

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/25/11	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID: 11ND125833	4. DATE RECEIVED BY FEDERAL AGENCY: 01/25/11	FEDERAL IDENTIFIER: 11NDHVA001	
<b>5. APPLICATION INFORMATION</b>			
LEGAL NAME: Community Anti-Drug Coalitions of America (Active) DUNS NUMBER: 942512948		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Arthur Dean TELEPHONE NUMBER: (703) 535-8530 FAX NUMBER: INTERNET E-MAIL ADDRESS: adean@cadca.org	
ADDRESS (give street address, city, state, zip code and county): 625 Slaters Lane Suite 300 Alexandria VA 22314 - 1176 County: Alexandria (city)		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. National Non-Profit (Multi-State)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 541610317		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>	
8. TYPE OF APPLICATION (Check appropriate box). <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input 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):			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006 10b. TITLE: AmeriCorps National		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Prevention Treatment & Outreach Program for the NG 11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Dothan, AL, Wetumpka, Elmore Co, AL, Coronado, San Diego Co, CA, Irvine, Orange Co, CA, Los Angeles, CA, Napa, CA, Santa Maria, CA, Decatur, Adams C		14. CONGRESSIONAL DISTRICT OF:    a.Applicant <input type="text" value="VA 008"/> b.Program <input type="text" value="VA 008"/>	
13. PROPOSED PROJECT:    START DATE: 08/01/11    END DATE: 07/31/14		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	
15. ESTIMATED FUNDING:    Year #: <input type="text" value="1"/>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 359,096.00		
c. STATE	\$ 0.00	d. LOCAL	\$ 0.00
e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 1,264,975.00		
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: Johnny Revel		b. TITLE:	c. TELEPHONE NUMBER: (703) 706-0560 258
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED: 07/15/11

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### Executive Summary

Community Anti Drug Coalitions of America (CADCA) in partnership with the National Guard Bureau (NGB) will conduct a National AmeriCorps Program to support Veterans and Military Families (VMF) in 10 high-need states. Twenty-five local coalitions and their National Guard Units will host AmeriCorps members (AM). AMs will help increase the number of Veterans (Vets) engaged in service opportunities and Vets and military families (VMF) receiving services and assistance.

### Rationale and Approach

#### a. Describe the Problem(s) You Will Be Working On

In the aftermath of the 9/11 terrorist attacks, nearly 2 million Americans have served in Operation Iraqi Freedom/Operation Enduring Freedom in Afghanistan (OIF/OEF). Among those, 65% have been deployed once, 24% twice and 12% three or more times. Members of the National Guard and Reserves (NGR) have deployed in unprecedented numbers. Between 2001 and 2007, 254,894 NG and 202,113 Reservists were deployed. During this same period, 2,736 members were deployed on extended missions within the United States. Effects of extended deployments to combat zones, time away from work and family and transition back to community life are impacting negatively the lives of our nation's NGR.

According to a 2008 RAND Corporation study 18.5% of Military Members (MM) returning from OIF/OEF have deployment-related post-traumatic stress disorder (PTSD) or depression and 19.5% report experiencing a traumatic brain injury (TBI). Use of antidepressant drugs increased from 1% to 5% in three years and abuse of these same drugs is on the rise. Recent studies by the Department of Defense (DoD) and the U.S. Army focused on an alarming increase in suicide among MM. One suicide is reported every 36 hours and more than 1,100 MM took their lives between 2005-09. The NG reported a 50% increase in suicides from 2009 to 2010.

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Fifty-five percent of MM are married and 40% have two children; 63% of military families live in more than 4,000 communities nationwide. Approximately 1.1 million military spouses and more than 700,000 children have experienced spousal/parental deployments. Currently, about 200,000 children have a parent deployed. A 2010 White House report indicates an 11% increase in outpatient visits for behavioral health issues among a group of 3- to 8-year-old children of military parents and an increase of 18% in behavioral disorders and 19% in stress disorders were observed when a parent was deployed.

Additionally, the DoD's Millennium Cohort Study found that NG members who deploy are significantly more likely to abuse alcohol than their non-deployed peers. DoD 2008 data indicate alcohol abuse at 22% and substance abuse treatment encounters at 43%. Heavy alcohol use was nearly twice as high among younger MM than civilians and rates were similar for male and female MM.

From September 2008 to October 2009, 13,119 NG in 23 states were surveyed. Data indicate: 22% were problem drinkers, 19% reported driving under the influence, 29% experienced financial problems, 21% did not trust their chain of command, 4% physically abused their spouse/partner, 38% were dissatisfied with military life, 12% reported feeling lonely, 5% had suicidal thoughts with 33% of those with suicidal thoughts reporting they had a suicide plan.

For NGR, deployment stresses have an even greater impact due to disparities in available services. Because of the dual military and civilian coexistence of NGR, their problems are unique and pose greater challenges. When not deployed, NGR do not have access to the full range of medical services

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available to the regular military. For example, Veterans Administration (VA) benefits for health coverage have not been adjusted to accommodate the needs of a "part-time" NGR military now called to active duty for long combat operations. Further, VA benefits end five years after release from active duty. This results in Vets with PTSD and TBI needs who have no access to military health care.

Unlike their active duty counterparts, NG do not benefit from the services readily available on military bases: family support centers, chaplain and counseling services, emotional health campaigns, child care, youth and recreational programs, etc. The community climate of a military base is designed specifically to care for VMF before, during and long after deployment.

While social support structures exist in most communities, they rarely focus on aspects of military life or have the skills to address the increasing problems for returning NGR. Conversely, a large number of VMF in communities are not receiving support and services they need and deserve to cope with the challenges they face.

CADCA and its partner, NGB, will address problem behaviors including mental health, substance abuse and suicide among VMF. The program aims to improve the social, mental and physical health and overall quality of life for VMF. We chose to address this problem because by working together, we have the capacity and ability to mitigate the impact of deployment for VMF in local communities.

In 2008, NGB--a longstanding CADCA partner--brought to the attention of CADCA the needs of VMF and the consequences of their increased role in war missions. Subsequently, an AmeriCorps Planning Grant was secured and CADCA and the NGB's Prevention, Treatment and Outreach (PTO) program--an established program that focuses on prevention and forging strong community connections--

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designed a National AmeriCorps Program to support VMF.

The PTO's outreach extends to family members and the community at large, seeking partnerships and developing collaborations within communities to help create a network and safety net of support similar to that of military bases. While the work between the NGB and CADCA traditionally has utilized NG volunteer support for prevention efforts, this AmeriCorps collaboration provides the opportunity for CADCA coalitions to "give back" to the NGR and mobilize to support VMF.

The target community incorporates male and female Vets, including NGR, and their families in communities in 10 states. Through geographic mapping of NGB risk data, we identified 10 states-- Alabama, California, Indiana, Minnesota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota and Virginia--where need for AMs is greatest. CADCA then identified 25 local Host Sites/local coalitions (HS) in those states with the capacity to support the AmeriCorps program and fully engage Vets in service.

CADCA selected this population based on the needs identified through an NGB data analysis and readiness because each has strong state PTO and Command Leadership that is ready to lend support. The HS were selected based on local need and HS commitment and capacity. More than a third of NG suicides from 2007-2010 occurred in the selected states. Additionally, six of the states are among those with the highest unemployment rates; nine of the communities' unemployment rates are higher than the national average; and 15 of the communities' poverty rates are higher than the national average.

### b. Solution: AM Roles and Responsibilities

Recruiting Vets as AMs is an appropriate tactic to address the problem. Vets are ideal for the

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responsibilities of this program. A 2009 report: "All Volunteer Force From Military to Civilian Service," conducted by Civic Enterprises, made the following observations: Local communities should build partnerships among the military, nonprofits, veterans' service organizations, faith-based groups and elected officials that aim to ensure Vets have meaningful opportunities to volunteer alongside fellow citizens. During planning, NGB staff interviewed five NG Vets to seek advice about NG involvement in an AmeriCorps program: They all agreed that former MM would be ideal to help meet the needs of VMF because Vets have an understanding of military culture, policies, procedures, benefits and services, etc. They identified trust as essential to any effective program and Vets can increase the understanding of VMF issues among service providers. They added that a military person could bridge the trust between Vets and the community and ensure a safe hand off to local services and resources.

