is a not for profit 501(c)(3) organization founded in 1998 as a unique partnership among three AI tribes (Lac du Flambeau, Sokaogon and Menominee) and eight municipal partners in rural northern Wisconsin to affect community-based development. They were recognized by USDA as the best performing Tribal Enterprise Community Nationally having successfully completed 82 development projects. CCO HISTORY: Marshfield Clinic, founded in 1916, is a not for profit 501(c)(3) organization with over 54 locations in Wisconsin. CCO was established as a Clinic department in 1998. Its purpose is to provide TA, consultation, education, training and resources, and to serve as a catalyst for population-based strategies focused on community health improvement.

FISCAL MANAGEMENT EXPERIENCE AND GRANTS MANAGEMENT-NORTHWOODS NIIJII.

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Northwoods NiiJii currently manages 3 federal and an endowment. Grants help support a variety of programs and projects on the reservation including youth programs and infrastructure, housing, education, economic development, law enforcement, healthcare, wellness services, environment and historic preservation. Northwoods NiiJii has successfully implemented 3 AmeriCorps Vista grants since 2003 to build capacity among Tribal communities, and TAP since 2013. All grants are in compliance with OMB Circular A-133 via annual external audit that shows no findings. Grant and fiscal compliance is overseen by the Northwoods NiiJii Executive Director who is overseen by the NiiJii Board of Directors made up of 15 members of whom 82% are AI. Menominee Nation tribal member Pamela Boivin is the Interim Executive Director for Northwoods NiiJii and the Executive Director of NiiJii Capital Partners, Inc. (NiiCaP) which is Native Community Development Financial Institution certified by the US Treasury Department. Pam has received certifications in financial education and economic development. Her experiences with NiiCaP have given the experience to effectively administer and manage grant funding. She continues to participate in several initiatives whose mission is to stimulate entrepreneurship and facilitate small business growth on Reservation economies. She will be responsible for coordinating personnel follow up, fiscal reporting and doing background checks on all staff and AmeriCorps members. MANAGEMENT STRUCTURE: Each Northwoods NiiJii grant is managed directly by the Executive Director who oversees the fiscal and narrative aspects of a grant. The Executive Director is assisted by a CPA, who performs accounting and payroll, contracted through Kerber Rose Accounting. The Northwoods NiiJii Board of Directors oversees all NiiJii operations. The TAP grant is a centralized management structure. NiiJii contracts with CCO for the program management of the TAP. Roles and responsibilities for both Northwoods NiiJii (fiscal) and CCO (programmatic) have been clearly defined. The Northwoods Coalition and TAP Tribal Advisory Boards also provide guidance.

PROGRAMATTIC EXPERIENCE AND GRANTS MANAGEMENT-CCO. Since 2000, CCO has received 24 AmeriCorps awards for four programs (Marshfield Clinic AmeriCorps, AARA funds, Marshfield Clinic AmeriCorps Afterschool, Volunteer WI AmeriCorps). The principal investigator/CCO director, AmeriCorps manager, program coordinator/health educator, and administrative secretaries have extensive experience and expertise developing and implementing community health improvement programs and provide the leadership necessary for successful operation of CCO AmeriCorps programming. Ronda Kopelke, Director, will provide administrative and program oversight to CCO AmeriCorps. She has over 30 years of experience working in population and community health and has been principal investigator on numerous state and federal

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grants. Bob Kovar, CCO Manager of Tribal Services, has provided the leadership and program management for TAP since it began in 2009. He has extensive experience working with the Tribal Nations in Wisconsin since 1998 as a program developer, ally, advocate and collaborator. He reports to Northwoods NiiJii management, CCO management, NWC board of directors and the TAP Tribal Advisory Board (TSCPC). He will manage all program aspects of the TAP. Denise Brickheimer-Reichert, Assistant Director, has provided operational and fiscal oversight to CCO AmeriCorps programs since they began. She has a close working relationship with the Northwoods NiiJii fiscal team, working in tandem with Northwoods NiiJii staff to provide assistance as needed for all aspects of grants management. She will develop and oversee the contractual agreement between NiiJii and CCO for program management.

