

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 conform to the Corporation's eGrants System)																
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE: 20-JAN-11	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11AC124420	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER: 09ACHNE0010002														
5. APPLICATION INFORMATION																
LEGAL NAME: University of Nebraska Medical Center (MMI) Sponsored Programs DUNS NUMBER: 168559177	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Joseph H. Evans TELEPHONE NUMBER: (402) 559-6408 FAX NUMBER: (402) 559-6864 INTERNET E-MAIL ADDRESS: jevens@unmc.edu															
ADDRESS (give street address, city, state, zip code and county): 987835 Nebraska Medical Center Omaha NE 68198 - 7835 County:																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 470491233	7. TYPE OF APPLICANT: 7a. Higher Education Organization - State Controlled 7b. Other State Government															
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: MMI AmeriCorps															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Alliance, Chadron, Columbus, Crawford, Crete, Friend, Gordon, Hastings, Kearney, Lexington, Plattsmouth, Rushville, Grand Island, North Platte, Papillion, Omaha, Bellevue, Nebraska City, Fremont, Lincoln	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 <u>NE 002</u> b.Program <u>NE 002</u>															
15. ESTIMATED FUNDING: Year #: <u>2</u>	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;">\$ 184,187.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 133,978.00</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;">\$ 318,165.00</td> </tr> </table>	a. FEDERAL	\$ 184,187.00	b. APPLICANT	\$ 133,978.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 318,165.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
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f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 318,165.00															
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: Jennifer Burt	b. TITLE: Assistant Professor Pediatric Psychology	c. TELEPHONE NUMBER: (402) 559-4409														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 06/01/11														

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Executive Summary

The Munroe-Meyer Institute (MMI) AmeriCorps program provide an opportunity for AmeriCorps members to increase the independence, productivity, and community integration of people with disabilities. MMI's AmeriCorps program compliments MMI's mission to promote and enhance inclusion of citizens with disabilities and their families within the community. AmeriCorps members provide direct and indirect services to adults and children with disabilities and their families in communities throughout Nebraska. Approximately 50% of our members provide pediatric behavioral health services in MMI's rural outreach clinics throughout the state. Since 2004, MMI AmeriCorps alumni have chosen to continue their professional careers in communities such as Gordon, Rushville, Chadron, Lexington, Columbus and Kearney.

Rationale and Approach

RATIONALE AND APPROACH

State and Local Needs

Individuals with disabilities have been disproportionately served in education, health care and social services in this country. Children, for example, with physical, intellectual, behavioral, and developmental disabilities were essentially excluded from schools until the passage of the Individuals with Disabilities Education Act (94-142) and the Americans with Disabilities Act in the 1960s and '70s. Parents were frequently instructed to place their children into institutions where they could be "cared for" without "burdening" the rest of the family. Consequently, persons with disabilities were often removed from typical social, educational, family, and community interactions and isolated into congregate living facilities that were frequently impersonal, poorly staffed, distant, and, in many cases, inhumane.

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Today, physical health and educational conditions have markedly improved for children and adolescents with disabilities. Major discrepancies remain, however, as these youngsters "age out" of the educational system, in access to employment, housing, recreation, transportation, and social activities. Additionally, the definition of disabilities has expanded to include behavioral/psychiatric disorders, autism, traumatic brain injuries, and learning disabilities. Access to services for individuals with these and other disabilities is often disproportionate available due to shortages of providers, inadequate health insurance coverage, and transportation issues, particularly for residents in rural or underserved inner city areas.

Throughout its 50 years, Munroe-Meyer Institute has addressed increasing needs for services for children and adolescents with disabilities and their families. Estimates suggest that 15% of children under the age of 21 have developmental disorders, genetic conditions, mental retardation, and/or other specialized healthcare needs, and that the incidence may reach as high as 35% when behavioral and learning problems are included. Services provided for these individuals, however, vary dramatically in availability and quality, especially in rural areas. According to the Health Resources Services Administration (HRSA), fifty of Nebraska's 93 counties have Health Professional Shortage Areas (HPSAs) in primary care health providers. Outside of the Omaha-Lincoln area, the entire State (88 of 93 counties) is designated as a HPSA in shortages of mental health providers. A substantial influx of physical and behavioral health care providers is needed to eliminate this alarming designation. Conversely, HRSA also estimates that the number of Nebraska uninsured children ranges between 7.9-10% in rural towns and inner-city Nebraska metropolitan areas. Lastly, childhood poverty in rural and inter-city Nebraska averages 10%. All of these factors are magnified for children and families experiencing disabilities.

The demographics of Nebraska also present a major challenge in the provision of services to individuals

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with disabilities and their families. One-half of Nebraska's population, for example, lives in the Omaha and Lincoln metropolitan areas (with health care resources concentrated in those areas) while the remainder is disbursed across a large geographic area of over 70,000 square miles. Many of Nebraska's 93 counties are "frontier" in nature, being populated by less than seven persons per square mile. In these counties, families often travel hundreds of miles to obtain health care.

These geographic factors indicate that greater community involvement and leadership are needed to provide accessible services to individuals with disabilities. MMI has chosen to address the priority area of "health care access and services" in this AmeriCorps program application because of recognized behavioral health and primary care needs through its statewide clinical network.

The other priority area the program addresses is "expanding employment possibilities" through participation in community service by individuals with disabilities. According to the 2006 American Community Survey, the unemployment rate among Nebraskans experiencing disability (age 16-64 years) is over 50%. Contributing factors include lack of employer knowledge, lack of job skills, a lack of job-seeking skills and a lack of work experience. MMI has recognized that service opportunities would allow these individuals to learn skills that they could utilize in the workforce. Furthermore, increased visibility in the community helps to eliminate preconceptions people may have concerning this population, another significant barrier. Community inclusion also helps educate potential employers as to the value these members possess.

With its emphasis on increasing rural and inter-city behavioral health access, the MMI AmeriCorps program fits the priority area of "Healthy Futures." Through its efforts to increase job skill development opportunities for, and with, individuals experiencing disability, the program also focuses on the priority area of "Education." MMI is uniquely positioned to successfully address both of these vital CNCS

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priorities.

Service Delivery Model

The Munroe-Meyer Institute provides services to individuals with physical, developmental, intellectual and behavioral disabilities. MMI has an extensive history of training professionals, direct service provision, community education, and resource development. These resources, combined with the organizational capacity of MMI's umbrella institution, The University of Nebraska Medical Center, provide a strong foundation for the MMI AmeriCorps program. To enhance the Institute's capacity to provide these services, MMI AmeriCorps members are recruited from a statewide network of service agencies and educational institutions. This allows the program to exhibit a visible presence in both metropolitan and rural Nebraska. Fifteen rural medically underserved rural communities benefit by receiving behavioral health services through MMI's statewide clinical outreach network. These vital services are being provided under licensed supervision to individuals who would not otherwise have access to such services in their local communities. By placing these members in MMI's clinical network, the AmeriCorps program increases the likelihood those members will remain in rural mental health services throughout their professional lives. Therein, the AmeriCorps investment reaps benefits in rural areas well beyond service years.

In the Omaha-Lincoln metropolitan areas, our members serve in the behavioral health field as well as many other programs that serve individuals experiencing disabilities and children at risk of poverty. Each member identifies individual service interests and goals prior to his/her service term. Based on these goals, members are placed in service positions that permit them to participate in direct service

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provision (e.g., counseling, classroom assistance, patient support, parent education, etc.) and/or support services (e.g., curriculum development, program evaluation, intervention evaluations, etc.) in their respective home communities. Members receive orientation training before beginning the service year as well as ongoing training throughout. Job coaching and other support mechanisms have been implemented that enhance members' skill sets and performance. Consequently, several MMI AmeriCorps alumni have secured employment at their service sites after completing their terms.

The UNMC campus provides a wide-range of support mechanisms rarely found outside of an educational setting. The MMI AmeriCorps program enjoys access to the TeleHealth network which provides remote access to its outstate members via teleconferencing. This system is utilized for a variety of purposes including member meetings, trainings, and conferring with site supervisors. Additionally, members and their supervisors may use the network to provide direct service to its rural clients who otherwise could not travel to the clinics.

