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Executive Summary

100 full-time AmeriCorps members will provide support to over 500 children, young adults and adults with developmental disabilities in 11 Camphill communities in 7 states. Members will enhance quality of life for people with special needs by providing individualized supports to: increase individuals' skills in activities of daily living, allow people to attend school and/or participate in a workplace, facilitate community and social involvement in integrated settings, ensure that people live in environments of respect and have the best possible health, and enable self-determination by working with people to make choices and decisions and to define and work towards personal goals. This project will focus on Healthy Futures with an annual CNCS investment of \$60,000.

Rationale and Approach

a. NEED: The Camphill/AmeriCorps Education Award Program serves a target community of 516 individuals with intellectual or developmental disabilities (DD) who receive residential, vocational and/or educational support services at 11 Camphill communities (sites) in 7 states. The population served includes 171 children and 61 seniors.

DD is characterized by significant limitations both in intellectual functioning (i.e., an IQ of less than 70) and in adaptive behavior (i.e., conceptual, practical and social skills) which originate before the age of 18 (American Ass'n on Intellectual and Developmental Disabilities, 2010). DD encompasses diagnoses of autism, Down Syndrome, cerebral palsy, Fragile X, and others.

The primary need within the target community is for people with DD (residents) to experience enhanced personal outcomes that indicate a genuine quality of life (QOL). QOL is measured on multiple dimensions, including emotional, physical, and material well-being, a sense of inclusion in the community, and the personal development and self-determination that result from increased functionality and participation in home life, social life, and school and/or work life. The need for multi-dimensional QOL is documented by the "importance ratings" that people with DD in the target community gave to QOL factors in an internal evaluation completed in 2010 (Goeschel and Heitzman). The evaluation shows that residents rate the factors of "living within a culture of respect and acceptance", and "having opportunities to cultivate personal friendships and relationships" as "extremely important", followed closely by "rhythmical and active lifestyles" and "providing a safe, inviting and accessible physical environment" with "very important" ratings. This data correlates with findings from dozens of international studies encompassing thousands of people with DD, their parents/guardians and support staff, which indicate a high need for QOL-related personal outcomes

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in several domains of life which have near-universal relevance (Schalock, Bonham & Verdugo, 2008).

A substantial body of research suggests that individuals with DD in the U.S., of which the target community is a part, do not have a positive QOL. People with DD are routinely discriminated against and devalued by society due to their intellectual impairment. This discrimination and devaluation negatively impact the well-being of people with special needs on many levels, as they experience consequent societal rejection, isolation, a loss of control over their lives, discontinuity with places, possessions and people, impoverishment of experience, time wasted in waiting for opportunities, challenges and supports, and, too often, abuse (Wolfensberger, 2000). 15%-23% of people with disabilities indicate feelings of social isolation, problems making or seeing friends, or problems getting out into the community, compared to just 4%-6% of the non-disabled population (Kinne, 2004); and a meta-analysis by Hall (2009) identified dozens of barriers to full social inclusion for people with DD. The challenges faced by all people with DD are especially pronounced for adults. States are mandated to allocate educational resources for children with special needs until the age of 21, but after this time there are few options for continuing education, vocational training, or work. A 2011 brief by the Univ. of MN's Institute on Community Integration found that "the size and number of [postsecondary educational] programs that offer the personalized supports needed by students with [intellectual and developmental disabilities] are insufficient to meet the demand." Bearing this out, the employment rate of people with DD (27.6%) is far below the national average in the general community (75.1%) and more often consists of part-time work, in entry-level service jobs, with low wages and minimal benefits (Yamaki & Fujiura, 2002).

As a group, individuals with DD in the U.S. are economically disadvantaged: 28.6% of people with severe disabilities (which includes DD) live in poverty, as compared with 14.3% of people with no disability (U.S. Census, Americans with Disabilities, 2010). Within the target community, over 90% receive Social Security; for many of the seniors at these sites, Social Security represents their only source of income.

The barriers to QOL faced by people with DD represent an issue of national importance. In 2009, President Obama reflected on the 20 years since the landmark passage of the Americans with Disabilities Act: "Americans with disabilities are Americans first, and they are entitled to the same rights and freedoms as everybody else: a right to belong and participate fully in the American experience; a right to dignity and respect in the workplace and beyond...[When we] make it possible for these Americans to live up to their full potential, ...it makes all of us more whole, it makes our

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union more perfect, it makes the United States of America strong."

b. MEMBERS AS HIGHLY EFFECTIVE MEANS TO SOLVE COMMUNITY PROBLEMS:

Camphill/AmeriCorps members support individuals with DD while living with them in communities where people, with and without disabilities, have chosen to live, learn and work together (intentional communities, Camphill communities).

The QOL of people with DD can be dramatically improved with the provision of individualized supports that respond to the most deeply-felt needs, goals and wishes of people with DD (referred to as "personal outcomes"). Individualized supports help people with DD to be full participants in their own lives. Members promote QOL-related personal outcomes by providing individualized supports to: improve individuals' level of adaptive behavior, including increasing skills in activities of daily living, allow people with DD to attend school and/or participate in a workplace, facilitate community and social involvement in integrated settings by, among other things, providing transportation, ensure people with DD live in environments of respect and have the best possible health, and enable self-determination by working with people with DD to make choices and decisions and to define and work towards personal goals. Members provide this support through their participation in an extended family household, as colleagues in workshops, and as teaching assistants in classes under the guidance and mentorship of householders, workshop leaders and instructors (Coworkers, Staff). The length of their service and their multi-context relationships with people with DD across the domains of home, work/school and social life are key to members' ability to build trust and effectively enhance QOL for people with DD.

