

Narratives

Executive Summary

WestCare Foundation will implement United By Service, a multi-state, peer-to-peer initiative that enhances work at the federal level by providing a holistic approach to meet the needs of veterans and military families in the areas of housing, employment and substance abuse and mental health treatment. Veterans will serve as AmeriCorps Members and provide service to returning veterans and military families in 10 states and 2 offshore territories where WestCare subsidiary agencies operate.

Rationale and Approach

1. Program Design (50%)

a. Problem

The Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Applied Studies (OAS) recently released a new report on the mental status of returning veterans. Data indicates that an annual average of 7.0 percent of veterans age 18 or older (an estimated 1.8 million people) experienced past-year serious psychological distress (SPD). In addition, 7.1 percent of veterans (an estimated 1.8 million people) met the criteria for a past-year substance use disorder (SUD), and 1.5 percent (an estimated 395,000 people) had co-occurring SPD and SUD. Serious Psychological Distress and Substance Use Disorder among Veterans are based on combined National Survey on Drug Use and Health (NSDUH) data from 2004, 2005, and 2006.

The report indicates that veterans age 18 to 25 are more likely than their older counterparts to have higher rates of SPD, SUD, and co-occurring SPD and SUD. Among veterans of the wars in Iraq and Afghanistan who received care from the U.S. Department of Veterans Affairs (VA), nearly one-third were diagnosed with mental health and/or psychosocial problems and one-fifth were diagnosed with SUD.

Narratives

Issues faced by returning veterans and their families may include: alcohol and drug abuse or other addictions, significant mental health issues, spinal cord injuries, traumatic brain injuries, exposure to sexual trauma, aggression and trauma and PTSD among other prevalent issues. Our veterans, their spouses and children may also be impacted by serious issues upon return from deployment including: family dysfunction, episodes of domestic violence, divorce, isolation due to a breakdown in relationships with extended family and friends, poverty, unemployment, sexual issues, criminal involvement, and episodes of homelessness or risk of homelessness among other issues.

The VA and the Department of Veterans Affairs and VA Vet Centers play an integral role in the lives of transitioning veterans, but they cannot meet all the demands of veterans and military families alone. Specialized staff and trained volunteers and Members are needed to provide peer-to-peer recovery support services and work with veterans and their families requiring treatment or assistance obtaining housing, employment, education, benefits and service entitlements that bridge the gap between the federal system (VA) and the community-based social services systems. Many veterans need assistance navigating between these two systems seamlessly. The peer-to-peer approach is widely regarded as a best practice by SAMHSA, NIDA, the VA and many veterans' advocacy groups.

The population of focus is male and female military veterans (18+) who are currently transitioning back into the community following return from the war and deployment who are in need of extensive support services due to substance abuse, addiction and/or mental health issues. The family members who nurture and support our service members during perilous times are also the part of the target population. Combined, there are more than 5 million active duty, reserve and military family members in this community.

Narratives

WC has chosen this to focus on the problems confronting veterans and military families because it is part of our strategic plan and because we are qualified to implement a comprehensive services program for returning war veterans and their families due to 37 years of experience delivering community-based, behavioral health care programs to the most vulnerable populations. And, because, nationwide, WC already reaches approximately 2,000 veterans annually in our existing programs. WC California (operating in Sacramento, Bakersfield and Fresno), WC Florida (operating in Miami and St. Petersburg) and WC Nevada (operating in Reno, Las Vegas and Pahrump) operate veteran-specific programs serving 1,500 veterans annually including those from Iraq and Afghanistan.

WC is targeting communities in 10 states and 2 offshore territories where WC operates subsidiary agencies including the urban areas of Florida, Georgia, Illinois, Nevada and California and rural locations such as Guam, Kentucky, Minnesota, Tennessee, Wyoming, and the U.S. Virgin Islands. We have chosen these target communities because we operate community-based human services in these locations and understand that veterans and military families are highly represented in these target communities. In fact, WC Guam operates in a geographic area, which holds the distinction of having the highest per capita veteran's percentage of population in the United States and its territories. The following figures represent the percentage of veterans in the population within the communities where WC will place Members through the United By Service Program (source U.S. Census Bureau): Arizona (13.4%); California (8.8%); Florida (13.5%); Georgia (11.1%); Illinois (9.5%); Kentucky (11.3%); Minnesota (11%); Nevada (13%); Tennessee (11.7%); and Wyoming (14%). In total, these percentages represent more than hundreds of thousands of veterans.

Above average unemployment rates in a weak economy present greater challenges to veterans seeking

Narratives

employment upon return or for their spouses seeking employment during deployment or upon return of the veteran. The U.S. Bureau of Labor notes a national unemployment rate of 9.4%. Many communities where WC is targeting services have above average unemployment rates making it that more difficult for people in recovery and people with disabilities and mental health issues (like veterans) to secure long-term competitive employment. The Florida cities of St. Petersburg and Miami (where WC Florida operates) experience a 12.7% unemployment rate. In California, the U.S Bureau of Labor notes a 17% unemployment rate in Fresno and Bakersfield. Further, Nevada is at 14.3% and Kentucky and Georgia are both at 10.1 percent.

According to the National Coalition for Homeless Veterans and its 2009 CHALENG report, published in March 2010: There are 12,771 estimated homeless veterans in California, 8,700 homeless veterans in Florida and Nevada ranks highest with more than 13,877 homeless veterans identified. Georgia identified more than 5,600 homeless veterans many of whom reside in Atlanta where WC operates Blanket Atlanta, a federally funded homeless outreach and shelter program. WC also proposes to place members in several rural areas in Kentucky, Georgia, Tennessee and Wyoming. The National Coalition for Homeless Veterans reports that veterans account for 11.5% of the homeless adults identified in rural cities.

In the target communities of Wyoming, Kentucky and Illinois WC operates in-prison substance abuse treatment programs that serve more than 2,000 male and female offenders annually. Approximately 10% of this population is identified as veterans from varied theatres of conflict including Iraq and Afghanistan.

b. Solution: Member Roles and Responsibilities:

Narratives

190 veterans/military families engaged in service will provide peer-to-peer support services to at least 3,000 veterans and/or military family members annually. This represents 570 veterans or military family members engaged in national service and 9,000 veterans and their families served over a 3-year period. WC is proposing to use Members to solve the problems identified because AmeriCorps provides WC with the opportunity to engage local civic-minded Americans in the process of serving those who have served our country and need help in their journey through recovery and their transition back to a stable life within their community. AmeriCorps provides a mutually beneficial experience for the member and WC. Each member slot represents 1700 hours of reliable, skilled help at a WC site and WC is able to help each member develop professionally as they transition into a future career in the behavioral health field, continue as a volunteer or pursue academics.

