

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)																
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE: 22-NOV-10	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11AC122857	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER: 09ACHNY0010015														
5. APPLICATION INFORMATION																
LEGAL NAME: Phoenix Houses of New York, Inc. DUNS NUMBER: 151245107	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Joan Hajjar TELEPHONE NUMBER: (718) 222-6600 8435 FAX NUMBER: (718) 222-6696 INTERNET E-MAIL ADDRESS: jhajjar@phoenixhouse.org															
ADDRESS (give street address, city, state, zip code and county): Phoenix Houses of New York, Inc. 50 Jay Street Brooklyn NY 11201 - 1144 County: Kings																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 133020608	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization National Non-Profit (Multi-State)															
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: Recovery Phoenix House AmeriCorps															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Albany, NY, Bronx, NY, Kings, NY, Monroe, NY, Nassau, NY, New York, NY, Oneida, NY, Oswego, NY, Queens, NY, Richmond, NY, Schenectady, NY, Suffolk, NY, Washington, NY, and Westchester, NY, Counties	11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 10/01/11 END DATE: 09/30/12	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="NY 012"/> b.Program <input type="text" value="NY 008"/>															
15. ESTIMATED FUNDING: Year #: <input type="text" value="2"/>	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;">\$ 455,040.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 471,488.00</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;">\$ 926,528.00</td> </tr> </table>	a. FEDERAL	\$ 455,040.00	b. APPLICANT	\$ 471,488.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 926,528.00	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	\$ 926,528.00															
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: Britta Muehlbach	b. TITLE:	c. TELEPHONE NUMBER: (212) 595-5810 7865														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 05/10/11														

Narratives

Executive Summary

Phoenix House AmeriCorps lends crucial clinical support to adults with severe substance abuse, criminal justice involvement, physical and mental health problems, and lack of job skills and employment. Serving in treatment agencies and recovery programs across the state, AmeriCorps members will be involved in intake assessments, counseling and psycho-education, and provide a range of other crucial support to programs and clients, leading to a reduction in substance abuse and recidivism, and increased employment for program clients. Ongoing training and supervision will be provided to ensure members' service success and promote members' professional development, leading to improved employment levels post-service.

Rationale and Approach

A. Rationale and Approach

Phoenix House proposes to establish a new AmeriCorps program in support of substance abuse treatment and recovery services for adults in New York State. Across a network of participating treatment providers, AmeriCorps members will provide crucial support to reach out to and engage new clients, enhance treatment services, and encourage long-term recovery through empowerment and peer support.

A.1. Compelling Community Need

Concurrent with its mission and 43 years of service delivery, Phoenix House proposes community service activities to address one of the most pressing public health concerns in the United States: substance abuse. New York State (NYS) is dealing with epidemic proportions of alcohol and drug abuse and addiction, leading to a massive burden on the emotional, physical and socioeconomic health of individuals, families, communities and state systems. Addicted individuals and their families suffer from severed trust and family ties; disrupted personal, educational and vocational development; lost social potential; illness; and premature death. Local communities and society as a whole pay a huge price to

Narratives

cope with the impact of addiction. According to a recent report by the National Center on Addiction and Substance Abuse at Columbia University, NYS spent more than \$13B or 21% of its 2005 budget on dealing with the negative consequences of the problem, including more than \$5.5B or 9% of all healthcare spending (mostly Medicaid funding). Another \$3.1B or 5% of the total state budget was spent on drug-related criminal justice spending, which represents 83% of all NYS criminal justice spending. At the same time, NYS spent only \$287M or 0.5% of its 2005 budget on the prevention, treatment and research of addiction.

The NYS Office of Alcoholism and Substance Abuse Services (OASAS) estimates in its 2009 Service Need Profile that 1,907,391 New Yorkers or 11.6% of the state population over the age of 12 abuse or are dependent on alcohol, prescription and/or illegal drugs. This includes almost 203,000 individuals aged 16 or older who use opiates. OASAS further estimates that 576,000 or 30% of these individuals are in need of treatment for their substance-related problems. Yet 27% of outpatient substance abuse treatment needs are unmet and 35% of those needing intensive residential treatment do not receive such services due to lack of availability, with great discrepancies in treatment availability across NYS counties.

In the 14 targeted counties (Albany, Bronx, Kings, Monroe, Nassau, New York, Oneida, Oswego, Queens, Richmond, Schenectady, Suffolk, Washington and Westchester), we are proposing to serve under the current application, OASAS estimates that an average of 12% of residents over the age of 12 have a substance use disorder, ranging from 9% in Queens and Richmond, to 13% in Albany, Monroe, Oneida, Oswego, Schenectady, and Washington Counties. Treatment is needed for an average of 30% of these users, again varying by county; Oswego and Washington Counties have a treatment need for 28% of their users, while the Bronx estimates a high of 36% of users in need of treatment for substance abuse and addiction. However, on average 33% of the need for adult outpatient treatment and 44% of the need for intensive residential treatment goes unmet. Treatment needs in the urban counties of New York,

Narratives

Kinds, Bronx, Queens, and Richmond are met to a large degree if not in full, while rural counties such as Schenectady or Oneida have a large unmet need both for outpatient as well as residential treatment within their local communities.

Among the NYS substance abuse treatment population, Black and Latino clients are overrepresented. According to OASAS reports, 51% of individuals admitted to all substance abuse treatment programs in 2007 were Black or Latino. Individuals with criminal justice involvement represented 49% of admissions; in New York City (NYC), Blacks and Latinos were more likely to be involved in the criminal justice system.

The rates of substance abuse and treatment needs are not likely to fall any time soon, as people are turning to the short-term comfort of drugs and alcohol in response to the stresses of the current economic recession. A European study reported in the "Lancet" medical journal (July 2009) found that a rise of 3% in unemployment is associated with a 28% increase in deaths from alcohol abuse. According to the NYS Labor Department, unemployment was 9% in October 2009, up from 5.9% in October 2008. Many more individuals are trying to cope with the threat of job loss, the anxiety to make ends meet, the threat of losing one's home (more than 15,000 homes were foreclosed on in NYS in the third quarter of 2009), and lack of socio-economic opportunities.

In addition to these stressors among the general population, NYS also sees an increasing number of veterans from the wars in Iraq and Afghanistan returning home with mental health and substance abuse issues. According to the NYS Division of Veterans' Affairs, 1,132,703 veterans were living in NYS on September 30, 2005 (latest available data); 145,735 or 13% were veterans from the wars in the gulf region.

Narratives

The vast majority of veterans returning from deployment have been exposed to highly traumatic combat situations. Research indicates that deployment stressors cause considerable risk for the development of substance abuse, mental health and behavioral problems; impairment in social functioning and the ability to work; and the increased need for health care services. Estimates suggest that one in six to one in three recent veterans will be diagnosed with Post-Traumatic Stress Disorder (PTSD). Viewing images from the current wars is causing many older veterans to re-experience PTSD symptoms from their own combat experiences (National Veterans Foundation, 2008). PTSD in veterans often goes hand in hand with substance abuse, particularly of alcohol. It is assumed that substance abuse represents an attempt to self-medicate in the face of traumatic experiences and PTSD symptoms. According to military officials, substance abuse is common among deployed soldiers, particularly those who were already substance-involved prior to serving in Iraq or Afghanistan. Common drugs found among soldiers are alcohol, marijuana, valium, hashish and prescription drugs such as Ritalin (JoinTogether, 7/25/05). Veterans, in comparison to non-veterans, report higher rates of alcohol, marijuana, and illicit drug use following their deployment (Office of Applied Studies, 2005). OASAS reports that annually more than 13,000 veterans are being admitted to crisis and treatment programs for substance abuse in NYS; the numbers are likely to increase, and treatment providers are preparing to offer specialized and appropriate services.