A 2010 internal impact evaluation determined that members "help create a social fabric in which everyone is respected, acknowledged and has opportunities to grow... contribute to the creation of shared expanded-family homes that are experienced as safe, accessible and inviting... support healthy, rhythmical and active lifestyles by facilitating and supporting access to and participation in vocational, social, cultural or leisure activities... and through their personal relationships [with people with DD], give support for social, emotional and physical well-being."

Member supports are distinct from those provided by professional staff or volunteers. Staff develop the overall vision and provide leadership for households, workshops and/or classes, oversee health, medical care and therapeutic supports, conduct person-centered planning meetings to assess needs, outline goals, and design interventions and supports to achieve desired outcomes for individuals, provide financial and administrative management, and organize and provide training, supervision and mentorship to AmeriCorps members and volunteers. Volunteers provide episodic supports for

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individual activities that do not require background in working with people with DD or ongoing relationships in order to be effective.

Because most members have a degree, one site in PA notes that "they can serve in capacities of greater responsibility within our educational programs, such as one-on-one personal care assistance with high-needs students, small group instructional work that requires planning, progress monitoring and reporting, or recreational activities that require mature initiative and leadership." In some cases, the one-to-one assistance provided by AmeriCorps members has led to a direct expansion of people supported. One site reports: "Because of AmeriCorps, we have accepted 3 people whose needs were too great to be addressed by staff alone."

A site in WI reports, "Social life, inclusion and connection to the greater community have increased. Our people [with DD] have had vacations to cabins, camped on the north shore, taken a trip to Florida, gone to football games and explored Lincoln, NE, because of the connections, time and energy of our AmeriCorps people." A site in NY notes that members are "mature and capable people who take initiative and leadership roles. They are socially aware and integrate with [people with DD], our international coworkers and with the greater community."

Staff turnover rates in Camphill sites (31.5%) are well below the national average (50%) for direct support professionals (DSPs). Fully 40% of members opt for a second term with Camphill; following that second term, 47% of those individuals go on to become staff in Camphill with an average tenure of 19 months (2012 site survey data). These longer-term relationships directly affect QOL for people with DD. A 2006 Report to Congress by the US Dept. of Health and Human Services notes, "Without DSP continuity, quality, commitment, and competence, the opportunity for people with ID/DD to become full citizens and active community members is greatly diminished." Lower turnover means greater continuity in the relationship between the DSP and the supported person, leading to better outcomes for that person (Hall and Hall, 2002).

Contributing to the high retention rate and associated QOL for people with DD is the Camphill practice of working side-by-side with new staff and members to provide coaching, mentoring and supervision. Studies have shown that new DSPs who were supported by their coworkers were more likely to stay than those who were not (Bachelder and Braddock, 1994).

Camphill/AmeriCorps members receive training and hands-on job skills during their service which make them ideal recruits into a profession which urgently needs a competent, committed workforce. Noting that "minimally competent DSP performance involves mastery of dozens of specific skill areas", the aforementioned Report to Congress notes that along with ensuring sufficient numbers

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of DSPs, there is the need to ensure that DSPs are "sufficient in skill and experience to meet the complex support needs of people with ID/DD."

Our request is for 100 full-time MSYs who will serve in 11 sites in 7 states (CA, MN, NH, NY, PA, VT, WI). We rely on staff at the local site level to assess their site's needs, and then determine numbers of MSYs per site based on this projection, total MSYs available, and our confidence in the sites' capacity to manage a certain number of members. Over the past 12 years, our MSY request increased from 20 to 100 to accommodate increased demand, as sites expanded their services and recognized the value members bring to their work. Many of the MSY slots go to members who opt to do a second term - in recent years, this has been a full 40%.

c. EVIDENCE-BASED/EVIDENCE-INFORMED AND MEASURABLE COMMUNITY IMPACT: Members perform their service within an intentional community of people with and without DD living, working and learning together, primarily in rural, agriculturally-based settings around the country. Their service is based on the premise that every individual has valuable contributions to make to the world, and that these contributions can be nurtured and developed through patient and dedicated support. The strength of member interventions is rooted in the proven effectiveness of the Camphill approach to addressing QOL for people with DD.

A 2009 study by the Urban Land Institute and the Southwest Autism Research and Resource Center, in conjunction with Arizona State Univ., identified "agricultural communities for adults with autism" as one of 5 out of 100 models surveyed that represented "innovations in housing with promising potential applications for the special needs population in general and the ASD [Autism Spectrum Disorder] population in particular." The study noted these communities are "proven hybrid models" combining residential living with farm and community-based employment. It goes on to note, "Occupations are chosen by residents according to their individual preferences and skill levels. Vocational training and generalized life skill instruction is also provided. The employment options are varied and flexible... Recreational and leisure activities are abundant and accommodate all lifestyles ... This combination of housing and flexible, stable, individualized and meaningful work in a non-urban setting is appealing to many adults with autism and their families." This model bears a marked resemblance to Camphill communities; indeed, most sites are members of the Agricultural Communities for Adults with Autism consortium.