CADCA requests 27 AMs per year to fill two types of slots. 25 are dedicated for the community-level work at the HS. Two slots are reserved for national project support at CADCA and NGB headquarters to assist the overall national project and help carry out NGB project responsibilities.

AM on the project will have the job title AmeriCorps Prevention Coordinator (PC). Members will help prevent VMF problems by: improving access to and availability of social, mental and health services and supports for VMF and increasing Vets' involvement in volunteer activities within the community. Primarily they will help carry out the VMF support plan. AM will provide services based on the Substance Abuse Mental Health Services Administration (SAMHSA) effective prevention strategies: Information Dissemination, Education, Problem Identification and Referral and Community Mobilization. They will maintain liaison and coordination with local the NG Unit; conduct prevention education and training programs; recruit volunteers for work related to VMF community services; establish VMF support networks; and serve as public ambassadors for the CADCA/NGB AmeriCorps

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Program and HS. On average, we project that AMs will reach at least 30% of the VMF population in each community.

Full-time positions (FT) are needed. The level of commitment and training requires AM who have the time to engage in learning and a labor-intensive development process. Interviews with retired NG members confirmed that FT is feasible and necessary. FT participation makes it possible to provide a reasonable living allowance, the maximum educational stipend, health insurance and a level of training that would not be possible with part-time slots. AM will engage in considerable up-front planning and resource development.

CADCA's AM will be supervised by the Project Manager (PM). Duties include: setting up national recruitment; collecting site-level grant documentation and follow up; maintaining project data base; arranging AM orientations and online training sessions; creating the schedule and agenda for monthly calls with site supervisors (SS); arranging site visits and logistics related to AM orientation (state-level) and training.

At NGB, the AM will create and maintain a communication system with state PTO coordinators and HS; ensure that NGB staff receive orientation and regular communications with/about the AmeriCorps project; ensure that AMs are completing PTO-related reports and enter them into NGB data collection system; and work with the CADCA AM to produce a monthly e-newsletter. These two AMs will attend PTO and CADCA trainings with other AMs and work together to create and maintain a system to ensure that AMs and supervisors are aware of and linked to the Corporation for National and Community Service (CNCS) website including the Trust Fund and will create and maintain a peer-to-peer social network for AMs.

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### c. AmeriCorps Member Selection, Training and Supervision

The PM will host an initial conference call with all HS points of contact to describe the recruitment process, goals, timeline, documentation and available resources. CADCA developed a screening tool that will help assess each AM's level of commitment, experience, skills and ability to serve. The AmeriCorps recruitment network also will be utilized. Recruitment will focus on local efforts at the HS level. HS will collaborate with veteran and military groups and networks. CADCA's recruitment plan includes creation of recruitment materials; an effective interviewing process; and process for completion of required documentation including a criminal background check. CADCA and NGB will post the availability of volunteer opportunities on their websites.

While meeting equal opportunity employment guidelines, the AMs selected will reflect the demographics of the HS. Coalitions have a rich history retaining a workforce that reflects their community diversity.

Recruitment will focus on Vets who live in the HS community. HS will help identify AM recruitment strategies and spearhead local efforts. They will engage local Vet organizations in recruitment efforts.

As part of the planning grant, CADCA and NGB reviewed existing AmeriCorps and State Commissions' orientation curricula and HS employment protocols and created an AM orientation plan. CADCA will access the State Commissions' and AmeriCorps' orientation sessions and materials. Those sessions will be mandatory. Also, each coalition will develop an orientation binder that contains current coalition strategic plan, community assessment, coalition roster, partner rosters, maps, coalition history, etc., and train the AM on those materials. The AM will shadow another line staff



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member/partner agency staff for a month to learn the job; participate in a "meet and greet" (press invited) with coalition, community, elected officials, sector partners, military, etc.; participate in guided site visits to health agencies and other resources; meet with local veteran support groups and civic and fraternal organizations. HSs will orientate AMs based on their human resources protocols, employment handbooks and the culture of the agency to ensure that each AM understands operations, supervision and management structure. AMs will review the job description and receive a detailed explanation of work that they will do.

During the first month, NBG will host a meet and greet with the NGB Prevention Coordinator (NGBPC) in each state and CADCA will host web-based orientation sessions to familiarize AMs with CADCA and the National Project. Each HS will receive an orientation training package that includes a plan of collaboration with CNCS-supported programs and State Commissions.

The preparation process will take place during the first three months of service to ensure AMs are equipped to carry out required activities. CADCA, NGB and each HS developed a list of activities in which AM will engage during their term of service. They include essential elements of coalition operation and effective coordination and collaboration: how to mobilize institutions and individuals (particularly Vet and civic groups) to volunteer and how to carry out a successful local PTO initiative. CADCA will train AMs on coalitions and coalition work through a series of webinars and follow-up TA sessions. Training will include community assessment, planning, sustainability and evaluation to contribute to the outcome of building community capacity to support VMF. PTO will train AMs on all aspects of the PTO program. This training will be provided as a two-week onsite training by the NGB at a NG Regional Training Center. AMs will receive the two-week Prevention Coordination Certification training/Certification Team Readiness (an evidence-based education curriculum). Week

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one will cover substance abuse and mental health research, theories, programs and practices and state systems. Week two--the Team Readiness curriculum--will prepare AMs to support higher risk VMF. AMs will learn to address their risk factors through effective service referrals, teach life skills programs and identify VMF who have challenges seeking help or with self-management.

Monthly online training sessions will be held for all HS and will be aimed specifically at AM. CADCA will plan and deliver the sessions and archive recordings for later viewing by AMs who are unable to participate. Topics will include sustainability, effective community problem solving, strategic planning, data collection and analysis, cultural competency, youth engagement, prevention, social marketing, social media, volunteer retention, and evaluation.

In addition to familiarizing AMs with the tools available from CNCS, CADCA will utilize a "case study" process for each AM to document their service. With the PM, AMs will examine what was learned during the service year, allowing discussion, exploration and resolution of difficult or challenging circumstances, understanding the larger scope of issues and impact of service, self-examination to include thinking about the future, problem-solving with peers, team and community building and reality checks on inaccurate assumptions and biases. Case studies will concentrate on those components that are fundamental to a successful service learning experience. For example, AMs will discuss VMF and examine the impact of their service, identify if the goals were met, what was produced and who benefited. Reflection will occur throughout the year. Special attention will be devoted to the end of service as a way for AMs to take stock of their experience and consider next steps.

The proposed supervisory chain is: CADCA Chairman and CEO--CADCA Program Coordinator--

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CADCA Program Manager--H S Supervisor--AM with additional support and guidance from the NGB Project Coordinator (NGBPC) who is assigned to manage the PTO program on the state level. CADCA will establish site agreements (memoranda of understanding) with each HS that outline the terms of each HS's participation.

The SS at each HS provides day-to-day supervision. The SS will evaluate performance in accordance with the agency's policies at mid-year and at the end of the year (as specified in the job description) and ensure that the AM's professional development is on track. The PM will coordinate AM training and TA, monitor the personal development of the AM and liaise with each SS. The PM conduct program orientation; provide a "get started" guide for AMs and SSs; conduct monthly online meetings; and provide orientation to the AmeriCorps and CADCA websites. CADCA and NGB will provide extensive recognition to HS and publicize site contributions.

The SSs will provide on-site, day-to-day direct supervision to the AM(s). The PM will support development of each AM and ensure quality supervision as follows: Serve as the CADCA point of contact with each HS; plan and conduct program orientation; create an AM Personal Development Profile to include a training schedule, achievement goals and counseling needs; coordinate monthly online meetings with each AM and SS; support AMs through attendance at each training venue; oversee assessment of the program through evaluation; disseminate information about the program and promote AmeriCorps and the AM's work locally. On the HS level, SS have been identified and hold senior-level positions at each HS. CADCA will manage by objectives based on the AmeriCorps grant requirements. The CADCA PM will conduct site visits only if challenges arise that require proactive attention.

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The state level NGBPC will support the AMs by ensuring that continual progress is made in meeting goals of the PTO program and the AMs receive the education and support necessary to build their confidence, ability and efficacy for meeting the goals. Additionally, the NGBPC is seen as a champion and coach in their state. AMs will come to know them as a "trusted agent;" who will help them follow ethical guidelines and uphold all the policies and regulations that apply to the PTO program.