Administratively, UNMC provides human resources functions such as conducting member background checks and providing consultation in personnel matters. The MMI business office provides fiscal oversight while the payroll department performs all functions within its purview. The sponsored programs department provides assistance with grant proposal submissions and oversees compliance in the grant management process.

As the state's designated University Center of Excellence on Developmental Disability, (UCEDD) , MMI offers an opportunity uncommon to AmeriCorps programs through access to professional trainings provided by MMI's Leadership Education in Neurodevelopmental Disabilities (LEND). Examples of bi-weekly seminar topics include sleep disorders, psychopharmacology, special education law, autism spectrum disorders, logic model development, and attention deficit hyperactivity disorders. UNMC also

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supports the MMI AmeriCorps program by providing nationally recognized faculty for clinical supervision and training, physical and virtual facilities, and faculty consultation.

Other training opportunities are offered monthly as part of the program's member meetings. Presenters are recruited from the community, MMI faculty and staff, and fellow AmeriCorps members. Topics include disability issues such as an historical perspective on the disability inclusion movement, the Social Security Administration's Ticket to Work program, and People First language. Additionally, MMI AmeriCorps members routinely attend trainings offered by the Nebraska Volunteer Service Commission.

Utilizing this model, the MMI AmeriCorps program has experienced incredible success. In 2005, the CNCS honored MMI with their "Most Innovative Program" award. The program was also recognized as the "Service Program of the Year," by the Nebraska Volunteer Service Commission in 2005 and again in 2009.

Program Director Dr. Joseph Evans has presented the MMI AmeriCorps model, by invitation from the CNCS National Service Inclusion Project (NSIP) and the Association of University Centers on Disabilities, at three national conferences. In January, 2010 he presented the model on a nationwide webinar hosted by NSIP. Additionally, Dr. Evans has lent his expertise to other agencies and organizations (for example, the Nisonger Center at Ohio State University and the Disability Awareness agency in Rhode Island) in creating strong applications for similarly-designed programs in their home states. Stakeholders from the neighboring states of Iowa and South Dakota have approached Dr. Evans to establish MMI's behavioral health delivery model in their rural communities.

As the AmeriCorps program with the greatest percentage of members with disabilities in Nebraska

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(40%), the Nebraska Volunteer Service Commission solicits the program's expertise to address disability awareness issues. In 2008, members worked with the commission to implement a disability awareness training open to participants statewide. Members participated in the event's planning as well as serving as panel members and topic presenters.

Member Activities

MMI AmeriCorps selects its service sites based upon several factors: suitability to MMI AmeriCorps' mission, community need and site impact, and the degree to which the site is willing to address accessibility issues when the member under placement consideration has a disability. Member skill sets, interests and capabilities also play a significant role in site selection.

Member responsibilities are detailed in each of the site descriptions presented in this document. In addition to site-specific duties, members must attend a minimum of five monthly meetings and trainings, participate in five community service projects, and complete all paperwork in a timely fashion.

In the Healthy Futures priority area, multiple opportunities exist for AmeriCorps members to participate in the delivery of direct services to persons with disabilities through programs offered at MMI and throughout its statewide network. All service delivery activities are consistent with empirically-based "best-practices" in the disciplines (i.e., Psychology, Social Work, Speech Therapy, Recreation Therapy, etc.) from which they are offered. AmeriCorps members fill a significant need for direct and supportive patient services to maximize the benefits of treatment. This is particularly true in rural areas, where clients may lack the resources to access and receive treatment.

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Programs fulfilling the Healthy Futures priority include:

1. Behavioral Health Clinics Support: The Psychology department at MMI provides services to families through over 8,000 clinical sessions per year serving fifteen rural communities. Members are recruited from graduate school training programs in behavioral health across Nebraska and neighboring states. They play an integral role in providing parent education, counseling, behavior management, consultation and the collection of behavioral data from home-based and school-based observations. Members provide support to families by assisting in the implementation of clinical recommendations in natural environments (home, classroom, daycare), thus increasing the families' abilities to meet treatment goals. Rural members are placed into collaborative community agencies, based on community needs, including: Chadron Medical Clinic, Crete Behavioral Health Clinics, Box Butte Medical Clinic, Friend Behavioral Health Clinic, Grand Island Medical Clinic, Hastings Children and Adolescent Clinic, Lexington Medical Clinic, Kearney Clinic, Fremont Pediatric Partners, Columbus Pediatric Clinic and Boys & Girls Homes of Nebraska.

2. MMI Social Work services: Intern-level students provide supervised counseling and community resource management to clients served on the MMI campus and in the Cogley Pediatric Clinic. Children with disabilities and their families served by this program are disproportionately uninsured or Medicaid-dependent.

3. Autism Treatment Intervention: In the past, many Nebraska families had to move out-of-state to obtain adequate treatment services for their children with autism due to the lack of available, effective services and inadequate (or no) insurance benefits. MMI has recognized the need for Autism treatment and professional education and started a program to serve children with this disorder several years ago. Children with autism from disadvantaged backgrounds who are on SCHIP (State Childrens Health

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Insurance Program) or who are on Medicaid, however, are not covered for behavioral treatment services. MMI AmeriCorps has assigned members to service activities in the MMI Center for Autism Spectrum Disorders which has allowed the Center to expand its capacities to provide services to additional children and families currently receiving services, particularly families with inadequate or no health care coverage. Specific duties of AmeriCorps members involve provision of direct care services to children with autism under the supervision of licensed clinicians from the Munroe-Meyer Institute's programs. Targeted activities include assisting in management of behavioral problems (i.e., severe tantrums, non-compliance, social avoidance), language development, observation and data collection in "generalization" settings (such as home and school), program evaluation data collection, and development of learning materials for parents and teachers.

4. Recreational Therapy Services: MMI's Recreational Therapy department offers a wide range of leisure activities available for people with disabilities of all ages during Camp Munroe, a year-round program. Camp Munroe provides a "typical" recreational experience appropriate to participants' abilities. MMI AmeriCorps members work individually with their assigned participants to provide supervision, guidance, and assistance during department-sponsored recreational activities. Members also assist recreational therapy staff with the volunteer recruitment and management.

5. Parent/Teacher Training: Members in rural areas develop curriculum, present and implement community trainings for parents and teachers so they may recognize the warning signs of mental health issues in school age children and seek appropriate treatment.

The priority area of Education is a thread that can be found throughout all MMI AmeriCorps activities. The program has successfully placed members experiencing disability in all the aforementioned activities, thus significantly expanding job skill sets and opportunities for future employment. Other

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community-based member placements include the following:

1) Girls, Inc.- Girls, Inc provides educational and community services to at-risk, minority children. The organization offers mentoring, academic tutoring, leadership development, and community growth opportunities. Members receive tutoring instruction and mentoring training. Members teach classes that highlight their skill sets. Examples include Spanish, reading, and cooking. The members also participate in leadership group activities that are designed to empower girls to take an active role in their community's growth. Finally, members also participate in other community-based activities sponsored by the organization

2) Educational Support Services: Omaha inner-city schools serve students from a highly ethnically and culturally diverse population. Public schools have programs in general education, special education, magnet school education, and after-school programs for at-risk youth. Some of the inner-city private schools that offer alternative education to youngsters, however, do not have funding or support programs for children or adolescents in their care. MMI AmeriCorps members receive training in providing educational and behavioral interventions within the academic environment. Members with disabilities provide support to teaching staff and serve as a positive role model to other students with disabilities. Members serve in pre-school and alternative school programs, providing academic and mentoring services to inner-city disadvantaged youth. MMI AmeriCorps members allow schools to increase their programs available to at-risk youth. MMI AmeriCorps members have served at inner city Holy Name Elementary and Apollos Schools, both of which provide alternative educational experiences for children from at-risk for poverty backgrounds.

3) Salvation Army Programs: AmeriCorps members provide services in several programs in the Omaha Salvation Army's expansive Renaissance Center, located in one of the city's most economically

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challenged areas. Members work with all age ranges from preschool through elder years. Activities include developing a library and literacy-enhancement program in the Center's Stepping Stones Head Start program, providing social services coordination and referral of families requesting services in the Center's outreach program, participating in Christmas-assistance events, teaching life skills and health management to pregnant teens, and leading a recreational support group for elderly men.