For decades, the Camphill movement has been a leader in the human services field by modeling care-giving relationships based on mutual respect and interest. Dr. Charlie Lakin, a leader in the field and the current Director of the National Institute for Disability and Rehabilitation Research, reflected:

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"We have found many ways to provide people with DD with a physical place in our communities, but we must all admit how often we struggle in helping them become a true and valued part of those communities. Camphill starts where so much of what we have created in community services struggles to arrive." Dr. Lakin continued, "If Camphill understands anything, it's service. Somehow [society at large] has got to transform our system into one where service is brought back into the understanding of what the direct care role is." (Camphill Symposium, 2001)

Camphill communities have been recognized with the distinguished Service Award from the American Association on Intellectual and Developmental Disabilities for "outstanding contributions to the field" in the area of improved service to individuals with ID/DD.

Within this proven model, members provide a baseline level of support to all individuals with DD in their site through daily interactions based on respect and positive approaches. Additionally, members provide a higher level of individualized support to a subset of people with DD at each site to help increase adaptive behavior and functionality in activities of daily living, allow people to attend school and/or participate in a workplace, facilitate community and social involvement in integrated settings by, among other things, providing transportation, ensure people live in environments of respect and have the best possible health, and enable self-determination by working with people to make choices and decisions and to define and work towards personal goals. These interventions have been established as "significant predictors" of QOL-related personal outcomes, as reported in a meta-analysis of dozens of studies by Schalock, Bonham & Verdugo in 2008. While the design of interventions necessarily varies, the learning of a new skill or participation in a new activity will typically involve a member-to-supported individual ratio of 1:1, while support to maintain skills or participate in ongoing activities will typically involve a member-to-supported individual ratio of 1:3. A meta-analysis of effective learning practices found that three to four-person groups provided an optimal learning environment, with students benefiting from peer helping, adjustment of learning objectives and pace of instruction, and the development of social and communication skills because of the "need and opportunity to work with others to learn" (Lou & Abrami, 1996). Support will be provided for at least 5.5 hours per day, echoing the guidelines for the minimum number of instructional hours set out by most states' educational codes, including those for the education of people with special needs (PA Code Title 22, Ch. 11 is one example).

Participation in a range of activities of everyday life is positively associated with increased levels of personal well-being, health, and happiness (Law, 2002). However, people with DD experience significant limitations on the activities in which they can fully participate without supports. People

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with DD are vulnerable to risks due to inadequate response systems, interpersonal competence, social judgment, or decision-making skills (Greenspan, 2006). These risks are not inconsequential: individuals with DD experience abuse at rates 4 times that of the non-disabled population (Sobsey, 1994). Because individuals with DD can be highly naïve or suggestible, they can be "exceedingly vulnerable (socially, academically, practically) unless they are given formal or informal supports and systematic backup protections" (Snell, 2009). However, "research supports interventions that effectively counter these characteristics, such as teaching appropriate interactions and self-managing conversations with typical peers" - also called adaptive behavior (Carter & Hughes, 2007). Risk reduction is just one aspect. Many people with DD can also contribute to the economy as employees "when given adequate training and on-the-job supports" (Mank, 2007) and when they are supported to learn how to make informed decisions and take responsibility for their choices (Wehmeyer & Palmer, 2003). This also applies to academic achievement: "Many people with significantly limited intellectual ability and adaptive behavior may be competent learners in supported settings in which learning is strategically and formally designed and appropriate supports are provided" (Snell, 2009).

People with DD who increase their functionality in adaptive behavior and activities of daily living can assume valued social roles - such as "student", "worker" or "friend" - thus enhancing their QOL (Wolfensberger, 2000). People with DD can experience genuine social inclusion - defined as increased social ties or perceived social support - through expanded networks of natural support. Participation in community groups, holding roles that are recognized in the community (such as "board member"), and using community facilities such as libraries are predicated upon the ability of people with DD to access these opportunities. A meta-analysis by Hall (2009) found that accessibility, appropriate accommodations, transportation, and information were all necessary for people with DD to meaningfully participate in the community, and that support from care providers was a crucial element of success. All Camphill/AmeriCorps sites report strong efforts to support the social integration of people with DD with the wider community, through facilitating regular and frequent access to community facilities, groups, and events. This level of support pays off in the formation of long-term natural supports built on relationships with community members. One site in WI reports, "Through their access to town, [people with DD] have made their own connections which have led to greater opportunities; eg. a volunteer job at the Food Shelf, a paid job at the airport, a Board membership, invitations to library events."

We will measure impact in the target community over the 3-year grant period through a new self-nominated performance measure tracking personal outcomes in 8 domains that define a multi-

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dimensional QOL, as outlined by the meta-analysis of dozens of international studies by Schalock, Bonham & Verdugo (2008) - Personal development, Self-determination, Interpersonal relations, Social inclusion, Rights, Emotional well-being, Physical well-being, and Material well-being. A pre- and post-survey will be administered to supervisors (householders, instructors, workshop leaders) of people with DD who are supported by AmeriCorps members. They will use Likert scales, which have been demonstrated to provide a reliable method for assessing personal outcomes in psychometrically sound ways (Hartley & MacLean, 2006), to make direct observations of the life experiences and circumstances of the person with DD by answering several indicator questions for each of the 8 domains. These "objective responders" have a demonstrated efficacy for the purpose of program evaluation and quality improvement (Schalock & Felce, 2004). Data will be collected for the pre-survey by Sept. 15 and for the post-survey by June 15. We expect that 300 people with DD, comprised of 132 children and young adults and 168 adults, will receive individualized supports from members in home, classroom, work, and social settings. Of this number, we expect that 75% of supported children and young adults with DD - a total of 99 people - will experience an increase in at least 3 domains of QOL, reflecting the generally faster pace of skill development and activity participation for younger people. We expect that 50% of supported adults with DD - a total of 84 people - will experience an average increase in at least 3 of the domains of QOL, reflecting a more moderate pace of skill development and activity participation.