Coalitions selected supervisors based on CADCA criteria including: excellent communicator; active listening skills; conflict management; problem solving; coaching members/volunteers; team building; creating a collaborative team environment; setting priorities/delegating tasks; managing time; managing volunteers; assessing community needs; and building and sustaining partnerships. CADCA will ensure through training and resource materials that each SS has support to carry out essential roles and functions. SSs will serve as the single point of contact with the PM. CADCA will ensure each HS complies with the rules on prohibited service activities (45 CFR 2520.45, 45 CFR 2520.65) by including the discussion as an agenda item during orientation and will reiterate the regulations throughout the program through in-service meetings with the SS and through written MOUs.

SSs will participate in CADCA orientations where they will receive instruction on supervision, problem solving, recordkeeping, data collection including collection of performance measures, and planning for local sustainability of the program. CADCA will provide guidance to SSs so each AM is supported in their quest for housing, child care and other local resources.

### d. Outcome: Performance Measures

By the end of the three-year grant, we expect that AMs will have improved the systems and supports for VMF so they can access and use local community resources/supports to improve their overall

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quality of life. The following outputs and intermediate outcomes describe how we will measure the project's success. The immediate outputs of our activities align with the AmeriCorps National Performance Measures. The three outputs selected for this proposed project are: Number of unduplicated Vets receiving services and assistance, including Vets with disabilities, who are unemployed, older Vets and Vets in rural communities. The number of unduplicated Vets engaged in service opportunities; and the number of unduplicated military families receiving services and assistance. Intermediate outcomes have been specified and are the outcomes we hope to achieve by the end of the three-year grant: Number of Vets that report improvements in social, mental or physical health as a result of the services/assistance they receive; Number of Vets that report an improved sense of belonging/connection to their local community; and Number of military families that report improvements in their individual or family situations as a result of the services and assistance they receive. Data will be collected using the following data collection instruments. Note that the AM will complete the logs as part of their service contacts with VMF. All contacts will be tracked, including participation in community prevention activities, referrals to services and use of services:

\* NG's Services and Assistance Output Log--Tracks the number of unduplicated Vets receiving services and assistance, the AM will administer this existing NG instrument. This log will be adapted to include sections of the output logs recommended for use as part of AmeriCorps National Performance Measures. The Log will be completed by the AM at service intake. Unduplicated counts will be aggregated and reported each year;

\* Monthly Summary Output Log--The AM will administer this instrument to track Vet engagement in service opportunities. The Log will be completed on a monthly basis and monthly logs will be used to calculate an unduplicated number of Vets who engaged in service opportunities for the year;

\* NG's Military Family Services and Assistance Output Log--The AM will administer this existing NG

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instrument to track the number of unduplicated military families who receive services and assistance.

This log will be adapted to include sections of the output logs recommended for use as part of AmeriCorps National Performance Measures. The log will be completed by the AM at service intake.

Unduplicated counts will be aggregated and reported each year;

\* NG Survey--The AM will administer this instrument developed specifically for this project. This survey will measure the sense of belonging/connection the Vets involved in service opportunities have to their community. Vets will complete this survey when they apply to be a volunteer and at the end of each project year to determine the number of Vets who have increased their sense of belonging/connection; and

\* Unit Risk Inventory--This existing NG survey is used to measure NG alcohol and other drug use, suicide and other social, mental and physical factors. This tool will be adapted for this project to measure the number of Vets who report improvements in their social, mental or physical health and the number of military families that report improvements in their individual or family situations. Data will be collected annually and aggregated across the sites for reporting to CNCS. Performance measure targets were developed on the basis of discussion with NG partners, military experts and data collected as part of the planning grant. Based on this information, appropriate targets for each of the performance measures were established. If baseline information existed (e.g., planning grant data) then targets were set above baseline values. For example, while military experts suggest a target of 115,000 unduplicated veterans to receive services or assistance in a single year (e.g., prevention activities, information dissemination, problem identification and referral, etc.), approximately 30% of these Vets will receive higher dosage services (i.e., problem identification and referral). Measurable improvements in the intermediate outcome of social, mental or physical health are more likely with the high dosage service recipients; consequently, this target was set for this national performance measure. Additionally, if baseline information existed (e.g., planning grant data) then targets were set

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above baseline values.

### e. Volunteer Generation

All volunteers will be welcome. This program will emphasize recruiting and involving volunteer VFM at HS. Local communities can embrace Vets that return home, in large part by making meaningful opportunities for them to serve again, and helping Vets find those opportunities. OIF/OEF Vets, when asked about volunteerism: cited many skills they have that would be valuable to their communities: 64% management and supervision; 61% ability to lead diverse groups; 63% team-building; 57% operational; and 40% logistics. 92% strongly agreed or agreed that serving their community is important to them. Nearly seven in ten Vets (69%) who have not yet volunteered said it was because they had not been asked to serve and/or do not have enough information on meaningful service opportunities (68%). For this program, each AM will recruit an average of 50 volunteers who are Vets. A primary duty of volunteers will be to generate in-kind support to meet the needs of local VFM. The volunteers will work with AMs to increase the visibility of AmeriCorps services at all veteran and military holidays and special events, e.g., Memorial Day, July 4th and Veterans Day parades and events, etc. Volunteers will promote the AmeriCorps program and help to recruit a targeted number of VMF. The AM will recruit and support the volunteers. Working with the SS, the AM will implement specialized recruitment and outreach strategies to Vets' organizations. The Vet groups will form a hub of activity and support, and help identify additional VFM community needs. AMs will identify places where volunteers can be recruited: schools, parent groups, neighborhood associations, partner organizations, and help orient volunteers to the coalition. Volunteers will be encouraged to share special skills and talents. Each year AMs and coalition members will participate in CNCS initiatives such as Martin Luther King Jr. Day of Service and AmeriCorps Week.

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### f. Partnerships and Collaboration

A variety of community stakeholders and partners are affiliated with the local coalition. They have engaged the local NG Unit and local Vets service groups to form a strong base of leadership in their respective communities. By definition, local coalitions are comprised of community leaders from all at least 12 distinct sectors--e.g., faith-based organizations, schools, physical and mental health organizations, law enforcement, civic organizations, etc.--and form a powerful cadre of formal and informal influence. Civic participation is integral to all coalition efforts. Existing connections in each community with sectors that are committed to the program will allow it to quickly gain traction and operate at scale.

Planning grant feedback was sought from sites and partners, local NG Units, other existing National AmeriCorps programs and CNCS staff on the soundness of the selection process. It was tested during the planning period. Planning and feasibility activities developed jointly by CADCA and NGB staff include: Briefed CADCA/NGB leadership staff and CADCA Board and Advisory Committee members; received technical assistance (TA) from CNCS; finalized selection criteria and AM living allowances; secured participation of local coalitions and potential AMs to inform the planning process; selected target states and communities that will host AM(s); identified and contacted state CNCS offices to elicit their involvement and support for the program; identified and secured participation of PTO state-level staff and established roles and responsibilities; finalized criteria for selecting host coalitions in target communities; identified potential host coalitions and interviewed them to ascertain their interest and suitability; solidified partnership between selected local coalition and local NG program and conducted program orientation; conducted needs and resources assessment; finalized job descriptions; determined training and TA needs for AMs, coalition supervisors, state PTO's and local NG units; established process for providing training and TA for AMs; secured matching funds; selected



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performance measures; developed clear lines of authority; and created an organizational chart showing roles and responsibilities for CADCA, NGB, SS and AM. CADCA secured letters of commitment from NGB state liaisons and HSs and held a webinar series with selected states/sites to elicit their input into grant program design. During implementation, the national partners and local sites will maintain communications and feedback systems as described in other sections of this proposal. On an annual basis, CADCA's independent evaluator will formally survey partners to determine their level of satisfaction with their involvement in the program and elicit recommendations for improvement.