**ENGAGING COMMUNITY PARTNERS.** TAP has been successful in engaging key community partners to implement its program. The first 4 years of the program we partnered with the Sokaogon Chippewa Community to manage the fiscal oversight of TAP. The past three years, and the next three years we have partnered with Northwoods NiiJii for fiscal management. To date, 10 of the 11 federally recognized Tribes in Wisconsin have passed governmental Resolutions of Support to participate in TAP (documents on file). For the past 6 years, TAP has successfully executed TAP MOU's with 28 different service sites for the 55 members placed to date in the program. We have received annual cash match payments for each member from these service sites. In some cases, these payments engage even more partners as the local coalition can come up with the match payment and it is sometime split between coalition partners.

**COMPLIANCE & ACCOUNTABILITY.** Northwoods NiiJii and CCO staffs have together established systems to detect and prevent prohibited activities and other compliance-related issues from occurring. The September orientation provides members and site supervisors with training around all CNCS compliance rules. Members are provided with pocket guides of prohibited activities. The TAP Member Participation Agreement, signed by all members upon entering the program, also provides an extensive explanation of CNCS prohibited activities. In addition, all print materials provide extensive guidance around compliance-related issues. Members and site supervisors are given TAP Handbooks which has a comprehensive explanation of prohibited activities, compliance-related issues, roles and responsibilities, and performance improvement protocols if necessary. The programs materials, trainings for members and host sites includes information and education on the rules and prohibitions regarding member service not duplicating, displacing or supplanting volunteers, staff or interns. The TAP MOU also outlines the compliance rules and guidelines of the program. Regular site visits by

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CCO staff, quarterly internal audits by CCO and Northwoods NiiJii staffs, and annual external audit of Northwoods NiiJii all provide a solid foundation for compliance and accountability. With 13 members spread across 10 Tribal communities, staff had to ensure that systems were in place to avoid compliance related issues and risk. Throughout the past six years, these systems have been modified based on guidance from CNCS and experience with members and host sites. TAP has not been cited for any compliance issues.

CCO staff incorporates monthly site visits to local coalition meetings and host sites to ensure AmeriCorps standards and TAP MOU agreements are met. CCO staff has developed a compliance spreadsheet that tracks: member enrollment and exit dates; weekly member hour inputs and site supervisor time approvals; total member hours; value of member service; hours left for members; TAP MOU execution; member service plan execution; host site in-kind; TAP member reports; pre-and post-service member surveys; TAP Coalition progress surveys. Coalitions or members that have compliance related or accountability issues will receive immediate attention through the performance-improvement process, described in the TAP Handbook. Compliance issues may jeopardize future placements of a member. CCO staff will advise TAP Tribal Advisory Board monthly of any coalition, site or member concerns and appropriate action will be taken as needed. Northwoods NiiJii will make it a priority to prepare for site visits conducted by CNCS, and all feedback will receive careful follow-up attention. Staff will communicate regularly with the AmeriCorps state commission and attend required trainings and meetings to stay current with regulations pertaining to AmeriCorps members and volunteers. CCO and Northwoods NiiJii will hold themselves equally accountable in the prevention and detection of compliance issues by scheduling and conducting self-assessments of program deliverables including critical grantee performance criteria.