Lastly, the substance abuse treatment field is encountering a general workforce crisis as the field is aging, and young counseling professionals do not enter the field to the extent needed. OASAS has made workforce development and talent management one of its top priorities for the next few years. In order to give New Yorkers a realistic chance at successful recovery, more people need to be encouraged to acquire the necessary training and experience to serve in this challenging but rewarding arena of human services.

Narratives

These additional stressors on New Yorkers and the systems that serve them occur as the state is struggling with a deep economic recession and a massive decrease in tax revenues. Due to recent and pending budget cuts in NYS spending, treatment providers are already experiencing the need to cut programs and lay off clinical and administrative staff, in effect offering fewer services as more are needed.

A.2. Description of Activities and Member Roles

Substance dependence has been recognized as a chronic condition. Thus, comprehensive treatment and rehabilitation are best integrated along a continuum of care, ranging from prevention, outreach/engagement, treatment, aftercare, to long-term recovery support involving both professional staff and peer-support. Treatment for addictive disorders must target those aspects of a person's identity--behavior, cognition, attitudes, values, and beliefs--that inhibit the ability to manage a chronic condition. This sets the goal of treatment somewhat short of a cure and can extend indefinitely the involvement of substance abusers with systems that support their recovery at different stages of the continuum.

Against this backdrop, Phoenix House proposes with this application for the 2010-2013 program cycle to reinforce its focus on recovery from substance abuse and dependence for adults. AmeriCorps members and community volunteers will serve an important function in the treatment systems in their respective communities; as a result, they will have also a positive impact in the Corporation's priority areas of Opportunities and Veterans. Conceptualizing recovery as a phased process, the proposed AmeriCorps community services will provide support at all stages of the continuum of care. Members will train alongside and assist clinical and administrative staff of several nonprofit treatment providers who carry out a mission of client-centered, individualized prevention, treatment and recovery services.

Narratives

The contribution of AmeriCorps members will allow providers to more efficiently deal with treatment demand in the face of reduced resources; AmeriCorps members also free up professional clinician time for more client contact, leading to enhanced treatment quality and client engagement.

To this end, we are proposing to place 60 full-time AmeriCorps members in agencies across the state. As the applicant organization, Phoenix House will place at least 15 members in our programs around NYC, on Long Island and in Westchester. Given the area's high need for a larger addiction workforce, Upstate New York programs will benefit from the placement of up to 35 AmeriCorps members. More specifically, AmeriCorps members will be involved in the following recovery-related activities that relate to the needs outlined above:

Prevention and Outreach

Phoenix House and other providers are engaged in prevention and outreach to raise awareness of the dangers of substance abuse, the signs and symptoms of abuse, and the scope and availability of intervention and treatment. To this end, small groups of members will be deployed to communities across NYS; armed with educational materials, teams will staff tables at community health fairs and school events, visit local parks and hospitals, and participate in volunteer days such as community clean-ups, holiday celebrations for youth or the elderly and at other events that raise awareness. In particular, AmeriCorps members placed at Phoenix House's Community Recovery Centers in the Bronx and Brooklyn, NY (see below) will participate in numerous outreach efforts to bring people with varying recovery needs, including vets, to the Center to receive support, resources, and referrals.

Intake and Admission

With shorter length of treatment duration due to both advances in treatment methodologies and reduced funding for longer-term treatment, client turnover and admission rates are increasing. In

Narratives

addition, it is expected that admission rates to treatment will increase due to the recent Rockefeller Drug Law reform, which will place more adult drug offenders in treatment instead of prison. Placement of AmeriCorps members in intake departments not only helps to process a larger number of admissions and the related paperwork, but also allows intake staff to spend more time with prospective and new clients, thus improving the quality of the client encounter and enhancing early client engagement. Members will be trained and supervised to field initial inquiries about admissions criteria and services from prospective clients and referral sources, conduct initial interviews to screen for eligibility and motivation, complete admission forms, prepare and assemble initial client records, make data entries into an automated client information system database, communicate with referral agencies, and coordinate the next steps of treatment for each client.

Treatment and Rehabilitation

All involved agencies sponsoring AmeriCorps members treat substance abuse and will utilize member support where needed to enhance their therapeutic services. Among the sponsoring providers are:

* The housing, industries and treatment programs founded by Father P.D. Young serve more than 3,000 nonviolent offenders and voluntary clients with substance abuse problems in Albany, Schenectady, Troy, Syracuse, Brooklyn and Queens. In addition, these programs emphasize addressing their clients' vocational development and housing needs.

* VIP Community Services, Inc. in the Bronx, NY provides substance abuse counseling and educational opportunities to more than 10,000 clients annually. Clients are given the tools to improve their education, thus enhancing their employment, parenting and daily living capabilities. Clients also receive vocational services through Vocational Educational Services for Individual with Disabilities (VESID) as well as outside job readiness courses.

* Turning Point helps economically disadvantaged people in Brooklyn, NY, overcome substance abuse issues, develop their full potential and lead satisfying lives within society. In addition to substance

Narratives

abusers, the agency works with disconnected youth, families in crisis, the homeless, the unemployed, persons with and affected by HIV, adult non-readers and non-English speaking immigrants. Turning Point provides direct services to more than 12,000 people each year, and reaches more than 20,000 people through education and outreach programs.

* The Syracuse Behavioral Healthcare Program offers a full range of inpatient medically supervised detoxification, case management, residential and outpatient services for men and women, and supportive sober housing for the homeless struggling with substance abuse for more than 3,000 individuals annually.

* Liberty Resources, Inc. provides clinical and residential treatment services, shelter, assistance, counseling and support to over 5,000 individuals and families in a number of upstate NY counties. Liberty Resources responds to the needs of people with substance abuse and/or mental health issues, with developmental disabilities, children and youth, victims of domestic violence and individuals living with AIDS. The agency's Maxwell House provides supervised community residential services and supportive living apartments for men and women in early recovery, including counseling and supportive services to help residents fulfill their service plan goals.

* Phoenix Houses of New York and Long Island offer a full continuum of treatment for substance abusers, including residential, outpatient, aftercare and community residences. Specialized programs for women and mothers and children are available in Brooklyn and Ronkonkoma, NY, and the Phoenix Academy, in Yorktown, NY, is an evidence-based program for adolescents. On a daily basis, more than 2,400 men, women and youth receive group and individual counseling for substance abuse, mental health, trauma and other issues related to their recovery, along with educational and vocational training, certification and job placement, family counseling, and medical care.

* As a special focus of this application, AmeriCorps members will also support the specialized program for veterans Phoenix House will start operating in 2010; a highly qualified Veterans program director has been hired to develop and implement veterans' programming that is fully responsive to the mental

Narratives

health and substance abuse challenges this population faces.

Within the arena of treatment and rehabilitation, AmeriCorps members will support the professional staff in a number of important functions; they will be trained and supervised to assist in the following areas:

Counseling: Members will learn the basics of counseling and co-facilitate group sessions under the supervision of qualified health professionals. They will also perform minor individual counseling duties such as encouraging clients to follow program rules, assisting clients with preparing various paperwork, and generally providing advice that is consistent with the philosophy and mission of the agency where they are assigned. To this end, all AmeriCorps members will receive basic training in Motivational Interviewing, an evidence-based, client-centered counseling approach that allows them to focus on the strengths and internal motivation of clients in all their counseling encounters.

Socialization and Recreation: Members will engage clients in planning, organizing and implementing recreational and socialization activities such as family picnics, sports events, program graduations, cultural outings, attendance at civic meetings, and other similar activities that allow clients to build meaningful social lives and develop an interest in sober activities.

Rehabilitation: To link clients with safe and affordable housing, members will assist them with Section 8 and related paperwork, and follow-up on clients who reside in special transitional housing. Members will maintain client files, conduct orientations on program rules and regulations and conduct home visits. They will also serve as advocates to help clients maintain housing and other benefits. To help clients with their need for vocational development and job placement, members will assist with identifying client eligibility for vocational programs, the search for job opportunities and job readiness activities.