### g. Sustainability

Our sustainability plan incorporates national and site-level strategies. CADCA's national efforts will link and leverage other resources and cultivate additional support for the AmeriCorps program. We will support the HS coalitions as they do the same. CADCA will capitalize on the goodwill to support our troops among corporate America and will develop and implement a system-wide plan that draws on our extensive resource development experience. We will cultivate funding resources primarily from non-government sources including foundations, to increase matching support over the life of the grant and after funding ends. CADCA has formed long-lasting relationships with Fortune 500 companies and other corporations and we will capitalize on those relationships. A key CADCA tactic will be to cultivate contributions from national corporations that have a track record of serving Vets' causes. Our goal for national development activities is to secure funds that will link and leverage the funds raised on the local level. We will work early in the program to facilitate sustainability planning at the site level. Local sustainability planning will be a priority during the orientation, ongoing training and TA and communications over the course of the grant. CADCA's Vice President of Development, Johnny Revel, will provide TA and coaching to assist each site as they implement local sustainability

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plans. The partnership between NGB/PTO and the HS will increase the likelihood that the program will be sustained over the life of the AmeriCorps grant. We envision that state-level AmeriCorps programs will demonstrate interest in replicating the program and we will assist them in doing so. Local coalition HS, partners, stakeholders and volunteers will support the sustainability efforts by sharing resources, co-locating office space, include various AmeriCorps project expenditures in their agency budgets, sharing their donor base and helping develop and cultivate relationships with foundations and other resources.

### Organizational Capability

#### 2. Organizational Capability

##### a. Organizational Background

For more than 19 years, coalitions have turned to CADCA a 501 C 3 nonprofit organization to obtain assistance to operate, and sustain effective local community problem solving strategies. CADCA has an annual budget of more than \$9 million and employs over 30 people in its Alexandria, VA, office. CADCA provides membership services, training and TA, a publications and media program, conferences, evaluation, research dissemination and advocacy. CADCA hosts an annual dinner that generates substantial corporate support.

CADCA's partner, the NGB is the oldest branch of the military and is the only armed force that serves federal and state governments. The NGB administers and facilitates direction for the National Guard. NG forces consist of Army National Guard and the Air National Guard. The NGB directs policies, trainings, and requirements and leverages funds for Soldiers and Airmen. The NGB is a joint activity of US defense forces and provides a communications channel for state NG members to the DoD. The PTO is a NGB initiative that provides prevention, training and outreach to VMF. The PTO program conducts prevention education, coordinates prevention activities throughout the state, links MM to

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services and provides outreach to military families. Designed by a group of experienced Prevention Coordinators the initiative has brought recognition to the human problem of the Services. CADCA and NGB engage in annual cross training.

Since 2009, CADCA has operated an Ambassador program to strengthen the national community coalition workforce. It consists of 18-30 year olds that represent diverse racial and ethnic groups. The Ambassador program is similar in nature to the AmeriCorps program.

The CADCA Institute was established by Congress to assist community coalitions throughout the United States, and provide the training/TA. The Institute collaborates with NG to host coalition trainings called Academies provide the training venue, lodging, meals and materials.

CADCA operates a technical assistance (TA) branch for community coalitions. The NGB has a very sophisticated structure for providing TA to PTO personnel.

CADCA contracts with an independent evaluator for annual monitoring and review of its operations. The AmeriCorps Program will be included in our annual evaluation. The process and outcome evaluation helps validate our technical approaches and processes and identifies continuous improvement opportunities.

Each HS coalition has representation from each of the following sectors: youth; parents; business community; media; schools; youth-serving organization; law enforcement agencies; religious or fraternal organizations; and civic groups.

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CADCA has secured the required 24% in matching funds for three years. CADCA also has developed a grant application for program support from the RWJF and has identified national corporations that have a history of supporting Vets and veteran causes.

Primary Contact: Jane Callahan, Director, National Coalition Institute, CADCA;

jcallahan@cadca.org; 703-706-0560 x 229. Secondary Contact: Johnny Revel, Director, Development and Contracting Officer, CADCA-jrevel@cadca.org; 703-706-0560 x 258.

CADCA currently manages an AmeriCorps planning grant and has complied with all requirements. CADCA also manages more than \$7 million per year in federal grants and contracts from sources as varied as the SAMHSA, Centers for Disease Control, U.S. Departments of State and Justice and the National Institutes of Health. Since inception, CADCA has completed all government-funded projects on time and within budget meeting all deliverables. Required policies and procedures are in place to manage a CNCS grant. During planning, CADCA and the NGB have strengthened their existing partnership and further developed the management structure and plan to implement the program. We have complied in meeting our in-kind match requirement of 59%. CADCA tracks the flow of funds, expenses and revenues in accordance with OMB Circular A-122, Cost Principles for Non-Profit Organizations. In addition, 91% of selected HS have managed federal funds.

Even in a sluggish economy, CADCA's budget continues to grow non-government contributions through fundraising, CADCA's annual Drug-Free Kids Campaign dinner is our major annual fundraiser, netting about 10% of our annual budget. The campaign is held annually and 2011 marks its 12th year.

## Narratives

CADCA's diverse funding includes the following:

Corporate Partnerships: Reckitt Benckiser, Purdue Pharma, King Pharmaceuticals, and Consumer Health Products Association

Contributions & Donations: Office Depot, Directv, Fox Group, Viacom, Goldman Sachs, HBO, A&E Network, NBC Universal

US Government Grants & Contracts: Department of State, SAMHSA, ONDCP, Department of Justice, NIH, NGB, Department of Education

Fee for Service: State of WV, Cherokee Nation, State of TN, State of NY

Membership: 2,000 Members

Registration Fees: National Leadership Conference & Mid-Year Training Institute

% CNCS of total revenues, if grant is obtained  $\$359K/(\$9,429K+359K)=3.7\%$

CNCS Planning Grant  $\$50K=.5\%$

The planning grant provided support including financial management assistance, conference calls and webinars that helped CADCA define AM activities; host site selection and development; AM recruitment, training and support; community and volunteer involvement and performance measures. CADCA's program development coach assisted with program design and answered questions based on her experience managing an AmeriCorps National Program.

### b. Staffing

CADCA's success is due to its functional management structure. The various functions are horizontal in nature allowing individuals with expertise to align for every project across department lines. For this project, Project Director, Chairman and CEO Major General Arthur T. Dean, U.S. Army (Ret.) will lend his considerable knowledge and influence to lead the project. General Dean is a well-

## Narratives

respected Veteran and former military leader. He has strong relationships with federal agencies, corporations and foundations. With his military background and connections, he will be an invaluable champion of the program, helping to marshal support and matching funds.

Jane Callahan, M.Ed., Director of CADCA's National Coalition Institute, will provide overall direction for the grant and will serve as project coordinator. She reports directly to the CADCA Chairman and CEO. She has an impressive 25-year career as an administrator and community coalition leader. She was hired to establish and direct the Coalition Institute in 2002. She currently oversees CADCA coalition development activities and has substantial experience managing a large local VISTA and AmeriCorps programs before joining CADCA.

Program Manager (PM)--Carlton Hall, M.H.S., will provide day-to-day management of the project. He has broad experience supporting coalition initiatives and working on similar projects with the NGB including the Coalition Academy and NGB training. With 15 years of experience in fields of government, social services and prevention science, Hall gained national prominence as a Communities That Care® Project Manager. During that time he managed a grant of more than \$3 million in the neighborhoods of Philadelphia. Hall also founded The STRONG Foundation in 1993, creating opportunities while increasing partnerships with existing youth organizations.

Evelyn Yang, Ph.D., will manage data collection, analysis and reporting of project performance measures. Dr. Yang is responsible for supporting research to improve coalition effectiveness and evaluation. Her other responsibilities include serving as liaison between CADCA's scientific advisors and the staff as a whole. She holds a Ph.D. in Community Psychology from Michigan State University.

## Narratives

Hunter Tjugum, Senior Associate, will provide project support and be responsible for collecting and analyzing data and producing required project reports.

Major John Shapleigh will serve as the NGB Project Director in his capacity as director of the PTO program nationally.

Peggy Quigg serves as the Senior Project Manager for the NGB PTO program. She provides expertise, guidance and direction for the PTO program. She will work with Ms. Callahan to provide programmatic direction for all aspects of the NG part of the program. She is a retired NG member and a veteran of Operation Desert Storm. She has experience with CNCS as a host for the YES Ambassador program. Prior to returning to the NG Counterdrug program, Ms. Quigg spent six years with SAMHSA as a Division Director for SAMHSA's Center for Substance Abuse Prevention.

Sergeant Danny Joyner from the Army National Guard, is the Program Manager for the PTO program. He is the liaison between NGB leadership and PTOs in each state. He served as the NGBPC in Virginia prior to joining NGB and has an extensive background in law enforcement and drug prevention and enforcement. He coordinates program planning, provides overall management and programmatic guidance to the PTO Project Coordinators in the states. He will provide oversight and direction for the NGB AM.