When assessing impact and the overall change expected within the target community, it is important to note that people with DD "require the provision of ongoing, extraordinary patterns of support ... When those supports are made available: (a) Their functioning in typical life activities in mainstream settings is enabled, but (b) their improvement does not remove the possibility that they will persist in needing ongoing supports" (Snell, 2009). Thus, even with consistent and effective member support, our targets for the enhancement of QOL will remain the same in each year of the 3-year grant period.

FOR CURRENT GRANTEES: We met or exceeded our performance targets in the last program year. AmeriCorps members provided intensive, one-to-one support to 294 individuals with DD, exceeding our target of 250 by 18%. We met our target intermediate outcome for 40% of children and adults to make gains in home AND work activities. While on the surface we appeared to not meet the goal of 75% of children and adults maintaining stability in social life, personal care, home care and classroom/work activities, this was because a higher percentage made gains in these areas, thus exceeding the definition of "maintaining stability". Our PMs have been completely re-worked for the

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2013 grant year to better track QOL-related personal outcomes (described above).

d. MEMBER RECRUITMENT: Recruitment efforts are diverse and energetic. AmeriCorps service opportunities are featured on the website of every site, the website for Camphill in North America, and the MyAmeriCorps website. Sites promote AmeriCorps service through a cross-platform approach, integrating service messages across their website, social media, newsletters, and community outreach. Most sites report outreach to several colleges - attending career fairs, posting at career centers, having members present to classes - and hosting service-learning opportunities for students. Word-of-mouth is an important recruitment vehicle, and AmeriCorps alumni are regularly tapped to share their experiences with friends and families, at their alma maters and in other community forums.

Sites implement recruitment practices to enhance participation of underrepresented groups. Reports one, "Our residents are diverse and therefore best served by diverse individuals who can bring something unique to us." As most sites are rural, local recruitment focuses on rural or small-town residents who learn about AmeriCorps service opportunities through sites' hosting of open houses, booths at farmer's markets and/or craft fairs. The regional Coworker Development Office posts service opportunities on VetSuccess.gov to recruit veterans. One site reaches out to disadvantaged youth by hosting a high school class from a disadvantaged urban area for camping weekends twice a year, and AmeriCorps members from two sites collaborate to cook and serve a weekly dinner to community members of all socio-economic backgrounds.

e. MEMBER TRAINING: Members participate in an orientation at their service site that is geared to their specific service activities and the context of that particular Camphill community. Practices range from an intensive one-week session with only staff and other AmeriCorps members to a series of sessions within the first month of service. Within the orientation, members receive training on AmeriCorps policies, procedures, and prohibited activities from the Program Director or site supervisor.

Ongoing training provided to members consists of a combination of formal instruction and informal on-the-job coaching. This approach allows members to hone their approach to their service by drawing on theory and best practices, witnessing modeled behavior, having continuous opportunities to ask questions, and receiving immediate, actionable feedback.

In addition to the more time-intensive training during orientation, ongoing formal instruction is provided to members at every service site at an average rate of 2.4 hours per week for the term of service. Required training topics include First Aid, CPR, medicine giving, non-violent crisis intervention, food safety, fire safety, and abuse prevention and reporting. Many sites provide

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additional training in the history of the disability rights movement, the history of Camphill, and introductions to the Camphill approach to working with children, young people and adults with special needs. Members also receive many additional training hours through side-by-side, on-the-job coaching specific to their job duties and/or to the individuals they are supporting.

This training gives members technical skills in direct care support for people with DD. In addition, a Camphill/AmeriCorps survey conducted in 2008 found that alumni acquire highly-transferable "soft" skills in teamwork, interpersonal relationships, and communication to a high degree. Says an alumnus, "The impact the Camphill/AmeriCorps program had on me was huge. They tried to foster skills useful for the immediate work but also nurture the service members in their greater personal development." Another alumnus reports, "This experience has not only prepared me for my future education, but has also given me the gift of relationships with people from all walks of life, thereby teaching me tolerance, compassion, and many practical life skills." Other alumni note that Camphill "promotes adaptability and will power" and "provides excellent work and life skills" at hand of a unique and challenging service experience.

Members receive training around prohibited activities throughout their service. The topic is addressed in introductory documents sent to the member prior to the start of service, the member contract, member handbook, and orientation. The site supervisor reviews time sheets and can immediately address any issues of non-compliance based on the member's description of service hours. Immediate supervisors of members receive annual training on prohibited activities which is documented by the Program Director, and continually monitor for compliance.

There are safeguards in place to ensure that volunteers generated by members do not engage in prohibited activities with member involvement. In some sites, volunteer activities are vetted through the site supervisor; in other sites, site supervisors orient volunteers directly.

f. MEMBER SUPERVISION: It is Camphill's practice to closely supervise members via side-by-side coaching in their initial period of service. Members are not left alone with people with DD in their first 4-12 weeks, but work with an immediate supervisor in each work setting (home, classroom, or workshop). This provides opportunities for the member to witness modeled behavior and ask questions, creating a continuous feedback loop. When the member has demonstrated mastery of core competencies or completed the required state-mandated trainings for licensed sites, they can be alone with individuals with DD with indirect supervision, administer medications, provide transportation, and perform other duties which carry greater responsibilities.