Recovery Support Services

Narratives

Following treatment, clients have better long-term outcomes if they stay connected to a supportive network of peers, receive coaching and peer mentoring and have access to a number of resources that continue to link them with housing, work, medical care, etc. Phoenix House's Community Recovery Centers in the Bronx and soon in Brooklyn, serve as a hub for long-term, low-threshold recovery support. Managed by staff, but guided by on-going and decisive input from the recovery community, the center extends the continuum of care indefinitely by opening its doors to people at any point of their recovery -- actively inviting those with established long-term recovery to serve as peer mentors to those in earlier stages. AmeriCorps members, especially those in recovery, will serve important roles in the outreach, social, mentoring and support activities of the centers.

More general recovery support will be provided by AmeriCorps members in the following areas:

Volunteer Recruitment and Management: Generally believed to be crucial to successful recovery is an attitude of "giving back" what one has received in terms of support, care and concern from others.

Volunteerism is a wonderful way of strengthening this spirit and AmeriCorps members will be instrumental in increasing the number of nonmember volunteers. All members will be required to engage the clients of their assigned sponsoring agencies as well as the local community to participate in community service projects and events such as local Martin Luther King Day observances, environmental clean-ups, the AIDS Walk, celebrations during Recovery Month, Red Cross blood drives, NYC's Everyone Counts survey of the homeless, Youth Service Day, activities during AmeriCorps Week, participation in Felony Trial Training as mock jurors and active participation at local Veterans Parades.

Citizenship and Community Membership: To counteract the social isolation and lack of community participation of many active addicts, AmeriCorps members will receive training to encourage clients to be active citizens of their communities. Members will be educated on American democracy, the benefits of voting and the functions of government in order to develop their own sense of meaningful citizenship and their vision for civic engagement during and after their AmeriCorps experience. Members will also be encouraged to become active members of local community planning boards and the local Citizen

Narratives

Corps Council to develop positive values of lifelong citizenship and service to the community. As a special focus of active citizenship and as a measure of our efforts to affect homeland security concerns, all members will learn cardio-pulmonary resuscitation (CPR) and First Aid so that they can assist local authorities in the event of a local disaster or emergency. They will participate in the local Community Emergency Response Teams to learn and assist in emergency preparedness and basic response techniques in order to provide critical support to first responders during emergencies.

As a result of these activities, the AmeriCorps members would offer much needed support to the NYS addiction workforce through their own efforts and the volunteers they will recruit and engage. Freeing up clinician time, managing support tasks, and supporting clients through counseling and social resources add up to a meaningful impact on thousands of people entering and in recovery across NYS.

Compliance with AmeriCorps Regulations

In order to ensure appropriate AmeriCorps program functioning, we will monitor member and organizational compliance with the AmeriCorps provisions and rules through a variety of activities. Orientation workshops for members and site supervisors will review rules and expectations, accompanied by program operating manuals. The rules, regulations and provisions will be appended to the Memorandum of Agreement that each executive director will sign at a sponsor site. Regular site visits and mandatory evaluations will ensure members are fulfilling appropriate roles and not engaging in any prohibited activities such as political activity or fundraising at more than 10% of their time. Finally, through ongoing member training program described below, we ensure members gain the skills they need to carry out their service assignments.

A.3. Measurable Outputs and Outcomes

To determine the output, i.e., extent of the services that our AmeriCorps members provide, we will track

Narratives

and report activities in 14 or more communities using a combination of monthly service reports, weekly time cards, community outreach reports, training attendance sheets, member satisfaction surveys and semiannual member evaluation by sponsoring organizations. Particular activity outputs of interest include:

Output 1: Clinical support services (direct service hours)

- o Substance abuse treatment support, both individual and group formats
- o Intake assessments conducted
- o Relapse prevention education sessions
- o Recovery community activities

Intermediate Outcome 1: Client engagement in continuum of care

- o Improved treatment completion rates
- o Improved transition to aftercare/post treatment recovery support

End outcome 1: Improved rates of long-term recovery

- o More people maintaining treatment gains and leading healthier, more productive and satisfying lives in the community

In response to the field's workforce crisis mentioned earlier, the proposed AmeriCorps program also aims to produce motivated, trained, and experienced young counselors to enter the field upon completion of their service year. Accordingly, we will measure the following:

Output 2: Training/Member Development

- o Training sessions provided and attended
- o Supervision hours logged

Intermediate Outcome 2: Development of counseling skills and qualification

- o Development of counseling and other related skills based on supervisor evaluation
- o Substantial progress toward substance abuse counseling certification

Narratives

End Outcome 2: Entering the substance abuse counseling field

o AmeriCorps members will be hired by their sponsoring or similar agency at the end or within 12 months of their service year.

Other measures for the intermediate impact of the proposed community outreach efforts and agency-based support services, i.e., the extent to which we successfully support individuals, families and communities affected by substance use in our target communities, will be further developed and defined after an award has been made (as per the application instructions).

Indirect service outputs include the following:

Outreach activities

- o Number of non-AmeriCorps volunteers recruited and engaged and hours served
- o Health fairs and other community events attended
- o Community outreach activities

The proposed AmeriCorps program touches on important areas in two of the Corporation's five priority areas: Opportunities and Veterans and we will use additional national performance measures.

A.4. Plan for Self-Assessment and Improvement

From previous and current AmeriCorps and other grants, we know that ongoing project monitoring and improvement are critical to the success of the program. To this end, we will conduct an internal evaluation and participate in external evaluation efforts due to the fact that the requested funding amount exceeds \$500,000. The evaluation will explore implementation, process and outcomes using a combination of data collection instruments that include monthly service reports, weekly time records,

Narratives

community outreach reports, training attendance sheets, member satisfaction surveys and semiannual member evaluations by their supervisors. Each component will examine the program's effectiveness in coordinating members and volunteers, and serving agencies, clients, and local communities. Analyzed and reviewed regularly by the project director, the evaluation data will be used to identify strengths and challenges and problem areas that need to be adjusted. The evaluation will incorporate feedback from members, service sites and other partners to ensure all perspectives are considered. Feedback to and from the project director is immediate and aided by a continuous communication process. Any issues of concern will be addressed immediately, and corrective action will be determined by the project director with input from the sponsoring agency and members.

A.5. Community Involvement

Because the proposed program represents a further development of Phoenix House's existing AmeriCorps programs, we already have strong ties with community partners and stakeholders. Both formal and informal means of garnering stakeholder feedback have already been used successfully. A community survey has been developed to assess community needs and identify potential areas for member and volunteer engagement. In addition, a less formal, more ongoing approach allows us to track needs and concerns routinely. On an agency level, regular dialogue with site supervisors, reviews of OASAS local service need profiles, and ongoing participation in professional associations such as the Association of Substance Abuse Providers and Therapeutic Communities of America keep us well-informed on priorities and concerns. Our partner agencies -- all substance abuse leaders -- are active community participants. They are vital in identifying unmet program needs, current drug trends and related public health needs within their local communities. On a community level, our current and alumni AmeriCorps members along with partner agencies report concerns, needs and priorities as they arise. We have found this planning process to be most effective for a combined outreach/clinical services model. We will continue the same level of ongoing planning and feedback for the proposed recovery-

Narratives

oriented services.

A.6. Relationship to other National and Community Service Programs

Whenever the occasion arises, we collaborate with other community service programs supported by the Corporation. For example, we participate in the promotion of national AmeriCorps Week on television and other media, and have been actively involved with the AmeriCorps Kick-Off Day 2009, where a Phoenix House client sang the National Anthem in the presence of NYS Governor Patterson. We also participate in planning conferences and other events with fellow AmeriCorps programs. We will continue to collaborate with national and city agencies, such as the Department of Homeless Services annual homeless street survey and the Department of Parks and Recreation local park cleanups.