Members will enhance WC's existing basic services by providing specialized peer-to-peer recovery support services that extend and enhance the treatment continuum, help prevent relapse and maximize the opportunities to create a lifetime of recovery and wellness for self, family, and community. Having veterans and veteran family members serving as Members aligns with the Corporation's Veterans Priority Area in two significant ways: 1) Members serving veterans and their families and 2) WC providing national service opportunities to veterans and military family members. When veterans and members of military families serve their peers they share mutual support and create an alliance forged through common understanding and trust.

WC is requesting 190 full-time member slots in 10 states and 2 off-shore territories where WC subsidiaries operate. Seventy percent of the total 190 member slots will be reserved for U.S. Military veterans and the remaining 30% for individuals who have a veteran in their family. From 2007-2010, WC placed more than 36 individuals in full-time AmeriCorps National Direct slots. Full-time slots

Narratives

work best at WC because this slot type enables members to remain at a service site for an extended period of time (364 days) where they can develop professional relationships with staff and clients, become seasoned in their member roles and grow over time.

In addition to assisting with volunteer generation (see details in Section E), Members serving in UBS will serve onsite and in the community to perform tasks and supervised outreach focused on: Substance Abuse and Mental Health Treatment Services, Education, Employment, Housing and Relapse Prevention. Services to families of veterans will be integrated with care.

In WC Outpatient or Residential Substance Abuse and Mental Health Treatment Programs, Members will administer a variety of physical/mental health screenings targeting the needs of veterans, administer client intake interviews, assist with set-up and scheduling of 12-step group counseling sessions, administer drug screens to clients, plan and participate in recreational activities for residential clients and assist with residential family visitation days and family appreciation events. Members will never provide treatment and will not perform any clinical services.

Within WC employment/vocational programs for residential clients, Members will create a community rolodex of employers (including nontraditional employment fields, businesses hiring female veterans and veterans of diverse ethnic backgrounds), administer employment screenings, work with clients to develop employment goals as part of an individualized service plan, train clients in job search activities, completing applications, performing mock interviews, resume prep. and other job preparatory training, jobsite training and job shadowing as needed. WC will work closely with available community resources such as community and vocational schools, vocational programs and One Stop Career Centers that provide employment and training services to support these goals.

Narratives

Members will also administer education screenings (as needed) to veterans who will then be referred to a WC education program to earn a high school equivalency or to a community-based educational or vocational program. Members will also provide financial literacy workshops to veterans and their families. WC has been successful in placing veterans into employment at WC and in the community through the Hire Vets First Initiative: SuperVets and YoungVets OJT Programs.

UBS Members will be equipped to enhance WC's housing services and act as Housing Advocates that help veterans and their families navigate the transitional and permanent housing options in their community. Members will be trained to be a housing advocate, exploring emergency homeless shelters, group residences, transitional housing, Single Room Occupancy quarters and all vouchers and programs offered through HUD and local housing authorities. In Florida and California, WestCare receives funding from HUD to serve homeless veterans with health issues.

After completing treatment, members will make follow-up phone calls to clients, advertise group sessions for individuals in recovery following treatment, planning and participating in client alumni events, maximizing the veteran-to-veteran/peer-to-peer relationships formed during treatment that extends beyond treatment, providing referrals and linkages to social services as needed.

In addition, all Members will participate in a community emersion project using the Sequential Intercept Model. The model provides a conceptual framework for communities to use as an organizing tool for a discussion of diversion and linkage alternatives and for systematically addressing criminalization in their local community. Using the model, WC will work with its members and local community leaders to develop targeted strategies that evolve over time to increase diversion of veterans and other citizens with mental illness from the criminal justice system and to link them with

Narratives

community treatment. This project (for which members will devote 4 hours per week) is a unique opportunity for members to become immersed in their community and meet and work alongside community-based partners, advocacy groups, law enforcement personnel and city and county leaders.

c. Member Selection, Training and Supervision:

WC believes that recruitment is a continuous process of connecting individuals with opportunities and we are dedicated to developing a diverse corps of members that represent a cross-section of each local community where United By Service will operate. Our previous Members ranged in age from 20-72, and represented all genders, races, cultures, backgrounds and life experiences. WC ensures that its member teams are diverse and representative of the local communities in which they serve because WC only advertises and recruits individuals within the community where the program will operate. WC does not recruit from outside the surrounding community areas or relocate members from other states. This method has worked well for us as we had a 100% enrollment rate in both urban and rural areas from 2007-2010.

WC is equally dedicated to ensuring that members build on their own strengths to become equipped with the skills to engage, motivate and serve veterans and military families. Through UBS, WC has the ability to offer the Veteran Peer Support Specialist certification, a professional behavioral health credential, to its members (at no cost to the member). The Florida Certification Board (a WC partner) has expanded its Recovery Peer Specialist credential to add the Veteran Peer Support Specialist certification and has pledged to work with WC to ensure that interstate certification reciprocity is achieved allowing members to use their certification in any state. This will represent a nationally recognized behavioral health certification with a focus on veterans and Members (many veterans

Narratives

themselves) will be the first to receive this professional distinction.

In October 2007, WC developed a manualized Local Member Management Plan for its National Direct program. The plan was prepared in alignment with AmeriCorps provisions, federal regulations and WC's policies and procedures. The plan was reviewed for adequacy by CNCS staff and then implemented in December 2007. WC will use that plan for the United By Service program. Veterans prefer to participate in activities that are highly structured and WC's plan offers a structure for member success. The plan is comprised of 4 sections:

To engage and recruit veterans and other individuals WC will advertise the United By Service AmeriCorps Program in all local communities where its subsidiaries have vacant slots. The program will advertise at/with Veterans Administration and the Department of Veterans Affairs and VA Vet Centers, One-Stop Career Centers such as Disabled Veterans' Outreach Program (DVOP), Homeless Veterans' Reintegration Programs, veterans advocacy groups, community-and faith-based social service providers, veteran-owned businesses, United We Serve at Serve.gov, Facebook, Twitter, local health fairs, county events, job fairs, local military transition programs, local wellness centers with program for disabled veterans, local educational institutions, local YMCAs or for-profit gyms, barber shops and regional National Guard offices among other places the team identifies.