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

COST EFFECTIVENESS. The TAP budget of the previous six years has been cost effective in large part because of our ability, with the approval and support of CNCS, to exceed the allowable cost per MSY. This has allowed us to keep the required cash match per member affordable for the tribal coalitions. NiiJii is proposing to recruit and retain 13 MSY in year 1, 14 MSY in year 2 and 14 MSY in year 3. The proposed CNCS cost per MSY is \$18,000 in year 1. This proposal requests above the maximum allowable MSY, but is lower than the current grant year. Tribal communities in Wisconsin are economically distressed (see POVERTY in NEEDS section). The low rate of funding invested in public health in Wisconsin is an additional burden on the Tribes. According to America's Health Rankings, United Health Foundation, WI ranks 49th among states in amount of funding invested in public

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health. There exists in WI a high burden on local community organizations, healthcare organizations and other key sectors to address public health disparities. We need a higher MSY to offset this burden for the tribal coalitions we serve. NON-CNCS RESOURCES: Coalitions must provide a cash match as a condition of participation. Matching contributions will increase incrementally each year. In 2016, the contribution will be \$4,000 per member. In addition, coalitions provide in-kind contributions (i.e. computer, telephone, meeting expenses, travel, supplies). Sites are required to track these in-kind variables via a fillable survey provided by CCO staff. Host site supervisor in-kind time is tracked in OnCorps. CCO has supported TAP since 2009 by providing in-kind commitments for staff affiliated with the program. Since 2010, TAP has been successful in securing all matching resources. NWC provides scholarships for the annual state prevention conference and other no-cost trainings to TAP and coalition members to enhance their skills and understanding of the field of prevention. COST EFFECTIVE APPROACH: For a small investment (cash match), tribal communities get well trained, full-time people that help lead efforts to prevent local substance abuse. TAP has tracked the return on investment by member and Tribe (cost of the cash match vs. benefit of member service hours). Overall return on investment to the Tribes from 2010-15 is 912%. Additional benefits include member outcomes over the past 5 years: of the 31 members who successfully completed their term of service, 11 were employed in a Tribal host community (one was elected to Tribal Council) and 14 reenrolled for additional terms of service with TAP. From an economic AND a human development standpoint, TAP is one the most cost-effective programs in Indian Country. Implicit in the TAP program design is the resolve to make a deeper impact in Tribal communities without a commensurate increase in federal funds. As coalitions improve their proficiency at implementing evidence-based programs they will become more fundable. Training TAP members in prevention now saves the Tribes future training dollars.

BUDGET ADEQUACY. This proposal is for a full-time cost reimbursement grant. Program costs include personnel, staff and member travel, member support costs, service gear, printing, member training, fee for OnCorps reporting system, finger printing fees, criminal background checks and indirect costs. The total amount budgeted is \$234,000. CNCS funding will support 13 full-time MSY at \$18,000 per MSY. Additional match resources totaling \$140,400 will be obtained from coalition cash match contributions (\$52,000), Northwoods NiiJii in-kind (\$9,053), host site in-kind (\$49,810) and CCO in-kind (\$29,537) contributions.

### Evaluation Summary or Plan

EVALUATION PLAN. Our program is primarily designed to empower community coalitions to bring

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about population-level, or environmental changes in the substance abuse environment. Our THEORY OF CHANGE states that if we provide coalitions with capacity (AmeriCorps members and volunteers they recruit), resources (NWC Menu Item grants to implement evidence-based programs that reduce substance abuse) and trainings and technical assistance in evidence-based prevention frameworks (Strategic Prevention Framework and the Seven Strategies For Change) then they will become more proficient in implementing a range of evidence-based and practice-based programs and strategies that collectively reduce population-level substance abuse.

A secondary but important theory of change in our program involves member growth. Our intended outcome is to have members return for additional terms of service, leave our program as a result of being hired in the prevention field, or leave our program to pursue higher education.

The primary OUTCOME OF INTEREST is clearly whether or not coalitions improve their ability to implement evidence-based programs utilizing the 7 Strategies for Change as explained in the EVIDENCE section. The RESEARCH QUESTION we want to answer is that if TAP provides local coalitions AmeriCorps members and additional volunteers, resources, trainings and technical assistance regarding an evidence-based approach to reducing substance abuse, then the coalitions will become more proficient at implementing evidence-based programs that reduce substance abuse within the framework of the 7 Strategies For Change in their communities. The research tells us coalitions that are supported in this manner yield better results in effecting community-level changes when it comes to substance abuse. Thus, our methods are clearly connected to the intended outcomes. The secondary OUTCOME OF INTEREST is to see if individual TAP members improve their lives. The RESEARCH QUESTION we want to answer is if we provide a program design within which individual members have all the resources they need to thrive and pursue their dreams, then they will successfully complete their current terms of service, transition to more terms of service, get hired in prevention-related fields, or return to higher education. We see each of these outcomes as improving the members' standing in life.

