

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)																	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. DATE RECEIVED BY STATE: 14-JAN-11	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11AC122632		4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER: 09ACHWI0010003														
5. APPLICATION INFORMATION																	
LEGAL NAME: Marshfield Clinic Research Foundation DUNS NUMBER: 074776030		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Ronda Kopelke TELEPHONE NUMBER: (715) 221-8400 FAX NUMBER: (715) 389-8779 INTERNET E-MAIL ADDRESS: kopelke.ronda@marshfieldclinic.org															
ADDRESS (give street address, city, state, zip code and county): A Division of Marshfield Clinic 1000 North Oak Avenue Marshfield WI 54449 - 5703 County: Wood																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 390452970		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Health Department															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006 10b. TITLE: AmeriCorps State		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Marshfield Clinic AmeriCorps CHIP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): State of Wisconsin		11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 09/01/11 END DATE: 08/31/12		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="WI 007"/> b.Program <input type="text" value="WI 007"/>															
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 975,000.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 832,278.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 1,807,278.00</td> </tr> </table>		a. FEDERAL	\$ 975,000.00	b. APPLICANT	\$ 832,278.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 1,807,278.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 975,000.00																
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Debra K. Hansen		b. TITLE: Dir-Spon Prog/Fiscal	c. TELEPHONE NUMBER: (715) 387-9130														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED: 05/09/11														

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Executive Summary

Marshfield Clinic AmeriCorps strengthens the capacity of community based coalitions & agencies to achieve positive outcomes related to the reduction and prevention of substance abuse among youth statewide. To reach this goal, Marshfield Clinic AmeriCorps places members in multiple coalitions across Wisconsin to support out-of-school time activities, volunteer recruitment and other evidence-based approaches to prevent youth substance use and improve health.

Rationale and Approach

COMPELLING NEED The complexity of health challenges facing young people is a compelling call to action. In 2007, the National Research Council and the Institute of Medicine issued a report, indicating that adolescents are prone to behaviors that will potentially compromise their health as adults (1). The Center for Disease Control identifies categories of behavior that account for over 75% of mortality and morbidity (2, 3) in adolescents, primarily alcohol and other substance abuse and secondarily high-risk sexual behaviors, tobacco use, inadequate physical activity, and unhealthy dietary patterns. This proposal is being submitted by Marshfield Clinic, in partnership with Northwoods Coalition, to continue and expand the successful statewide, multi-site Marshfield Clinic AmeriCorps program that has provided a solid infrastructure for local community health improvement activities focused on youth substance abuse reduction and prevention since 2000.

Marshfield Clinic is one of the largest private, multi-specialty group practices in the United States with nearly 800 physicians and 80 specialties in over 40 clinics in Wisconsin. Northwoods, the oldest and largest network of community coalitions in Wisconsin, includes a membership of over 40 coalitions that work to address underage alcohol, tobacco and other drug abuse through out-of-school time activities and other evidence-based practices and programs. A coalition is an organization consisting of individuals from all social and economic sectors such as health care, faith-based, public and private agencies, business, media, education, law enforcement and other individuals who come together to work collaboratively on community health improvement. Out-of-school time programming refers to

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afterschool, before school and summer programs that have become essential supports for working parents. These programs offer safe havens for children, as well as academic and health improvement opportunities that many children and youth need.

The primary target population of this proposal includes up to 50 host site coalitions within 38 northwestern and central Wisconsin counties, the service area shared by Marshfield Clinic and Northwoods Coalition. The secondary target population includes youth, ages 8 to 18, who participate in out-of-school time activities and other evidence-based practices and programs endorsed by the host site coalitions.

This geographic area is predominantly rural with 56% of the population living in areas with populations less than 2,500. There are approximately 185,000 youth ages 8 to 18 years of age(4). The area includes 10 of the 11 tribal communities in Wisconsin. Several counties in the region have high percentages (11-18%) of racial and ethnic non-white populations (4). The fastest growing racial or ethnic groups in Wisconsin are Hispanic/Latino at 107% growth, and Asian at 68% growth, since 1990 (5).

Poverty is a risk factor of special concern as 22 of the counties in the region have poverty rates ranging from 8.8% to 13.1%, which is higher than the state average of 8.7% (4). Per capita income (\$18,172) for the defined region is below state (\$21,271) and national (\$21,587) levels (4). Even more alarming, the poverty status for the American Indian population is 21.7%, the Asian population is 19.8%, and the Hispanic and Latino population is 21.7% (5).

Another significant risk factor is lack of education: over 20% of the adults in 6 of the region's counties have less than a high school education. In tribal communities the figure is more alarming. The 2000 census on the Lac Courte Oreilles Reservation reports only 45% of adults have a high school education, and this number drops to 21.6% on the Lac du Flambeau Reservation.

According to the 2007 Wisconsin Youth Risk Behavior Survey, 49% of Wisconsin students reported trying cigarette smoking. Of current youth smokers, 64% of middle school and 56% of high school students have attempted to quit smoking during the past 12 months (7). A national survey of 10th

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graders found that in comparison to students who spent 5-15 hours a week in afterschool activities, students who spent no time in these activities were 75% more likely to smoke (8).

Alcohol is the fourth leading cause of death and hospitalizations in Wisconsin. Alcohol and other drug abuse is linked with 1,300 deaths, 8,500 traffic accidents, 6,800 traffic injuries, 2,400 cases of child abuse and 90,000 arrests in our state. Its economic impact is estimated at \$4.6 billion (9). According to the 2004 Center for Disease Control Behavioral Risk Factor Surveillance System, Wisconsin leads the nation in all indicators of alcohol consumption: binge drinking, heavy drinking, and numbers of adults drinking at least one drink in the past 30 days. The 2006-2007 National Survey on Drug Use and Health ranked Wisconsin among the top three states for binge drinking among persons 12 and older. The state also has the lowest perceived risk of binge drinking (32.9%) in this age group. In addition, 32% of youth reported binge drinking in the past 30 days, while 25% reported first use of alcohol prior to age 13 (6).

The serious nature of alcohol abuse in Wisconsin was recently highlighted by Gannett Co., Inc., a leading international news and information company with 900 non-daily publications. In 2008, the company published a series of stories entitled "State of Drinking" that documented the deep-rooted culture of drinking and alcohol's widespread impact on Wisconsin. Gannett journalists, in consultation with experts, developed a unique set of measurements that showed the state has the most substantial alcohol problem in the United States. While alcohol use and abuse is prevalent in every corner of the nation, the problems have reached a crisis level in Wisconsin and pose serious risks to the healthy development of youth.

DESCRIPTION OF ACTIVITIES & MEMBER ROLES

The ultimate goal of this proposal is to strengthen the capacity of coalitions and achieve positive outcomes related to the reduction and prevention of substance abuse among youth statewide. To reach this goal Marshfield Clinic AmeriCorps will place members in multiple coalitions across Wisconsin to support out-of-school time activities and other evidence-based approaches to prevent youth substance

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use.

Research validates the critical role that coalitions can play using evidence-based out-of-school time activities to promote healthy behaviors and reduce high-risk behaviors (3, 4). Out-of-school time programs have the obvious benefit of supervising youth during these hours. Research indicates that the hours between 3 to 6 pm, are a time when there is heightened risk for unhealthy behavior such as using tobacco, alcohol or drugs (10). Youth who participate in out-of-school time programs can reap positive benefits in a number of areas such as academic, social/emotional and health and wellness (10). When out-of-school time programs infuse a combination of evidence-based practices and programs into the supervised environment, they effectively address a multitude of risk factors associated with multiple health problems.