WC will seek individuals for UBS who meet the following criteria: 1) Be a U.S. Military Veterans with verified status or have a family member who is a veteran; 2) Be a U.S. Citizen or have documentation of lawful permanent residence, 3) Be at least 18 years of age and out-of-school at the time of program commencement, 4) Have at least a high school diploma or have completed adult education program (GED), 5) Be able to devote at least 1700 hours within a consecutive 12-month period, 6) Understand

Narratives

the WC and AmeriCorps missions, visions and philosophies, 7) Exhibit a dedication to the target population, 8) Must be able to perform the duties outlined in the member position description and 9) Complete a satisfactory criminal background screening, sex offender registry check and urine drug screening. Members will be evaluated on an individual basis. No candidate is refused membership based on a disability where reasonable accommodations can ensure the individual can perform his/her duties. Further, all service sites are ADA compliant and drug-free (per WC policy).

Potential candidates will be asked to complete a WC Member Application that contains a needs assessment providing an opportunity for candidates to share information about their experience, needs and areas of expertise. After an application is reviewed by the Recruitment Team, the Program Director will schedule an interview with the candidate. The WC Recruitment Team will include: the Program Advisor, the Program Director (depending on geographic location of vacancy), the WC Human Resources Director (east or west) and the local subsidiary's Area Director. During the interview the team will learn about the personal goals and intention of the candidate, explain the position requirements and qualifications, review the screening process, tour the service site and answer any questions the candidate may have.

Once the candidate and the recruitment team both agree that the service opportunity is the right fit, the Program Director will formally offer the individual the full-time member position in writing. The Program Director coordinates a start date for the members and prior to orientation the member will come to WC to complete the member contract and other required paperwork. When possible, teams of members will start on the same day to create a team atmosphere from day one.

Two weeks before the member start-date, members will report to a meeting site from 10am to 4pm

Narratives

daily for member orientation, training, staff mentoring and job shadowing. Training will be led by the Area Director and training duties will be assigned in sections to a variety of staff in each site so that members can meet and interact with staff during their 2 week training. The goal of WC's member development training is to provide each member with an opportunity to build on their skills and strengths and develop new skills to increase their knowledge about WC, behavioral health services and WC clientele and the United By Service program.

In 2007, WC developed a comprehensive Member Handbook that has been praised by CNCS staff and Members for its thorough content and easy-to-use format. The first page of the manual includes the AmeriCorps Pledge and a comprehensive history of national service. The manual has several sections covering topics such as Member Roles and Responsibilities, Member Time, Usage and Documentation, Program Code of Conduct and Policies, Civic Leadership and Reflection, and Performance Evaluation, among other sections.

Orientation is 2 days and includes a comprehensive review and discussion of the entire member handbook, introductions to key staff, a review of all program policies and procedures, a tour of the service site(s), and ordering of service gear. Each member will complete a Professional Development Plan complete with personalized goals that will guide the member's professional development during the service year. Each plan will include the criteria needed to achieve the Veteran Peer Support Specialist: 1,000 of hands on service, 40 hours of ongoing training, 3 letters of reference and the passing of an exam. The 1700 hr. term provides ample time to complete this certification.

After orientation members will spend 3 days completing required trainings. Through a combination of WC computerized eLearning system powered by NetSmart University and live instruction, members

Narratives

will complete 20 hours of standardized trainings that meet WC licensure requirements in each state. Training topics include: HIPPA, sexual harassment, drug free workplace, cultural competency, reporting abuse, Client Confidentiality, working with special populations (i.e. disabled, clients with HIV/AIDS), veterans' issues, military culture, incident reporting, prohibited activities, member benefits, CPR/First AID and verbal de-escalation.

After the initial training, members will then spend five days of on-site job shadowing with a WC staff mentor and then begin a regular schedule at the service site. In addition, ongoing training is a priority at WC. Each quarter, each local WC subsidiary offers a training plan comprised of specialized live, online and manualized behavioral health trainings. WC encourages staff, volunteers and Members to complete at least 20 hours of ongoing training annually. Completion of ongoing trainings is noted in the individual's performance evaluations. Members will also track their continuing education credits earned throughout the year as they work towards earning the Veteran Peer Support Specialist Certification.

The supervision plan developed by WC is simple but comprehensive to ensure that each member will receive adequate support and guidance throughout their service year. Each WC subsidiary has an Area Director who manages staff Monday through Friday. The Area Director will be responsible for overseeing the member at their site and ensuring program compliance at the local level. However, since supervision is extremely important to the safe and successful experience of the member, and because the Area Director may be called away from the site at certain times for meetings or to deal with employee issues, each member will be partnered with a WC staff mentor who will remain that member's mentor for the length of their service. Mentors will be carefully chosen by the site manager to ensure that they meet the following criteria: 1) possess a willingness to work with an Member 2)

Narratives

exhibits excellence in the work place 3) has been employed for at least 6 months and has not had any discipline issues, 4) has a flexible schedule and will work during the same shifts that the member will work, 5) has plans to remain at WC over the long-term. Members will never be left unsupervised at anytime during their service day. The Area Director and staff member will be responsible for mentoring and supporting the member, completing the member's performance evaluation, reviewing the member's professional development plan and goals, resolving issues and grievances, encouraging reflection activities, tracking civic leadership activities, ensuring members are completing assignments and tasks, providing ongoing training, connecting members to community-based resources and implementing WC's progressive discipline policy if needed. Members will be asked to complete satisfaction surveys four (4) times per year and members will also complete a final evaluation survey. Once a month, WC will host a Member phone conference where all members will speak with each other via phone/video conference to express concerns, comments, success or ideas for improving the service experience.

The vision of WC's plan for civic leadership is that its Members will have the skills, values and inspiration to lead civically through volunteerism and community involvement. WC asks members to work in collaboration to participate in "service days" and "team building" days in which members in each site are provided with off-site, community-based opportunities to give back to the community. Transportation on these days is provided by WC. During the orientation each member is provided with a list of ideas for reflecting on their service experience. WC encourages journaling, blogging, art and using social media for story telling (all activities will adhere to WC policies on client confidentiality) WC will provide each member with time during their service day to participate in their choice of reflection activities. When members complete their service they will presented with a certificate of completion at an awards ceremony that will be hosted locally by each subsidiary.