STUDY COMPONENTS COALITIONS. RESEARCH DESIGN. We will track the number of TAP Resolutions of Support we have signed by tribal governments and the number of TAP MOUs signed by coalitions. The rationale for this is that we need an infrastructure that ensures coalitions will be able to participate in our efforts. In Tribes where the tribal government is not onboard on the front-end of projects, it becomes very difficult to get their permission in a timely fashion. A strong connection between tribal leaders and TAP ensures coalition participation. In the past 6 years, we have been able to get Resolutions of Support from 10 of the 11 Tribes in Wisconsin. This is a very

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arduous process. It can take months to get on a tribal governing body agenda. In the larger Tribes where the bureaucracy can be quite large, it becomes very difficult gaining an access point to the tribal government. For example, we start with one committee and then are asked to go through another committee. The process can take months. In the case of the Oneida Nation, we have not been able to navigate that bureaucracy yet. The interest there is high for TAP, but getting the right access has been difficult. Add to this the fact that Tribes hold elections often every two years and we have to restart our efforts each year education new officials about TAP-in effect start over.

We will use the TAP Coalition Progress Survey to assess whether coalitions we work with are in fact implementing more evidence-based programs to reduce substance abuse within the 7 Strategies For Change framework.

**SAMPLING METHODS, TOOLS AND DATA COLLECTION.** We will measure the number of coalitions that participate in TAP using the TAP Participation Log, a spreadsheet that tracks the number of Resolutions of Support and MOUs that are signed. We will measure TAP coalitions' progress using the TAP Coalition Progress Tool. The tool is an on-site focus group-interview process. CCO staff and conduct pre-(September) and post-(August) interviews with coalition members and TAP member at each coalition site. Coalitions will be asked to provide documentation of their efforts. The tool is an excel spreadsheet with columns for each of the NWC Menu Items. Each of the 7 Strategies For Change will be listed by row under each column. During the interview process, CCO staff will record progress under each column and row. CCO staff and TAP members will work with coalitions to help them integrate each of the 7 Strategies for Change into their program implementation. Coalitions will be scored based on implementation of the NWC Menu Items (evidence-based programs to reduce substance abuse) utilizing as many of the 7 Strategies For Change as possible during the service year. For example: coalitions that utilize all 7 of the Strategies for an effort will receive a score of 100%. Coalitions that utilize 5 of the 7 Strategies will receive a score of 72%. Coalitions that receive ANY SCORE within a given program column will be deemed to have made an effort towards implementing that program during the service year. Coalitions that receive NO SCORE will be considered making no effort towards implementing that program during the service year. CCO staff will assess coalition progress and provide future TA or trainings as needed to help coalitions more effectively utilize all 7 Strategies For Change in programs they choose to implement. As trainings and resources ratchet up, so do community impacts. A TAP Volunteer Report will track the number of volunteers recruited by name, date the activity has occurred, hours served and a description of the activity.



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STUDY COMPONENTS: MEMBERS. The TAP Evaluation Plan also includes measuring the impact of TAP on members. The TAP program design places great emphasis on helping to set members up for success. CCO staff is available to members for 24/7 crisis management and guidance. In addition, the TAP Tribal Advisory Board members (behavioral health directors from the 11 Tribes in Wisconsin) are available for one-on-one guidance and counseling if necessary. We encourage all site supervisors to play the role of confidant and guide with their members. We integrate the members' individual skills and dreams into the TAP Member Service Plan. If members are having issues, the CCO staff, site supervisor and member all come together to discuss a TAP Performance Improvement Plan that all parties agree to and sign. Life in Indian Country can be tough at times, and not all members can succeed even with the enhanced support from TAP, but the Performance Improvement Plan has helped save a few members from impending early exiting.