A.7. Potential for Replication

Substance abuse and dependence are problems affecting adults throughout NYS and the nation. The proposed two-fold model of provider-based clinical support activities plus community outreach would be applicable in treatment systems in other communities, and, given its natural fit with existing systems, easy to replicate. Since the program is responsive to the substance abuse concerns of individual communities and directly supports those agencies already addressing local needs, the approach would prove adaptive to a range of public health issues. In a direct replication (i.e., with a focus on substance abuse), AmeriCorps member placement would be guided by different issues rising to the forefront, such as a emphasis on specific drugs, concerns about relapse, youth prevention or advocacy for those in recovery. In a less direct replication (focused on a different social problem, such as literacy), the model could easily be adapted to include clinical support and community outreach and advocacy.

Organizational Capability

D. Organizational Capacity

Narratives

D.1. Sound Organizational Structure

D.1.1. Ability to provide sound programmatic and fiscal oversight

Since our founding in 1967, Phoenix House has treated over 150,000 adults and adolescents with substance abuse problems. Today, over 7,300 people receive Phoenix House services every day in 152 programs in 10 states. Our continuum of care includes school and community-based prevention; residential and outpatient substance abuse treatment at varying levels of intensity; co-occurring mental health treatment programs; primary health care services; reentry and transitional living programs for ex-offenders; assertive case management programs; and counselor training and vocational and educational remediation. In 2009, we opened our first Community Recovery Center in the Bronx and have received funding for a second center in Brooklyn. The Recovery Centers are open to anyone in the community interested and/or engaged in recovery; they represent true neighborhood and community spirit, crossing all agency boundaries and celebrating recovery. Phoenix House also has made a major commitment to serving veterans in need of substance abuse treatment and recovery support, and it is anticipated that we will begin to provide specialized services to this population in early 2010. With strong input from our veteran client population and with a focus on evidence-based practices, the Director and Deputy Director of Military Services are in the process of designing appropriate program services and successfully garnering community support.

Phoenix House has extensive experience handling federal, state and county funds, and maintains a strong system of administrative and fiscal oversight. In NY, Phoenix House manages grants from multiple government agencies totaling nearly \$39 million; this includes federal funding from SAMHSA and state funding through OASAS, the Division of Criminal Justice Services, Office of Children and Family Services, VESID, and the NYC DOE. The Finance Department maintains high levels of internal controls and oversight of all funding and expenses. Phoenix House submits to an annual financial audit by Grant Thornton, a national audit firm, as well as an annual compliance audit performed pursuant to

Narratives

OMB A-133. These audits consistently render "clean opinions" with no significant weaknesses noted.

Phoenix House is proud to have operated an AmeriCorps program since 1994. During these 15 years, we forged strong partnerships with sponsoring agencies across the state, thus broadening our AmeriCorps program's reach and impact beyond our own agency's geographic limitations. We utilize a set of best practices to effectively and efficiently support and oversee our service sites; these have become incorporated into our program management infrastructure as routine practices and protocols. For example, we immediately provide an orientation to new site supervisors who replace the previous experienced supervisors at our sponsoring agencies. Member service assignments and responsibilities are reviewed by the new site supervisor in consultation with our program staff. Regular telephone conferences assure that all sites are in compliance with the AmeriCorps program rules, regulations and provisions. We also provide a comprehensive orientation to new finance officers at host sites to familiarize them with matching fund quarterly reporting requirements applicable to them.

Site-selection process -- In order to ensure that all AmeriCorps sponsoring agencies share a common goal in addressing substance abuse, and fulfill statewide standards for the delivery of effective services we require them to be licensed by OASAS. Furthermore, we require that they provide legal documents such as nonprofit status incorporation papers, tax exempt letters, annual reports, and operating licenses to ensure that they have adequate programmatic and financial capabilities.

Current programmatic and funding relationships with the sites -- The proposed AmeriCorps program will build on established programmatic and funding partnerships. Partner agencies place, train and supervise AmeriCorps members and volunteers in their programs, host special community events to promote the AmeriCorps program and volunteer capacities, and engage in overall program planning and local management. Fiscally, sponsoring agencies provide a cash match towards the program budget as

Narratives

well as in-kind contributions such as program space, training and supervision, and other donations. The specifics of the relationship are described in a Memorandum of Agreement that outlines and requires their compliance with all program rules, provisions, financial obligations, service monitoring/reporting, and supervision. We monitor the sites' compliance with fiscal and programmatic requirements through monthly reporting by site supervisors, quarterly financial reporting and documentation, routine site visits by program staff, and regular contact by email and telephone.

Developing connections among the service sites -- Annually, Phoenix House facilitates several opportunities for our sponsoring agencies to develop inter-agency connections and potential collaboration. Supervisors and staff from multiple agencies attend and participate in orientations and workshops; other group activities are geared specifically toward realizing our mission and vision for the AmeriCorps program, thus promoting cohesion and partnership. Our annual 3-day retreats for all members and site supervisors have proven particularly beneficial for the development of a strong network between partner agencies.

D.1.2. Board of Directors, Administrators and Staff

Phoenix House operations are guided and monitored by a distinguished Board of Directors from diverse fields of law, finance, medical industries, media and philanthropy. Under the current leadership of Chairman Wole Coaxum, Senior Vice President, JP Morgan Chase Treasury Services, the Board provides direction and advice as we grow to reach more people in need of recovery, and ensures that we continue to fulfill our mission of protecting and supporting individuals, families and communities affected by substance abuse and dependency. In doing so, the Board of Directors sets the company's overall policy objectives. Phoenix House's President and Chief Executive Officer, Howard P. Meitiner, represents the link between the Board and the day-to-day program decisions and activities and is responsible for the overall management of all programming, including AmeriCorps.

Narratives

The AmeriCorps management team consists of a senior program director, a program director, and program coordination staff. To demonstrate its commitment to the treatment needs of veterans in all its programs, including AmeriCorps, Phoenix House appointed Tali Shmulovich, Vice President and Director for Vocational and Military Services, to serve as senior program director for the AmeriCorps program. She will ensure that veterans will be provided with membership and volunteer opportunities that are aligned with their specific strengths and abilities and that serve their social reintegration into civilian life. Ms. Shmulovich will commit 5% of her time to overseeing the implementation and operation of the proposed AmeriCorps program, including the establishment, evaluation and monitoring of performance targets and the auditing of contractual compliance.

The Program Director, Joan Hajjar, directly reports to the senior program director. Ms. Hajjar has been directing Phoenix House's AmeriCorps programs for several years with great success. She is about to complete her studies toward the Certified Prevention Professional (CCP) and receive her Certified Alcoholism and Substance Abuse Counselor --Trainee (CASAC-T) status from OASAS. Ms. Hajjar's time is solely allocated to the responsibility of handling the complex task of multi-site administration, including the recruitment, screening, enrollment, supervision and recognition of the 60 members in the proposed project. Ms. Hajjar will routinely monitor program objectives and outputs along with the monthly member reports; communicate with site supervisors on issues pertaining to member supervision; maintain member files; and coordinate special events, training sessions, volunteer recruitment, and data collection activities. Ms. Hajjar will split her time evenly between all of Phoenix House's current AmeriCorps programs, i.e. 50% on the proposed project.

Ms. Hajjar will be supported by a Program Coordinator (TBH) who would concentrate full-time on the proposed project. This staff person will enroll members into PORTAL, schedule interviews for volunteers, maintain files, keep inventory of member time cards, monitor and order supplies, coordinate training participation, respond to public inquiries about AmeriCorps activities and enrollment, among other tasks. The position will be filled by someone with a strong interest in community service and the

Narratives

organizational and communication skills necessary to provide adequate program support.