The immediate supervisor's engagement with the member is a critical component of the success

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of member training and retention. Hall & Hall (2002) demonstrated the link between supervisors' engagement and turnover of DSPs in a study of 50 years of literature on the subject.

Immediate supervisors of members are coworkers or staff who have worked at the site for at least a year; most have leadership roles in the community, training in social therapy or curative education, and years of experience in direct care support, community building, homemaking, crafts, gardening, etc. Individuals in leadership roles attend weekly meetings in their focal area to discuss issues and share best practices. Many access ongoing professional training. At each site, recruitment staff and site supervisor check in regularly with immediate supervisors to gauge members' progress and address issues of concern as they are identified.

g. MEMBER EXPERIENCE: The Camphill life-sharing model gives members a true immersion experience that has a transformative effect on the member and a ripple effect in the larger society. Sharing in the fullness of life alongside people with DD gives members new perspectives on people who are marginalized, identifies new career priorities, and gives them a wide-ranging set of practical tools they can use throughout their lives.

We measure long-term impact on members through alumni surveys conducted every 3 years, and have found that those who volunteer through AmeriCorps in Camphill communities emerge with a high level of commitment to serve those around them. The 2012 survey (with 108 respondents) revealed that 67% of Camphill/AmeriCorps alumni went on to careers in social service fields. Of those, 69% work with people with DD, 29% with the elderly, and 37% with at-risk youth. Given the looming national crisis in the supply of DSPs predicted by 2020 (U.S. Health and Human Services Report to Congress, 2006), it is crucial to note the success of Camphill in helping to inspire and train this next generation of care providers. Says one alumnus who went on to work in the field, "My time spent in Camphill was formative to developing respect and a person-centered approach to working with others."

The Camphill/AmeriCorps program offers opportunities for members to experience significant personal and professional growth. One alumnus notes, "I believe that this AmeriCorps service is unlike any other. I decided to do a second year of AmeriCorps to get a feel for other programs. My second program, though very influential and powerful, was nothing like my year with Camphill. I believe I have grown into a better, more confident leader for my community."

Members are offered many opportunities to reflect on their service. Every member is paired with a mentor with whom they meet on a regular basis. All sites conduct individual 30-day check-ins, 6-month reviews, and exiting conversations.

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Members are supported to develop their identity as AmeriCorps members participating in a larger national service movement. The word "Camphill" has been professionally added to the AmeriCorps logo and is printed on t-shirts given to every member. Members are encouraged to wear their AmeriCorps tees while coordinating volunteer activities and giving presentations in the community. AmeriCorps members are identified in the newsletters produced by each site. Starting last program year, we instituted a practice of sending press releases to the home towns of members announcing their service in the Camphill/AmeriCorps program.

Seven sites host gatherings of Camphill/AmeriCorps members from multiple communities for orientation and a mid-year review to share experiences and lend mutual support. Members at two nearby sites meet each week to cook and serve a dinner to 50-60 people from a variety of socioeconomic backgrounds in a nearby town. One site in rural VT hosts annual conferences which are attended by Camphill/AmeriCorps members from around the country.

Members have opportunities to interact with members in other programs. One site in WI invited AmeriCorps members from every program in MN and WI to a camping weekend, attracting about a dozen participants; the site also regularly participates in joint service activities with the MN state commission. Sites in NY and VT attend their state's Kick-Off events.

h. VOLUNTEER GENERATION: Camphill/AmeriCorps members are responsible for initiating 2 volunteer projects during their service year. Last year, 621 volunteers were mobilized in over 100 activities at the 11 sites. Members engage in two distinct types of volunteer activities. They recruit volunteers from the wider community to address site-specific needs, while raising awareness of the program and giving community members a positive experience working with individuals with DD. They also facilitate the participation of individuals with DD in volunteer activities in the wider community, thus bringing them positive recognition and new social connections.

Volunteer activities correspond to the needs of the site. In VT, members recruited several local volunteers to build a needed footbridge and bread oven. The site supervisor reported, "These types of projects enhance community infrastructure, so they carry an enduring value." Frequently, new associations develop that outlast a particular volunteer activity. Just one example involved a group of college students who performed service learning volunteer activities at a site in PA and returned the following semester as interns.

Members are responsible to advertise volunteer opportunities, to recruit and manage the volunteers, and to organize the activity to make the best use of each volunteer. Afterwards, the site supervisor ensures the volunteer stays engaged by receiving newsletters, invitations and other

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communications on an ongoing basis. Site supervisors vet proposed volunteer projects to ensure that no prohibited activities are planned, or meet with volunteers and members prior to the start of the activity to discuss these rules. Brochures, posters, fliers, Facebook, VolunteerMatch postings and radio announcements are the most commonly used marketing tools.

i. ORGANIZATIONAL COMMITMENT TO AMERICORPS IDENTIFICATION: Camphill sites are committed to branding national service. They demonstrate this commitment through the incorporation of the AmeriCorps name and logo (which has been professionally modified to include "Camphill") on each site's website; recruitment materials including printed brochures, career fair displays, and application forms; t-shirts given to each member; and as a new practice, press releases sent to the hometown newspapers of members to announce the start of their AmeriCorps service, drawing on talking points from CNCS press kits. The AmeriCorps logo appears on all member forms, including the handbook.