Marshfield Clinic AmeriCorps members, as caring adults involved in out-of-school time activities, can bring positive change to the lives of youth they work with. Since 2000, in an effort to improve the health of youth, Marshfield Clinic has successfully operated a multi-site AmeriCorps state initiative in Wisconsin that has been funded by the State Commission, Serve WI. During these eight years, Marshfield Clinic AmeriCorps has consistently been ranked by the State Commission, Serve WI in the top tier of performing programs. The program has a strong record of achievement with member recruitment, retention and performance measures. Due to the compelling need statewide, Marshfield Clinic AmeriCorps is proposing to reach even more youth through a partnership with the Alliance for Wisconsin Youth, a program of the Wisconsin Department of Health Services. Like Northwoods, the Alliance is comprised of a network of coalitions dedicated to substance abuse prevention. During the current year, 6 additional members have been successfully enrolled to pilot this program expansion. Through this proposal, 50 full-time members will be placed with coalitions that belong to either Northwoods or the Alliance for Wisconsin Youth.

MEMBER ROLE Members will help strengthen coalition capacity by assisting in the recruitment, recognition and MOBILIZATION OF VOLUNTEERS and by attending coalition meetings to promote

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coalition participation in the 5 elements of the Strategic Prevention Framework, a model developed and endorsed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Members will help develop and implement Community Action Plans centered on the 5 elements of the Strategic Prevention Framework: assessment, capacity, planning, implementation and evaluation, to assist their host site coalitions in developing the infrastructure needed for community-based, public health approaches that will lead to effective and sustainable reductions in alcohol, tobacco and other drug use and abuse. Members will provide direct service in out-of-school time activities and other evidence-based approaches identified in their Member Service Plans. Examples of direct service include providing or arranging education on specific topics, homework assistance and supervised recreation activities. Members will complete reports and forms to monitor progress on service and administer selected portions of the Wisconsin Youth Risk Behavior Survey to youth involved in out-of-school-time programming. Members will attend 15 days of training to prepare them for these activities and will be prepared for up to 21 days of DEPLOYMENT FOR DISASTER ASSISTANCE.

MARSHFIELD CLINIC ROLE Staff will provide overall program management, event planning, and organizational development of the Marshfield Clinic AmeriCorps program. Training will be provided on the Marshfield Clinic Model of Community Health Improvement which is centered on the Strategic Prevention Framework and provides tools, technical assistance, action plans and other resources designed to assist members and coalition volunteers in combatting substance abuse locally. Training will include capacity building, with a focus on community mapping and recruitment planning that targets all community sectors including BABY BOOMERS and VETERANS. Training and technical assistance will be provided on volunteerism, risk and protective factors, positive youth development and the latest research that connects positive health outcomes with quality out-of-school-time approaches. Staff will train members on the protocols for survey administration, and will compile, analyze and disseminate results of surveys given to youth. To ensure statewide exposure and buy-in, staff will include Marshfield Clinic AmeriCorps on the meeting agendas of Northwoods Coalition and Alliance for Wisconsin Youth.

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HOST SITE COALITION ROLE Coalitions participating in Marshfield Clinic AmeriCorps will belong to either Northwoods or the Alliance for Wisconsin Youth. To be eligible to host an AmeriCorps member, a coalition must have representation from at least 4 community sectors, appoint a Northwoods board member and alternate, attend Northwoods meetings and adopt the Marshfield Clinic Model of Community Health Improvement. Host site coalitions will commit to the ongoing recruitment and recognition of volunteers and will complete a Member Service Plan that identifies a role for the member in out-of-school time activities and other evidence-based practices and programs of the coalition. Out-of-school-time providers including schools and non-profit youth serving organizations such as Boys and Girls Clubs, 4-H, Big Brothers or Big Sisters programs, that request services will grant permission for the AmeriCorps member to administer selected portions of the Wisconsin Youth Risk Behavior Survey to youth participants. Host site coalitions will assure that AmeriCorps member(s) attend coalition meetings and include updates on Marshfield Clinic AmeriCorps on standard agendas. Coalition teams will attend learning events and seek out technical assistance in the development of a Community Action Plan that targets elements of the Strategic Prevention Framework. Host site coalitions will assure the release of their member for DISASTER TRAINING and DEPLOYMENT as needed.

PROGRAM STRUCTURE The Marshfield Clinic AmeriCorps opportunity will be offered to coalitions that are members of the Northwoods Coalition or Alliance for Wisconsin Youth. They will be invited to compete for an AmeriCorps member by completing the Marshfield Clinic AmeriCorps Host Site Application. The application includes a Member Service Plan that reflects a commitment to develop a Community Action Plan, recruit and MOBILIZE VOLUNTEERS, and improve the health of youth through out-of-school time activities and other evidence-based approaches.

SLOT ALIGNMENT Marshfield Clinic AmeriCorps appreciates that the comprehensive Member Service Plans established by local coalitions are best realized when members can provide a full-time commitment. This has prompted the request for fulltime Member Service Years (MSY) to provide the critical capacity that coalitions need to accomplish activities and to allow adequate time for members to

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DEVELOP MEANINGFUL RELATIONSHIPS with youth through out-of-school time approaches. This proposal requests that one of 50 full-time MSYs be dedicated to the position of AmeriCorps volunteer coordinator. Northwoods Coalition will serve as the coordinator's host site and Marshfield Clinic staff will provide host site supervision. Although the coordinator will attend trainings and participate in member development opportunities, the primary service will be to provide ongoing technical assistance, tools and other resources to support members in the recruitment, retention and recognition of volunteers, helping with activities such as community mapping and recruitment planning. The coordinator will also promote volunteer recognition via the Presidential Service Award Program across all Marshfield Clinic AmeriCorps locations, encouraging members to work with their respective coalitions to nominate volunteers for the bronze, silver, gold and lifetime achievement levels. They will also work with the Wisconsin Clearinghouse for Prevention Resources to establish an AmeriCorps Presidential Service Award ceremony as part of the annual Wisconsin Prevention Conference.

DEVELOPMENT AND TRAINING In addition to the training discussed earlier, Marshfield Clinic staff will provide opportunities for members to develop career enhancement skills that will lead to employment or meaningful experiences after their term of service. Members will be trained on interviewing skills and resume building and will complete a career portfolio that will aid their transition into employment, post-secondary education, volunteer service or a second term of service. Using the Corporation for National Service curriculum, staff will provide opportunities for members to increase knowledge in the area of American citizenship and democracy. Marshfield Clinic staff will arrange for members to become certified in the American Red Cross DISASTER PREPAREDNESS TRAINING. Following successful completion of the course, members will be identified on the Red Cross Disaster Service Human Resource Roster, placing them on-call for mobilization and deployment to support local, state and national disasters and emergencies. In addition, they will have the skills to help out-of-school time programs develop and potentially implement disaster plans in the event of a local emergency. Marshfield Clinic staff will monitor and track actual disaster support as it occurs. Members will have the

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opportunity to become more involved or continue serving in the Red Cross system after their term of service. Other training will include conflict resolution, CPR and first aid. Members will spend approximately 15 days per year away from their coalition for program level training and activities, such as orientation (5 days), midterm training (3 days), kickoff celebration (2 days), end of year celebration (2 days) and national service projects (3 days). They could also spend up to 21 days for disaster deployment.