CADCA's Finance Department will ensure financial and programmatic compliance including: records maintenance, practices that address regulatory requirements, documentation of expenses and other cash management systems, time and activity reports, documentation of cash and in-kind matching

## Narratives

requirements and strong internal controls. The PM will implement a plan for maintaining regular contact with HS, communicating expectations, providing training and technical assistance, holding HS accountable through monitoring and oversight and developing a strong site network.

Site agreements (MOUs) outline the terms of each HS's participation in the AmeriCorps program. The agreements will include expectations, responsibilities and consequences for non-compliance, number of AMs serving under the contract, organizational match requirements, AM position descriptions, program-specific policies and references to AmeriCorps Regulations and Provisions. It will clarify which program and fiscal management tasks will be handled by CADCA and by the HS and reporting requirements. The PM also will be responsible for providing or ensuring orientation, training and technical assistance for CADCA staff, HSs, AMs and the NGB.

CADCA staff and SS will be trained on personnel policies and financial management procedures and will use a risk-based approach to determine each new or existing HS's risk level and the best methods to help mitigate risk, essential elements for monitoring HS: and will identify and communicate issues, problems, deficiencies in writing including required corrective action plans, schedule for completion and how to review HS's reports on actions taken. To ensure the quality of the AmeriCorps program, CADCA will conduct fiscal and oversight management of the sub-grantee sites. CADCA will distribute resources to sites and monitor site compliance from its base in Alexandria, VA. For timely reception and resolution of individual T/TA requests, CADCA established a web-based tracking system (TARS) which is managed by Kristy Miller, TA Manager. It tracks and categorizes requests by type and creates reports that show trends by types of requests for TA thereby making it possible to modify future training. Built into TARS is the ability to quickly evaluate the utility and impact of the TA provided by CADCA. The system allows for the production of reports on all elements of T/TA provision and allows



## Narratives

for the creation and collection of surveys and other more robust data collection mechanisms that assess the quality and effectiveness of both the T/TA provided and those who delivered it. TA support exclusively for HS will take place weekly. AMs will communicate through the CADCA web-based workstation and its peer-to-peer network, Connected Communities. These elements will ensure program alignment to provide a unified and consistent approach at each site. In addition, site supervisors and AMs will participate in the orientation training made available by CNCS through the site's respective state commission. Travel funds have been budgeted for this purpose. Each AM will attend two weeks of PTO training conducted annually by NGB at a NG Regional Training Center. During the planning phase, each HS and their coalition members assessed readiness, capacity and stakeholder resources and leadership to implement CNCS policies, programs and practices. At the end of each year, each HS will be asked to recommend improvements or changes in project policies as part of the evaluation.

### c. Multi-state Applicants Only

CADCA provided the State Commission in the 10 selected states with a list including contact information for the proposed HS, the program plans and design in their states. CADCA also inquired about state-level training and sequencing to ensure that there are no conflicts with state-sponsored activities.

### d. Multi-Site Applicants Only

Coalition HS: Dothan-Houston County Substance Abuse Partnership, Dothan, AL; Elmore County Partnership for Children, Wetumpka, AL; UPS Grant, Coronado Substance Abuse Free Environment, Coronado, CA; Irvine Prevention Coalition, Irvine, CA; Salesian Boys & Girls Club of LA, Los Angeles, CA; Catalyst Coalition, Napa, CA; Fighting Back Santa Maria Valley, Santa Maria, CA; Substance

## Narratives

Abuse Awareness Council of Adams County, Decatur, IN; Drug Free Marion County, Indianapolis, IN; Drug-Free Coalition of Tippecanoe County, Lafayette, IN; Partnership for Change Community, Minneapolis, MN; Partnership With Youth & Families, Kandiyohi County, North Branch, MN; ATOD Coalition, Willmar, MN; Holmes County Prevention Coalition, Millersburg, OH; United Intervention Prevention Coalition, Christmas Valley, OR; Local Public Safety Coalition, Coquille, OR; Lane County Coalition to Prevent Substance Abuse, Eugene, OR; Tigard Turns the Tide, Portland, OR; Narragansett Prevention Partnership, Cranston, RI; Community Prevention Partnership of Berks County, Reading, PA; Community Coalitions of Virginia, Fredericksburg, VA; SAFE in Chesterfield County, Richmond, VA; Roanoke Area Youth Substance Abuse Coalition, Roanoke, VA; and Unified Prevention Coalition of Fairfax County Public Schools, Sterling, VA.

CADCA has the capacity to manage multiple service sites in various locations around the country. We employed a rigorous selection process including outreach efforts, via solicited e-mails and surveys, to more than 400 coalitions in various communities in the 10 selected states. Based on survey results, the coalitions that most closely matched program criteria were invited participate in the interview process. These coalitions provided their strategic plans and internal financial controls. Interview questions were relevant in determining effective placement of an AM and incorporate the criteria required by the AmeriCorps regulations 45 CFR §2522.475. Finally, an expert panel of CADCA and NGB staff were assembled to analyze interview results. The panel performed a standardized assessment in selecting the 25 community coalitions from among the candidates spanning a diverse community makeup.

Previous programmatic relationships with the host sites have been established through their membership status as CADCA affiliates and prior participation in CADCA activities including

## Narratives

trainings, TA and our annual coalition survey.

### Cost Effectiveness and Budget Adequacy

#### 3. Cost Effectiveness and Budget Adequacy

The program is designed to provide an impressive level of support, T/TA to each site and their AM. Staff costs are reasonable and are competitive with similar salaries in the Washington, DC, area. Staff time allocated to the project is reasonable given the level of experience of the staff members who are seasoned professional with relevant backgrounds and long tenures of employment with CADCA. The CNCS grant budget is \$13,300/MSY for 27 full-time members @ 1,700 hours per year for a total grant request of \$359,096 per year. Each site has agreed to provide \$10,000 annually in local cash matching funds to support its AM's living allowance of \$12,100 per AM. CADCA and its NG partner will each provide \$12,100 annually (cash) to support the two national AMs. The CNCS budget will primarily cover a small portion (\$1,944 per AM) of each AM's living allowance, staff and benefits to manage the program, staff and AM local travel to carry out AM duties and national training including participation in CNCS-sponsored training and conferences; the CADCA annual Leadership Forum in Washington, DC, where the AMs will be honored for their service and conduct sessions for other coalitions to learn about the program with the aim of expansion to additional sites; the annual NGB/PTO training and other AM benefits including worker's comp and unemployment insurance (when required) and health insurance for AMs. Total cash and in-kind from all sources will be \$622,739 per year. In-kind support will consist of donated indirect costs from CADCA with NG providing in-kind staff project staff support, the cost of PTO training for each AM (trainer costs, lodging and per diem). Each site will donate space costs, equipment, supervision and computers for their AM. CADCA plans to increase non-government support by at least 10% per year. Once the program is operating and showing success, CADCA will "package" it to appeal to corporate and foundation funders. CADCA's Development Department will make this program a component of its

## Narratives

annual strategic fundraising plan. He will work closely with each HS to help them generate addition cash and in-kind funding to support the program locally. If additional funds are available from CNCS, we hope to add 10-15 AMs and additional sites over the three-year term of the grant. Economies of scale will result in a decrease in the total cost per AM as the program expands. The budget strikes a balance between cost effectiveness while ensuring sufficient funds to operate a quality program. The total average cost per AM per year from all sources is \$36,364 which is an adequate amount to support the program. We have set the living allowance at the minimum amount of \$12,100 and have received confirmation from a focus group of potential target members that the amount will be adequate to attract quality members. They confirmed their interest in becoming an AM, with their commitment to the issues as their primary motivation and the living allowance and educational award being a secondary inducement. We will utilize State Commission orientation and training to take advantage of this existing state resource. AMs will participate in existing training from CADCA and NG so it will not be necessary to create a new training system. Each HS has demonstrated that they are working on this issue, have existing capacity and will not encounter start-up barriers. The budget is adequate to support program implementation as opposed to start-up costs.

### **Evaluation Summary or Plan**

N/A

### **Amendment Justification**

N/A

### **Clarification Summary**

CADCA

Clarification items for AmeriCorps Application to Support Military Veterans and their Families

CLARIFICATION ITEMS

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Below is a summary of the issues that need to be addressed during this clarification period. Please respond to each item as requested and resubmit the application by July 15, 2011. We will have the opportunity to discuss the contents of this letter and any questions you might have during our conversation scheduled for Monday, July 11 at 10:30 AM Eastern time. If this date or time is not convenient for you, please contact me upon receipt of this letter to schedule this important call.