To evaluate this, we will implement a TAP Pre-Service Survey at the time service begins to measure unemployment, schooling and service terms. We will implement a TAP Member-to-Success Log to count individuals who are hired into a job, return for another term of service, return to school or some combination of these outcomes between enrollment and 1 year after finishing the program. All TAP outcomes will be compiled and reported quarterly and annually in the TAP Report to the Tribes distributed to each Tribal government, and in CNCS Progress Reports.

EVALUATOR QUALIFICATIONS: Currently, the pre-preliminary evaluation methods for the TAP evaluation of coalition and member outcomes are fairly basic. We do not have the personnel or dollars in our program to apply very sophisticated research models to our efforts. The evaluations at this point in our program are done utilizing Microsoft excel spreadsheets, formulas and charts. The evaluator needs to be able to have an understanding of our program design and the outcomes we are hoping to achieve. They also need a good working knowledge of manipulating data inside Microsoft excel.

BUDGET. At this point, the evaluation research and data compilation is being done by the TAP project director (CCO staff) and CCO administrative secretary. The evaluation portion of the budget for CCO staff TAP project director is 15% of his time (\$12,840) within the CCO contract with Northwoods NiiJii. This includes: travel for administering pre- and post- TAP Coalition Progress Surveys and meetings regarding the TAP Resolutions of Support and TAP MOUs; management of Participation Logs; implementation and compilation of TAP member pre-and post-service surveys; and meetings with the CCO administrative secretary to discuss project evaluation data design and presentation. The budget for the administrative secretary for evaluation is in-kind. Her allocated time will be 2% (\$1079). The evaluation portion of the budget for CCO administrative secretary is 2% of her time

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(\$1,079) within the CCO contract with Northwoods NiiJii. The administrative secretary is responsible for developing spreadsheets for each coalition, tracking their survey data, and developing charts/reports to present the outcomes.

### Amendment Justification

N/A

### Clarification Summary

#### A. General Clarification Items

1. IF THE APPLICATION IS BEING CONSIDERED FOR AN AMOUNT DIFFERENT THAN THE ORIGINAL REQUEST (FUNDING, MSY, AND/OR SLOTS), PLEASE REVISE THE EXECUTIVE SUMMARY, BUDGET, AND PERFORMANCE MEASURES AS NECESSARY TO REFLECT THE AMOUNT FOR WHICH THE APPLICATION IS UNDER CONSIDERATION.

The application being considered has not changed since it was submitted.

2. WHILE CNCS WILL PRIORITIZE EARLY START DATES IN AWARD PROCESSING, THE EARLIEST POSSIBLE START DATE CNCS CAN CONSIDER IS AUGUST 1ST, 2016. PLEASE ADJUST YOUR REQUESTED START AND END DATES AS NECESSARY.

Our program start date is September 7, 2016 at TAP orientation. The end date for this budget cycle is August 31, 2017. This has been changed on the Application Info screen in eGrants.

3. IT TYPICALLY TAKES NEW AMERICORPS PROGRAMS AT LEAST ONE TO TWO MONTHS OF PREPARATION TO BE READY TO ENROLL MEMBERS. IT IS ADVISABLE THAT NEW PROGRAMS SELECT A MEMBER ENROLLMENT PERIOD STARTING OCTOBER 1ST, 2016, AT THE EARLIEST. PLEASE ADJUST YOUR REQUESTED ENROLLMENT PERIOD DATES AS

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NECESSARY.

Our program is not a new program-and we and our host sites are fully prepared to start as usual the first week of September 2016.