SUPERVISION Each coalition will assign their member to a specific host site supervisor from among its membership. In the past, host site supervisors have been employed by organizations that are active within the host site coalitions, such as schools, nonprofit and public agencies or tribal organizations. The host site supervisor agrees to supervise and evaluate the member, provide matching funds and provide office space and dedicated computer access. The host site supervisor agrees to all of the coalition's commitments to the Marshfield Clinic AmeriCorps program, including supervisor training and paperwork.

COMPLIANCE. All aspects of the Marshfield Clinic AmeriCorps Host Site Application, including the coalition Member Service Plan, will be screened during the competitive process for compliance issues and again prior to implementation by the selected coalitions. Marshfield Clinic staff will provide a 1-week orientation at the beginning of the service year. Host site supervisors and members will be educated on rules, prohibited activities, regulations, compliance issues and provisions. Members will review the material again at midterm training. The Marshfield Clinic AmeriCorps manager will monitor host sites halfway through the program year at which time any compliance issues will be noted and a plan will be developed and implemented to resolve them.

ADDED VALUE Each aspect of the Marshfield Clinic AmeriCorps program is based on 8 years of feedback from coalitions and AmeriCorps members. The proposed service aligns with the Corporation's strategic priorities and is designed to **STRENGTHEN COALITION CAPACITY** through the use of an evidence-based framework that draws heavily on the increased use of local volunteers to solve local

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problems. The success of each community coalition is directly related to the quantity and quality of volunteer membership. The coalitions value the service provided by members in out-of-school-time activities, which contributes to significant health improvements in participating youth.

MEASURABLE OUTPUTS & OUTCOMES

STRENGTHENING COMMUNITY COALITIONS-100% of members who complete their term of service will receive training in the Marshfield Clinic Model of Community Health Improvement centered on the Strategic Prevention Framework and 100% of host site coalitions will submit a Community Action Plan centered on the Strategic Prevention Framework.

VOLUNTEER MOBILIZATION-100% of members who complete their term of service will assist their coalitions in the RECRUITMENT and MOBILIZATION of 2500 volunteers resulting in the completion of 7500 hours of service to host site coalitions.

OUT-OF-SCHOOL TIME PROGRAM ENHANCEMENT-100% of members who complete their term of service will provide direct service to out-of-school time programming and 50% of participating youth that complete selected portions of the Wisconsin Youth Risk Behavior Survey will show a change in one or more of the following: decrease in risky behaviors (i.e. use of alcohol or tobacco products), increased perception of risk related to risky behaviors, positive shift in decision making (i.e. not riding with someone who has been drinking), or increase in number of MEANINGFUL RELATIONSHIPS WITH CARING ADULTS.

DISASTER PREPAREDNESS-100% of members who complete their term of service will receive Red Cross Disaster Services Training to prepare them to support local, state and national disasters.

CAREER ENHANCEMENT SKILLS-100% of members who complete their term of service will complete career enhancement training to include portfolio development, resume building and interview skills and will transition to gainful employment, a second term of service, volunteer work or secondary education as indicated in an exit survey.

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CITIZENSHIP PROFICIENCY-100% of members who complete their term of service will complete training in the areas of lifelong citizenship, participation in American democracy and the Declaration of Independence and will show an increase in their knowledge of each as indicated in a pre and post survey.

TRACKING SYSTEMS FOR PERFORMANCE MEASURES

STRENGTHENING COMMUNITY COALITIONS-To track member training, the AmeriCorps manager will keep accurate attendance rosters. Member evaluations indicating member performance in professionalism, collaboration, leadership, communications skills and initiative will be completed by members and host site supervisors and collected in March and August of the program year. Members will also be evaluated on their service related to coalition development of a Community Action Plan. Coalitions will submit completed Community Action Plans to the AmeriCorps manager and other Marshfield Clinic staff, which will then provide technical assistance as needed. Staff will monitor this activity on technical assistance logs.

VOLUNTEER MOBILIZATION- AmeriCorps members will track volunteers and their hours of service as they support local functions through use of the State Commission's OnCorps online system and the Master List and Activity Reports system developed by Marshfield Clinic AmeriCorps to allow for internal tracking of volunteers and the hours they serve. This system is a valuable back up when on-line data is lost and is a way to substantiate collection methods. Data will be tallied, reviewed and evaluated by the AmeriCorps manager on an ongoing basis.

OUT-OF-SCHOOL TIME PROGRAM ENHANCEMENT Each member's service will be tracked using weekly service reports. The adapted Youth Risk Behavior Survey administered during out-of-school time programming will be proctored by members. The AmeriCorps manager will tally survey results and develop a summary report. The education specialist will analyze the findings from the completed surveys and develop an evaluation report.

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DISASTER PREPAREDNESS-A roster of attendance and certifications will be kept by the AmeriCorps manager. A roster will also be kept of members that are deployed.

CAREER ENHANCEMENT SKILLS-The AmeriCorps manager will keep a roster of attendance for this training and will conduct a survey with members prior to their exiting the program regarding their future plans. The AmeriCorps Manager will tally the surveys.

CITIZENSHIP PROFICIENCY-Members will complete the Citizenship pre and post surveys during the training. The AmeriCorps manager will collect and tally the results and work with the education specialist to generate evaluation reports.

PLAN FOR SELF-ASSESSMENT & IMPROVEMENT

TRACKING With 8 years of experience operating a statewide AmeriCorps program, Marshfield Clinic has several systems in place to track and monitor progress. The AmeriCorps program is a standing agenda item at the following Marshfield Clinic weekly meetings: Administrative Team where managers with expertise in out-of-school programming, coalition development, drug prevention, and fiscal issues assist in monitoring and refining AmeriCorps operations; Prevention Specialists, where professionals with experience in prevention and coalition building provide support to the Northwoods Coalition and the AmeriCorps program.

Marshfield Clinic staff review outputs and outcomes from the performance measures on an ongoing basis via the following methods: ongoing staff communication regarding training, attendance rosters, technical assistance logs, volunteer tracking systems, member and youth survey instruments and AmeriCorps Member Evaluations. The education specialist, who is experienced in key components of program evaluation, will assist in monitoring process and outcome indicators, facilitating focus groups of members, host site supervisors and host site coalition members; providing follow-up contacts with members, host site coalitions and host site supervisors regarding program outputs and outcomes as needed and developing evaluation reports for dissemination. An overall program evaluation report will

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be completed by the AmeriCorps manager and education specialist assessing both process and outcome components for the 6 identified performance measures: Strengthening Community Coalitions, Volunteer Mobilization, Out-of-School Time Program Enhancement, Disaster Preparedness, Career Enhancement Skills and Citizenship Proficiency.

CONTINUOUS IMPROVEMENT Two internal communication approaches help staff identify strengths and weaknesses, resolve problems and gather and provide feedback on a regular basis: 1) Members and site supervisors will have ongoing access to the AmeriCorps manager via email and phone and 2) weekly service reports will provide a venue for members to provide feedback to the AmeriCorps manager and site supervisors.