4). Program Development: AmeriCorps members assist other University Medical Center departments and community-based non-profit entities in designing programming that enhances MMI commitment to people experiencing disability. Some of members' responsibilities include networking and collaboration development, event planning, creative design, development of written materials, internet design and community outreach to increase public awareness. Programs served include the Omaha Scottish Rite Care speech services program, SANDS (Sportsmen assisting the Nations's Disabled Sportsmen) program, Walk and Roll for Disabilities Walk, Omaha Food Bank, Adopt-a-Family and Christmas Toys programs, and the UNMC Public Relations Department.

5) Parks & Recreation "Sun Dawgs" program: Members are placed in City of Omaha summer programs designed for children with and without disabilities at high risk of poverty. Members assist staff with participant supervision, providing individual assistance to participants, and organizing daily sports and crafts activities.

6) Metropolitan Community College-Fort Omaha Campus: This placement site is located in one of the most underserved areas of urban Omaha. Ethnic minorities comprise a large segments of the campus population and surrounding neighborhoods. This member organizes projects on campus and in the community as well as recruiting volunteers for community events. Examples of her service include spearheading the development of a program which provides good quality used business clothing free of

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charge for low income individuals entering the workforce; and organizing a job fair for students and the public.

7) Metropolitan Community College-South Campus: This placement involves a member with a visual disability who is working in the college's Sustainability Program. The Sustainability Program is a new environmental program to increase college wide practices that promote conservation and resource management. She provides community awareness support, administrative support, and coordination assistance.

8) Job Coaching: MMI AmeriCorps implemented a job coaching position as part of funding provided by the 2009 ARRA. The position was created out of a need MMI staff recognized for more individualized assistance for those individuals with disabilities who had limited work experience. This position has been so successful that the program will continue the position under 2010-11 program funding. This member provides job coaching to individuals in the community as well as members, with emphasis on individuals with disability. Services are based on individual need in the work place. Coaching services can range from basic job skills such as effective communication techniques to the identification and solution of disability-related barriers in the workplace. The job coach and member do an initial "needs assessment" and design an action plan including goals and objectives to be accomplished. The coach provides the needed supports until the member successfully completes the action plan. Notice of service availability to the public is disseminated throughout the Omaha disability networks.

The job coach also presents trainings to AmeriCorps members and the community at-large on a variety of employment topics such as interviewing, resume building, effective worksite communication, job hunting, etc.

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9) Community Service Projects: Every MMI AmeriCorps member is required to complete a minimum of 5 service projects during the MSY. In 2009-10, the program initiated a volunteer project coordinator to organize monthly community service opportunities to assist members in meeting the requirement. Additionally, this member works with other University departments and community agencies to recruit volunteers for area events.

MMI AmeriCorps aligns community needs and member capacity in its yearly MSY allocation request. This request allows for the flexibility to split member slots according to site requests and the members' ability and stamina. Often, individuals with disabilities have non-typical needs that affect the number of hours they may work weekly.

Member orientation and monthly meetings ensure against AmeriCorps rules' violation. Sites are also educated on prohibited activities and non-duplication, non-displacement, and non-supplementation requirements. Sites must sign an agreement to these provisions before a member is placed. Blending proven member development practices with newly implemented tools, the program increases supports to its members. These practices allow for greater member performance outputs thereby improving outcomes.

Measurable Outputs and Outcomes:

Service Impact: Through direct service and service support activities, the program serves a minimum of 1000 consumers each year. Members use activity logs to track the number of consumers/patients served each year. In addition, service impact will also be measured for members serving in a clinical setting through supervisor surveys reporting whether treatment goals were improved as the result of member involvement. Each year 60% of clinicians surveyed report a minimum 75% of treatment goals were met

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through member involvement. All members are evaluated by site supervisors mid-point in the MSY as well as the conclusion of service. Measured outcomes will include 80% or higher of all members will score "satisfactory" or above at mid-point evaluations. Year-end evaluations will show 95% of all members score "satisfactory" or above.

Member Development: Through pre-service training, monthly in-service trainings, and hands-on supervision and mentoring from MMI faculty members and site supervisors, members demonstrate increases in disability awareness and national service knowledge. An increase in member knowledge in disabilities will be demonstrated on pre-and post assessments, with members demonstrating improved scores, and all members scoring below 70% demonstrating at least a 15% increase in knowledge on the post-service assessment. Additionally, all members take the state-developed Mid-Year Service Test. Eighty percent of members will demonstrate an 80% or higher score on this assessment of national service knowledge by mid-year. Continual performance feedback is provided to each member throughout his/her service year through regular, weekly supervision with supervising faculty members and via mid-year and annual performance evaluations.

Volunteer Recruitment: Each year, MMI members plan and execute community-based activities for the purpose of serving individuals with disabilities. Volunteers with and without disabilities are recruited in this process. Each year, members will recruit 250 individuals who will provide a minimum of 750 hours of volunteer service to their communities. , MMI AmeriCorps took two important steps in 2009-10 to improve volunteer recruitment. As stated previously, it has partnered with Metropolitan Community College to provide a service conduit in urban Omaha. Volunteer recruitment is tracked through member time logs. Progress toward these goals is monitored on a monthly basis and reported to the Nebraska Commission on Volunteer Service (ServeNebraska) and the Corporation for National Service through quarterly reports.

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Self-Assessment and Improvement: Continuous program improvement is accomplished using a perpetual quality assurance feedback loop. Inputs into the loop include site evaluations, surveys, and monthly check-in sessions with site supervisors and members. Strengths and areas of concern are identified and solutions proposed by the stakeholders. Solutions are implemented and the loop continues. If AmeriCorps members and staff conclude that job coaching would be helpful in issue resolution, the member is referred to the job coach for assessment, goal setting, action plan creation and follow-through support.

Community Involvement: MMI activities are reviewed by the MMI Consumer Advisory Board (CAB). This group consists of consumers with disabilities, family members, agency representatives, and MMI leadership. The CAB assists in providing programmatic direction for MMI programs and identification of the needs of the community to be addressed by project activities. Community agency sites and clinical staff provide regular feedback throughout the MSY that is incorporated in program planning and implementation processes.

Relationship to other National and Community Service Programs

Dr. Joseph Evans, Program Director for MMI AmeriCorps, has been invited by the CNSC National Service Inclusion Project and the Association of University Centers on Disabilities to speak at three national conferences on the MMI AmeriCorps model. He has also assisted other agencies and organizations including the Nisonger Center at Ohio State University and the Disability Awareness agency in Rhode Island in creating strong applications for similarly-designed programs in their home states.

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The Nebraska Volunteer Service Commission solicits the program's expertise to address disability awareness issues. In 2008, members worked with the commission to implement a disability awareness training open to participants statewide. Members were involved in the planning as well as serving as panel members and topic presenters.

Currently, the program is designing a process to replicate its delivery model with University Center partners in South Dakota and Iowa through application for a national planning grant. Successful replication will expand behavioral health services to these States' underserved populations and service opportunities for individual with disabilities.

Organizational Capability

ORGANIZATIONAL CAPABILITY

MMI is wholly responsible for the MMI AmeriCorps program including its leadership and all administrative duties. MMI is located in Omaha, Nebraska, and is one of the seven major administrative units of the University of Nebraska Medical Center. Since 1959, the MMI has provided statewide services to individuals with developmental disabilities, physical disabilities, behavioral disabilities and other special healthcare needs. MMI is an interdisciplinary service, research, and training program and is part of a national network of 67 University Centers of Excellence in Developmental Disabilities (UCEDD).

University Centers are authorized by the Developmental Disabilities Assistance and Bill of Rights Act to build the capacity of states and communities in order to respond to the needs of individuals with disabilities and their families. As a designated University Center for Excellence in Developmental Disabilities, the MMI supports the independence, productivity, and inclusion of individuals with disabilities into the community by providing interdisciplinary education, research, service and technical

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assistance. MMI has a more than a 25-year history of conducting advanced training programs for the Maternal and Child Health Bureau (MCHB) including the Leadership Education in Neurodevelopmental Disabilities (LEND) Program and Special Projects of Regional and National Significance (SPRANS).