Narratives

d. Outcome Performance Measures:

By the time United By Service has completed its third program year WestCare will want to see that our program has created a national peer-to-peer program that creates a bridge between the federal (VA) system and the community-based social services system. We will measure the program's impact based on measurable outcomes including: 1) At least 9,000 veterans or military family members received services and assistance, including veterans with disabilities, veterans who are unemployed, older veterans, and veterans in rural communities. 2) Between 400-570 veterans were engaged in service opportunities as full-time AmeriCorps Members; 3) At least 8,700 veterans or military family members receiving services (96%) showed improvement in health and wellness (substance abuse and mental health issues) and were provided with linkages to job, housing, education and recovery relapse prevention services; and 4) That at least 500 veterans enrolled as full-time AmeriCorps Members earned the Veteran Peer Support Specialist certification. WestCare will report on these measures on an annual basis in its required progress report, in its nationwide WestCare Express newsletter, on the Research and Evaluation page of its company website and in its annual report which is sent nationwide to more than 4,000 stakeholders and partners. WestCare chose its performance measure targets to align with National Performance Measures regarding veterans and to track the number of individuals benefiting from the peer-to-peer model -- both veterans engaged in service and those veterans and families served. More measurable outcomes and data directly related to the success and impact of the peer-to-peer model is needed to support widely accepted beliefs about the knowledge of this best practice.

e. Volunteer Generation:

Volunteer recruitment and retention is a priority throughout the WC network. In fact, WC has a

Narratives

Board-approved policy that establishes a standard for the recruitment, training, management, reward and retention of community volunteers. Nationwide WC has more than 200 episodic and long-term volunteers that provide more than 4,000 volunteer hours per year. The majority of volunteers are recruited from local high schools and universities, client families, local civic programs and the exposure of Members in local communities where WC markets its national service and volunteer focus. Moreover, WC has a longstanding relationship with AARP and local VA Centers that place senior citizens and veterans in volunteering roles at WC locations. In 2007, as a part of our AmeriCorps program, Members placed at WC subsidiaries in multiple states worked in conjunction with WC's Compliance Department to develop a Strategic Volunteer Management Plan which included elements of volunteer recruitment, recognition, training, management and retention. The plan was approved by CARF (accrediting entity) and adopted as policy by WC in 2007. Throughout WC volunteers help build the capacity of our organization by assisting with clerical tasks, planning and participating in recreational programs, acting as youth mentors, assisting with substance abuse prevention programs, offering companionship to clients, assisting at fundraising events and community health fairs, preparing meals and serving homeless clients and participating in art therapy programs among other activities. Since volunteers engage directly with the vulnerable populations WC serves, all volunteers must complete the pre-service training and orientation plan stipulated in WC's policy. AmeriCorps Members have previously and will continue to assist in the orientation and training of volunteers, participate in volunteer recognition strategies and administer volunteer satisfaction surveys. Since 2007, with the addition of support from Members WC has increased the number of long-term volunteers by 10% (5 more) and episodic volunteers by 15% (10 more) annually.

f. Partnerships and Collaboration:

Narratives

An important element in the sustainability of WC and its subsidiaries is the development and maintenance of its partnerships and our relationships with stakeholders. WC recognizes stakeholders as the individuals we serve, the families and friends of the people we serve, our volunteers, Members, our staff, our funders, local policy makers and community leaders, our community-based partners and our private contributors. As part of CARF accreditation, WC must maintain internationally recognized standards in the area of stakeholder involvement including the bi-annual administering of stakeholder satisfaction surveys as a means of gathering, reviewing and incorporating their feedback/input. Current Members, WC staff members (who have worked directly alongside of members), WC's Community Council volunteers and clients provided input that assisted WC in the writing of this proposal.

Partnerships assist WC to effectively serve our clients as we provide linkages and referrals that help them navigate through the VA and social services systems. Each WC subsidiary across the United States maintains community-specific partnerships. Our partners include community-based and faith-based social service providers, health care institutions, advocacy coalitions (homeless/veterans) and various government entities including law enforcement, county court systems, Veterans Administration and the Department of Veterans Affairs and VA Vet Centers, One-Stop Career Centers such as Disabled Veterans' Outreach Program (DVOP), Homeless Veterans' Reintegration Programs (HVRP), and those private and public entities that fund WC through grants. WC relies on its partners as resources for services that will assist our clients (i.e. housing, education, financial literacy, etc.). Feedback and input from partners are also invaluable to WC in developing new programs, improving existing programs and developing grant proposals. WC also partners with veterans advocacy groups such as The Family Alliance for Veterans of America (FAVA), Grace After Fire (national grassroots female veteran advocacy group) and The Oregon Partnership National Military

Narratives

Helpline and Vets4Vets. Guided by the leadership of WC staff our Members will continue to work with our partners to link veterans and military families with social services, advocacy, housing, education, healthcare and employment needs.

g. Sustainability:

WC believes that sustainable services and programs in communities are an essential part of our program design from the outset, and an overall goal for supporting veterans and their families throughout the nation and offshore. Using a model for sustainability planning also used by the Substance Abuse and Mental Health Services Administration, William Stone, the WC Director of Grants and Fund Development, has spearheaded an organizational-wide strategic sustainability plan in all states in which WC operates. Mr. Stone has assisted all WC subsidiaries to complete strategic sustainability plans. Mr. Stone has more than 30 years experience in fund development and led sustainability planning at 4 nonprofit organizations prior to joining WC in 2005. Each region has a written document charting out activities to reach sustainable funding/programs over time. Elements of the plan include prioritizing risk and protective factors for the target population, identifying needed services, and matching potential sources of funding. The plan for each subsidiary was developed as a group process involving service recipients, staff, board members, donors, Members and local community leaders invested in the goals and objectives of the organization. Each subsidiary's sustainability plan aligns with the WC Fdn's strategic plan and both plans are updated regularly. Since 2007, WC's AmeriCorps program director has worked in conjunction with Mr. Stone to ensure that sustaining our national service and civic initiatives is featured in each sustainability plan. Inclusion of national service and civic initiatives in the plans has helped all WC subsidiaries understand the value of AmeriCorps and civic leadership and provides an opportunity for WC to plan for sustainability beyond the time of CNCS federal funding.