As a new element for program improvement, the education specialist will work with the AmeriCorps manager to facilitate focus group sessions at least annually with AmeriCorps members, site supervisors and host site coalition representatives. In addition, the education specialist will assist in conducting follow-up contacts related to program improvement needs; compile the results of focus groups and work with the AmeriCorps manager and other staff to identify issues that need to be addressed, determine possible solutions and develop a report which can be disseminated to members, site supervisors and host site coalitions.

COMMUNITY INVOLVEMENT

Members of Northwoods Coalition were active in the design of the first Marshfield Clinic AmeriCorps program in 2000 and continue to play a vital role in adapting the program to meet local community needs and enhance program operations. Key representatives from the Alliance for Wisconsin Youth were instrumental in planning this proposal, addressing and coming to consensus on key elements during statewide meetings. The Marshfield Clinic AmeriCorps initiative is a fit with the mission and work of the Northwoods Coalition and the Alliance, addressing their critical need to get things done at the local level.

Coalitions that belong to either Northwoods or the Alliance will be eligible to submit a Marshfield Clinic

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AmeriCorps Host Site Application to compete for an AmeriCorps member. In this application, each coalition will commit to and begin the processes described previously in Section A on COALITION ROLES. Applicant coalitions will be required to determine a host site supervisor who will help select, mentor and monitor the member. Host site supervisors will attend supervisor orientation, review weekly member service reports, review and respond to ongoing email updates from the AmeriCorps manager, complete semi-annual program evaluations and member performance evaluations. Host site coalitions will provide workspace, access to a computer with email and Internet and an in-kind match for the member.

Coalitions selected as host sites will have ongoing opportunities to help identify and resolve issues related to Marshfield Clinic AmeriCorps through the Northwoods Coalition board of directors as well as through the AmeriCorps manager and other Marshfield Clinic staff. As noted earlier, both formal and informal communication strategies including weekly service reports, technical assistance meetings and performance evaluations, will help maintain program quality and effectiveness. Feedback surveys will be administered twice per year and focus groups will be conducted which will provide members an opportunity to identify concerns, ideas, challenges and opportunities.

RELATIONSHIP TO OTHER PROGRAMS Marshfield Clinic AmeriCorps has a rich history of working collaboratively with other corporation-funded programs in Wisconsin. The AmeriCorps manager was instrumental in the creation and institutionalization of a committee of Wisconsin AmeriCorps managers/directors, and has also participated with AmeriCorps program officers in state level planning. The AmeriCorps manager and other Marshfield Clinic staff have presented at State Commission Serve WI events and have developed presentations used at corporation-funded events. Marshfield Clinic AmeriCorps service day activities have been open to corporation-funded members throughout the state.

POTENTIAL FOR REPLICATION Northwoods Coalition membership has grown from 8 community

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coalitions in 1998 to over 40 in 2008. Applications to host AmeriCorps members have steadily increased over the years with many coalitions requesting more than 1 member, for example, 33 requests were made for 29.5 MSYs in 2008. Overall program success coupled with program growth is an illustration of the Marshfield Clinic AmeriCorps program as a viable strategy to unite the power of grassroots coalitions with AmeriCorps approaches. The systems that are in place were carefully designed, are well documented (forms, handbooks, policies, procedures, training outlines) and have been piloted and refined since 2000. Marshfield Clinic has consistently been designated one of the top performing programs by the State Commission, Serve WI. An expansion of the Marshfield Clinic AmeriCorps program is being requested in this proposal to include additional members serving within additional coalition host sites. Given sufficient financial capacity, Marshfield Clinic AmeriCorps could be adapted to address any number of compelling needs and replicated for use by coalitions anywhere in the nation.

RESOURCES (1) Challenges in adolescent health care. National Research Council and Institute of Medicine. (2007). (2) Park, M. J., Investing in Clinical Preventive Health Services for Adolescents (2001). (3) Nicholson, H. J., Youth as People: the Protective Aspects of Youth Development in After-School Settings (2004). (4) U.S Census Bureau. (2007). (5) Health of Racial and Ethnic Populations in Wisconsin: 1996-2002. WI Dept. of Health & Family Services. (2004). (6) WI Dept. of Public Instruction: 2007 WI Youth Risk Behavior Survey. (7) 2006 Wisconsin Youth Tobacco Survey: WI Department of Health & Family Services, (8) Nicholas Zill, Adolescent Times Use, Risky Behavior & Outcomes: Analysis of National Data (1995) U.S. Dept. of Health & Human Services. (9) Healthy People 2010: WI Dept. of Health & Human Services. (10) Little, P., After School Programs in the 21st Century: Their Potential and What it Takes to Achieve It, Harvard Family Research Project (2008).

Organizational Capability

ABILITY TO PROVIDE SOUND PROGRAMMATIC & FISCAL OVERSIGHT

HISTORY Marshfield Clinic, founded in 1916, is a not for profit 501(c)(3) organization that is one of the

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largest private, multi-specialty group practices in the United States. Marshfield Clinic Center for Community Outreach was established in 1998 and is responsible for population-level strategies focused on community health improvement. Marshfield Clinic AmeriCorps is a program of the Center for Community Outreach.

EXPERIENCE AND GRANTS MANAGEMENT Marshfield Clinic Center for Community Outreach staff provide technical assistance, consultation, education, training and other resources to coalitions in support of their efforts to develop and implement evidence-based population health initiatives. The Center for Community Outreach was the catalyst for the development of the Northwoods Coalition, which was formed in 1995 by 8 substance abuse coalitions. Northwoods has expanded since that time to include over 40 coalitions in 38 counties. Guided by the Marshfield Clinic Model of Community Health Improvement, coalition members are assisted in Community Action Plans based on the Strategic Prevention Framework. Staff provide leadership to the Wisconsin Afterschool Network and provide technical assistance and training to support quality afterschool program approaches and evidence-based out-of-school time activities.

A diversified funding base that includes local, state and federal grants and contracts supports the work of the Center for Community Outreach. Staff have experience managing federal awards from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Justice and U.S. Department of Education. The Center for Community Outreach has been awarded three grants through the University of Wisconsin School of Medicine and Public Health, as well as private funding sources including the Mott Foundation, Marshfield Area United Way, Security Health Plan and Ministry Health Care.

State funding most relevant to this proposal includes annual Serve WI awards to support the multi-site, statewide Marshfield Clinic AmeriCorps program since 2000. The program has received the Governor's Community Service Outstanding Impact Award and the Secretary of Education's Certificate of Appreciation from the Wisconsin Department of Public Instruction. The program has consistently been

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ranked by the State Commission Serve WI in the top tier of performing programs. The AmeriCorps manager and other key staff have been with the initiative since its inception, which has contributed to program growth and quality. Member Service Plans have clearly defined roles and expectations, providing meaningful service in evidence-based practices and programs designed to improve the health of youth. Ample opportunities have been given for members to recruit and mobilize volunteers and to participate in education, training and service activities that contribute to personal career enhancement, civic development and overall service. The Sponsored Programs Department of the Marshfield Clinic Research Foundation ensures compliance with guidelines on appropriate use of funds, provides support for contractual/consultant agreements, and performs grant-related accounting functions, including the completion of Financial Status Reports (FSR).

MULTI-SITE PROGRAM

SITE SUPPORT & OVERSIGHT The AmeriCorps manager will provide overall program management. A key element in managing multiple sites has been the development of training, communication and reporting systems.