UCEDD membership provides MMI AmeriCorps members with the opportunity to collaborate with other University Centers across the United States through the National Service Inclusion Project (NSIP). The MMI AmeriCorps program is an outgrowth of this activity and addresses service needs within the disability community. The MMI program has been presented, by invitation, at the annual conferences of the NSIP and the Association of University Centers on Disabilities for the past three years. These presentations have prompted institutions similar to MMI to pursue programs in their respective states. Interest in program replication was expressed during previous conferences by the Ohio State University, the University of Rhode Island, and the University of the Virgin Islands, as well as other public and private organizations. MMI program staff has supported these efforts and consulted with these programs regarding initial submissions for State formula grant funding.

MMI technology supports: As a division of UNMC, the MMI has access to the most current empirical evidence and research, as well as cutting edge technology through the University of Nebraska system statewide. The aforementioned TeleHealth network and videoconferencing technology, coordinated through the University of Nebraska system, has allowed members in rural service sites to fully participate in group activities, business meetings, and in-service trainings while gaining experience working with the technology. As a result, members have a stronger understanding of how this technology will impact future health care. In addition, MMI faculty and staff contribute to current disability literature through on-going research projects and provide members with current information regarding "best practices" in the treatment of disability-related health concerns. UNMC College of Medicine faculty members from Pediatrics, Psychology, Genetics, Developmental Medicine, Social

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Work, and Speech Therapy have all made presentations at regular monthly in-service training sessions and are available to educate and support members throughout their terms of service.

Inclusive Service Roles: As the State's leading authority on inclusion of persons with disabilities, the Munroe-Meyer Institute has long sought to integrate individuals with disabilities into service provision but has not had available funding to do so. The MMI AmeriCorps program has allowed the Institute to successfully expand its own efforts to include persons with disabilities in service activities and to provide a "model" of inclusion for the UNMC and other university campuses. MMI is fully compliant with ADA requirements and is suited to accommodate members who require assistive technology in their job functions. MMI is committed to creating an equal opportunity environment and providing an inclusive work atmosphere that fully integrates members with disabilities into projects, team activities, and service delivery.

MMI utilizes its Consumer Advisory Board (CAB) in its strategic planning. This group has contributed inputs to a number of new initiatives within MMI and has provided direction for many of MMI program's activities including adult outdoor recreation, behavioral health expansion and the AmeriCorps program. A brief listing of some of the community support programs in which MMI has been involved in during recent years is listed below. Each program was established in response to community and/or statewide needs as part of the overall MMI mission.

1) Provision of behavioral health care in underserved areas: According to the national Health Resources and Services Administration (HRSA), fully 88 of 93 Nebraska Counties are categorized as "mental health profession shortage areas." Emphasizing behavioral health services to individuals with disabilities, MMI has established "Outreach Behavioral Health Clinics" in primary care facilities in Columbus, Hastings, Plattsmouth, Grand Island, North Platte, Crete, Friend, Fremont, Nebraska City,

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Chadron, Gordon, Crawford, Rushville, Lincoln, Papillion, Lexington, and Valley. Annually, over 2,500 behavioral health sessions are provided in rural areas. Over 50% of these recipients (children, adolescents and families) are currently on Medicaid. MMI AmeriCorps members have been assigned to fifteen of these sites and assist in the provision of behavioral health services to rural underserved populations. Roles of members involve the learning and application of behavioral assessment and treatment strategies for children and adolescents and their families, school consultation, behavioral observations in homes and classrooms, and counseling services under direct supervision by a site professional.

In 2009, MMI conducted a statewide outreach survey of clients and their families. MMI's behavioral health therapists rated 3.48 out of 4 in client satisfaction.

2) Augmentative Communication Services for Persons with Disabilities: Persons with disabilities involving the central nervous system (cerebral palsy, multiple sclerosis, ALS, etc.) frequently develop difficulties in verbal communication skills. MMI has developed an "augmentative communication" program that supplies and trains individuals to use computerized devices that allow individuals to speak and express themselves. Currently, a MMI AmeriCorps Alumna with a disability is employed in the program. She is responsible for producing a series of computerized communication symbols that can be utilized with augmentative devices and services. An additional role for a member in this program will be to demonstrate the use of augmentative equipment for patients served at MMI by the Speech Therapy program.

3) Recreational Therapy Services: A significant problem for families who have a child with a disability is a lack of recreational opportunities. With funding from a private foundation, MMI has established a summer camp for these children as well as an after-school program. An adult recreation program has

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been developed as well with great success. MMI AmeriCorps members contribute to the various recreation programs by assisting with volunteer recruitment, provision of direct services to adults and youngsters with disabilities, and follow-up services for youngsters and adults who can participate in community-based recreational projects. All services are provided under the supervision of a certified Recreational Therapist employed by MMI.

4) Services to Children with Autism: MMI began serving children with autism spectrum disorders in 2000 through its BEST-CASE treatment program for pre-school aged youngsters. More recently, MMI has established an entire "Center for Autism Spectrum and Feeding Disorders" that treats an expanded group of children with Autism, Asperger's Syndrome, Pervasive Developmental Disorders, Feeding and Swallowing Disorders, and Self-injurious Behavior, etc. MMI AmeriCorps members' roles have involved participation in a variety of service activities in BEST-CASE and the new Center over the past five years. Roles of members have included: behavioral interventions, data collection, parent and teacher training, and home-based interventions.

5) Participation in Inner-City School Programs: Diversity of both the membership of MMI and its service populations has been a hallmark for the program since its inception. Over the past years, the program has initiated collaborative relationships with public and faith-based, inner-city urban schools serving a largely minority and disadvantaged population. Utilizing the creative skills of one of the MMI members with a disability, one member developed a series of "art classes." Other members were recruited to provide paraprofessional support and assistance with pre-school classes and tutoring. An MMI member was assigned to the Omaha Public Schools educational program for severe medically involved children. Another MMI AmeriCorps member is providing services to an after-school program while another is working in a classroom for children with hearing loss.

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Staff Positions:

Program Director - Joseph H. Evans, Ph.D., - Dr. Evans serves as the MMI AmeriCorps program director. Dr. Evans provides strategic direction for the program and ensures that programmatic goals are being met throughout the year. Dr. Evans is responsible for the program's fiscal management, provides recruitment direction, development of member sites and member placements. Dr. Evans meets weekly with the program coordinator to ensure compliance.

Program Coordinator -- Jennifer Burt, Ph.D. - Dr. Burt is responsible for the daily activities of the program. She plans and conducts pre-service training and orchestrates monthly in-service trainings and business meetings. She is responsible for the recruitment, screening, hiring, retention, and member relations for the project and works with UNMC Human Resources to ensure compliance with university policies. In this role, she tracks member time cards and ensures compliance with policies and procedures, including allowable activities, prohibited activities, and site supervisor training and communication. A key responsibility includes monitoring progress toward program goals on a monthly basis and quarterly reporting. Weekly meetings are held with the program director to communicate current issues and future direction of the program.

Program Disability Consultant- Dave Burgess -- Mr. Burgess is an MMI AmeriCorps Alumnus. He will be contracted to assist members in recruiting volunteers to work in MMI activities. He will also serve as the disability liaison to the community in contacting agencies, parent groups, and disability organizations to determine needs for volunteers and crucial activities

The MMI AmeriCorps program operates with the full support of MMI leadership. Additional support is provided by the UNMC Sponsored Programs Administration, which provides fiscal guidance and

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reporting, and the MMI Business department, which provides accounting, payroll and budgeting services. Regular quarterly meetings are conducted with fiscal staff to ensure open lines of communication and efficient reporting. To date, MMI and partnering community sites have successfully provided matching funds for each position through clinically generated revenues and private foundation grants.