Your application is under consideration for a grant in the amount of \$359,096, 27 Member Service Years (MSYs) and 27 member positions.

Budget Clarification Items:

Please make the following changes directly in the application budget in eGrants:

### Section I. Program Operating Costs

#### A. Personnel Expenses

Please include the costs for the site supervision of members in the budget or provide a justification for their exclusion in the clarification narrative field.

Site level supervision costs are an in-kind contribution from the coalitions. We estimate that the site level supervisor will spend 10% FTE. The average salary is \$52,000 with 22% benefits.  $\$5,200 \times 25 = \$130,000$  plus 22% benefits = \$28,600. Total is \$158,500. This amount will be added to the budget.

This calculation did not affect the CNCS share of the budget.

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### B. Personnel Fringe Benefits

Please recalculate the fringe benefits as the amount allocated on the budget is not 26.1% of the personnel expenses.

The reason the numbers didn't total 26.1% is that we did not figure fringe benefits on an in-kind salary of \$6,720. It will be adjusted in the budget which will add \$1,754 to the in-kind budget. This calculation did not affect the CNCS share of the budget. It still totals \$350,096. The fringe total reported was \$8535 while the new total would be \$10289. Add the \$10289 to the \$28600 from A above and the total Grantee share of the Fringes is \$38,889 shown on the budget summary.

### C. Member Travel

Please confirm that member travel is not for commuting purposes.

Member travel is not for commuting purposes. We added a comment on the budget to clarify that it is not for commuting.

### F. Contractual and Consultant Services

Please clarify if this expense is for consulting services or software fees, if it is not for consulting services please allocate this cost to Section I. Other Program Operating Costs.

Costs are for software fees. They have been moved to Other Program Operating Costs.

### G. Training

## Narratives

Member Training - Please itemize the expenses and clarify the duration of the NG PTO Training.

The PTO training consists of a week (5 days) long in-residence classroom training at one of the 4 National Guard Training Centers (Mississippi, Iowa, and Washington, Pennsylvania). The budget includes the cost for classroom support, Audio visual & classroom training devices, base administration, and workbook production costs (Classroom usage \$2000, AV & Training devices \$2500, Base Administration \$3000 and Workbook production \$3000). The total is \$10,500.

### I. Other Program Operating Costs

Please confirm the costs of criminal background checks for all members and grant funded staff, including FBI checks for those working with vulnerable populations, are included in the budget.

The budget includes FBI checks for the following positions: Criminal Background Checks (CADCA 7, NGB 3, Members 27, and Members supervisor 27 = 64)

### Section III Source of Match

Please identify all sources and the amounts contributed towards the overall match.

The sources of match are:

Section I. Program operating cost will be \$574,779. This amount will consist of \$190,852 from CNCS and \$383,927 from CADCA, NGB, and the 25 sites. \$280,726 is in-kind and \$103,201 in cash. Of the Cash, Coalitions will use local general operating funds for an aggregate total of \$32,500; CADCA will use \$6,720 from unrestricted general operating funds; The NGB will use \$63,981 from Federal

## Narratives

operating funds.

Section II. Matching funds will come from the site coalitions supervising the Americorps members. NGB and CADCA will provide the living allowance for the Americorps Member working with their staff. Total member costs is \$405,822 with \$162,850 coming from CNCS funds and \$242,972 coming from CADCA, NGB, and sites of which \$230,388 is cash from the sites local general operating funds; \$484 is cash from CADCA unrestricted funds and NGB \$12,100 is from Federal general operating funds.

Section III. Administrative costs total \$284,384. CADCA's Federally approved indirect rate is 29%. The total indirect due on the CNCS share (\$353,702) is \$102,574. 5.26% (\$5,394 cash) will come from CNCS funding and 94.74% (\$ 97180) will come from CADCA inkind support. \$181,810 of indirect on the Grantee share will come from other in-kind support from the 25 Coalitions, CADCA and NGB.

Total match from all sources: \$905,889.

Please review the two AmeriCorps member positions serving at CADCA and the NGB. As described, the positions are not appropriate for an AmeriCorps member. The positions are administrative by design. AmeriCorps members must provide direct service or capacity building service, not program coordination or management for applicant organizations or partners. Please redesign these positions, redistribute them to a host site, or eliminate them from your requested member positions.



## Narratives

\*The 2 national level AmeriCorps member positions serving CADCA and NGB have been redesigned. They will focus on capacity building. They will support the 25 site level members by engaging in capacity building on the national level. Specifically, they will identify national organizations that support veterans and military families and connect these national organizations to local chapters and their members in order to facilitate involvement at each site. For example, the Veterans of Foreign Wars (VFW) have chapters in each of the site communities. The 2 national AmeriCorps members will create a data base of all of public entities (e.g. Substance and Mental Health Services Administration, Veterans Administration, Office of National Drug Control Policy, Health and Human Services), associations serving veteran (e.g. American Legion, Disabled American Veterans), civic organizations (e.g. Elks, Lions, Rotary) and businesses/corporate organizations that have established veteran support as a high priority (e.g. Target, Sports Authority). They will ensure that that these organizations are aware of the AmeriCorps program and foster involvement within their local chapters and service delivery sites. These 2 positions will then facilitate connection with these groups at the site level thereby ensuring both horizontal and vertical integration.

Please provide additional detail explaining how the targets were identified for the performance measures. Please describe the interaction that AmeriCorps members will have with the veterans and military families receiving services.

\*The targets proposed in application for the performance measures were based on state totals for the reach of the entire PTO program in each of the 10 target states. Performance measures have been recalibrated to calculate the impact that the 25 members are having in each of their respective communities. The revised figures will be based on the average number of veterans and military families the AM will serve directly at each host site on an annual basis. Each AM will be working at a

## Narratives

coalition in a community with a NG unit. The following revised targets for each of the performance measure outcomes and intermediate outcomes are based on figures provided by our National Guard Bureau partner:

1. Performance Measure: Veterans will receive services and assistance

\* Interaction that AmeriCorps members will have with the veterans receiving services - Members will work to improve veterans' access to comprehensive social, mental and physical health services. Members will provide services based on SAMHSA's effective prevention strategies: Information Dissemination, Education, Problem Identification and Referral, and Community Mobilization. The Member will facilitate target group-oriented alcohol and other drug prevention education and training programs with local prevention professionals, this includes administering life skills training or basic level services to all veterans in the community. Based on the assessment that occurs in the life skills training, a subset will exhibit the need for more intensive screening. This subset of veterans will receive a self-assessment to determine if they require more intensive social, mental and/or physical health services. If the self-assessment instrument is administered by a non-military member (i.e., the AM), then referral to treatment can be made without requiring a disciplinary referral to the commanding officer. This results in veterans that are more willing to come forward for help/screening and ultimately connected to services and the help they need. Veterans will be screened and will be referred, as needed, to Mental Health/Treatment services to address more serious needs/concerns. The AM will work to ensure that the self-assessment, screening and referrals occur in a timely manner and work to coordinate services, as appropriate, so that the veteran receives the care he/she needs.

\* Output Indicator and Target: 3900 veterans will receive services and assistance

\* Justification for Target -- Based on figures provided by our NGB partner, there are approximately 120 NG members that serve in each unit. In addition, there are approximately 75 returning veterans

## Narratives

from other branches of the military (non-National Guard) that will be served in each community.

This results in an average of 195 veterans per site that can be served by the AM. We will target 80% of these veterans to receive services and assistance from the AM, which is approximately 156 veterans per site. Across all 25 sites, 3900 veterans will receive services and assistance.

\* Intermediate outcome measure for performance measure: Veterans will report improvements in social, mental or physical health as a result of the services/assurances they receive

\* Indicator and Target - 390 veterans will report improvements in social, mental or physical health as a result of the services/assurances they receive

\* Justification for Target - While all (3900) targeted veterans will receive life skills training each year, a smaller subset of these will require additional high dosage support, including assessment, screening and referral to services. It is expected that this will be 10% of individuals who will receive the highest level of services facilitated by the AM and will be the subset that experience improvements in social, mental or physical health as a result of the services/assurances they receive. As a result, a total of 390 veterans will report improvements in social, mental or physical health as a result of the services/assurances they receive.