D.1.3. Plan for Self-Assessment or Improvement

Phoenix House places a premium on routine quality assurance and improvement and has developed several mechanisms:

In order to ensure compliance with all regulatory provisions mandated by OASAS and other licensing bodies, Phoenix House has a team of Quality Assurance and Utilization Review staff. They regularly monitor and report on program compliance with treatment and documentation regulations, and help programs prepare for external audits.

Phoenix House's senior clinical staff regularly conduct quality assurance reviews to ensure that programs uphold Phoenix House standards for its clinical programs. This national Quality Improvement Process, created with input from senior Phoenix House staff, the RAND Corporation, and noted experts in the field enables us to promote quality enhancement and ensures that program changes and modifications or revisions of policies and procedures are put in place as warranted.

Phoenix House also regularly collects client and staff satisfaction data in order to identify clinical and operational areas in need of improvement. Results will lead to appropriate corrective action plans; their realization will be monitored by senior staff, and their success determined through repeated measurements.

D.1.4. Plan for Effective Technical Assistance

Financial and programmatic technical assistance to sponsoring sites begins immediately with an orientation session we facilitate to inform them of their roles, responsibilities and applicable policies. Operating manuals include financial instruments and AmeriCorps rules, provisions, forms and other information needed to ensure a valuable experience to the AmeriCorps members and an effective relationship between Phoenix House and each site. During a financial training at the beginning of each

Narratives

program year, the electronic quarterly Financial Statement Reports will be reviewed with sponsoring organizations. When service sites identify problems, they are encouraged to contact the Program Director immediately. If problems cannot be resolved remotely, we provide customized training and technical assistance either at the service site or in our offices. Our state program administrator also provides assistance when needed.

Additional technical assistance in AmeriCorps program design and implementation will be provided by two important Phoenix House institutions:

* The Center on Addiction and the Family (COAF), a Phoenix House affiliate and national authority on issues related to the overlap of families with addiction, treatment and recovery, will provide technical assistance. Among its nationally recognized initiatives for delivering family-informed services are Building Bridges for adult substance abusers separated from their children and The Ties That Bind, supporting relatives who are caregivers for children of substance abusers.

* National Scientific Advisory Board: This Board offers Phoenix House's clinical staff access to leading scholars and clinicians in the substance abuse treatment, mental health and criminal justice fields. The Board works directly with all Phoenix House program directors and clinical supervisors to help ensure that methodologies are implemented with fidelity to provide the most effective services in an environment where staff and clients feel safe. Program directors have a consultation call with a different Board member every month where they ask questions and obtain the guidance, perspective, skills and knowledge they need to direct their staff in the provision of high quality care.

D.2. Sound Record of Accomplishment as an Organization

D.2.1. Volunteer Generation and Support

Our non-member volunteers consist mainly of former members and the clients we serve. We also make presentations at churches, civic clubs, community councils and street fairs. Fliers in public places such

Narratives

as welfare-to-work centers, local colleges, post offices, libraries and schools raise awareness for the program. We work with community-based organizations to spread word about the program and place ads in their newsletters. We also use the AmeriCorps website to recruit volunteers. In addition, our HR department recruits interns and volunteers that are assigned to various programs within Phoenix House. In the 2008-2009 year alone, we recruited over 2,400 non-Member volunteers who provided close to 3,500 hours of community service.

D.2.2. Demonstrated Organizational and Community Leadership

Throughout our 43-year history as a service provider, Phoenix House has been a pioneer in the treatment field. We were among the first to recognize that effective addiction treatment must address other problems such as low self-esteem, dysfunctional social patterns, criminal thinking, high-risk behaviors, lack of independent living skills, lack of education and vocational opportunities. From there we developed a full range of integrated rehabilitation services along the continuum of care. Our two Recovery Centers are the first of their kind in the NYC metropolitan area.

Our staff are members of many diverse coalitions, boards and institutions such as the OASAS Credentialing Board, the Association of Substance Abuse Providers, and the NYS Therapeutic Communities Association (for which a member of our staff serves as current President). We participate on Community Planning Boards and Community district councils as well as a variety of other groups, thereby demonstrating our leadership as an organization.

D.2.3 Success in Securing Match Resources

Over the last 15 years, Phoenix House has demonstrated our capacity to attract and retain sponsoring organizations that are committed to meeting their matching support under the requirements of the AmeriCorps program. All partner organizations have implemented and documented their financial support to the program to the satisfaction of AmeriCorps auditors and the Inspector General. We will

Narratives

continue our commitment to soliciting and securing additional resources for the program's implementation activities. Currently, demand for AmeriCorps members is so great that sponsoring organizations express their willingness to match at higher levels if necessary.

D.3. Success in Securing Community Support

D.3.1. Collaboration

Collaborations include our current partner sites where members provide service to communities in Syracuse, Liverpool, Albany, Washington County, Schenectady, Oneida, Manhattan, Bronx, Brooklyn, Queens and Long Island. We have strong relationships with each of these agencies and they have elected to continue partnering with Phoenix House and fulfill their financial commitment. Additional agencies that are interested in collaborating with our program remain on a waiting list in hopes that we will increase member placements in their community, including Veritas Village, Inc., Samaritan Village, Inc., and Tully Hill Catholic Charities, among others.

D.3.2. Local Financial and In-Kind Contributions

The attached budget supports our program design and activities as described in the program narrative. It spreads a share of the costs to each entity that is part of the network of sponsoring organizations. This match is met throughout the course of the program year when the sponsoring organizations report their quarterly program expenses and request reimbursement. At that time, we make the necessary financial transactions to account for their share of member living allowance reimbursements and the shared costs (per member) and contributions for programmatic oversight, training, supplies and other expenses. These contributions have continued over time and depending on our funding level have expanded in scope and increased in amount.

Sponsoring organizations and Phoenix House will also make substantial in-kind contributions to the proposed program, including training and supervision, space for training and other program activities,

Narratives

office supplies, recruitment time and expenses, etc.

D.3.3. Wide Range of Community Stakeholders

Each of our partnership agencies have significant stake in the program and support it as previously described. In addition, all of our referral sources, including many criminal justice and social service agencies, are important stakeholders that indirectly benefit from the proposed program as their clients are better served.

D.3.4. Special Circumstances

Phoenix House is concerned by the overrepresentation of Black and Latino children and their families in New York's child welfare and juvenile justice systems and the underrepresentation of Blacks and Latinos in various service delivery systems. As the majority of the more than 150,000 men, women, and adolescents who have been served by our programs nationwide have been people of color, Phoenix House has extensive experience working with clients from diverse racial and cultural backgrounds. We are committed to utilizing service strategies, approaches and linguistic capacities that promote the delivery of services that are culturally competent and reflective of the population and community served. Phoenix House employs staff who represent the communities and linguistic and cultural backgrounds of our clients, and provides ongoing training in cultural competency to ensure that all staff, AmeriCorps members and volunteers understand the cultural norms, values and beliefs of our diverse client population. In addition, Phoenix House collects and analyzes data relevant to disproportionality in service provision in all of our programs to ensure that we best meet clients' needs. We will promote cross-agency dialogue and work in partnership with our sponsoring agencies throughout NYS to ensure that service planning addresses disproportionality and cultural competency, so clients and their families receive services that promote their individual recovery.

Cost Effectiveness and Budget Adequacy

Narratives

E. Cost-Effectiveness and Budget Adequacy

E.1. Cost Effectiveness

E.1.1. Corporation cost per member

The Corporation cost for the proposed AmeriCorps program is \$11,376 per MSY.