Narratives

Organizational Capability

2. Organizational Capability

a. ORGANIZATIONAL BACKGROUND:

The primary contact for the grant application is David Rosynsky. Mr. Rosynsky is WestCare Foundation's National AmeriCorps Director and Grants Specialist. An additional contact for the application is Robert Neri, LMHC, CAP. Mr. Neri is the Senior Vice President of the WestCare Foundation and is the Chief Clinical Director for WestCare.

WC Fdn, Inc. (WC) is a non-profit, national network of behavioral health community-based agencies in ten states and two offshore territories with more than 1,140 employees serving more than 20,000 children, adults and families annually. For 37 years, WC has been dedicated to providing care and support services to individuals, their families and those vulnerable populations facing extreme social challenges in their daily lives. In FY2010, 12% of WC's workforce was comprised of U.S. Military veterans including its CEO/President. In addition, WC serves nearly 2000 veterans in its current programs throughout the United States annually.

In 2007, WC was awarded a 3-year grant (30 FTE) from the CNCS to operate a multi-state National Direct program in 5 states. Currently in a no-cost extension of its third year, the program has achieved 100% of its performance measures since inception.

Members provided 720 WC clients with recovery support for substance abuse, exceeding the goal by 70 clients. Likewise, Members helped 400 clients successfully complete their treatment, moving to aftercare services in the community, exceeding the goal by 100 clients. As of January 2011, seventeen (17) members have earned an award, 9 members are in the process of earning an award and 4 members signed on for additional terms of service after completing their first terms. In 2009, WC

Narratives

received ARRA funds for an additional 6 full-time members in 3 states. CNCS Grants Officer Doug Lees visited WC in 2009 to evaluate the program. Following his limited fiscal review, Mr. Lees noted, "WC appeared to have the appropriate fiscal structure to manage CNCS funds." Program Officer Bryan Rivera also visited WC in 2009 and noted "WC has demonstrated the ability to successfully manage the AmeriCorps Program."

WC's AmeriCorps program was integrated and supported in the existing WC service delivery system easily as members were placed into existing WC programs assisting WC staff by providing direct recovery support services children, adults and families. The services provided by members did not supplant staff positions, but rather enhanced an existing service delivery system. The Commission on Accreditation of Rehabilitation Facilities, an independent, nonprofit accreditor of health and human services accredits WC. In addition to its own comprehensive Board --approved fiscal, programmatic and HR policies and procedures, WC is guided by the terms, regulations and provisions stipulated in hundreds of contracts it manages annually. Since 90% of WC is funded by grants, bid and service contracts, and because WC programs are licensed, the organization submits (as passes) hundreds of independent program audits and site visits from funders each year. WC is not in default on any contracts nor has had any contracts revoked or rejected due to noncompliance.

From 2007 to present, WC has received \$377,991 in CNCS funding and an additional \$76,702 in ARRA funding for a total of \$454,693 in authorized federal funds that equates to 0.5% of WC's \$85M operating budget. With this fixed price application WC is requesting 190 full-time members for an amount that represents 3% of WC's overall operating budget. WC's current request for 190 members is more in alignment with our organizational size, geography, fiscal capacity and potential than our previous program hosting just 30 full-time members. WC has been encouraged to apply for a larger

Narratives

program since its previous program (although successfully) was limited due to its size and scope. Although Members are not employees, much of the infrastructure WC needs to hire, manage, evaluate, reward and retain 1,140 staff is needed to do the same for Members.

WC has a proven track record of successfully securing and administering large federal grants across the nation. From January 2009 through December 2010 WC was awarded 192 grants for a total of more than \$108M. Of this total, 66 representing more than \$13.5M were multiple-year federal awards from agencies like the Department of Labor, Department of Housing and Urban Development, Substance Abuse and Mental Health Services Administration, Department of Transportation and HRSA, among others. Overall, approximately 36% of WC's funding comes from federal funding, 23% from State grant opportunities, 23% comes from local government grants and 18% comes from private contributions. A nationwide grants development team works with each WC subsidiary to develop and prepare more than 200 federal, state and local grant applications annually. WC grant specialists have a 70% success rate nationally. WC also has a Fund Development Team that works nationally to operate the WC Endowment Campaign and regional fundraising efforts.

In addition to leadership provided by CEO/President Richard E. Steinberg (a Vietnam veteran), WC is governed by an all-volunteer WC Fdn Board of Directors (meets biannually) and 12 (all volunteer) Community Council (meets quarterly) representing each subsidiary. The WC Fdn Board of Directors handles physical, legal, policy and fiscal matters, whereas local Community Councils govern on capital, programming, and operational priorities. The Community Councils represent a cross-section of the local community and clientele and have representation by minorities, former clients and veterans.

Narratives

b. STAFFING:

WC will build on 3 years of experience operating an AmeriCorps National Direct program. WC National AmeriCorps Director David Rosynsky and his colleagues fully understand the CNCS structure, federal regulations, AmeriCorps provisions and WC AmeriCorps policies that have guided them in maintaining compliance with their current national direct contract. Mr. Rosynsky has more 5 years experience in developing and overseeing national service programs and will remain in a position of oversight as the United By Service National Direct Advisor. WC's Senior Vice President of Veterans Programming Judi Kosterman will also serve in a leadership position acting as a liaison between the WC program, the federal VA system and WC network of community partners and stakeholders nationwide. The program will be staffed by 2 Program Directors (one overseeing east division and one overseeing west division) and will work in concert under the leadership of Mr. Rosynsky, Ms. Kosterman and Robert Neri WC's Senior Vice President and Chief Clinical Officer to provide oversight of the WC subsidiaries in their role as subgrantees of the grant. UBS Program Directors are responsible for overseeing a nationwide recruitment plan that is implemented in partnership by each local subsidiary. In addition, the Program Directors will be responsible for developing and coordinating an annual training curriculum; reviewing monthly, quarterly and annual program and fiscal reports for compliance; recommending program adjustments and enhancements as appropriate; program sustainability; conducting site monitoring; managing conflict resolution and incident reporting; ensuring program efficacy in conjunction with sub grantees; ensuring that member actives are allowable and align with CNCS provision, federal regulations and WC policies; and representing WC AmeriCorps in the community. WC requires each subgrantee to monitor a set of performance measures that provide benchmarks for establishing overall program success. A comprehensive monitoring plan is managed by the Program Directors that empowers subgrantees and Members to self-evaluate their program through the use of site evaluations, member evaluations, satisfaction

