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Executive Summary

Fifteen AmeriCorps members, serving at Area Health Education Centers (AHEC) across the nation, will implement the Mental Health First Aid (MHFA) program, certifying citizens across the nation in MHFA. At the end of the three year project (Oct 2013-Sept 2016) 45 AmeriCorps members will become MHFA Instructors and 3,000 citizens will be MHFA certified. 2,250 MHFA certified individuals will report an intention to provide MHFA in their communities and 1,500 MHFA certified individuals will report providing MHFA in their community within one month of receiving certification. AmeriCorps members will leverage an additional 400 volunteers to combat stigma and build a cultural of understanding and respect for people with mental illness. This project will focus on the CNCS Tier One National Performance Measure D4, number of individuals that received CNCS-supported services in disaster mitigation. The CNCS investment of \$195,000 will be matched with \$347,152 for a total program budget of \$542,152.

Rationale and Approach

I. PROGRAM DESIGN

A. NEED

The United States of America has been plagued with significant mass shootings in public places such as elementary and high schools, college campuses, movie theaters and shopping malls resulting in the loss of many innocent lives. According to several national authorities, including the Federal Emergency Management Agency (FEMA), mass shootings are defined as a man-made disaster. According to FEMA man-made disasters include armed attacks which can last anywhere from minutes to days and the impacts of man-made disasters can be localized and even limited to a single building. (1) In 2012 alone, three communities have suffered from a mass shooting including Newtown, CT; Oak Creek, WI; and Aurora, CO. At least 27 additional mass shootings, defined by the Federal Bureau of Investigation as 4 or more victims killed were perpetrated on the American people since 1984, as reported by the Citizen's Crime Commission of New York City. (2) This includes the mass shooting in Tucson Arizona (2011), Fort Hood in Fort Hood Texas (2009), Virginia Polytechnic Institute in Blacksburg Virginia (2007) and Columbine High School in Littleton Colorado (1999). Numerous studies have been completed which demonstrate a link between the perpetrators of mass shootings and mental illness. According to a study conducted by Langman, of ten school shooters examined, all were categorized into three types: traumatized, psychotic, and/or psychopathic. These shooters included those known from media reports including the shooters at Columbine High School

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and Virginia Polytechnic Institute and other less known shooters including one from Springfield, OR who killed four people and wounded 25 others. (3) McGee and DeBernardo studied 14 cases of adolescent mass murderers and concluded that these adolescents tended to be depressed, with features of several personality disorders, including paranoid antisocial and narcissistic. (4)

The culture surrounding mental illness and prevalence of mental illness in the United States (US) is an important factor to understand when working to mitigate the man-made disaster of mass shooting.

According to a rigorous health survey conducted by the Centers for Disease Control (CDC) in 2004, an estimated 25% of adults in the US - approximately 57.7 million Americans - reported having a mental illness in any given year. That means in a family of four, one member likely has a mental illness.

Lifetime prevalence rates of mental illness in the United States were around 50%. (5) One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24. (6) Despite effective treatments, there are long delays, sometimes decades, between the first onset of symptoms and when people seek and receive treatment. (7) Treatment may be delayed because of the cultural stigma associated with mental illness. About 6% or one in 17 adults live with a serious mental illness such as major depression, anxiety disorder, schizophrenia or bipolar disorder and about one in 10 children live with a serious mental or emotional disorder. (8) CDC data collected from various surveys measuring depression suggest that the rate of depression in the US is approximately 9% meaning between 1 in 14 people meet the criteria for clinical depression. In 2008 the rates of reported lifetime diagnosis of depression was 16.1%. (5)

While the vast majority of Americans with a mental illness are not violent, recent mass shootings have highlighted how some cases of mental illness can develop into crisis situations if individuals do not receive proper treatment. In the wake of the most recent mass shooting at Sandy Hook School the nation's attention has turned to mitigating these man-made disasters. FEMA defines mitigation as any sustained action taken to reduce or eliminate long-term risk to life and property from a hazardous event. The goal of mitigation is to decrease the need for response as opposed to simply increasing the response capability. Although man-made disasters may not be as easy to identify and predict as some natural disasters, the benefits of planning for such events are the same: improved disaster resilience, community involvement in the process, new partnerships between sectors, facilitating funding priorities and more sustainable communities. FEMA states that communities of all sizes are increasingly aware of their vulnerability to man-made disasters including mass shootings. (1) However, awareness is of no value unless it is translated into action. Sustained action must be taken in communities across the nation to mitigate the long-term risk to life posed by mass shootings.