Organizational Capability

a. ORGANIZATIONAL BACKGROUND AND STAFFING: The international Camphill movement began in Europe in 1939 when Dr. Karl Koenig, an Austrian pediatrician and educator, fled the Nazi invasion and settled in Camphill, Scotland, with a group of young physicians, artists and caregivers. There, they created a social alternative to the discrimination and violence perpetrated upon marginalized populations. A community formed around a group of children who had special needs, bringing caregivers, educators and their families together to "life-share". The genuine encounter with another human being, out of which flows mutual respect and support, was at the heart of that original community - and continues as Camphill's defining characteristic today. Now more than 70 years later, the Camphill movement includes over 100 communities in 22 countries, spanning childhood through old age. In all communities, people with and without DD live and work together, sharing responsibilities in households, working in farm- and craft-based occupations, and creating a rich social fabric which allows each individual to contribute meaningfully to the whole. In the U.S. there are 8 Camphill communities and a dozen similar organizations tracing their roots to Camphill.

Each Camphill/AmeriCorps site is a separate 501(c)3 non-profit organization with a Board of Directors and executive directors for leadership and financial oversight. Sites have a long history of successful operations, with founding dates from 12 to 51 years ago. Coworkers who are committed to the organization in the long term provide ongoing training and supervision to AmeriCorps members. These coworkers often have formal training in the Camphill approach to working with children, young adults, and adults with DD. They provide leadership for individual households, work areas, and

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classes, bringing professional insight and years of experience to their work.

The Camphill/AmeriCorps program is administered by a Program Director (PD) who works for the Camphill Association of North America out of offices in NY. The PD, Lauren Wolff, holds a Master's in Project Management and has successfully administered the program for 11 years. She ensures site compliance with AmeriCorps policies and procedures through regular communication, monitoring and training with sites, conducts member orientations and 6-month reviews in several sites, writes and updates the member and site supervisor handbook, liaises with site supervisors, processes enrollment and exit forms, timesheets, evaluations, volunteer and civics logs, and shares best practices. The PD hires part-time employees to help as needed.

The PD attends AmeriCorps trainings, webinars, and grantee meetings to ensure she keeps abreast of the latest developments in policies and procedures, and has a regular conversation with our CNCS Program Officer to address any potential issues of concern. The PD ensures site supervisors have signed off on a Site Agreement outlining responsibilities every year. She mentors new site supervisors and gives all supervisors update training at an annual conference. She is available by phone or email to answer questions.

Sites provide members with high-quality training. All members receive introductory training during their first year of service; many members are additionally given the opportunity to participate in the first year of a multi-year, professional-level training in curative education, youth guidance or social therapy, which in some sites carries college credits.

The Camphill/AmeriCorps program has demonstrated the capacity to implement a professional impact evaluation. Camphill's evaluation, completed in 2010, was based on the holistic concept of QOL developed by Renwick, Brown and Raphael (1994). Supervisors, administrators, and people with DD in 5 sites took part in evaluator-facilitated focus groups and/or questionnaires. Researchers from the U. of Toronto assisted with data analysis and reporting of QOL Instrument results.

The Camphill/AmeriCorps program has a solid track record of administering 4 AmeriCorps grants over 12 years. We have grown our MSYs from 20 to 100 and have fully funded the office of the PD. Site supervisors provide regular updates to Boards of Directors and executive leaders of each site.

FOR CURRENT GRANTEEES ONLY: The AmeriCorps program enjoys broad support from the participating sites and is well-integrated into the organizations. A site supervisor is allocated office space and time to support the members in each site, and attends annual conferences to receive update training from the PD. The program has been managed well, with reports and documentation having been submitted in a timely manner. The program has performed satisfactorily: we have met

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enrollment targets, maintained an excellent retention rate, and have high numbers of members enrolling for a second term. We have a good record of responsiveness to compliance concerns: issues around spiritual non-participation have been addressed to AmeriCorps' satisfaction, and since corrective measures were taken, no further issues have arisen.

b. SUSTAINABILITY: Sites have successfully raised the additional resources needed to support their AmeriCorps program. Each site makes in-kind contributions to provide members with on-site room and board, use of community cars, and mentoring and training. In addition, sites cover the costs of members' living allowances, health insurance, and criminal history checks. The cost to provide these benefits to members varies by site, but at one site in PA, the cost per member is valued at \$22,333 annually. Thus, the 100 MSYs in the Camphill/AmeriCorps program are supported by \$60,000 from CNCS and about \$2 million from sites each year.

The 11 sites have a record of 12-51 years of operation with annual operating budgets of \$465,000 to \$6.7 million. Budgets are comprised of diverse non-federal sources, including donations, tuition, and/or school district or state funding. Each site met its fundraising goals in 2011; five exceeded them by 5% to 14%. The existing community funding mechanisms are well-developed, diverse and adequate to support Camphill communities into the foreseeable future.