2. Performance Measure: Veterans will be engaged in service opportunities

\* Interaction that AmeriCorps members will have with the veterans engaged in service opportunities - Members will reach out to a variety of local veteran support groups (e.g., local and county veteran's offices, Veterans of Foreign Wars, American Veterans Organization, The Retired Enlisted Association, American Legion, Vets4Vets, Iraq and Afghanistan Veterans of America, National Association of American Veterans, Inc., and The National Coalition for Homeless Veterans). The AM will recruit and support the volunteers. Working with the SS, the AM will implement specialized recruitment and outreach strategies to Vets' organizations. The AM will work with the Vet groups to identify VFM

## Narratives

community needs and places where volunteers can be recruited (e.g., schools, neighborhood associations, etc.) and help orient volunteers to the coalition. Each AM will recruit on average 50 volunteers/year to do work related to VMF. The AM will work with the volunteers and provide them meaningful opportunities to serve their communities. The AM will also work with each of the volunteers to determine the special skills and talents that each has that can be used in service opportunities. The AMs will be the catalyst for identifying and mobilizing local volunteers to provide informal support such as child care, assistance with household needs, transportation, mentoring and companionship to reduce isolation and create strong community connections. By taking a "force multiplier" approach, the actual number of units of service in each community will be amplified. Coordination and capacity building will be a key aspect of the work of each site as well as documentation of the types and extent of services to contribute to achieving measurable outcome targets.

\* Output Indicator and Target: 1250 Veterans will be engaged in service opportunities

\* Justification for Target: According to our NGB partner, on average 5% of the community are veterans, including those that have retired or been honorably discharged from military service. Of these, each of the 25 AMs will recruit an average of 50 volunteers to be engaged in service opportunities, which results in a target of 1250 veterans that will be engaged in service opportunities.

\* Intermediate outcome measure: Veterans will report an improved sense of belonging/connection to their community

\* Indicator and Target: 1000 veterans will report an improved sense of belonging/connection to their community

\* Justification for Target: This represents 80% of the targeted # of 1250 veterans who will be engaged in service opportunities.

## Narratives

3. Performance Measure: Military families will receive services and assistance

\* Interaction that AmeriCorps members will have with the military families receiving services -

Members will facilitate the provision of and access to social, mental and physical health services and assistance to military families. When professional services are needed, the AM will be the conduit for identifying and facilitating connection to the service and a payment mechanism for service delivery.

Members will provide support based on SAMHSA's effective prevention strategies: Information Dissemination, Education, Problem Identification and Referral, and Community Mobilization. The Member will administer target group-oriented alcohol and other drug prevention education and training programs (life skills) with local prevention professionals. The subset of family members requiring more intensive services will be screened and referred to treatment/mental health services as needed, and the AM will work with local prevention professionals and service providers to ensure that this is done in an appropriate and timely manner. In the case of deployment, the AM will identify and reach out to the spouse/family members of the veteran, assess their need for supports, and facilitate their access to these supports.

\* Output Indicator and Target: 1900 military families will receive services and assistance.

\* Justification for Target: Approximately 120 NG serve in each unit. Approximately 50% of these NG have spouses and have on average 2 children each. In addition, there are approximately 75 returning veterans from other branches of the military (non-National Guard) that will be served in each community. On average, 50% of these veterans also have families. Based on this, there are 95 families that the AM can serve in their community. It is anticipated that the AM will serve 80% of these military families, which results in an average of 76 families served per site and a total of 1900 families served across the 25 sites.

\* Intermediate outcome measure: Military families will report improvements in their individual or family situations

## Narratives

\* Indicator and Target: 190 families will report improvements in their individual or family situations.

\* Justification for Target: While all military families will receive some level of services each year, a subset of these will require more high dosage services, including assessment, screening and referral to services. It is expected that this will be 10% of families who receive the highest level of services facilitated by the AM and will be the subset that experience improvements in their individual or family situations. Based on this, it is anticipated that 7-8 families per site will receive this most intensive level of services, resulting in approximately, 190 military families reporting improvements in their individual or family situations.

Based on all of the figures above, there are on average 195 veterans in each community served by the AM, 95 families, and 50 "retired" veterans for an annual total served of 8500.

Please clarify the roles of volunteers in this program and identify how they have impact on measurable outcomes.

\*Volunteers will be recruited at each host site to provide support and assistance to veterans and their family members. They will primarily be vets and will be recruited primarily from local veterans service organizations, civic groups and the private sector. The AMs will be the catalyst for identifying and mobilizing local volunteers to provide informal support such as child care, assistance with household needs, transportation, mentoring and companionship to reduce isolation and create strong community connections. By taking a "force multiplier" approach, the actual number of units of service in each community will be amplified. Coordination and capacity building will be a key aspect of the work of each site as well as documentation of the types and extent of services to contribute to achieving measurable outcome targets.

## Narratives

The application indicates this program already exists; please provide more detailed information explaining the added value of AmeriCorps to this program.

\*The PTO program already exists on the national and state level. It will greatly benefit from being part of the AmeriCorps program because AmeriCorps will help the PTO program gain traction in a number of high need communities. Additionally, it will systematically tap into our nations' rich reservoir of volunteer support. The program is designed to conform to the unique features of military culture by utilizing mature veterans as AmeriCorps members as a bridge between the veteran and their family and the community. At present, many local coalitions are in the process of building capacity at the local level to serve veterans and their family members. AmeriCorps will provide added value by creating a model of community support at a time when our country is searching for viable ways to help address the stresses and strains of deployment.

Finally, it will tap into the large number of local organizations that desire to help but lack a communitywide organizing structure. At the same time, it will establish a system to capture services and outcomes in order to demonstrate the capacity and reach of a well organized national volunteer program.

Please identify the status of the consultation process with each of the State Commissions prior to the submission of the application and provide an update on the consultation that will take place upon notification once the site selection has been confirmed.

Prior to the submission of the application CADCA consulted with each of the 10 states targeted to host the program. We advised them of our plans both through a letter and phone call to the appropriate state official. We learned about the particular "employment" laws in each state to make sure we

## Narratives

budgeted workers' comp, and other payroll cost adequately.

Once site selection is confirmed, we will notify the respective State Commission and will to the extent possible take advantage of training and other sources of support the offer to member and sites in their states.

Please review the program start date and propose a timeline for enrolling members that will be feasible.

\*CADCA is prepared to start the program on the effective starting date of the grant. At least 5 members will start within 60 days with an additional 25% being added each month until all positions are filled.

### 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      27

### 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.)

Members will work to improve veterans' access to comprehensive social, mental and physical health services.

Members will provide services based on Substance Abuse and Mental Health Administration (SAMHSA)'s effective prevention strategies: Information Dissemination, Education, Problem Identification and Referral, and Community

Mobilization. Some of the services/assistance that the AM will facilitate include: counseling, life skills, financial management, marital counseling, health care access, and employment services. The Member will also facilitate

targeted group-oriented alcohol and other drug prevention education and training programs with local prevention professionals, this includes administering life skills training or basic level services to all veterans in the community.

Based on the assessment that occurs in the life skills training, a subset will exhibit the need for more intensive screening. This subset of veterans will receive a self-assessment to determine if they require more intensive social,

mental and/or physical health services. If the self-assessment instrument is administered by a non-military member (i.e., the AM), then referral to treatment can be made without requiring a disciplinary referral to the

commanding officer. This results in veterans that are more willing to come forward for help/screening and ultimately connected to services and the help they need. Veterans will be screened and will be referred, as needed, to Mental

Health/Treatment services to address more serious needs/concerns. The AM will work to ensure that the self-assessment, screening and referrals occur in a timely manner and work to coordinate services, as appropriate, so

that the veteran receives the care he/she needs.

In response to the requested clarifications:

1) The measure suggests that each AmeriCorps member will assist an average of more than 4,000 veterans.

Please explain how this is reasonable.

\*This estimate represents the average number of all veterans and family members served in each of the 10 targeted states. It has been revised downward (as described in the clarification section) to only include site level service numbers. The new figure is 7050 annually across all 25 sites, with each AM serving on average 282 veterans and

## National Performance Measures

Briefly describe how you will achieve this result (Max 4,000 chars.)  
military families at each site.

2) Please clarify if the member activities that benefit veterans are distinct from those activities which benefit military families.