The program continues to utilize community and university partners to increase the impact of the program and to develop strategies for sustainability. Recognizing the need for ongoing support, we have also applied to various foundations for supportive funds for program activities and have been provided partial funding by the Nebraska Game and Parks Commission, the MMI Guild, Omaha Safari Club, Bass Pro Shops, and Ducks Unlimited, to name a few.

1. Support for member activities from clinical revenue generation -- The service support that Americorps members provide to clinical supervisors may be able to increase the productivity of clinical supervisors and thereby increase clinical revenue. It is projected that support for volunteers can be generated from faculty and staff generating clinical revenues with increased support from MMI AmeriCorps members. Increases in clinic revenue can then be used to support living stipends for future members.

2. University and Practice Revenue Support -- A second option for sustaining the efforts of the program involves working with university training programs and rural primary care practice sites. As university training programs utilize practice sites for their student/members they may eventually be able to take over support for member activities. Additionally, as health care practices recognize the benefits and increased availability of services provided by members, primary care practices may be willing to support activities on an ongoing basis.

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3. Advanced use of the TeleHealth Network -- With the expansion of the TeleHealth network throughout hospitals and health care agencies statewide, significant numbers of patients and families now have increased access to health care services without substantial travel expenses. This grant application proposes to utilize the TeleHealth network for remote member supervision and will also educate members in uses of telemedicine technology for health applications. One proposed use for the TeleHealth network in Nebraska is supervision and provision of direct care services. The Nebraska TeleHealth Act approved the use of funding for training and actual delivery of clinical services using the network. Such supports are valuable in ensuring the future self-sufficiency of the program.

4. Other State and Private Grant and Contract Funding -- Over the past two years, interest in rural behavioral health has grown and additional funding was awarded by the Nebraska Legislature to support service delivery. A portion of the State appropriation to MMI is being used to support the cash match requirement for five members who are engaged in rural behavioral health service provision.

Overall, the program been able to "leverage" additional grant funding, subcontracts and service fees to meet the AmeriCorps requirements. With a renewal of funding the program is in a better position to attain self-sufficiency and consistent support for the program through the State's university system and/or from the State Department of Health and Human Services.

Cost Effectiveness and Budget Adequacy

COST EFFECTIVENESS AND BUDGET ADEQUACY

The MMI AmeriCorps program provides an uncommon opportunity to increase services to, and with, individuals with disabilities and their families. MMI AmeriCorps will be responsible for the recruitment, training and service contributions of 28 individuals (comprising a total of 14 MSYs), some of whom

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(target of 20% minimally) will be individuals with disabilities. The project's cost per MSY meets the Corporation's required maximum of \$13,000.00.

We anticipate a more extensive impact on services to individuals with disabilities and their families through our team during the next program year. To date, MMI AmeriCorps members have served in a number of rural locations including Kearney, Hastings, Lexington, North Platte, Crawford, Chadron, Crete, Friend, Rushville, Gordon, Scottsbluff, Nebraska City, and Columbus. Members have, and will continue, to actively recruit volunteers each year to participate in a minimum of 750 hours of volunteer service delivery. This is an extremely cost-effective method of not only providing services but attracting other individuals, with and without disabilities, to consider national and community service. Through relationships that have been developed between MMI AmeriCorps and rural communities, MMI anticipates that the program will continue to attract individuals to volunteer their time and efforts, creating a deeper impact in the state and in each community where members serve. Additionally, MMI anticipates that members may continue their work and/or education in the area of human services and will seek careers in the field. Several Alumni have continued their careers in their rural, home communities. MMI AmeriCorps staff will continue to make every effort to help Alumni secure employment in their chosen fields by utilizing its partnerships with service agencies across the state. This benefits not only the Alumni, but the community as well, by providing trained providers in areas which are underserved. MMI AmeriCorps has also disseminated information to other UCEDD programs and has provided support to organizations wishing to pursue funding in rural areas.

University Contributions: Another significant area of cost-efficiency for the MMI program has been the contributions of training time from faculty and staff members of the University Medical Center. Training sessions have been conducted at no cost to the program by pediatricians, developmental medicine faculty, psychologists, social workers, and geneticists. This has allowed the program to remain within

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overall budget requirements while, at the same time, ensuring quality training experiences for members.

The project budget will ensure that MMI is able to continue to support 14 MSYs. Member stipends and support costs have been adjusted to meet the Corporation's \$11,800 stipend requirement for full-time members. Member development, including pre-service training and orientation, has been and will continue to be, provided by trained MMI staff with minimal cost to the grant, as many MMI staff members have volunteered their time to see that members receive appropriate educational and supervised clinical experiences. Staff development activities will also continue through national conference participation. Adequate funds have been allocated for such expenses. Since, by policy and due to lack of professional licensure, MMI AmeriCorps members cannot charge for their services, the 15% cash match requirement for living allowance stipends will come from a variety of sources. Specifically, member support for individuals assigned to rural behavioral health, education programs, and the MMI Autism Center will be generated from agencies receiving services and providing supervising professionals. The presence of MMI members allows professionals to expand services to additional individuals and families. In turn, members receive a "learning through service" experience that allows them to meet service requirements and/or continue their preparation for further education.

No federal funds have been used to support MMI match requirements.

Careers in Community Services: Since communities cannot expect to rely upon funding to assist in the provision of necessary services over time, sustainability of efforts has been a major effort of the MMI management team. Placement of members into underserved areas, especially rural programs, has provided an opportunity for members to serve and to explore career options. MMI faculty and staff have spent considerable "career counseling" time over the past year in advising members about career options that emphasize a service orientation. One member with a disability, who had been providing

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client care services during her service period, now has a career as a patient support staff member in her service site. Another member with a disability is employed at her service site providing augmentative communication assistance to clients in the Speech department. Three members recently joined a behavioral health practice in a rural Mental Health Professions Shortage Area. Four other Alumni from the 2008-09 service year are working in the behavioral health field elsewhere. Seven members have entered, or are currently planning to go on, to graduate school to pursue professional careers. Alumni with disabilities now possess practical experiences allowing them to be more competitive in the job market.

Evaluation Summary or Plan

EVALUATION SUMMARY OR PLAN:

Evaluation data for the program will be used for two purposes: 1) formative (continuous quality improvement), and 2) summative (outcome evaluation) purposes. The internal evaluation is being conducted by a MMI post-doctoral fellow who has a Ph.D. in Psychology and experience in program evaluation research.

Continuous quality improvement is being accomplished through collection of data from the continuous feedback loop, post-service interviews and member performance evaluations. These sources provide information about members' likelihood of continuing with service work, whether experiences increased interest in disability issues, and questions about both the strength of the program and suggestions for improvement.

Data is also being collected from members who participate in training with the MMI Americorps job coach to evaluate member outcomes and the effectiveness of the job coaching program. Members who utilize this service will complete a pre-treatment and post-treatment assessment survey on job skills to

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measure the member's growth as a result of the additional support that the job coach provides. The job coach and member complete an initial "needs assessment" based on the pre-assessment and design an action plan including goals and objectives to be accomplished. On-going data will be collected on these goals to evaluate member's job skills and the job coaching program.

Output data is currently being tracked through collection of information on % of slots filled, member retention, number of persons served with disabilities, percent of members reporting disabilities themselves, and volunteers mobilized. For its first five years, the program retained 89% of slots filled.

At this point, intermediate outcomes have been collected, and to date, MMI is exceeding its projections in member knowledge and development. Eight-five percent of members scored 80% or higher on mid-year assessment of national service knowledge. Collectively, MMI members have demonstrated a 19% increase in knowledge of disability issues.

End outcome (summative) data is being collected on patient satisfaction with services received, the impact of those services upon presenting problems, and whether service met the needs of the individuals and families served. Data is also being collected from site supervisors regarding the impact of MMI AmeriCorps members upon patient care.

Amendment Justification

NA

Clarification Summary

Programmatic Clarification Items

1. Please explain how fundraising activities, such as the golf tournament, do not violate fundraising restrictions.

Response: Each member will not exceed the 5% (of hours) limitation placed on fundraising activities.

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2. What is the community resource management activity of social work interns and how does this activity align with unmet community need?