B.Programmatic clarification items:

1. PLEASE CONFIRM THAT THE POLICY INITIATIVE MEMBERS WILL NOT ENGAGE IN PROHIBITED ACTIVITIES RELATING TO ATTEMPTING TO INFLUENCE LEGISLATION OR PARTICIPATING IN, OR ENDORSING, EVENTS OR ACTIVITIES THAT ARE LIKELY TO INCLUDE ADVOCACY FOR OR AGAINST POLITICAL PARTIES, POLITICAL PLATFORMS, POLITICAL CANDIDATES, PROPOSED LEGISLATION, OR ELECTED OFFICIALS.

The coalition policy initiative is one of four evidence-based strategies we have offered to our member Northwoods Coalitions to pursue and get reimbursed. There is great evidence that shows effective polices reduce substance abuse. We know that AmeriCorps members cannot advocate for policies and we are very clear to our coalitions that our members are not to do so. Our members do play a vital role in collecting and disseminating educational materials surrounding substance abuse issues. They can research topics for the coalition, attend trainings on a variety of issues and learn about the best strategies to address them. All of our members and site supervisors are highly trained on prohibited activities and if there is ever even the slightest question they are required to call the TAP project director for clarification. Our members role is purely in the background, gathering materials, getting trained and bringing this to the coalition. Coalition people write the policies and work the policy process.

2. THE APPLICATION INSTRUCTIONS INCLUDE THE BELOW GUIDANCE RELATED TO INPUTTING ¿OTHER REVENUE¿ FUNDS IN THE FUNDING/DEMOGRAPHICS SECTION OF THE APPLICATION: OTHER REVENUE FUNDS. ENTER THE AMOUNT OF FUNDS THAT YOUR PROGRAM USES TO RUN THE PROGRAM THAT ARE NOT IDENTIFIED AS CNCS

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SHARE OR GRANTEE SHARE (MATCH).

This has been corrected-we do not have any other revenue above and beyond grantee share as indicated in our budget.

C. Budget clarification items:

Please respond in the 'Budget Narrative' section of the application unless otherwise indicated.

Budget Compliance clarification

1.COST PER MSY IS ABOVE FY2016 CNCS MAXIMUM OF \$13,730. PLEASE EXPLAIN.

This proposal requests above the maximum allowable MSY, but is lower than the current grant year. Tribal communities in Wisconsin are economically distressed. There is a scarcity of corporate and philanthropic resources. 20.5% of Wisconsin American Indians (AI) live below the poverty line compared to 10.4% of whites. The unemployment rate for AI in Wisconsin (11.8%) is almost twice the rate for non-Hispanic whites (6.2%). The AI-white employment rate gap in Wisconsin from 2009-2011 was -16.4% compared to a national average of -13.4%. Two Wisconsin Tribes were listed as having 93% (Sokaogon Chippewa) and an 81% (Bad River) unemployment rates in 2013. The low rate of funding invested in public health in Wisconsin is an additional burden on the Tribes. According to America's Health Rankings, United Health Foundation, WI ranks 49th among states in amount of funding invested in public health. There exists in WI a high burden on local community organizations, healthcare organizations and other key sectors to address public health disparities. Tribes are uniquely lacking due to the narrowness of their business diversity. Gaming is the single largest source of income for all tribes. Some tribes have casinos in highly populated areas where gaming income is much higher than smaller casinos in rural areas on reservation lands. Before gaming, tribes were uniformly poor. Today, the tribes with smaller gaming operations, while better off than pre-gaming, still struggle with having enough revenue to run the growing infrastructures in their communities. The lack of tribal members with necessary skills to run new government enterprises further complicates matters. We need a higher MSY to offset this burden for the tribal coalitions we serve.

SOURCE OF FUNDS

2.THE SUPERVISORY OVERSIGHT DESCRIPTION APPEARS TO BE BUDGETED PERSONNEL OR CONTRACT UNDER OTHER PROGRAM COSTS. PLEASE REMOVE AS SOURCE OF FUNDS.