\*There will be different services between veterans and family members:

' Families ' family support, youth mentorship, working with military youth/spouses, assistance with child care, employment, housing assistance, health care access, transportation

' Vets ' counseling, life skills, financial management, marital counseling, health care access, employment services

### Result: Output

Result.

Veterans will receive services and assistance.

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

Target :3900 veterans will receive services and assistance

Target Value: 3900

Instruments: National Guard's Services and Assistance Output Log - To track both the number of unduplicated veterans receiving services and assistance, the Member will administer an existing instrument developed and used by the National Guard. This log will be adapted to include sections of the output logs recommended for use as part of AmeriCorps National Performance Measures. The Log will be completed by the Member at service intake.

PM Statement: 3900 unduplicated veterans will receive services and assistance.

### Result: Intermediate Outcome

Result.

Veterans will report improvements in social, mental or physical health as a result of the services/assurances they receive.

Indicator: Veterans who receive services/assistance

Target :390 veterans will report improvements

Target Value: 390

Instruments: Unit Risk Inventory - The Army Center for Substance Abuse Prevention (ACSAP) developed and uses the URI, a survey tool, to help unit commanders identify the overall level of behavioral risk in their units (both pre- and post-deployment). The Unit Risk Inventory (URI) is a 53-item anonymous questionnaire designed to screen for high-risk behaviors and attitudes that compromise unit readiness. Part I of the URI comes from the Alcohol Use Disorders Identification Test (AUDIT), a screening instrument developed by the World Health Organization to identify people whose alcohol consumption has become hazardous or harmful. Questions in Part II ask about related alcohol and drug use issues, and other risk factors and consequences linked to substance abuse, such as

## National Performance Measures

Result.

driving while intoxicated, domestic violence, suicide, crime, personal and unit relationships, perception of the Army environment, and financial problems.

It is a standard data collection tool that has been used for four years by the Guard with widespread usage. The instrument will be administered to individual National Guard members to form a baseline assessment and will be re-administered yearly to track targeted improvements/outcomes. The URI will also be used on individuals seeking additional help to track improvements for the people served by the program. This tool will be adapted for this project to measure the number of veterans who report improvements in their social, mental or physical health.

The Unit Risk Inventory is administered yearly for each National Guard unit to measure overall changes in Unit members in the aggregate. The same instrument will be used to create individual baseline and progress measures for those veterans that are identified as needing additional support, referral and treatment.

PM Statement: 390 unduplicated veterans will report improvements in social, mental or physical health as a result of the services/assurances they receive.

### Priority Area: Veterans and Military Families

#### Strategy to Achieve Results

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

Members will reach out to a variety of local veteran support groups (e.g., local and county veteran's offices, Veterans of Foreign Wars, American Veterans Organization, The Retired Enlisted Association, American Legion, Vets4Vets, Iraq and Afghanistan Veterans of America, National Association of American Veterans, Inc., and The National Coalition for Homeless Veterans). The AM will recruit and support the volunteers. Working with the SS, the AM will implement specialized recruitment and outreach strategies to Vets' organizations. The AM will work with the Vet groups to identify VFM community needs and places where volunteers can be recruited (e.g., schools, neighborhood associations, etc.) and help orient volunteers to the coalition. Each AM will recruit on average 50 volunteers/year to do work related to VMF. The AM will work with the volunteers and provide them meaningful opportunities to serve their communities. The AM will also work with each of the volunteers to determine the special skills and talents that each has that can be used in service opportunities.

The AMs will be the catalyst for identifying and mobilizing local volunteers to provide informal support such as child care, assistance with household needs, transportation, mentoring and companionship to reduce isolation and create strong community connections. By taking a 'force multiplier' approach, the actual number of units of service in each community will be amplified. Coordination and capacity building will be a key aspect of the work of each site as well as documentation of the types and extent of services to contribute to achieving measurable outcome

## National Performance Measures

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

### Result: Intermediate Outcome

Result.

Veterans will report an improved sense of belonging/connection to their local community

Indicator: Scores on a survey

Target :1000 veterans will report an improved sense of belonging/connection to their local community

Target Value: 1000

Instruments: National Guard Survey - The Member will administer this instrument which will be developed for this project. This survey will measure the sense of belonging/connection the veterans involved in service opportunities have to their community. Veterans will complete this survey when they apply to be a volunteer as part of this project. They will also complete the survey at the end of each project year to determine the number of veterans who have increased in their sense of belonging/connection.

PM Statement: 1000 unduplicated veterans will report an improved sense of belonging/connection to their local community.

### Result: Output

Result.

Veterans will be engaged in service opportunities (other than mentoring disadvantaged youth)

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

Target :1250 veterans will be engaged in service opportunities (other than mentoring disadvantaged youth)

Target Value: 1250

Instruments: Monthly Summary Output Log - The Member will administer this instrument to track veteran engagement in service opportunities. The Log will be completed by the veteran on a monthly basis.

PM Statement: 1250 unduplicated veterans will be engaged in service opportunities (other than mentoring disadvantaged youth)

## National Performance Measures

Result.

youth).

### Priority Area: Veterans and Military Families

#### Strategy to Achieve Results

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

Members will facilitate the provision of and access to social, mental and physical health services and assistance to military families. When professional services are needed, the AM will be the conduit for identifying and facilitating connection to the service and a payment mechanism for service delivery. Members will provide support based on SAMHSA effective prevention strategies: Information Dissemination, Education, Problem Identification and Referral, and Community Mobilization. The Member will administer target group-oriented alcohol and other drug prevention education and training programs (life skills) with local prevention professionals. The subset of family members requiring more intensive services will be screened and referred to treatment/mental health services as needed, and the AM will work with local prevention professionals and service providers to ensure that this is done in an appropriate and timely manner. Some examples of the type of services the AM is likely to facilitate for families include: family support, youth mentorship, working with military youth/spouses, assistance with child care, employment, housing assistance, health care access, and transportation. In the case of deployment, the AM will identify and reach out to the spouse/family members of the veteran, assess their need for supports, and facilitate their access to these supports.

#### Result: Output

Result.

Military families will receive services and assistance.

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

Target :1900 military families will receive services and assistance

Target Value: 1900

Instruments: National Guard's Military Family Services and Assistance Output Log - The Member will administer an existing instrument developed and used by the National Guard to track the number of unduplicated military families who receive services and assistance. This log will be adapted to include sections of the output logs recommended for use as part of AmeriCorps National Performance Measures. The Log will be completed by the Member at service intake.

PM Statement: 1900 military families will receive services and assistance

#### Result: Intermediate Outcome

Result.

Military families will report improvements in their individual or family situations.

## National Performance Measures

### Result.

Indicator: Scores on a Survey

Target : 190 unduplicated military families will report improvements in their individual or family situations

Target Value: 190

Instruments: Unit Risk Inventory - The Army Center for Substance Abuse Prevention (ACSAP) developed and uses the URI, a survey tool, to help unit commanders identify the overall level of behavioral risk in their units (both pre- and post-deployment). The Unit Risk Inventory (URI) is a 53-item anonymous questionnaire designed to screen for high-risk behaviors and attitudes that compromise unit readiness. Part I of the URI comes from the Alcohol Use Disorders Identification Test (AUDIT), a screening instrument developed by the World Health Organization to identify people whose alcohol consumption has become hazardous or harmful. Questions in Part II ask about related alcohol and drug use issues, and other risk factors and consequences linked to substance abuse, such as driving while intoxicated, domestic violence, suicide, crime, personal and unit relationships, perception of the Army environment, and financial problems.

It is a standard data collection tool that has been used for four years by the Guard with widespread usage. The instrument will be administered to individual National Guard members to form a baseline assessment and will be re-administered yearly to track targeted improvements/outcomes. The URI can also be used on individuals seeking additional help to track improvements for the people served by the program. This tool will be adapted for this project to measure the number of military families that report improvements in their individual or family situations.

PM Statement: 190 unduplicated military families will report improvements in their individual or family situations as a result of the services and assistance they receive.

## Subapplicants

<u>ID</u>	<u>Organization</u>	<u>Amount Requested</u>	<u>Amount Approved</u>	<u># FTEs Requested</u>	<u># FTEs Approved</u>	<u>Status</u>
Totals:		\$0	\$0	0.00	0.00	



## Required Documents

**Document Name**

**Status**

Evaluation

Not Applicable

Federally Approved Indirect Cost Agreement

Sent

Labor Union Concurrence

Not Applicable