Each coalition will assign their member to a specific host site supervisor from among its membership. In the past, supervisors have been employed by organizations that are active within the host site coalitions, such as schools, nonprofit and public agencies, tribal organizations, etc. The host site supervisor agrees to supervise and evaluate the member, garner matching funds and provide office space and dedicated computer access. The host site supervisor agrees to all of the host site coalition commitments to the Marshfield Clinic AmeriCorps program, including supervisor training, paperwork and compliance with AmeriCorps rules and regulations. Weekly Member Service Reports are reviewed and approved by host site supervisors and submitted to the AmeriCorps manager to ensure ongoing communication on specific activities of each member. Feedback surveys completed during orientation and Midterm Training provide opportunities for members to identify critical issues, share concerns, ideas and

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challenges. Similar opportunities to address issues and present ideas are afforded to host site supervisors and members of host site coalitions during quarterly Northwoods Coalition meetings and monthly Alliance for Wisconsin Youth meetings.

SITE SELECTION The site selection process and details on responsibilities are described in Section A: Host Site Coalition Role.

PREVIOUS RELATIONSHIPS Programmatic and fiscal relationships have been developed with coalitions as they have participated with Marshfield Clinic AmeriCorps through the years. As new coalitions come on board through this proposal, the systems and structures described above will be maintained.

MONITORING The AmeriCorps manager will conduct a site visit at least annually to ensure AmeriCorps standards and agreements are met. Any compliance issues will be noted and a plan will be developed to resolve them. The AmeriCorps manager, Northwoods manager and prevention specialists will review the ongoing performance of each host site coalition during team meetings.

COMMON ELEMENTS The overall goal and purpose of Marshfield Clinic AmeriCorps will be maintained through each site's participation in the Marshfield Clinic Model of Community Health Improvement and to other required coalition responsibilities outlined in the Host Site Application. In essence, this program will build a critical mass of coalitions that work in tandem to prevent youth substance use. Positive health outcomes will be achieved for youth by aligning efforts of multiple Wisconsin coalitions around a common framework. The service provided by members will reinforce consistency in approaches across sites. In addition, members will come together for at least 15 days during the term of service, spending time in team-building and training that lays groundwork for the development of common skills and provides opportunities for sharing lessons learned within each community coalition.

Regular meetings of the Northwoods Coalition, Alliance for Wisconsin Youth and host site coalitions will include Marshfield Clinic AmeriCorps as a standing agenda item to help ensure consistency. Host

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site supervisor training will also promote a common understanding of program requirements, activities and procedures, helping keep coalitions on the same track.

BOARD OF DIRECTORS

The Northwoods Coalition board of directors, comprised of coalition representatives, provided the impetus for the organizational design of Marshfield Clinic AmeriCorps. Board members serve in an advisory capacity, provide program recommendations based on community need and input, and share program ideas and concerns with the AmeriCorps manager and Center for Community Outreach staff. Through the program expansion requested in this proposal, similar guidance and feedback will be obtained from Alliance for Wisconsin Youth representatives.

ADMINISTRATORS & STAFF

The Center for Community Outreach has a strong administrative team that engages in key planning and strategizing during weekly meetings. The team is managed by consensus and is committed to using the unique skills of each manager to coordinate efforts to support coalitions and AmeriCorps members. Prevention specialists also meet weekly to plan the delivery of technical assistance, education, consultation, training and other resources necessary to achieve success.

POSITIONS Key Marshfield Clinic positions support the AmeriCorps program: Center Director, AmeriCorps Manager, Northwoods Coalition Manager, Community Health Educator, Prevention Specialists and Administrative Secretary.

Ronda Kopelke, Center Director has provided administrative and program oversight to Marshfield Clinic AmeriCorps program since it began in 2000. She has over 30 years experience and has been the Principal Investigator on numerous state and federal grants and has worked on national task forces.

Brian Blahnik, AmeriCorps Manager, has been with Marshfield Clinic AmeriCorps since its inception and has expertise in program management and organizational development. He will continue to provide overall coordination and management of all aspects of the program.

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Dorothy Chaney, Northwoods Coalition Manager, has over 15 years experience working with grassroots organizations and organizing collaborative efforts at the local level. Before joining the Center for Community Outreach in 2006, she served as the state executive director for Mothers Against Drunk Driving in Minnesota. She will oversee the development and implementation of the Marshfield Clinic Model of Community Health Improvement and the work of the Prevention Specialist team.

Kathy Asper, Community Health Educator, joined the Marshfield Clinic team in 2008. Kathy has extensive experience providing training and technical assistance. She is a certified Prevention Specialist and also works with the Substance Abuse and Mental Health Services Administration (SAMSHA) as an associate trainer and grant reviewer. She will have key training and evaluation responsibilities for the program.

Prevention Specialists have been mentoring and coaching AmeriCorps members in their roles with coalitions since the Marshfield Clinic AmeriCorps program began. They have extensive experience with out-of-school time activities and other evidence-based practices and programs. The program will require two prevention specialists.

Rebecca Post, Administrative Secretary, will be responsible for all clerical aspects of the program.

PLAN FOR SELF-ASSESSMENT OR IMPROVEMENT

Marshfield Clinic has several systems in place to track and monitor progress. Information on these systems are provided in detail in Section A: PLAN FOR SELF-ASSESSMENT OR IMPROVEMENT.

PLAN FOR EFFECTIVE TECHNICAL ASSISTANCE

The AmeriCorps manager will seek out any needed financial and programmatic assistance for the program through State Commissioner Serve WI, Marshfield Clinic Sponsored Program staff and Marshfield Clinic Center for Community Outreach Director and Manager.

Technical assistance in the application process has been strengthened each year due to feedback from

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member and host site coalition experiences. Two, 1-day informational meetings will be held to provide information and technical assistance on the financial and program elements of the Marshfield Clinic Host Site Application and process. The meetings will lay the groundwork for ongoing technical assistance to coalitions who are awarded a member.

Comprehensive systems for providing training and technical assistance to host site coalitions and members have been established. Use of the workbooks, learning events, community action planning strategies and other resources associated with the Marshfield Clinic Model of Community Health Improvement will ensure consistency and quality of approach among host site coalitions. Monthly meetings, weekly reporting systems, feedback surveys, annual site visits and regular communication all lead to a successful experience for the AmeriCorps member and for each community

VOLUNTEER GENERATION & SUPPORT

CAPACITY Marshfield Clinic supports coalition work on all levels as part of its mission to serve patients through accessible, high quality care, research and education. Each program of the Center for Community Outreach relies on coalition volunteers to implement and evaluate programming strategies. For example, Marshfield Clinic Youth Net, an afterschool program that serves over 350 youth annually, recruits a broad base of volunteers to support all facets of programming. A number of tools and resources are included in the Marshfield Clinic Model of Community Health Improvement to ensure the development of a viable volunteer base within each coalition.

ORGANIZATIONAL & COMMUNITY LEADERSHIP

The Center for Community Outreach was created to support population health strategies in Wisconsin and is unique to any healthcare system. The Center focuses on 7 of the 11 health priorities designated in HEALTHIEST WISCONSIN 2010, the state health plan. Marshfield Clinic demonstrates leadership in the development of an infrastructure through which to reduce youth substance abuse. For example,

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Project Forward which has evolved into the current Marshfield Clinic Model for Community Health Improvement, was identified as a model program in "Rural Healthy People 2010: A companion report of Healthy People 2010", prepared by Texas A&M University. Centered in the Strategic Prevention Framework, this model is being disseminated throughout the state by the Wisconsin Department of Health Services, via the Alliance for Wisconsin Youth.