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Oversight for host site supervisors is provided by Marshfield Clinic CCO staff (Robert Kovar). This is not a contractual relationship. Host site supervisor in-kind hours are tracked using the OnCorps system.

### MEMBER TRAVEL

3.PLEASE ADJUST REIMBURSABLE MILEAGE TO REFLECT THE FEDERALLY APPROVED RATE OF \$.54/MILE TO INCLUDE DURATION OF THE EACH.

Northwoods NiiJii's travel policy is to reimburse mileage at the federally designated rate at the time the travel is affected. The current rate effective 1.1.16 for use of a privately owned vehicle is \$0.54 per mile and should be adjusted in the budget.

### SUPPLIES

4.PLEASE ITEMIZE SUPPLIES FOR THE PROGRAM.

Itemized supplies include office supplies such as Contract folder files, Personnel files, Manilla file folders, copy paper, printer ink, pens, paper clips, staples, stamps, and member supplies for training such as pads, pens.

### CONTRACTUAL AND CONSULTANT SERVICES

5.PLEASE PROVIDE ADDITIONAL INFORMATION AROUND THE RELATIONSHIP WITH MARSHFIELD CONTRACT AND NORTHWOOD AS THE INFO CONFLICTS WITH WHAT'S IN THE BUDGET NARRATIVE OF THE APPLICATION. HOW MANY EMPLOYEES ARE ON THE CONTRACT, INCLUDE NAMES TO EACH POSITION?

There are four Marshfield Clinic Center For Community Outreach staff in the Marshfield Clinic Center for Community Outreach contract. They are: Ronda Kopelke, Director. Bob Kovar, Program manager Tribal Services. Denise Brickheimer-Reichert, Assistant Director. Rebecca Wagner, Administrative Secretary.

ALL CONTRACTUAL TRAINING MUST GO UNDER SECTION G APPROPRIATELY.

Travel under contractual is for the Marshfield Clinic CCO contract so Robert Kovar, Program Manager Tribal Services can attend the CNCS conference.

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JUSTIFY WHY AUDIT SERVICES IS REQUIRED AND CONFIRM THAT NORTHWOOD MEETS THE NECESSARY THRESHOLD. PLEASE RESPOND TO GRANTS OFFICER (AHOUSE@CNS.GOV). IT'S RECOMMENDED THAT AUDIT SERVICES EXPENSES ARE REMOVED.

The organization is not required to complete a Single Audit (A-133) in the current year, however, during years 1 & 2 of this funding we were above the threshold and did complete A-133 audits which are posted on the federal clearinghouse website. Audit service expenses are removed from the budget.

INCLUDE DAILY RATES.

The regular hourly rate for the KerberRose accounting firm is \$69 per hour. The regular hourly rate for Wipfli Ullrich Accounting is \$125 per hr.

### 6. OTHER PROGRAM COSTS

PLEASE CONFIRM IF THE SUPERVISORY OVERSIGHT FOR HOST SITES ARE PERFORMED BY A CONTRACTOR OR PERSONNEL.

Supervisory oversight for host sites is performed by the contractor, Marshfield Clinic Center For Community outreach. Fiscal oversight is performed by Northwoods NiiJii.

PROVIDE JUSTIFICATION FOR COSTS FOR THE BANK FEES ARE NECESSARY.

Bank fees are charged for the processing of electronic payroll submissions to members on a bi-monthly basis and is a direct expense of the project. Our experience has been that because members move frequently, paper checks via mail are often returned.

PLEASE PROVIDE DETAILS REGARDING THE RELATIONSHIP THAT THE BOARD OF DIRECTORS HAVE TO THE PROGRAM AND WHY COSTS ARE NECESSARY.

Meetings of the Northwoods NiiJii Board of Directors is a legally required component of operating a non-profit organization. Because our Board representatives are community members traveling from 1-2 hours to arrive at the meeting, we provide Board of Director's Stipends for each quarterly meeting to help defray costs. These stipends are included in our Articles of Incorporation and Corporate Policies and in our Cost Allocation Plan, a portion of which are to be included as direct costs to each grant source.