Narratives

surveys, progress conference calls and site visits. WC Fdn's existing Human Resources Directors, Fiscal Team and Compliance Director will continue to support the program in their professional capacities. Section C: Member Selection, Training and Supervision in Part 1 of this application delineates a comprehensive plan for supervision at the local level. In total the program will be managed by 3 staff, have a national veteran's liaison and 6 existing WC Fdn staff (CCO, HR Director, CFO, IT Director Compliance Director, Comptroller) will provide support to the program as needed. The two individuals acting as program directors will possess a BA or BS degree or have at least 2 years experience in volunteer management or working with veterans. Hiring veterans for these positions is preferred.

c. MULTI-STATE APPLICANTS ONLY:

During the months of December (2010) and January (2011) WC's Program Director David Rosynsky informed (via phone or email) each state commission in all ten (10) states and two (2) off-shore territories of the WC's intent to apply. Mr. Rosynsky completed an Initial Consultation Form and provided it to state commission representatives in Arizona, California, Florida, Guam, Georgia, Kentucky, Illinois, Minnesota, Nevada, Tennessee, Wyoming and the U.S. Virgin Islands. Mr. Rosynsky then proceeded to answer additional questions from the representatives on an individual basis and has received limited but positive feedback from state commissions. Many state commissions appear eager to have specialized veterans programs in their state.

d. MULTI-STATE APPLICANTS ONLY:

WC will place 190 members in ten (10) states and two (2) U.S. territories where WC subsidiaries operate community-based behavioral health treatment facilities and programs as follows: Arizona (Bullhead City, Kingman and Lake Havasu City) = 8 Full-Time Members; California (Fresno) = 30

Narratives

Full-Time Members; Florida (Cities of St. Petersburg, Miami and Key West) = 30 Full-Time Members; Georgia (Cities of Atlanta and Keysville) = 20 Full-Time Members; Guam (Barrigada) = 15 Full-Time Members; Illinois (Sheridan) = 6 Full-Time Members; Kentucky (Cities of Pikeville, Irvine, Ashcamp) = 15 Full-Time Members; Minnesota (Sauk) = 20 Full-Time Members; Nevada (Las Vegas, Pahrump and Reno) = 30 Full-Time Members; Tennessee (Sneedville) = 4 Full-Time Members; U.S. Virgin Islands (St. Croix) = 6 Full-Time Members; and Wyoming (Torrington, Newcastle, Lusk, Riverton and Rawlins) = 6 Full-Time Members. WC's current AmeriCorps Director David Rosynsky is knowledgeable of the criteria set forth in regulations 45 CFR 2522.475 and special considerations 45 CFR 2522.450. Using these regulations and considerations as selection guidelines, Mr. Rosynsky met with the CEO/President of WC, all Regional Vice Presidents and all Regional Area Directors who have supervised Members in the last 3 years to review the capacity and readiness of each WC subsidiary. Service sites were selected from WC's subsidiaries based on their response to a request for a concept paper explaining specifically how members would integrate into the sub grantees program without supplanting or replacing staff positions. Subsidiaries were also asked to discuss the perceived value of hosting a member(s) at it site.

All WC subsidiaries are connected through common WC program elements and activities, board-approved organizational policies/procedures and a singular mission. The WC Fdn provides the fiscal oversight for all the WC subsidiaries identified above. All invoices, billing and payments are handled and monitored by the WC Fdn at its headquarters in either Nevada or Florida. All checks are cute by the WC Fdn. No fiscal management activities occur at the regional level. The entire WC Fdn network represents an \$85M budget that is inclusive of all subsidiaries. This budget is managed by the Finance Department of the WC Fdn which is lead by CFO Peter Ventrella, CPA; Fiscal Director Tina Stiles, CPA; Comptroller Kristen Chaffee, CPA; and Accountant Ronda Lieberman. The team uses

Narratives

Blackbaud, fund-based accounting software that allows for the creation of an extensive chart of accounts by contract. The software enables WC to easily identify revenue and expenses in the general ledger by individual contract. An annual independent audit of WC (including all subsidiaries) reveals no issues and demonstrates its fiscal soundness.

e. ENROLLMENT:

WC's current grant is operating under a no-cost extension through the last day of September 2011. WC has enrolled 100% of its slots to date from 2007-2010.

e. RETENTION:

All member slots in the final year have been filled. To date, two (2) members who were enrolled at the same time, at the same site in Georgia, served for 27 days before both leaving, to pursue regular employment. Two (2) dedicated individuals who remain enrolled refilled these slots. Another member in rural Kentucky served half a term and then left to accept full-time employment. This was an extraordinary case of a high paying job becoming available in a rural area. The member felt he could not decline the opportunity. Program staff believes the members who exited early are atypical of Members. However, their exit did highlight that recruitment efforts across the program nationwide needed to be improved to ensure that pre-enrollment screenings posed questions that would allow program staff to better determine each applicant's short-and long-term employment goals, civic/service goals, educational goals and economic goals to better determine the intention of applicants.

e. COST PER MSY:

In the previous year the cost per MSY in WC's program was \$12,600. In this request WC has

Narratives

increased the cost per MSY by fewer than 10% to 12,802 (less than maximum for fixed-price applicants) for two reasons. First, WC is experiencing a 3% increase in health care costs that impacts both member benefits and program staff benefits. Secondly, WC is increasing the average stipend paid to its members by 6% due to cost per living increases (nationally) and in response to feedback from previous and current members.