Several members of the Center for Community Outreach staff serve in positions of leadership. Ronda Kopelke, Center for Community Outreach Director, serves as a member of the State Council on Alcohol and Other Drug Abuse, the Masters of Public Health Advisory Committee and the Translational Research Committee, UW School of Medicine and Public Health, the Alliance for Wisconsin Youth Regional Center Advisory Council, and the Governors Advisory Task Force on Drinking and Driving. Brian Blahnik, AmeriCorps Manager, serves as advisor on the Presidents Student Service Awards program and is the Deputy Chief, US Army Cadet Corps. Dorothy Chaney, Northwoods Coalition Manager is a member of the Alliance for Wisconsin Youth Regional Advisory Council. Kathy Asper, Education Specialist serves as a trainer and a reviewer for several federal programs as noted earlier.

SUCCESS IN SECURING MATCH RESOURCES

Marshfield Clinic AmeriCorps has been successful in securing match resources in all previous grant years. The program operates under a "local buy in - local match" philosophy where host site coalitions are required to contribute a cash match as a condition of participation. To facilitate this process, Marshfield Clinic is flexible and open to developing payment plans tailored to the needs of each host site coalition. While this approach cultivates community involvement and is successful overall, challenges are not uncommon. During hard economic times coalitions occasionally struggle to find the matching dollars. One of the creative solutions has been for organizations within a coalition to pool resources for the overall cost.

Marshfield Clinic administration has agreed to continue to support this program as part of their overall

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strategic plan by providing in-kind commitments for indirect costs and staff affiliated with the program.

COLLABORATION

Marshfield Clinic works in a collaborative partnership with Alliance for Wisconsin Youth and serves, via a contract with WI Department of Health Services, as the administrative entity for two Alliance regions (north and west). This alignment of the Northwoods Coalition with the Alliance for Wisconsin Youth ensures a consistency of approach. Adaptation of the Marshfield Clinic Model of Community Health Improvement will provide a common model for technical assistance within the Northwoods region and throughout the entire state. Marshfield Clinic also works in collaboration with the Wisconsin Clearinghouse for Prevention Resources, a unit of the University of Wisconsin Health Services, to provide leadership to the Wisconsin Afterschool Network. This role reinforces Marshfield Clinic AmeriCorps strategies with out-of-school time activities and other evidence-based afterschool approaches.

COMMUNITY ROLE Collaboration is demonstrated on a daily basis when community partnerships combine efforts with public agencies, nonprofit organizations and other persons who are concerned with substance abuse prevention initiatives and youth development strategies. Since the early 1980's, numerous faith-based organizations have been part of the local prevention movement. At the present time there are 51 faith-based organizations directly affiliated with Marshfield Clinic AmeriCorps. One example is the long-standing collaboration between local churches and the Youth Net program which offers afterschool mentoring, homework assistance and recreational programming for over 350 youth annually at the Sacred Heart Catholic School in Marshfield, previously located at the Good Shepherd Lutheran Church.

LOCAL FINANCIAL & IN-KIND CONTRIBUTIONS

In order to host an AmeriCorps member, coalitions must provide a cash match. These matching

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contributions have increased incrementally every year since the beginning of the program. (in 2005 the community contribution was \$3,400 per member, in 2006, \$3,800, in 2007, \$4,100, in 2008, \$4,900.)

In addition to the cash match, host sites provide in-kind contributions to support the work of the AmeriCorps member in accordance to their Community Action Plan (i.e. supervisor time, meeting expenses, travel, supplies).

WIDE RANGE OF COMMUNITY STAKEHOLDERS

Perhaps the most significant community stakeholders are those institutions and organizations that have dedicated time and talent to the coalitions including law enforcement, schools, faith-based, social services and youth-serving organizations, business and industry, public health programs and more.

Non-financial support has been consistently provided over time by the University of Wisconsin Department of Public Instruction, Wisconsin Clearinghouse for Prevention Resources and Family Health Center of Marshfield, Inc. Many agencies have recruited members, co-hosted conferences and provided training, consultation and other tasks as needed.

SPECIAL CIRCUMSTANCES

AGE AND GROWTH Northwoods Coalition began in 1998 with 8 coalitions. It has grown to have a membership of over 40 coalitions working to address underage alcohol, tobacco and other drug abuse through out-of-school time activities and other evidence-based practices and programs.

RESOURCE POOR COMMUNITY Residents of the Northwoods Coalition region share many of the problems of small, rural counties: few resources, lack of transportation other than automobiles, few and overworked prevention professionals dealing with seemingly insurmountable issues. Within the region individuals often cross county lines for employment and to receive services. Youth often travel to other counties for social events that frequently involve the use of alcohol and other drugs. Northwoods Coalition members operate under the conviction that a unified front among the counties is required to

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counteract the negative effect of variable enforcement of alcohol, tobacco and other drug laws for minors and the resultant travel by youth to more lax jurisdictions. Other demographic details on this issue are provided in Section A.

Cost Effectiveness and Budget Adequacy

CORPORATION COST PER MSY

Marshfield Clinic AmeriCorps is proposing to expand its program to 50 MSY. The proposed Corporation cost per MSY is \$12,600.

DIVERSE NON-FEDERAL SUPPORT

NON FEDERAL RESOURCES In order to host an AmeriCorps member, community coalitions must provide a cash match. In addition to the cash match, host sites provide in-kind contributions to support the work of the AmeriCorps member in accordance to their Community Action Plan (i.e. supervisor time, meeting expenses, travel, supplies).

Marshfield Clinic has supported Marshfield Clinic AmeriCorps since 2000 by providing in-kind commitments for indirect costs and staff affiliated with the program. Marshfield Clinic administration has agreed to continue to support this program as part of their overall strategic plan.

ADDITIONAL RESOURCES During the first 6 years, there was a substantial amount of funding from DHFS, Alliance for Wisconsin Youth. Due to budget cuts at the state level these funds were no longer available in the 2007-2008 program year. The Center for Community will continue to seek opportunities to garner additional funding through its existing partnerships.

DECREASED RELIANCE ON FEDERAL SUPPORT

INCREASED COST SHARE TO MEET/EXCEED GOALS, OR DEEPER IMPACT OR BROADER REACH Each year, the community coalitions must provide a cash match in order to host an AmeriCorps member. It is anticipated that the community contribution will be increased each program year to

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support program costs. In addition, it is anticipated that Marshfield Clinic will continue its strong support of this worthwhile program as part of their overall strategic plan.

ADEQUACY OF BUDGET TO SUPPORT PROGRAM & OUTPUTS/OUTCOMES Since the Marshfield Clinic AmeriCorps program is now in its 9th year, there is a substantial amount of financial and programmatic information available for budget development. The program budget includes costs for personnel (key program staff), travel (orientation, midterm training, kickoff celebration, end of year celebration, national service projects) and member stipends.

Evaluation Summary or Plan

N/A

Amendment Justification

N/A

Clarification Summary

CHANGES FOR 2011-2012

The award start date is 9/1/11. The member enrollment period start date will be 9/6/11.