Response: The social work interns are working with clients who have behavioral disabilities, either their own or a family member's. This client base is underserved and generally living in poverty or at-risk for poverty. Social work members/interns manage comprehensive service coordination for clients being seen in MMI clinics.

3. How does member autism data collection and program evaluation address a compelling need and lead to measurable outputs and outcomes?

Response: Data collection and program evaluation are necessary components of service provision for children with autism. Members' experiences include data collection and evaluation of results leading to evidence-based best practices to address need. The outcome is programmatic ability to improve the quality of life for those children with autism and their families.

4. How do leisure activities align with compelling unmet need and lead to measurable outputs and outcomes?

Response: The "leisure activities" mentioned refer to recreation therapy programs offered by MMI in which members provide services to children and adolescents with significant disabilities who would not otherwise be able to participate in recreational activities, either after school or in summer camps.

Recreational therapy increases the quality of life for these individuals with disabilities by providing exercise, group participation, respite care for parents, an opportunity to practice life-skills functions, maintain coordination and (in some case) muscle tone, and practice social skills. Adults and children with disabilities who engage in regular recreational activities experience an improved life quality and better health outcomes.

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Other "leisure activities" in which our members are engaged involve providing opportunities for children at high risk of poverty through participation in the city parks' summer programs. These activities help to build social skills, teach positive self awareness, and offer a healthy alternative to negative behaviors. Possible outcomes include greater self empowerment leading to positive choices and greater social and economic stability.

5. Please explain the value-added of the member activities that do not align with the healthy futures priority area.

Response: Almost all of our member activities align either directly or indirectly with improved health outcomes. Our program mission is to empower the lives of individuals with disabilities through service-whether that is service to individuals with disabilities through such activities as behavioral health services or community resource management; OR providing opportunities for individuals experiencing disability to serve others in the community. Sometimes, the service these individuals provide is to others with a disability. Other members with disabilities serve other underserved populations, mainly children at risk for poverty. These activities hold two-fold benefit: a) they fulfill unmet needs of the population while serving as positive role models for accomplishment despite barriers; b) through service, the members, many supported by SSI or SSDI, gain valuable work experience that may lead to future employment.

7. Please explain the program development activities and how they align with the compelling unmet need and lead to measurable outputs and outcomes.

Program development activities generally include assisting community organizations that are not

8. A. The application mentions out-of-state members in the context of the teleconferencing system. Will any of the members in your proposed corps serve remotely from outside of Nebraska?

Response: We apologize for any confusion. The term is "OUT-STATE" which is Nebraska terminology

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for the rural part of the state west of the City of Lincoln.

B. Do any members serve from remote locations (not at service site - at locations such as a home) within the state?

Response: No, all members serve "on-site" with supervision. With our remote clinic sites across the state, we conduct meetings and trainings through the University's telehealth/distance learning system. Occasionally, members will receive additional training and supervision (in addition to the site supervisor; i.e., another faculty member who specializes in an issue a member may be working with)

C. How much of the training, orientation, supervision is via Telehealth vs. in person?

Response: Approximately 10% of our training and supervision is conducted via Telehealth. This provides us with an expanded value-added opportunity to access faculty and resources unavailable otherwise (especially to rural members). For example, a behavioral health member in Chadron can consult with a faculty member, a nationally recognized sleep expert, in Omaha (600 miles away) about a client who has problems sleeping. Recently, our Omaha members consulted with a brain injury expert in Kearney via Telehealth concerning best practices that may be employed in assisting members experiencing brain injury. Finally, out-state members utilize Telehealth to attend all-MMI AmeriCorps monthly trainings and orientation.

D. Explain remote supervision via Telehealth.

Response: Remote client supervision involves consultation with off-site faculty and AmeriCorps members which supplements on-site supervision. Telehealth is used for 2 purposes: a) Client sessions conducted by a staff member from the University Medical Center, and b) Staff development and training on topics that may include best practices, current caseload, AmeriCorps rules, etc.

9. When members are trained in disability legislation, is advocacy discussed/promoted?

Response: Yes! Members do not, however, actively lobby as part of their Americorps duties.

10. How does the program ensure that members do not engage in prohibited activities?

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Response: Prohibited activities are listed in the contract, discussed at orientation and site supervisors are made aware of them through the individual site agreements. We rely on the site supervisors to ensure members are not engaging in these activities.

11. Explain the clinical fee-for-service plan that fuels sustainability.

Response: Patients utilize insurance (private or Medicaid) or self pay if they do not have insurance. Those without insurance can apply for financial aid through the University of Nebraska Medical Center. Supervising clinicians, not members, bill for services. However, the member's services help to increase the clinician's caseload capability, therefore increasing revenue. The fee-for service system helps to sustain the program because it generates match revenue and help defray the department's indirect costs.

12. What is the primary service activity of members, or area of significant focus?

Response: Our program mission is: 1) to enhance the lives of individuals with disabilities through service -- particularly children with behavioral disorders and their families - through such activities as behavioral health services or community resource management; 2) to provide opportunities for individuals experiencing disability to serve others in the community. Sometimes, the service these individuals provide is to others with disability and, 3) to serve inner city underserved populations, mainly children at risk for poverty. These activities hold two-fold benefit: a) they fulfill unmet needs of the population while serving as positive role models for accomplishment despite barriers, and b) through service, the members, especially persons with disabilities, gain valuable work experience that may lead to future employment.

Budget Clarification Items

1. Personnel: The staff time dedicated to the project is very low. Supervisor time is not on the budget - explain please.

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Response: We have included the maximum amount of funds allowed according to the budget's MSY formula. Supervisory time is contributed from each site and is the responsibility of the site. In turn, sites gain from having expanded service capabilities. Overall, program supervision/coordination hours not covered by the grant funds are absorbed and contributed by MMI.

2. Travel: Why is there no staff travel on the budget? Will there not be costs budgeted for site visits or in-person trainings for supervisors, as described in the application narrative?

Response: Staff site visits and on-site trainings within the Omaha community are not reimbursed, which is standard practice for MMI. Trainings or site visits outside of Omaha are conducted via Telehealth and costs are covered by MMI.

3. Please explain purpose of member travel costs.

Response: Being part of a rural state, AmeriCorps members' mileage is covered for rural members driving to AmeriCorps-sponsored trainings and conferences that cannot be attended via Telehealth.

4. Supplies: Please explain supply costs for members.

Response: Members may need disability-related supplies such as an ergonomic keyboard or an orthopedic reacher. Other members may request supplies to supplement a special project they are conducting on site (sometimes sites cannot afford supplies for unbudgeted impromptu projects). The amount requested is an estimate based on prior years' expenses.

5. Training: Please explain the purpose of the staff training costs. Please itemize and explain member training costs.

Response: Staff training costs are listed in the budget as conference fees. This allows staff to participate in a professional meeting or conference, if available. The amount requested is based on prior years' expenses.

6. Evaluation: Please remove the costs associated with data collection and assessing progress toward

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meeting performance measures.

Response: We have deleted the evaluation costs as requested.

7. Other Program Operating Costs: The budget includes criminal history checks for only 28 members but the application narrative says there will be 32 members. Please ensure that the budget includes costs for all members to receive criminal history checks. Please also add the costs of staff criminal history check costs.

Response: The correct number of requested members is 28. The error in the narrative has been corrected. MMI covers the cost of staff criminal history checks.

8. Explain why only 28 members will get gear. (The application narrative describes 32 members rather than 28).

Response: The correct number of requested members is 28. The error in the narrative has been corrected.

9. Are phone and copies included in indirect cost rate?

Response: No.

10. Please ensure that the number of members requested in the budget aligns with the number of members described in the application narrative.

Response: The narrative describes 32 members but the budget includes costs for 28 members. The correct number of requested members is 28. The error in the narrative has been corrected.

11. Health Insurance: Please include costs for all FT members' health insurance even if in the past some members have waived these benefits.

Response: Upon consultation with CNCS we have based insurance need upon past years' experiences and FT members are all offered health insurance. Many members, however, have declined due to having

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Medicaid or family coverage.

Performance Measurement Clarification Items

The application indicates you have chosen to Opt-In to the Education and Healthy Futures Priority Areas. The activities described in your application, however, do not align with the Education Priority Area. The activities do align with the Healthy Futures Priority Area.