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CONFIRM THAT ALL BUDGET STAFF AND MEMBER ARE BUDGET FOR CHC OR HAVE SUCCESSFULLY COMPLETED THE CHECK.

All members of NiiJii staff and Marshfield Clinic contracted staff involved in the project have completed the background check. We have budgeted to check 13 new members in September.

7.A-133

PLEASE CONFIRM ORGANIZATION IS NOT REQUIRED TO COMPLETE A SINGLE AUDIT (A-133) AS PER THE UNIFORM GUIDANCE THRESHOLD OF \$750,000+ EXPENDED IN FEDERAL FUNDS ACROSS ALL FEDERAL AWARDS.

The organization is not required to complete a Single Audit (A-133) in the current year, however, during years 1 & 2 of this funding we were above the threshold and did complete A-133 audits which was posted on the federal clearinghouse website. The \$2000 cost for the audit was removed from budget. Cost of \$1000 for trainers at orientation is budgeted. This cost covers the food, lodging and mileage for two trainers to train members at orientation. Cost of \$1000 for trainers at midterm training is budgeted. This cost covers the food, lodging and mileage for two trainers to train members at orientation.

D. Performance Measure clarification items:

PLEASE MAKE THE FOLLOWING CHANGES IN THE PERFORMANCE MEASURES SCREENS IN EGRANTS UNLESS OTHERWISE INDICATED.

1. FOR OUTPT33370: PLEASE DEFINE THE LEVEL OF TRAINING AND TA A TRIBAL COALITION WILL RECEIVE IN ORDER TO COUNT IN THIS OUTPUT.

Changes have been made in the Performance Measures section of eGrants.

Each coalition will get monthly training and TA from CCO staff at their coalition meetings. Coalition members are also encouraged to attend quarterly Northwoods Coalition meetings where specific trainings on regional prevention issues are scheduled into each agenda. The Northwoods Coalition provides a series of trainings during the course of the year on topics chosen by coalition members via an annual training survey. These trainings are held regionally and at no cost to coalition members. There is an annual 2-day prevention conference held each year in Wisconsin that coalition members are encouraged to attend. NWC provides scholarships for coalition members to attend.

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2. FOR OUTCM33371: PLEASE DEFINE "DEMONSTRATING UTILIZATION OF 7 STRATEGIES FOR CHANGE". HOW WILL UTILIZATION BE MEASURED AND WHAT LEVEL WILL A TRIBAL COALITION NEED TO ACHIEVE IN ORDER TO BE COUNTED IN THIS MEASURE?

Changes have been made in the Performance Measures section of eGrants.

We will measure coalition utilization of the 7 Strategies For Change using the TAP Coalition ProgressTool. The tool is an on-site focus group-interview process. The TAP program manager will conduct pre-(September) and post-(August) interviews with coalition members and TAP member at each coalition site. Coalitions will be asked to provide documentation of their efforts. The tool will be an excel spreadsheet with columns for each of the NWC Menu Items. Each of the 7 strategies For Change will be listed by row under each column. During the interview process, the TAP program manager will record progress under each column and row. TAP staff and members will work with coalitions to help them integrate each of the 7 Strategies for Change into their program implementation. Coalitions will be scored based on their utilization of all 7 Strategies For Change during the service year. Demonstrating utilization of the 7 Strategies for Change means that a coalition has integrated at least some of the 7 strategies in its implementation plan to reduce substance abuse for a given issue. Some coalitions are highly effective and will utilize all 7 Strategies as they address an issue. Most coalitions are just learning how to inject these strategies into their efforts. Any level of progress a coalition advances to while utilizing the 7 Strategies is better than coalitions who do not use an evidence-based framework to reducing substance abuse. Therefore any level of progress is counted. No progress at all means we need to realign our training and TA for that coalition.

### Continuation Changes

NA

### Grant Characteristics