PROGRAMMATIC CLARIFICATION ITEMS FOR 2010-2011

None

CRIMINAL HISTORY CHECK REQUIREMENT

Criminal history checks are required for all grant funded staff and AmeriCorps members. A detailed description of the requirements can be found at: <http://www.nationalservicerresources.org/criminal-history>. Please verify that you will conduct criminal history checks on all staff that are funded under this grant.

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Answer: The Marshfield Clinic will conduct background checks for all staff funded through this grant in accordance with Corporation requirements. A complete binder of these requirements has been provided to the Marshfield Clinic Human Resources Department detailing all regulations and requirements. Marshfield Clinic human resources has indicated they are in compliance with these requirements.

REQUEST FOR REMOVAL OF PERFORMANCE MEASURE ADDED IN THIS APPLICATION

Marshfield Clinic is maintaining the request to expand to 75 members, however we do respectfully ask for the removal of the After School Pilot performance measure from our proposal. The members will continue to focus on substance abuse prevention through community coalitions, the demand for which continues to increase year after year for member placement. We are concerned that the capacity demands that would be required to change our focus to the afterschool environment would dilute the impact we have had on community-based prevention.

Following the submission of this application, Marshfield Clinic was unexpectedly presented with the opportunity to apply for an additional formula grant from the State of Wisconsin. If we are funded, the new and unique proposal that we submitted will provide the capacity to shift direction to target a broader range of health needs through afterschool programs.

Continuation Changes

CHANGES FOR 2011-2012

"No Changes"

Enrollment - 100% or higher

Retention - 90.2%

Member retention is of the highest importance to the program staff. Over the past several years

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Marshfield Clinic AmeriCorps has worked to keep retention rates in our on-going program over 90%. AmeriCorps staff is dedicated to working directly with the host site supervisors and members to ensure their successful term of service. There are several steps incorporated into the program operation that are designed to help maintain member retention including; host site supervisor orientation, midterm and end of term member evaluations which include retention related issues, midterm member host site evaluation which addresses member satisfaction with their service, site and experience, and host site monitoring. In addition, the Marshfield Clinic AmeriCorps program has several prevention specialist staff who are assigned to mentor and support members on an on-going basis throughout the members term of service. Individual issues around service related challenges, host site or supervisor issues, hours, etc are all addressed and tackled on a on-going basis.

Marshfield Clinic AmeriCorps will continue to use these systems and pursue improvement in their implementation to affect positive change on retention rates.

2010-2011

EXPANSION REQUEST JUSTIFICATION

The unprecedented challenges facing our country require all of us to consider how we can be active participants in putting our country back on the right track. Improving our educational and health care systems is paramount among the challenges we face. To that end, we are requesting an expansion of the Marshfield Clinic AmeriCorps Program. This expansion includes a request for additional members, staff and other program specific resources.

Performance Measures in our funded proposal have been modified for accuracy and clarity and to reflect the expanded service capacity made possible through the additional 25 members being requested. A new Performance Measure for an Afterschool Pilot Project will provide the Marshfield Clinic AmeriCorps

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Program an opportunity to develop expertise integrating five of the new National Performance Measures from two of the emerging "Corps." Marshfield Clinic believes that quality afterschool programs are an untapped resource in improving academic, personal/social and health/wellness development for enrolled youth. Afterschool programs, organized at the community level but national in scope, can answer a call to modify and/or expand existing programming to generate improved health outcomes while increasing academic success.

Our experience has demonstrated that a significant portion of youth enrolled in afterschool programs are at-risk for poor educational performance. These youth also constitute an at-risk group in the health care sector. They are frequently from lower-income families with limited or no access to health care services, with poor health literacy levels and with lower health outcomes.

Due to the severe economic times across Wisconsin, Marshfield Clinic AmeriCorps has been an especially important opportunity for coalitions working to prevent substance abuse. Members are placed with coalitions across Wisconsin, often in communities that are in severe economic distress. In many host site communities, the foreclosure increase is greater than the state average of 28.9% with unemployment and poverty rates also showing significant increases. Our request to expand Marshfield Clinic AmeriCorps is in direct proportion to escalating needs related to Wisconsin's economic distress.

In addition to the economic strain, the loss of Recovery program funding in June 2010 will leave a large void for host sites that shared in the placement of 20 AmeriCorps members during this past year. By increasing the number of available MSY in the existing program, Marshfield Clinic AmeriCorps will be able to continue the work that has been started in many of these communities.

Leadership and innovation through our expanded AmeriCorps program will help facilitate the

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transformation of existing coalitions, out-of-school time programs and afterschool programs to add value in both the health and educational sectors. Over time, lessons learned through Marshfield Clinic AmeriCorps may also help stimulate similar approaches in communities across the nation.

PERFORMANCE MEASURES

This section summarizes the changes made in the performance measure worksheets.

MEASURE 1, no change - 100% of members who complete their term of service will receive training on the Marshfield Clinic Model of Community Health Improvement centered on the Strategic Prevention Framework and 100% of host coalitions will develop a community action plan center on the Strategic Prevention Framework.

MEASURE 2 --

OLD - 100% of members who complete their term of service will assist their coalitions in the recruitment and mobilization of 2500 volunteers resulting in the completion of 7500 hours of service to host coalitions.

NEW - 100% of members who complete their term of service will recruit 750 on-going and episodic volunteers (unduplicated) resulting in the completion of 3,750 volunteer occurrences and 11,250 hours of service.

JUSTIFICATION OF MODIFICATION -- We have modified this performance measure to document the actual, unduplicated number of volunteers recruited and to differentiate ongoing versus episodic volunteer types. The number of volunteer occurrences and hours of services have been increased to

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reflect the expanded service capacity made possible through the additional 25 members being requested.

MEASURE 3 --

OLD - 100% of members who complete their term of service will provide direct service to out-of-school time programming and 50% of participating youth that complete selected portions of the Wisconsin Youth Risk Behavior Survey will show a change in one or more of the following: decrease in risk behaviors (i.e. use of alcohol or tobacco products), increased perception of risk related to risky behaviors, a positive shift in decision making (i.e. not riding with someone who has been drinking) or indicated a meaningful relationship with an adult.

NEW - 100% of members who complete their term of service will provide service to out-of-school time programming and 50% of participating youth that complete selected portions of the Wisconsin Youth Risk Behavior Survey will show a change in one or more of the following: decrease in risk behaviors (i.e. use of alcohol or tobacco products), increased perception of risk related to risky behaviors, a positive shift in decision making (i.e. not riding with someone who has been drinking) or an increase in the number of meaningful relationships with an adult.

JUSTIFICATION OF MODIFICATION -- This performance measure has been modified by the removal of one word. The first sentence has been changed from members providing DIRECT SERVICE to members providing SERVICE. This shift in terminology more accurately depicts the service being provided since some members will have direct contact with youth and other members will have indirect contact with out-of-school time programming staff.

MEASURE 4, no change - 100% of members who complete their term of service will receive Red Cross

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Disaster Services Training to prepare them to support local, state and national disasters.

MEASURE 5, no change - 100% of members who complete their term of service will complete career enhancement training to include portfolio development, resume building and interview skills and will transition to gainful employment, a second term of service, volunteer work or secondary education as indicated in an exit survey.

MEASURE 6 --

OLD - 100% of members who complete their term of service will complete training in the areas of lifelong citizenship, participation in American democracy and the Declaration of Independence and will show an increase in their knowledge of each as indicated in a pre and post survey.