E.1.2. Diverse Non-federal support

The Phoenix House AmeriCorps program has a history of successfully obtaining diverse non-federal monetary and in-kind contributions that support implementation and sustainability. We have developed effective protocols and relationships that allow us to maintain the Corporation cost per MSY at \$11,376. Specifically, leveraged monetary resources include member costs paid by sponsoring organizations as well as funding from contracts that benefit from the program support provided by AmeriCorps members. Just as fruitful are in-kind contributions from Phoenix House and sponsoring organizations that contribute to the AmeriCorps members' work experience and skill development, including trainings, job development services (e.g., job leads, resume development), donations (e.g., business clothing, toiletry kits), supervision, space, equipment, transportation to placement-related sites and consultant donations (e.g., reduced rate on presentations). AmeriCorps program staff continuously search for supplemental funding and contributions and anticipate sufficient commitments from partner organizations to accommodate the proposed program size of 60 members.

E.1.3 Decreased Reliance on Federal Support

At 30%, the proposed Phoenix House AmeriCorps program assumes a greater match than the minimum required. Phoenix House and sponsoring sites assume full financial responsibility for all member development activities including training and supervision, summer training retreats, and graduation

Narratives

ceremonies.

E.2. Budget Adequacy

Based on our 15 years of experience, Phoenix House is in a position to create an AmeriCorps program budget with tested feasibility and adequacy. Our budget fully supports the program design and proposed program activities, and our finance and program management staff have determined its adequacy and cost effectiveness. The budget includes costs associated with the program design such as staff salaries, member living allowances, health insurance premiums, trainings, AmeriCorps gear used for recruitment and marketing, the graduation ceremony, program office space rental, internet connection and maintenance and all other program costs. The budget complies with the minimum match requirements and identifies sources of matching funds.

Evaluation Summary or Plan

F. Evaluation Plan

As a grantee with an annual grant budget of greater than \$500,000, we will use a full complement of internal evaluation, external audit and external evaluation results for continuous quality assurance.

Compliance with all reporting requirements -- The Phoenix House AmeriCorps program will comply with all reporting requirements, including member enrollment and hours using the eGrants system and PORTAL.

Process evaluation -- The process evaluation will include ongoing implementation assessment to examine our outreach efforts and the quality of administrative support we provide as lead agency, including recruitment, the quality of orientation and trainings, site placement protocols and service site supervision. We will also survey our members' experience in the program, including the match of assignments to member interests (which is directly related to retention); qualitative information about

Narratives

how the program has furthered their personal and career development; and overall satisfaction with their program experience. The process evaluation will yield data on the overall content, structure and implementation progress of the program across multiple sites and will inform future replication efforts. In addition, we will review and address any barriers to implementation.

Outcome evaluation -- The outcome evaluation will examine the overall impact of the program on members, clients served, collaborating agencies and local communities. Depending on service site and member assignments, the data gathered for this component will include key outcomes on such target areas as client enrollment in treatment (increase in number of clients accessing treatment resulting from members' efforts), client retention rates (at service sites where members engage clients and facilitate motivational therapeutic activities), and client increases in skills or knowledge (where clients participate in member-facilitated knowledge or skills-based interventions). Where possible, the outcome evaluation will compare the impact of member contributions to a similar client population where no AmeriCorps member is available, or to the client population before members' participation. Through regular site visits to sponsor agencies, member and volunteer satisfaction surveys and members' monthly service reports, we will track progress in meeting output and outcome measures.

This ongoing evaluation plan will identify strengths and weaknesses, and help us to resolve problems and obtain continual feedback from members, service sites and other partners.

Our most recent audit from the Office of the Inspector General was extremely favorable and received an unprecedented 100% compliance. The Phoenix House AmeriCorps program was commended on our alignment of member activities with program goals, use of appropriate tools to measure program outputs and outcomes, ability to recruit and retain members and overall program organization.

Amendment Justification

Narratives

N/A

Clarification Summary

* Please explain how the proposed program is the same as /different from other AmeriCorps programming sponsored by the legal applicant.

Phoenix House currently sponsors the Youth Power Mentoring Corps, which supports prevention, mentoring, and treatment services provided to adolescent drug users and their families. The current application for the Recovery Phoenix House AmeriCorps program is directed at adult clients of substance abuse treatment programs, i.e., it serves a different subpopulation of individuals with substance use disorders. Both AmeriCorps programs are unique to New York State; no other AmeriCorps programs are currently addressing the prevention and treatment needs of individuals with substance use disorders.

In the past several years, we have successfully operated AmeriCorps programming focused on the adult recovery population; specifically in the last year, we received AmeriCorps ARRA Stimulus funding, which will expire on June 30, 2010, with a wrap-up period until September, 30, 2010. The current application seeks to continue this important work with adults across many agencies in New York State.

* Please explain why your program will operate in urban counties if those counties are able to meet the treatment needs of clients without AmeriCorps.

As quoted in the original application, relevant NYS Office of Substance Abuse Services (OASAS) data shows that the urban areas of New York City are able to provide sufficient outpatient and residential treatment slots for individuals with substance use disorders. These numbers alone, however, do not reflect the need in both urban and rural areas for improved staffing and enhanced services to help clients initiate early abstinence and develop basic recovery skills. This is especially true now that many treatment providers have had to reduce their workforce and take other measures to adjust for funding cuts and reduced charitable giving. While not supplanting staff, AmeriCorps members will support

Narratives

existing staff in the delivery of treatment services, thus improving outcomes.

In addition, public funding and reimbursement are provided only for time-limited treatment services.

Clients, however, need long-term recovery support from peers and recovery role models that understand the process of recovery and provide practical and emotional guidance. These types of services, although widely recognized as crucial to successful long-term outcomes of treatment, are not reimbursable, nor does state funding provide for staffing related to recovery support. This situation is present in both rural and urban environments; AmeriCorps members will be trained and placed to augment treatment with critical recovery support through peer mentoring at the Bronx and Brooklyn Community Recovery Centers and other support vehicles that are related but separate from treatment services.

* Please document the "workforce crisis" need to be addressed.

The substance abuse treatment field is encountering a general workforce crisis as the field is aging (Whitter et al., 2006), and young counseling professionals do not enter the field to the extent needed (SAMHSA, 2007). The average age of clinical staff ranges from the mid-forties to the early-fifties nationwide, although nearly half of clients are ages 25-44. Professionals tend to enter the field relatively late in their careers; in fact, for many it is a second career (Kaplan, 2003). Across the United States, the need for addictions professionals and licensed treatment staff with graduate degrees was projected to increase by 35 percent between 2003 and 2010 (NASADAD, 2003), with an estimated minimum of 3,000 unfilled positions this year (Landis et al., 2002). An estimated 5,000 new counselors will be needed annually to compensate for professionals leaving the field and an increasing need for services (Murphy & Hubbard, 2009). In addition, recent health care reform will give more individuals the means to obtain substance treatment services, increasing the need for trained professionals even more.

In New York, there are not enough substance abuse and behavioral counselors today, and the average age of members of the addictions workforce is 53. However, the NYS Department of Labor projects a 22 percent increase in demand from 2006 to 2016 (OASAS, 2009). OASAS has made workforce

Narratives

development and talent management one of its top priorities for the next few years. In order to give New Yorkers a realistic chance at successful recovery, more people need to be encouraged to acquire the necessary training and experience to serve in this challenging but rewarding arena of human services.

* Please explain the "vocational needs" of clients.

In the state of New York, the unemployment rate was 8.8 percent in March 2010, up from 5.1 percent in June 2008 (US DOL, 2010), and more than 170,000 jobs have been lost in New York City alone since April 2008. Wage rates and personal income have also declined significantly (NYC OMB, 2010). As a result of the recession, men and women with a history of substance abuse and addiction are facing more intense challenges than ever.

Research proves that without steady employment, individuals in recovery are less likely to sustain gains made in treatment due to financial distress and lack of self-sufficiency (SAMHSA, 2000). However, many face vocational challenges, including a lack of educational attainment, limited work experience, and high rates of unemployment. For example, of the population at Phoenix House's Career Academy, a residential treatment center in Brooklyn, NY, which is representative of other substance abuse treatment programs in New York State, 60% of clients are mandated directly by the courts and 94% have a criminal justice history, averaging 7-9 arrests. About 63% are middle or high school dropouts and 78% were unemployed prior to entering treatment. Indeed, for most clients, chronic unemployment and/or crime were their principal occupations in the three years prior to treatment admission.