Budget/Cost Effectiveness

3. Cost Effectiveness and Budget Adequacy

a. Cost Effectiveness:

The WC Fdn is submitting a fixed price application. WC is requesting less than the full maximum amount allowed per MSY is being requested. In this application the cost per MSY is \$12,802.27. The total amount WC Fdn has budgeted to operate the program is \$3,912,730. The CNCS share is calculated at \$2,432,432, and the applicant's share is \$1,480,298. The applicant's share is inclusive of the costs for member living allowances, health care and criminal background checks. The WC Fdn Endowment Campaign, non-federal grants, bidding on non-federal service contracts, producing regional fundraising events, developing new services that utilize a sliding fee scale, soliciting private contributions and soliciting private Fdn grants and corporate gifts are the primary ways in which WC seeks and secures diverse funds. WC uses revenue from client fees, private donations, agency cash flow and in-kind support where match is required.

b. Current Grantees Only:

WC is applying as a fixed price applicant and thus WC's increase in its share of costs to support 190 members will not be considered. However, WC is increasing its share of costs since the previous program from 2007-2010, had 30 members slots and WC is now proposing 190 member slots.

Narratives

c. Special Circumstances:

WC kindly asks the Corporation to take into special consideration that as an agency and prior parent grantee of a successful national direct program, WC has the fiscal and organizational infrastructure required to implement and support a multi-state program that is focused on serving veterans and military families and will enroll veterans as members. WC will operate the UBS program in both urban and rural areas in 10 states and 2 offshore territories. The program will make a significant impact on veterans, their families and national service. Over a 3-year period the program will have placed 570 veterans and military family members in full-time AmeriCorps positions and those members will provide peer-to-peer services to more than 9,000 veterans and or members of military families.

d. Budget Adequacy:

Not applicable since WC is a fixed price applicant.

e. Full-time Fixed- Amount Applicants Only:

The total amount WC Fdn has budgeted to operate the program is \$3,912,730. The CNCS share is calculated at \$2,432,432, and the applicant's share is \$1,480,298. The applicant's share is inclusive of the costs for member living allowances, health care and criminal background checks. An independent audit performed annually shows that WC has the non-federal match available to support its AmeriCorps program (audit submitted to CNCS annually). During FY09-FY10, WC obtained \$2,076,234 nationwide in client fees and more than \$589,768 in private donations. WC offers \$92,925 of in-kind support from office space, equipment, and meals provided at no cost to members during their service year. WC ended FY09-10 with a cash flow of \$775,162 and with unrestricted net assets of \$18,684,378.

Narratives

Evaluation Summary or Plan

The project does not meet the definition of a same project. The issue areas, priorities, objectives, target populations, sites, program staff and members are not the same. WestCare has sent an evaluation of its current program to CNCS on 1-25-11.

Amendment Justification

N/A

Clarification Summary

WestCare appreciates the opportunity provided by CNCS staff to clarify some program elements since 40 AmeriCorps Members are being considered. WestCare has revised its Performance Measures. All Performance Measures (3 measures) now align with National Performance Measures (V1, V2 and V3). We have also revised the budget to note 40 full-time member slots.

WestCare has determined the number of members assigned to a given service site and the service site itself based on the following criteria:

- 1) WestCare subsidiaries that have specialized programming for Veterans and military families or serve Veterans and military families (homeless veterans and families, women, young veterans, National Guard veterans, and veterans with mental health and/or substance abuse problems are our priorities).
- 2) WestCare subsidiaries that due to their geographic location can make a large impact with Veterans and military families;
- 3) WestCare subsidiaries that meet the criteria above and have shown previous ability to administer

Narratives

an AmeriCorps subcontract (recruitment, retention, supervision, terms compliance, etc.) or subsidiaries without prior experience who have shown ability by operating a major federal grant at the community level and has a sustained volunteer recruitment/management plan in place.

4) Member slots will also distributed based on WestCare's in-depth knowledge of recruitment opportunities in particular rural/urban geographic areas in which it currently operates.

Since the 12 subsidiaries discussed in the initial application all meet the criteria listed above, the WestCare AmeriCorps team met with Senior Management to discuss how to distribute 40 member slots most effectively. It was determined that the most impact would be made for the proposed National Direct program if all subsidiaries were retained and member slots were distributed as follows:

WestCare Arizona: 2 Full-Time Slots

WestCare California: 6 Full-Time Slots

WestCare Florida: 7 Full-Time Slots

WestCare Georgia: 3 Full-Time Slots

WestCare Guam: 2 Full-Time Slots

WestCare Illinois: 2 Full-Time Slots

WestCare Kentucky: 4 Full-Time Slots

WestCare Minnesota: 2 Full-Time Slots

WestCare Nevada: 5 Full-Time Slots

WestCare Tennessee: 2 Full-Time Slot

WestCare Wyoming: 2 Full-Time Slots

WestCare U.S. Virgin Islands: 3 Full-Time Slots

Narratives

Due to the reduction from 190 proposed members to 40 considered slots, the member slots have been more evenly distributed. California, Florida and Nevada have the largest amount of specialized programming for Veterans and military families currently and thus, have the most opportunities and programs to support more member slots than other subsidiaries. The benefit is that these states also have additional resources and staff to support more AmeriCorps Members.

In terms of supervision, California, Florida and Nevada are each comprised of several program sites. Not all members assigned to these states will serve at the same site so we avoid having many members at one site supervised by the same supervisor. Instead, for example, in Florida (8 members total), 2 members will be recruited and serve in the Florida Keys at WestCare Keys, 3 members will be recruited and serve in St. Petersburg at WestCare GulfCoast-Florida and 2 members will be recruited and serve in Miami/Dade at WestCare Miami.

The supervision plan will be in alignment with the plan proposed. California, Florida and Nevada have ample staff and resources to provide comprehensive daily supervisor and mentorship to its members. Each member will be supervised and mentored daily by a WestCare staff member. California, Florida and Nevada have previously supervised AmeriCorps Members.

There will be no changes to the overall program management plan described in the grant.

WestCare will comply with all federal regulations, AmeriCorps provisions and program policies including criminal history checks. A criminal history check will be administered on all individuals (members, employees or other individuals who receive a salary, education award, living allowance,

Narratives

stipend or similar payment from the grant, regardless of whether these costs are coming from federal or non-federal share). The criminal history checks conducted for all individuals listed above will include an FBI fingerprint check in addition to the state registry check and the NSOPR for anyone with recurring access to vulnerable populations.