NEW - 100% of members who complete their term of service will complete training in the areas of lifelong citizenship, participation in American democracy, tribal constitution, sovereignty, government to government relationships between tribes and the state of Wisconsin as well as the Declaration of Independence and will show an increase in their knowledge in at least one of the area as indicated in a pre and post survey.

JUSTIFICATION OF MODIFICATION - The Marshfield Clinic AmeriCorps program has a long history of relations with the tribal nations that reside in Wisconsin. Because of this history the Marshfield Clinic AmeriCorps program will be collaborating with 11 of the tribal nations in the coming years to expand resources within the tribal areas through a tribal AmeriCorps program. It is important for the members serving in the Marshfield Clinic AmeriCorps program to understand not only their citizenship but also that of the Native Americans with whom they will serve on a regular basis.

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NEW Performance Measure for After School Pilot Project

MEASURE 7 - 100% of youth enrolled in the Marshfield Clinic AmeriCorps Afterschool Pilot Project will receive educational and health services and 60% of youth enrolled in the Marshfield Clinic AmeriCorps Afterschool Pilot Project will show improvement in one or more of the following: attitude and motivation for learning (Education Corps), academic performance (Education Corps) or overall health (Healthy Futures Corps) as measured by the Marshfield Clinic Afterschool Parent and/or Teacher Surveys.

JUSTIFICATION FOR NEW MEASURE - Marshfield Clinic AmeriCorps has historically provided members with opportunities to provide service to out-of-school time programming. * The Afterschool Pilot Project is a step toward strengthening this approach by placing members in afterschool programs** that are ready to commit to more structured approaches that target selected National Performance Measures from two of the new Corps: Education and Healthy Futures. This experience will help prepare Marshfield Clinic AmeriCorps to fully integrate and implement new National Performance Measures within the parameters of our statewide program for the 2011/2012-service year.

Research confirms that a quality education is the number one determinant in achieving long-term health. Seminal research synthesized by the Harvard Family Research Project confirms that sustained participation in quality after school programs can provide profound benefits in academic, social, prevention and health outcomes, including alcohol and other drug abuse (the identified compelling problem for Marshfield Clinic AmeriCorps). The vast majority of the youth served in afterschool programs are from families that are underinsured, economically disadvantaged or medically underserved.

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The strength of afterschool programs lie in the power of local coalitions who help organize and support them. Broadening the capacity of local coalitions to help strengthen the infrastructure of afterschool programs will advance the achievement of academic, personal/social and health/wellness outcomes for enrolled youth.

The Afterschool Pilot Project will be available to afterschool programs that are active members of coalitions that have been selected to participate in the Marshfield Clinic AmeriCorps Program. At least three to five afterschool programs that agree to enroll in the pilot will be selected for participation. Host sites for the After School Pilot Project will commit to developing an academic case management plan for their enrolled youth.

* Out-of-school-time programming is defined as programming that occurs during the non-school hours that meet on a less frequent basis, three to four times per month. Examples include; Girl Scouts, 4H, Boy Scouts, field trips, and service projects.

**Afterschool programs are defined as school based, school linked programs that provide safe and structured environments for youth. Program convenes regularly and is available three to four times per week. A diverse range of activities are provided including; homework assistance, tutoring services, physical fitness and education, and personal and social development opportunities.

Performance Measures

SAA Characteristics

- AmeriCorps Member Population - None
 Geographic Focus - Urban
 Geographic Focus - Rural
 Encore Program

Priority Areas

- | | |
|---|---|
| <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Healthy Futures |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Veterans and Military Families |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Economic Opportunity | <input type="checkbox"/> Other |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Disaster Services | |
| <i>Selected for National Measure</i> <input type="checkbox"/> | |

Grand Total of all MSYs entered for all Priority Areas 75

Service Categories

- | | | |
|--|---|---|
| Disaster Preparation | Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> |
| Other Education | Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> |
| Community-Based Volunteer Programs | Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> |
| Social Services Planning & Delivery Systems/Community Organization | Primary <input checked="" type="checkbox"/> | Secondary <input type="checkbox"/> |
| Mentoring | Primary <input type="checkbox"/> | Secondary <input checked="" type="checkbox"/> |

Out-of-School time Program Enhancement

Service Category: Mentoring

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Research shows that quality well attended out-of-school time programs have been shown to significantly reduce the uptake of alcohol and drug use among youth. Protective factor research shows that developing meaningful relationships between youth and adults also reduced youth involvement in substance use. Members will develop relationships with youth in selected out-of-school time programs.

Results

Result: Intermediate Outcome

Result: Intermediate Outcome

Members are providing direct service to youth in out-of-school time programs which will result in developing meaningful relationships with an adult.

Indicator:

Target: Youth indicating an increase in meaningful relationships with adults.

Target Value: 50%

Instruments: Member service plan Weekly Member Service Reports

PM Statement: Members will provide direct service to 750 youth in out-of-school time programs resulting in 50% of youth surveyed indicating an increase in meaningful relationships with an adult as indicated in the AmeriCorps Youth Survey.

Prev. Yrs. Data

Result: Output

Members will provide direct service to out-of-school time programs

Indicator:

Target: Youth receiving direct service in out-of-school time programs.

Target Value: 750

Instruments: AmeriCorps Youth Survey

PM Statement: Members will provide direct service to 750 youth in out-of-school time programs resulting in 50% of youth surveyed indicating an increase in meaningful relationships with an adult as indicated in the AmeriCorps Youth Survey.

Prev. Yrs. Data

Strengthening Community Coalitions

Service Category: Social Services Planning & Delivery Systems/Community Organization

Measure Category: Strengthening Communities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will support and assist local coalitions in planning and implementing environmental strategies that assist in the reduction of substance abuse.

Results

Result: Intermediate Outcome

As a result of the members service, member host site / coalitions will develop infrastructure and begin implementation of one of four environmental strategies to reduce substance abuse (Parents Who Host

Lose The Most; Prescription Drug Initiative; Parent Networks and Youth Engagement.

Indicator: Coalitions implementing one of the four strategies

Target: Host site / coalitions

Target Value: 100%

Instruments: Member Service Plan

PM Statement: As a result of the members service, 100% of host site / coalitions will develop infrastructure and begin implementation of one of four environmental strategies to reduce substance abuse (Parents Who Host Lose The Most; Prescription Drug Initiative; Parent Networks and Youth Engagement.

Result: Intermediate Outcome

Prev. Yrs. Data

Result: Output

As a result of members efforts, host site / coalitions will build capacity to develop infrastructure and implement one of several strategies to reduce substance abuse in the community. For example: members working with coalitions to develop a Parent Network will be involved with committee development, logistics and planning for Parent Network dinners/meetings, managing the parent network database, orgnaizing speakers, etc.

Indicator: Coalition environmental strategy progress checklist

Target: Host site coalitions

Target Value: 100%

Instruments: Coalition environmental strategy progress checklist

PM Statement: As a result of member service, 100% of host site / coalitions will develop infrastructure and begin implementation of one of four environmental strategies to reduce substance abuse (Parents Who Host Lose The Most; Prescription Drug Initiative; Parent Networks and Youth Engagement.)

Prev. Yrs. Data

Required Documents

Document Name

Status

Evaluation

Not Applicable

Labor Union Concurrence

Not Applicable