* Please explain how the program ensures that members do not engage in prohibited religious activities given that members provide counseling advice that is consistent with philosophies and missions of agencies where they are assigned and some of these philosophies and missions are likely faith based. As outlined in the Member's Participation Contract and made binding through the signatures of the AmeriCorps member, the sponsoring agency, and the Phoenix House AmeriCorps program director,

Narratives

religious activities are prohibited throughout all interactions with clients in the sponsoring agencies (a copy of the Contract can be forwarded upon request). All Contract contents, including the prohibition of religious activities, are thoroughly discussed during the Member/Supervisor orientation session to assure that everyone is aware of their responsibilities.

In fact, none of the participating sponsoring organizations are faith-based providers, despite the fact that they may have been founded by a member of the clergy.

* The clerical/administrative tasks do not appear to be substantive enough to be considered an allowable AmeriCorps member activity. Please remove these tasks or explain why you believe that they should be allowable.

Due to the volume of clients to be served in many of the sponsoring agencies on a daily basis, the need for clerical work related to medical, dental, legal, and other services is substantial. Members assist clerks in making appointments with and for clients, and they assist clients in making transportation arrangements, preparing them for the appointment, escorting them, etc. The clerical support proposed represents a substantial amount of direct client contact and crucial support. It also provides members with opportunities to learn critical employment and organizational skills.

* Please explain the social/recreational member activities in more detail. It is unclear if these activities align with a compelling need and are allowable according to AmeriCorps requirements.

The clients' and members' social and recreational activities represent important opportunities to learn to participate in social activities for the first time, or participate in them sober for the first time. These activities are important for clients' ongoing integration into the social fabric of their communities, the development of social skills, and the expansion of a sober network of friends. While accompanying clients to these activities, many AmeriCorps members who are also in recovery similarly benefit.

At the same time, these recreational and social activities are used as opportunities to promote

Narratives

volunteerism in the local community where these events are being held. AmeriCorps members seek interaction with local residents, raising awareness of and readiness for greater community volunteerism, including serving on the AmeriCorps.

* Please explain how member activities align with the "Opportunity" priority area and why you think that opting into Opportunity performance measures is appropriate for your program.

The primary purpose of our application is to strengthen recovery systems for adult clients with substance abuse and dependence across New York State. As described above, clients in recovery need substantial vocational support and as part of their substance abuse treatment, clients will receive educational and vocational assessments, referrals, skills training, and job placement services. AmeriCorps members will support and expand providers' capacity to deliver those services; we have selected a relevant national outcomes measure in this priority area (Opportunity Priority Area, National Outcomes Measure 2).

In addition, we have opted into the "Opportunity" priority area due to the proposed program's ability to increase the vocational and economic status of participating AmeriCorps members (Opportunity Priority Area, National Outcomes Measure 12 and 15). Through gaining experience in the substance abuse treatment field while receiving relevant professional training that may lead up the certification as a substance abuse counselor, AmeriCorps members will have much increased opportunities for post-service job placement within the field of substance abuse or larger behavioral health treatment field. It is our current experience that more than half of all members will be hired by their sponsoring agency or will go on to a second year of service.

* Please explain whether proposed member roles duplicate or displace the roles of staff or volunteers. AmeriCorps members neither duplicate nor displace staff or volunteers. Members are assigned very specific support roles that would otherwise be left unfilled. Each member has a documented Member

Narratives

Assignment, which is different from any existing job description. No volunteers have the level of regular involvement that members demonstrate and fulfill very different functions within the agency, such as occasional fundraising, etc.

* Please explain your efforts to collaborate with and avoid duplication of services with other national service programs.

In New York State, no other AmeriCorps program is currently addressing the immediate substance abuse issues in the state's population; no duplication is anticipated. Actually, more AmeriCorps programs such as the proposed are needed to address the great need for enhanced substance abuse services. At the same time, the comprehensive nature of our AmeriCorps program provides us with opportunities for collaboration with other community organizations and institutions, such as schools, homeless shelters, courts and other criminal justice agencies, and other public institutions such as the Parks Department of New York City. Currently, none of these collaborators represent another national service program.

* What is your plan to ensure that sites do not hire members prior to the end of their term of service? We will incorporate a clause into the current Memorandum of Agreement prohibiting the hiring of members prior to their successful completion of their AmeriCorps service.

* Please explain how you will ensure that members are trained appropriately for counseling roles. Members receive training relevant to their service responsibilities on a monthly basis. In addition to face-to-face group learning, all members, including those at sponsoring agencies other than Phoenix House, will have access to Phoenix House eLearning system, an online curriculum of hundreds of relevant courses, including ethics and boundaries of counseling, confidentiality and HIPAA requirements, models of counseling, client-centered approaches, and development of cultural

Narratives

competency among others. Many AmeriCorps members have also been working toward their NYS Certificate for Alcoholism and Substance Abuse Counseling (CASAC) prior to their service and bring with them basic knowledge in relevant counseling techniques -- the service allows them to develop practical experience. Members do not run counseling groups on their own, they always assist a trained counselor. They also do not conduct individual counseling; they may, however, offer support and encouragement in one-on-one situations with clients.

* Please remove member involvement in voter registration drives because voter registration drive involvement is an AmeriCorps prohibited activity.

As requested, we will remove AmeriCorps members' involvement in voter registration drives from the list of proposed member activities.

* Please describe your citizenship training in more detail.

All AmeriCorps members attend a half-day citizenship training, which focuses on general civic duties and responsibilities, such as voting, getting involved in local community boards, and developing and participating in community service projects for local residents. The training is part of the annual retreat agenda when all members are present.

As a practical example of active citizenship promoted by the AmeriCorps program, we assist the NYC District Attorney in the regular Felony Trial Training program, which trains Assistant District Attorneys how to conduct jury selections; AmeriCorps members act as mock jury candidates in the process. Aside from providing training opportunities, the members' involvement also raises awareness among ADAs for the issues around substance abuse, stigma, the availability and outcome of treatment, and familiarizes them with local referral sources, encouraging treatment referral as an alternative to incarceration.

Narratives

* Please explain member participation in fundraising walks. This activity likely violates the AmeriCorps fundraising requirements because funds generated are for general operating support rather than in support of the direct services of the member's project.

AmeriCorps members support the New York City AIDS Walk, which qualifies as a fundraising walk. The members' involvement, however, is limited to handing out flyers in order to raise awareness for AmeriCorps programs and recruit new members, and substance abuse treatment programs. No fundraising activities are conducted by AmeriCorps members or clients during the AIDS Walk.

* How much time will members spend engaged in community service projects that do not align with need to be addressed by application?

All proposed member activities are either directly or indirectly designed to support and promote awareness of substance abuse, the availability of treatment, and the potential for recovery while also promoting the activities of AmeriCorps and the National Service. In addition, all activities are learning provide learning opportunities for members, clients, and the community.

* Please explain the AmeriCorps members' role in recruiting and supporting volunteers.

Each member is required to recruit at least one new non-AmeriCorps volunteer per month to assist in the needs of the community in which they provide service. Volunteer pools may include clients, family members of both clients and members, treatment program staff, and the general public. As described above, members also conduct general outreach at community events by speaking with interested community participants and handing out volunteer recruitment flyers.

* Please demonstrate that you met the NY Commission's evaluation requirements for the previous grant cycle.

All current Phoenix House AmeriCorps programs participated in the NY Commission's 3-year

Narratives

Evaluation of AmeriCorps State Programs in New York: Volunteer Generation, conducted by the Center for Human Services Research, University at Albany, SUNY, as required. Our results of this evaluation are included in the evaluation's final report, submitted to the Corporation for National and Community Service earlier this year.