The Camphill/AmeriCorps program has a significant and demonstrated impact beyond the grant period. A 2012 alumni survey found that 79% of alumni continue to be involved with individuals from their service site by becoming staff, returning as short-term volunteers, visiting, or keeping in touch via phone, email, or Facebook. Because these relationships often continue after there is no further service obligation, alumni have effectively turned into natural supports for individuals with DD in the target community, thus meeting an important QOL criterion. Alumni also impact people with DD generally, with 77% reporting that their Camphill/AmeriCorps experience had provided a helpful foundation for them to reach out to people with DD in work, educational or social settings to offer support and/or friendship, and/or to help their fellow students, colleagues or friends to do so. Given the research that concludes that marginalization and exclusion abound even in apparently integrated community settings (Hall meta-analysis, 2009), alumni are making an impact in the social inclusion of people with DD. Alumni enter the social services field at a high rate (67%) after their service. Of these individuals, 69% become direct support professionals (DSPs). Given the impending crisis in the DSP workforce projected by 2020 in a 2006 U.S. Dept. of Health and Human Services Report to Congress, the number of competent, experienced alumni choosing this career has a remarkable impact on a national level.

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Sites have a wide range of long-standing community stakeholders and partners. Members help people with DD to become engaged in their communities through supporting their participation in social, cultural and volunteer activities available through local schools, high schools, colleges, Special Olympics chapters, musical groups, artist cooperatives, food banks, and community gardens. Nine sites have relationships with state agencies that provide licensing, quality assurance, guidance and/or oversight. Partners help determine the right fit between activities offered and Camphill residents. Partners contribute to long-term sustainability by providing ongoing outlets for community involvement for people with DD via relationships with sites that have been cultivated for years.

c. COMPLIANCE AND ACCOUNTABILITY: We have monitoring practices in place to ensure full compliance with AmeriCorps rules and regulations, including those related to prohibited activities, across all service sites.

Member and site supervisor handbooks are updated annually by the PD to ensure they reflect the latest rules and regulations. These handbooks contain specific examples of situations which may be commonly encountered at sites and give guidance as to how to proceed. The PD collects updated Site Agreements every year which outline the site supervisor's duties and responsibilities, supports new site supervisors as needed and conducts annual update training. The PD personally conducts member orientation and a 6-month review at 5 sites, which encompass 75% of Camphill/AmeriCorps members; these sessions are conducted by site supervisors at the remaining sites, using outlines and talking points prepared by the PD.

There is a high level of awareness throughout sites for prohibited activities. As a spiritually-based organization, we have dealt with issues around spirituality and prohibited activities during our 12-year AmeriCorps history. In those few cases, we took immediate corrective action and now have multiple safeguards in place around this issue. Most recently, we have required the subject of prohibited activities, including spiritual non-participation, to be discussed in a yearly meeting with all immediate supervisors of members at each site; this meeting is documented and sent to the PD. This policy and example situations were re-written and approved for use by the CNCS Program Officer; the policy is included in the member's service description, the PD performs random telephone audits to gauge members' experiences, and mentors know the policy and ask members about their experiences.

To ensure continued compliance, the PD conducts site visits to meet with site supervisors and individual members as needed. To maximize efficiency of site visits, a risk assessment process is used to prioritize monitoring activities and a site monitoring tool is used to ensure all critical topics are covered. Between site visits, the PD maintains ongoing contact through email and phone. Together,

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these methods provide an opportunity to identify and address noncompliance issues, needs for training, and best practices.

The PD conducts training for site supervisors at an annual conference, prioritizing skill development and program infrastructure issues gleaned from site visits.

Compliance issues are detected in a number of ways. The PD monitors timesheets for compliance, ensures no prohibited activities are logged, and performs site visits. If issues are noted, they are taken up immediately with the site supervisor and member. If serious or ongoing issues are detected, the PD has authority to speak with the executive leaders at the site to address the situation. Remediation can include re-training of members and/or site supervisors or increased levels of supervision.

FOR CURRENT GRANTEES: Demonstrated Compliance: In the 2011 program year, we enforced compliance with AmeriCorps and Camphill rules and regulations with the exiting of 4 members, including 1 dismissal for misconduct and 3 for violations of the drug and alcohol policy. In these incidents, communication and documentation was clear, quick and thorough at all levels.

Enrollment: Our total enrollment for the 2011 program year was 100%.

Retention: We retained 93% of members in 2010 and project 91% retention in 2011. We consider this excellent, given the demanding nature of our program and the strict rules we have to protect our vulnerable population, such as a zero tolerance for alcohol on campus.

FOR MULTI-STATE APPLICANTS ONLY: The PD has formally consulted with the state commissions in all sites and has received acknowledgment of this consultation. Contact information for state commissions and service sites have been exchanged so that entities can stay in touch regarding trainings, joint volunteer opportunities and events of mutual interest.

The Camphill/AmeriCorps program is comprised of 11 service sites in 7 states: Camphill Communities California (CA), Camphill Village Minnesota (MN), Lukas Community (NH), Plowshare Farms (NH), Camphill Village USA (NY), Triform Camphill (NY), Camphill Soltane (PA), Camphill Special School (PA), Camphill Village Kimberton Hills (PA), Heartbeet Lifesharing (VT), and Community Homestead (WI).

The initial qualifying criterion for participation in the Camphill/AmeriCorps program is membership in either the Camphill Association of North America (CANA) or the North American Council for Curative Education and Social Therapy (NAC). Both governing bodies have stringent protocols regarding administrative, programmatic and financial viability for members. A secondary criterion is the evaluation of the PD as to the capability of the site to provide effective administration and executive backing for the program; this includes the human resource capacity to give site

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supervisors the time and resources to work effectively, and to ensure they participate in annual update training. Site membership is re-evaluated annually based on the site's record of compliance with AmeriCorps rules and regulations, responsiveness to issues raised by members or the PD, and recruitment and retention rates.