Response: Upon further review, we have decided to opt-out of the education priority area in order to simplify our application. Our activities have not changed, just streamlining the program's branding under the Healthy Futures Area. The MSY chart and performance measures have been modified in e-grants.

MY 2010 CLARIFICATION PART II

Programmatic Clarification Items

1. Please clarify that the proposed fundraising activities will directly support program activities as required by 45 CFR 2520.40. Members may not raise funds to support general operating costs.

The fundraising activities, such as the spring golf tournament, are for community organizations not affiliated with MMI. Hence, none of the funds raised benefit MMI and do not support general operating costs. We carefully monitor the amount of time spent on such activities so that members do not exceed fundraising time limits as set forth by the CNCS.

2. Please explain how member autism data collection and program evaluation activities are necessary member roles aligned with the needs identified in the proposal. Why is it necessary for members to undertake these indirect/support services as opposed to agency staff members?

Three clinicians are utilized per patient as prescribed in best practices: a behavioral specialist, a data collector, and an evaluator. These individuals rotate roles. Our members engage in all three roles as part

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of their clinic experience. They must engage in these activities in order to be a useful team member. They are not being used to replace staff or assume staff duties in participating in these activities.

3. Please restate your response to the following question: Please explain the program development activities and how they align with the compelling unmet need and lead to measurable outputs and outcomes.? (This response was cut off in the eGrants narrative.)

Program development activities assist outside community non-profits to increase their capacity in serving individuals with disabilities. These activities may include disability awareness training, resource identification, and disability-friendly-barrier free event consultation. These activities increase community accessibility for individuals with disability and lead to greater community participation.

4. Provide further clarification re: member supervision. What supervisory activities are conducted on-site and what activities are conducted by Telehealth? How does the program ensure that members receive adequate supervision?

DIRECT supervision is provided by staff on site. Training and AmeriCorps monthly meetings are provided via Telehealth. If consultation is needed with MMI AmeriCorps staff or MMI faculty members, AmeriCorps members can access these resources via Telehealth.

5. Please clarify that the program's disability training does not violate 45 CFR 2520.65 part 6, which prohibits AmeriCorps programs and members from "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." Programs may not promote/advocate for public policy positions as part of member training.

Members are in NO WAY involved in policy promotion, policy advocacy or lobbying. As part of our disability awareness training, we present current issues facing individuals with disability. However, we DO NOT encourage or endorse any policy positions.

Budget Clarification Items II

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1. Provide further clarification re: the amount of staff time devoted to managing the project and supervising members as well as the amount of time devoted to serving members at the site level, including amounts not included in the budget. Why is additional time not covered by grant funds not included as match?

We have allocated staff time for supervision and project management up to allowable limits from identified sources. Additional time is allocated as needed to meet member need and ensure the proper management and oversight of the program.

2. Clarify that all staff will receive criminal background checks.

All staff receive criminal background checks as a condition of employment through MMI. These checks will be conducted yearly.

Performance Measurement Clarification Items II

1. The program has selected the healthy futures priority area and opted into the national performance measurement pilot for this priority area; however, no national performance measures have been created in egrants. Please revise.

We have revised our performance measures in egrants according to the national priority areas.

2. Please explain why the total MSY's in the MSY chart do not equal the total MSY's requested in the grant.

Approximately 50% of our members will serve exclusively under the "Healthy Futures" priority area.

The other members will serve in other capacities as outlined in the proposal narrative.

3. Please eliminate multiple indicators for outputs and outcomes. Other indicators may be captured by additional performance measures or tracked outside of egrants.

This change has been made in egrants.

4. The proposed targets do not seem ambitious. Please clarify.

We have modified our targets to correct this issue.

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Clarification Member Start Date and Enrollement Period:

1. The start date for the 2011-2011 MSY will be September 1, 2011 and end date will be August 31, 2012.

Clarification Criminal history Checks:

Criminal History Checks will be conducted on all members, employees or other individuals who receive a salary, education award, living allowance, stipend or similar payment from the grant, regardless of whether these costs are coming from federal or non-federal share. Criminal history background checks include a search of statewide criminal history repositories and the National Sex Offender Public Website for all members and employees as described above. An FBI check is also required for members, employees or other individuals with recurring access to vulnerable populations. MMI covers the cost of staff criminal history checks.

Programmatic Clarification Items:

1. Please confirm that fundraising activities clarified in the 2010 application directly support program activities as required by 45 CFR 2520.40.

The Scottish Rite Golf Tournament supports the Scottish Rite Preschool Program at MMI. This program provides speech and language services to children with disabilities who may not otherwise be able to afford services. AmeriCorps members serve in the Scottish Rite Preschool at MMI. Part of the mission of MMI AmeriCorps is to directly support individuals with disabilities by increasing access to services. We also seek to increase employment opportunities to individuals with disabilities and a member with a disability is placed and assisting with services in the Scottish Rite Preschool program at MMI.

1. The individual identified as the authorized representative for the grant is a post-doctoral fellow.

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Please change the authorized representative to an individual authorized to sign on behalf of the organization.

The authorized representative is Jennifer Burt. Dr. Burt is an Assistant Professor of Pediatrics and is not a post-doctoral fellow. She is also the Coordinator of the MMI AmeriCorps program.

Clarification to the Performance Measures: Health Futures

1. We are counting both number of clients served and the total number of client hours on AmeriCorps member's timecards.
2. Clients present with a variety of different concerns and diagnoses. There is not a consistent way that we can measure client outcomes across concerns and diagnoses. This is further complicated by HIPPA regulations. Thus, we will measure clients satisfaction with scheduling, the therapist, treatment recommendations, and client outcomes.

Clarification to the Performance Measures: Enhancing Disability Awareness

1. Explain why the program believes that hosting a member and receiving "informal education" will lead to increased awareness and knowledge of site personnel in the absence of more structured activities to receive these results.

All members will provide a training to site personnel on their specific disability to increase awareness of disabilities and the specific members' needs on the site. We have partnered with Vocational Rehabilitation services to provide members with additional on-site accommodations as needed. Vocational Rehabilitation services is available to consult with site personnel on inclusion issues. These two opportunities help to ensure that the site is knowledgeable of the members' needs and that these needs are being met at the site. It also ensures that the member is able to be productive on the site, which thereby increases the likelihood that site personnel will have a greater appreciation for the member's

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abilities.

2. The output indicator counts knowledge or skills. Is one or the other sufficient to meet the target?

We will work to increase knowledge of disabilities and inclusion awareness. We will seek to increase the site personnel's knowledge to address inclusion issues that arise at the site (e.g., adaptive equipment needs, physical accommodations, etc.).

Budget Clarification Items:

1. The budget was decreased as requested to \$184,187. To reach this budget 1 Half-time member was reduced from the budget.

2. Supplies costs were budget for 32 members.

3. Contractual and Consultant Services: The disability awareness consultant will be available to give lectures to our members at monthly meetings on disability awareness issues. The consultant will also provide consultation with site supervisors when accommodations need to be made for the members on site. The disability awareness consultant will also consult with the Program Coordinator and Program Director to develop service projects that can accommodate individuals experiencing disability, as well as service projects that support local agencies with a disability focus.

4. Match: The total match is \$133,377. It is not the 87,619 mentioned in the clarifications section.

Clarification Issues 2011, Part 2:

1. In regards to the Healthy Futures Performance Measures, a significant portion of our members providing behavioral health services elect to stay in the under-served communities where they are providing services. In the 2010-2011 MSY, a total of 9 out of 12 members who provided behavioral health services elected to either stay on in their AmeriCorps placement or remain in an under-served community providing behavioral health services.

Continuation Changes

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Year 2

Note on retention in last completed year-2009-10

Three members did not complete their required service hours. One of those members left the program prior to the end of the term due to illness. One member left the program prior to the end of the term due to graduation with her master's degree. She took a job with a mental health practice in rural Nebraska. The third member completed the service term but was a few hours short due to an illness she had had earlier in the service term. On balance, we do not see a problematic pattern. Members occasionally experience health issues and although not ideal for the program, members do pursue employment after such a monumental accomplishment as earning a master's degree.