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

We conduct State criminal registry checks and National Sex Offender Public Registry (NSOPR) checks on all AmeriCorps service applicants and staff. Individuals who are registered, or required to be registered, on a State Sex Offender Registry, or who refuse to consent to a criminal registry check will be ineligible to serve in the proposed AmeriCorps program. Individuals for whom the State criminal registry results are pending may be enrolled, but may not have unsupervised access to vulnerable populations until the results are complete. Program staff documents in writing that each applicant's identity was verified by examining the applicant's government-issued photo identification card and that the required criminal history checks were conducted. We maintain the results of the criminal history check in a secure location and document in writing that the grantee considered the results in selecting the applicant.

* Performance Measurement:

We have opted into the Healthy Futures Priority Area and added relevant National Performance Measures.

Narratives

We have also completed relevant National Performance Measures for the Opportunities and Veterans Priority Areas.

We have completed the MSY by Priority Area Chart screens in eGrants for each priority area selected.

Due to the reduction of proposed MSY from 60 to 40, we have adjusted some performance projections in the Performance Measures section in eGrants.

Clarification, May 19, 2010

* Budget clarification items have been addressed in eGrants.

* Please explain your efforts to collaborate with other National Service Programs

The Phoenix House AmeriCorps programs regularly collaborate with other National Service programs such as GroundWorks Inc., City Year Inc., Community HealthCorps, and the Grand Street Settlement in order to coordinate community services and promote the best possible outcomes. As such, we jointly mobilize non-AmeriCorps volunteers to provide community services at street fairs, park or beach clean ups, school yard renovations, etc., or they distribute literature to assist in completing community surveys and other community service projects. By joining forces with other national service programs we are able to serve additional communities and beneficiaries.

* Performance Measurement

We continue to opt into the Healthy Futures and Opportunity Serve America Act priorities and provide

Narratives

related National Outcomes Measures; but we have opted out of the Veterans priority.

Each Performance Measure contains at least one Output measure and one aligned Intermediate Outcome measure.

Output measures have been rephrased to follow the prescribed appropriate format.

Targets are only presented as numbers, not percentages.

All output and outcome targets have been reviewed and, where necessary, revised for greater consistency.

Clarification, May 24, 2010

As requested, we have justified dinner costs under Member Training. We are aware that entertainment costs, including dinner and beverages, are not allowable, unless in combination with a training event. The Graduation event includes a Transition Training component delivered by qualified speakers/trainers who address transition issues as service members move into employment situations in their chosen fields.

As requested, we have listed the sources of matches in Budget Section 3, i.e., the sponsoring organizations who contribute to the cash matches.

Narratives

Clarification, April 27, 2011

As requested, we have made the requested changes in the application budget:

- we have adjusted the total budget amount to reflect a total request of \$455,040;
- we have itemized and clarified requested items;
- we have provided our current federally approved indirect cost agreement to our Grants Officer.

Programmatic clarification items:

- The desired grant award start date is October 1, 2011, and the desired member enrollment period start date is also October 1, 2011.
- The criminal history checks for staff and members will include an FBI fingerprint check in addition to the state registry check and the NSOPR for anyone with recurring access to vulnerable populations.

Performance measurement items:

- We have reviewed all performance measures and made any changes necessary to reflect the funding and MSY amount indicated.
- We have made all other requested changes to the performance measures in the respective section.

Clarification, May 10, 2011

We have made the required changes in the Budget and the Performance Measurement sections.

Budget change explanation:

At the end of the service year, the "Life after AmeriCorp" training for members consists of a service transition training session to help members evaluate their options following their AmeriCorps service,

Narratives

learn about additional educational and employment options, and other professional concerns affecting their future. During this session, members will also be given the opportunity to reflect on their service experience in order to identify important lessons they have learned regarding the value of service, their own professional strengths, and the need for further professional development. The training will consist of an educational component as well as experiential group components. Following the training, the day will conclude with the member graduation ceremony, which will include a number of addresses from staff and members, distribution of plaques and certificates to recognize members for their service, and a celebratory dinner as a final thank you to them.

Continuation Changes

November 15, 2010 - Changes from Year 1 to Year 2:

In the Narratives section, we added an Executive Summary.

In the Performance Measures section, we adjusted our performance measures and MSY chart for Year 2. We also asserted our participation in the National Performance Measure Pilot by adding two Performance Measures within the Opportunity Priority area.

We changed the Documents status; a copy of the Commission-sponsored Project STAR is on file with the Corporation. The resulting report of a recent program audit conducted by Toski, Schaefer & Co., P.C., was directly submitted to the Commission.

We have indicated that the Labor Union Concurrence is not applicable.

We have adjusted the Year 2 budget to reflect the new Average Cost per Member (\$12,458) and increase our match to 43% (42% required).

Performance Measures

SAA Characteristics

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

Priority Areas

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

Grand Total of all MSYs entered for all Priority Areas 40

Service Categories

Other Human Needs Primary Secondary

Recovery Services

Service Category: Other Human Needs

Measure Category: Needs and Service Activities

Strategy to Achieve Results

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

AmeriCorps members will provide clinical support services in the areas of outreach/prevention, treatment, rehabilitation, and long-term recovery for adult clients in treatment across NYS. These support services will increase treatment providers ability to admit clients and lead them to the completion of treatment, which in turn will increase clients' likelihood to maintain recovery following treatment.

Results

Result: Output

Phoenix House AmeriCorps members will provide clinical support services to 800 individuals with substance use disorders.

Indicator: Individuals with substance use disorders receiving clinical support services.

Target: Individuals with substance use disorders in treatment/recovery who receive clinical support services (intake assessments, counseling, psychoeducational seminars, etc.) provided by the

Result: Output

AmeriCorps members.

Target Value: 800

Instruments: Weekly and monthly service reports, attendance and census records.

PM Statement: 800 individuals will receive intake assessment, counseling, and other substance abuse treatment services from AmeriCorps members.

Prev. Yrs. Data

Result: Intermediate Outcome

Individuals served by AmeriCorps members will show a reduced risk for relapse.

Indicator: Clients with decreased risk scores.

Target: 60% of 800 clients served by AmeriCorps members will show a decrease in their relapse risk score from admission to 3 months after admission.

Target Value: 480

Instruments: The Assessment of Warning Signs of Relapse (AWARE) Scale (Miller & Harris, 2000).

PM Statement: 480 individuals served by AmeriCorps members will have a decreased risk for relapse as indicated by a decreased score on the relapse risk measurement tool.

Prev. Yrs. Data

National Performance Measures

Priority Area: Economic Opportunity

Performance Measure Title: Provision of job placement services

Service Category: Other Human Needs

Strategy to Achieve Results

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

AmeriCorps members will provide assistance in enrolling clients in internal and external vocational and/or educational training and job readiness program that prepare clients for job placement.

Result: Intermediate Outcome

Result.

As a result of receiving job placement services, clients will be able to find employment.

Indicator: O10: Individuals placed in jobs.

Target : Out of 300 clients who received job placement services, 33% will be able to find employment.

Target Value: 100

Instruments: Client/program records, tally sheets.

PM Statement: 100 clients will be able to find employment as a result of job placement services.

Result: Output

Result.

Through the support of AmeriCorps members clients will have access to job placement services.

Indicator: O3: Individuals receiving job placement services.

Target : 300 clients will receive job placement services.

Target Value: 300

Instruments: Client service records, vocational/educational status records.

PM Statement: With the support from AmeriCorps members, 300 clients will receive job placement services.

Required Documents

<u>Document Name</u>	<u>Status</u>
Evaluation	Already on File at CNCS
Labor Union Concurrence	Not Applicable
Indirect Cost Agreement	Sent