The site selection process incorporates the criteria required by AmeriCorps regulations 45 CFR 2522.475. A prerequisite for site selection is the membership of the service site in CANA or the NAC.

a.) The quality of the Camphill/AmeriCorps program in providing QOL for people with DD in an intentional community setting has been demonstrated by an internal impact evaluation; b.) The innovative aspects of the Camphill model and the potential of replication have been corroborated by a study in 2009 by the Urban Land Institute and the Southwest Autism Research and Resource Center, in conjunction with Arizona State Univ., which identified "agricultural communities for adults with autism" as one of 5 out of 100 models surveyed that represented "innovations in housing with promising potential applications for the special needs population in general"; c.) The sustainability of the program is well established with a successful 12-year track record of AmeriCorps participation, and sites in operation from 12-51 years. d.) Leadership quality has been strong and consistent over the past 11 years with a Program Director who enjoys broad support from all sites; the program has met enrollment targets, has a high retention rate, and has a record of responsiveness to concerns; e.) All sites practice recruitment from their local areas through participation in community activities and active outreach to local colleges. People with DD outline needed supports through person-centered planning processes, and members are supported to take on greater levels of responsibility after demonstrating mastery of core competencies; f.) All but one of the 11 service sites is located in an area designated as rural according to Federal data; and g.) Not all states in which sites operate include services to people with DD in their state service plans, although each state has a long list of people with DD who are waiting for services. Replication of services is not an issue, as only the Camphill/AmeriCorps EAP and L'Arche serve people with DD in intentional communities; Camphill operates in 4 states in which L'Arche does not, and in different areas of the 3 states in which L'Arche does operate. Camphill continues to be available to provide guidance and assistance to others wishing to start communities based on this model.

Further, the site selection process incorporates criteria required by 45 CFR 2522.450. The program model of Camphill/AmeriCorps sites "support the efforts of community organizations, including faith-based organizations, to solve local problems", as per (a)(1), where Camphill communities are the community organizations addressing the need to provide services for people with

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DD; program activities support "independent living for seniors or individuals with disabilities," as per (b)(5), when independent living is defined as "performing as many activities of daily life as independently as possible," and noting that Camphill communities are based on interdependence and shared responsibilities; and programs support distressed communities, with 10 of 11 sites operating in areas designated as rural by Federal data, as per (c)(6).

The Camphill/AmeriCorps program has no funding relationships with its sites. Each site is a separate 501(c)3 non-profit organization responsible to raise operating funds for its program.

Budget/Cost Effectiveness

a. COST EFFECTIVENESS: The Camphill/AmeriCorps program budget is exceptionally cost-effective. Our request for \$600/MSY does not represent an increase, and is 25% lower than the maximum possible request. Each year, with 100 MSYs and a \$60,000 grant from CNCS, the Camphill/AmeriCorps program is able to support 170,000 hours of member service to over 500 people with DD in 11 sites across 7 states to enhance their QOL. This equates to just \$.35/service hour. Over the last 5 years, we have received \$360,000 in support from CNCS.

FOR CURRENT GRANTEES ONLY: The Camphill/AmeriCorps program has asked its members to formally and informally engage in strategic initiatives identified by the CNCS. Members mobilize more volunteers by initiating two volunteer projects during their term of service, one helping people with DD to volunteer in the wider community and one helping people in the wider community to address needs in Camphill sites. As the incidence of natural disasters has increased in recent years, members have also become involved with emergency response, including community back-up plans to deal with extended power outages. Infrastructure takes longer to be repaired in the mostly rural communities in which Camphill operates, making self-reliance and an effective emergency response especially critical.

b. BUDGET ADEQUACY: FOR EAPS: The Regional Coworker Development Office (CDO), which administers the Camphill/AmeriCorps program, is funded by CANA. The fixed-award amount goes towards program administration expenses and is approximately 50% of the CDO's budget.

As stated above, the Camphill/AmeriCorps program has no funding relationships with its sites. Each site is a separate 501(c)3 non-profit organization responsible to raise operating funds for its program. Sites raise the additional resources needed to manage and operate AmeriCorps programs beyond the fixed amount. Each site provides members with room, board (including utilities and telephone use), living allowance, health insurance, use of community cars, criminal history checks, mentoring and training. The cost to provide these benefits varies, but at one site in PA, the cost is

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valued at \$22,333/member annually. Thus, the 100 MSYs are supported by \$60,000 from CNCS and about \$2 million from sites annually.

The 11 Camphill/AmeriCorps sites have a record of 12-51 years of operation with annual operating budgets of \$465,000 to \$6.7 million. These budgets are comprised of diverse non-federal sources. All sites met or exceeded their fundraising goals in 2011. Sites' existing funding mechanisms are well-developed, diverse and adequate to support them into the future.

Camphill communities provide an extraordinary level of service to people with DD in a cost-effective way. At one site in PA, the cost of providing residential and day program services to an individual with DD is \$46,700/yr. In PA, the cost of providing these services in Medicaid-funded Intermediate Care Facilities for people with mental retardation was \$162,178 (Larson, et al., 2010). This represents a 71% cost savings for people with DD receiving services in a Camphill community, and considerably reduces Medicaid expenses for the state.

Evaluation Summary or Plan

Evaluation report completed in 2010 submitted. The Camphill/AmeriCorps program will undertake another internal evaluation in the upcoming grant cycle that will build on the last evaluation.

Amendment Justification

N/A

Clarification Summary

N/A

Continuation Changes

N/A