Continuation Changes

N/A

Performance Measures

SAA Characteristics

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

Priority Areas

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

Grand Total of all MSYs entered for all Priority Areas 40

Service Categories

Mental Health

Substance Abuse

National Performance Measures

Priority Area: Veterans and Military Families

Strategy to Achieve Results

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

At least 28 U.S. Military Veterans engaged as AmeriCorps Members will provide recovery support services and life skills training to U.S. Military Veterans and military families. At least 26 AmeriCorps Members will develop and complete (finish) an individualized Professional Development Plan. Members who complete their plan will show gains in at least one area of their own life which may include employment, civic leadership, access to social services, healthcare, benefits, strengthened family dynamics or recovery sustainment. Professional Development Plan progress notes made by the member and his/her supervisor as well as Member Performance Evaluations will document progress and gains towards goals.

Result: Output

Result.

At least 28 U.S. Military Veterans engaged as AmeriCorps Members will provide recovery support services and life skills training to U.S. Military Veterans and military families. The services will be designed to provide Veterans and military family members with the resources they need to strengthen their life skills and coping skills (including information/services in the arena of mental health and substance use/abuse problems). A WestCare Service Survey, administered at the start and end of services will measure gains.

Indicator: (PRIORITY)V2: Veterans engaged in service (other than mentoring disadvantaged

Target :At least 28 U.S. Military Veterans will serve as AmeriCorps Members.

Target Value: 28

Instruments: Member enrollment roster, AmeriCorps Application for Service, AmeriCorps Member Management Portal

PM Statement: 28 U.S. Military Veterans will serve as AmeriCorps Members and provide recovery support services and life skills training to Veterans and military families.

National Performance Measures

Result.

youth).

Result: Intermediate Outcome

Result.

26 AmeriCorps Members (95% of 28) will develop and complete (finish) an individualized Professional Development Plan annually. The plan is person-centered and is prepared in a partnership between the member and his/her supervisor. The plan includes activities, training, benchmarks and personalized goals throughout the 1700-hour service year. Members who finish their plan will show gains in at least one area of their own life which may include employment, civic leadership, access to social services, healthcare, benefits, strengthened family dynamics or recovery sustainment. Professional Development Plan progress notes made by the member and his/her supervisor as well as Member Performance Evaluations will document progress and gains towards goals.

Indicator: Members that complete (finish) an individualized Professional Development Plan.

Target :26 AmeriCorps Members will develop and complete an individualized Professional Development Plan annually.

Target Value: 26

Instruments: Professional Development Plan Progress Notes made by the Member and his/her supervisor as well as Member Performance Evaluations will document progress and gains towards goals.

PM Statement: 26 AmeriCorps Members (95% of 28) will develop and complete (finish) an individualized Professional Development Plan annually. The plan is person-centered and is prepared in a partnership between the member and his/her supervisor. The plan includes activities, training, benchmarks and personalized goals throughout the 1700-hour service year. Members who finish their plan will show gains in at least one area of their own life which may include employment, civic leadership, access to social services, healthcare, benefits, strengthened family dynamics or recovery sustainment. Professional Development Plan progress notes made by the member and his/her supervisor as well as Member Performance Evaluations will document progress and gains towards goals.

Priority Area: Veterans and Military Families

Strategy to Achieve Results

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

2,000 U.S. Military Veterans per year will receive substance use/abuse recovery support services and life skills training from 40 AmeriCorps Members. The services will be designed to provide Veterans with the resources they need to strengthen their life and coping skills and sustain their recovery from alcohol, illegal drugs or prescription drugs. Pre-and post screenings will be administered at the start and end of the service plan to measure gains in life skills and recovery sustainment.

Result: Output

Result.

National Performance Measures

Result.

U.S. Military Veterans will receive substance use/abuse recovery support services and life skills training.

Indicator: (PRIORITY)V1: Veterans receiving services and assistance.

Target :2,000 U.S. Military Veterans will receive substance use/abuse recovery support services and life skills training.

Target Value: 2000

Instruments: Client file/plan notes, enrollment forms, attendance logs completed by AmeriCorps Members.

PM Statement: 2,000 U.S. Military Veterans (per year) will receive substance use/abuse recovery support services and life skills training.

Result: Intermediate Outcome

Result.

U.S. Military Veterans exhibit strengthened life skills and sustain their recovery.

Indicator: Number of U.S. Military Veterans that exhibit strengthened life skills and sustain their

Target :1,700 U.S. Military Veterans (85%) will show gains in pre-and post screenings.

Target Value: 1700

Instruments: Client file/plan progress notes, pre-and post life skills and relapse prevention tests/screenings.

PM Statement: 1,700 U.S. Military Veterans (85% of total served) who 2,000 U.S. Military Veterans per year who receive substance use/abuse recovery support services and life skills training from 40 AmeriCorps Members will strengthen their life skills and sustain their recovery and show gains in pre-and post screenings.

National Performance Measures

Result.

recovery.

Priority Area: Veterans and Military Families

Strategy to Achieve Results

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

400 members of U.S. military families will receive life skills training services from 40 AmeriCorps Members per year. The services will be designed to provide members of military families with the resources they need to strengthen their life and coping skills and increase their self confidence and self esteem. A WestCare Service Survey, administered at the start and end of services, will measure global mental health gains among family members.

Result: Output

Result.

Members of U.S. military families will receive recovery support and life skills training services.

Indicator: (PRIORITY)V7: Military families receiving services and assistance.

Target :400 military family members will receive recovery support and life skills training services per year.

Target Value: 400

Instruments: Client file notes and attendance logs completed by AmeriCorps Members

PM Statement: 400 military family members will receive recovery support and life skills training services per year.

Result: Intermediate Outcome

Result.

Military family members will exhibit strengthened life and coping skills and increased self-confidence and self-esteem.

Indicator: Number of military family members that exhibit strengthened life and coping skills and

Target :320 military family members (80% of total 400) will show gains in life and coping skills, self-confidence and self-esteem as evidenced by the WestCare Service Survey.

Target Value: 320

Instruments: WestCare Service Survey (pre-and post-survey) that measure gains in life and coping skills, self-confidence and self-esteem after receiving services from AmeriCorps Members.

PM Statement: 320 military family members (80% of total 400) will exhibit strengthened life and coping skills and increased self-confidence and self-esteem, after receiving recovery support and life skills training services from AmeriCorps Members, as evidenced by the WestCare Service Survey.

National Performance Measures

Result.

increased self-confidence and self-esteem.

Required Documents

Document Name

Status

Evaluation

Sent

Labor Union Concurrence

Not Applicable