Note on recruitment and retention for 2010-2011: A total of 3 quarter time positions and 5 minimum time positions are being held for summer trainees who will serve during the 2010-2011 MSY. One half-time and one quarter time position are still available. We are currently conducting interviews with several potential members and hope to determine our final member roster by March 1. We anticipate all positions will be filled for the 2010-2011 MSY.

Note on recruitment for 2011-2012: For recruitment, we rely heavily on referrals from former and current MMI AmeriCorps members. We have been successful at using this system to fill all of our positions. We are also working more closely with the Omaha Vocational Rehabilitation offices and the Metro Community College and University of Nebraska-Omaha offices for students with disabilities to increase enrollment of persons with a disability. MMI faculty members in rural Nebraska communities (e.g., Hastings, Kearney, Columbus, and Chadron) have also partnered with local community colleges and colleges to recruit students seeking additional behavioral health training and supervision.

Changes to the Budget

Narratives

--MSY--we increased the MSY slightly (from 14.1 to 14.23). This was done to decrease the number of full-time members from 5 to 4. We found it necessary to reduce the number of full-time members due to the insurance cost of the 5th member sending us over our cost/MSY limit. In lieu of the 5th full-time member, we added 4 minimum time members, thereby increasing our MSY slightly. These four members will be providing service to an existing site, the MMI Summer Camp Munroe.

--Living allowance--The living allowance was increased due to the mandated increase in full-time members. This change affected our FICA tax and workers compensation expenses.

Living allowances were not raised in the 2011-12 MSY for half-time, quarter-time, or minimum time.

---Office supplies--we added \$150 to office supplies in order to cover an increase in the amount of toner ink.

---Staff salaries and benefits expenses--These numbers were adjusted to account for a 2.5% salary increase and an increase in the amount of benefit expense charged by UNMC against all contracts.

Outreach supervisors (grantee share) were added to this year's budget to account for faculty time spent to supervise AmeriCorps outreach members. We itemized this expense to reflect three supervisors with their individual salaries noted.

---Match-- Match is derived from a difference in the UNMC chargeable indirect match rate and the

CNCS allowable indirect rate.--Insurance (member) costs--We increased insurance costs to cover 4 FT members according to CNCS guidelines.

Performance Measures

SAA Characteristics

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

Priority Areas

- Education
- Healthy Futures
- Selected for National Measure*
- Selected for National Measure*
- Environmental Stewardship
- Veterans and Military Families
- Selected for National Measure*
- Selected for National Measure*
- Economic Opportunity
- Other
- Selected for National Measure*
- Selected for National Measure*

Grand Total of all MSYs entered for all Priority Areas 7.42

Service Categories

- Mental Health Primary Secondary
- Other Health/Nutrition Primary Secondary

Enhancing Disability Awareness

Service Category: Other Health/Nutrition

Measure Category: Not Applicable

Strategy to Achieve Results

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

MMI AmeriCorps seeks to expand community awareness and inclusion for individuals with disabilities through participation in community service. Annually, approximately 35-40% of our members have disabilities. These members challenge perceptions people may have towards people with disabilities by providing much needed services to underserved populations. Often members experience barriers at their service site due to a lack of inclusion awareness and knowledge among site staff. All MMI AmeriCorps members will enhance their site's knowledge and awareness of disability inclusion practices by attending monthly trainings on disability related topics.

Results

Result: Intermediate Outcome

Number of AmeriCorps members demonstrating a 25% increase in knowledge

Indicator: Increase in knowledge

Target: AmeriCorps members

Target Value: 24

Result: Intermediate Outcome

Instruments: Mid term survey.

PM Statement: At least 24 out of 32 members will show a 25% increase in knowledge in a mid-member term survey, which will follow a member training on the subject of disability inclusion. The mid-term survey will be compared against the baseline survey that members take prior to starting their service term.

Prev. Yrs. Data

Result: End Outcome

Number of AmeriCorps members demonstrating a 50% increase in knowledge

Indicator: Number of AmeriCorps members

Target: Number of AmeriCorps members participating

Target Value: 24

Instruments: post-member service term survey

PM Statement: At a minimum, 24 out of 32 AmeriCorps members will increase their disability inclusion knowledge by 50% from baseline allowing the site to be more accomodating to individuals with disabilities.

Prev. Yrs. Data

Result: Output

MMI AmeriCorps members will improve their knowledge on disability inclusion.

Indicator: Increase in knowledge or skills

Target: MMI AmeriCorps seeks to expand the knowledge of all members on disability inclusion through participation in community service and monthly trainings on disability topics.

Target Value: 32

Instruments: Survey on Disability Inclusion given at baseline, mid-training, and post-training

PM Statement: A total of 500 service hours will be served by all MMI AmeriCorps members in the community. Monthly service projects will be geared toward community agencies that serve individuals with disabilities. Members will also participate in a minimum of 5 trainings on disability inclusion topics. At least 24 out of 32 members will experience a 50 percent increase in knowledge of disability inclusion from baseline to the end of training.

Prev. Yrs. Data

National Performance Measures

Priority Area: Healthy Futures

Performance Measure Title: Behavioral Health Access to Underserved Populations

Service Category: Mental Health

Strategy to Achieve Results

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

Children with disabilities and their families lack access to behavioral health care in Nebraska communities due to a shortage of mental health professionals in rural and inner-city urban areas. Consequently, some children and families are not receiving quality behavioral health care. AmeriCorps members will obtain training and supervision to provide behavioral health services to children with disabilities and their families. Members will be trained to provide empirically supported treatments to children and families in a behavioral health clinic co-located in a pediatric practice. Members will also learn how to use the telehealth network to increase access to behavioral health services to a larger number of rural families and communities. All members will receive on-site training and supervision by licensed psychologists, as well as learn how to provide collaborative care with physicians.

Result: Output

Result.

Increasing the number of providers in rural and inner-city communities leads to increased number of behavioral health services provided to underserved populations in rural and inner-city communities in Nebraska.

Indicator: H1: Uninsured, economically disadvantaged clients.

Target : Members will serve a total of 800 clients in rural and inner-city co-located outreach clinics,

through the telehealth network, and community outreach trainings on behavioral health topics

Target Value: 800

Instruments: time cards will be used track the number of clients served and the number of participants in community outreach trainings

PM Statement: A total of 800 children and families in medically underserved rural and urban communities will be provided behavioral health services and/or community outreach trainings.

Result: Intermediate Outcome

Result.

Recipients of behavioral health services are satisfied with the services being provided and feel that their behavioral health needs are addressed.

Indicator: Number of individuals scoring at a satisfactory level on a Patient Satisfaction Survey

Target : Recipients of behavioral health services who report that they are "satisfied" by giving an

average rating of at least 3 on the Satisfaction Survey (scores range 1 "not at all satisfied" to 4

"highly satisfied").

Target Value: 600

Instruments: Clients in behavioral health clinics are given satisfaction surveys quarterly at the time of their visits. Clients complete the anonymous survey and mail it in a postage paid envelope back to the Munroe-Meyer Institute. The survey consists of 7 questions that assess the client's satisfaction with the scheduling, the behavioral health provider, the written materials provided, and the progress that the

National Performance Measures

Result.

client made. Client's rate their satisfaction on a 4 point Likert scale ranging from not at all satisfied (1) to highly satisfied (4). The average score will be calculated for each patient by totaling the score and dividing it by the number of responses.

PM Statement: Recipients of behavioral health care services will indicate an average satisfaction rate of at least 3 "satisfied with services" on the 4-point Likert scale indicating that they are satisfied with services. Clients will be more likely to be satisfied with services given to them in their local communities and in collaboration with their primary care physicians. Patients will experience fewer barriers to obtaining behavioral health services and following through with treatment recommendations and subsequent appointments when they do not need to travel long distances to receive behavioral health services. Patients and their families will also receive more comprehensive services when they are given in collaboration with the patient's primary care doctor.

Required Documents

Document Name

Status

Evaluation

Already on File at CNCS

Labor Union Concurrence

Already on File at CNCS