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Part of the solution to mitigating these man-made disasters is to develop strategies that improve access to mental health care for people with mental illness and reduce the cultural stigma associated with mental illness by building a culture in schools and communities that teach children and adults to understand and respect others with mental health issues. Less than half of children and one third of adults living with diagnosable mental illness receive the treatment they need. (9) The symptoms of severe mental illness often emerge slowly over time and can be difficult to detect without basic information on what to look for. Even when friends and family of someone who appears to be developing mental illness can tell that something is amiss, they may not know how to intervene or direct the person to proper treatment, which means that all too often, those in need of mental health services do not get treatment until it is too late. While the vast majority of Americans with a mental illness are not violent, recent mass shootings have highlighted how it only takes one case of untreated mental illness to develop into a crisis situation. MHFA is a cost effective mitigation strategy for communities to use that has the potential to save lives and minimize community disruption. MHFA is an evidence-based program that should be employed to train a large cross section of the population with the skills to identify mental health issues early and help individuals get the treatment they need before dangerous situations develop. This proposal does not propose that mental illness makes individuals commit mass shootings, but that untreated mental illness is a key contributing factor. Creating a culture of MHFA can and will contribute to the mitigation of these types of events. MHFA provides an ideal forum to engage communities in discussing the signs and symptoms of mental illness, the prevalence of mental health disorders, the effectiveness of treatment, how to engage people in services and reducing the stigma of mental illness.

B. AC MEMBERS AS HIGHLY EFFECTIVE MEANS TO SOLVE COMMUNITY PROBLEMS

AHEC AmeriCorps members will implement the MHFA program as a man-made disaster mitigation strategy in the communities they serve. The AHEC-AmeriCorps Program will train 15 full-time AmeriCorps members as MHFA Instructors. After completing the five day MHFA Instructor course, AHEC AmeriCorps members will be committed to disseminating MHFA in their communities certifying teachers, students, community health workers, public health officials, law enforcement and other community members in MHFA. AHEC AmeriCorps members will hold MHFA training classes to increase the number of people certified in MHFA in communities across the nation. MHFA training is a 12-hour course designed to give laypeople key skills to help someone who is developing a mental health illness or experiencing a mental health crisis. The evidence behind the MHFA program

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demonstrates that it builds mental health literacy, helping the public identify, understand and respond to signs of mental illness. Just as Cardio Pulmonary Resuscitation (CPR) training helps a layperson with no clinical training understand the prevalence of cardiovascular disease and how to assist an individual following a heart attack, MHFA training helps a layperson understand prevalence of mental illness and how to assist someone experiencing a mental health crisis. AHEC AmeriCorps members will be teaching laypeople a 5-step strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Participants are also introduced to risk factors and warning signs for mental health problems, build an understanding of the impact of illness on individuals and families, and learn about evidence-supported treatment and self-help strategies. AHEC AmeriCorps members will be responsible for implementing the MHFA training course from beginning to end including outreach to the community to effectively market the trainings. AmeriCorps members will send out press releases, hold informational sessions in the community and work with local partners in order to recruit appropriate participants for the MHFA training. AHEC AmeriCorps members will conduct evaluation activities of the MHFA training classes they complete including an evaluation administered immediately after the class and a follow up evaluation administered one month after the certification class in order to track changes in participants' attitude and behavior as a result of the training.

AHEC AmeriCorps members will be selected based on their demonstrated ability to accurately and effectively transfer knowledge, information, and resources and to communicate with learners to motivate, engage, and encourage empathy. People looking to enter into the mental health care workforce will be highly sought to serve as AmeriCorps members including backgrounds in psychology, counseling and social work, providing the project with firsthand knowledge of the important issues effecting this priority population. Additionally, other high caliber AmeriCorps members will be recruited with experience in community outreach, mental health, and teaching. As part of this program, AmeriCorps members will learn and grow in a professional setting building upon their education and past experience positioning them to achieve their future goals. This service experience will give AmeriCorps members unprecedented exposure to the mental health field, affording them the opportunity to expand their professional portfolio during their term of service. AmeriCorps members will be empowered as important community change agents. As MHFA instructors, AmeriCorps members will be on the frontlines of the MHFA program and the key link to members of the public receiving MHFA training. Civic-minded AmeriCorps members will expand the reach of the MHFA program increasing awareness of mental health illnesses and access to mental

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health care and social support services for people living with mental illness.

FEMA states that there is little federal funding specifically earmarked for state and local use in mitigating against man-made disasters, largely due to the fact that man-made disasters can occur almost anywhere and can affect a wide range of people, facilities, and systems. (1) In these times of shrinking budgets AHECs are unable to hire staff to pursue this important and time intensive initiative. However, the AHEC Program is in a position to provide AmeriCorps members with the resources and partnerships necessary to provide community members MHFA training that otherwise would not be available to them. The partnership between AHEC and AmeriCorps will maximize local resources and bring about positive, significant and sustainable change in communities across the country.

C.EVIDENCE-BASED

The proposed AHEC AmeriCorps program is partnering with the National Council on Community and Behavior Health Care to implement the MHFA Program in communities across the nation. MHFA was created at the University of Melbourne in 2001 by Professor Anthony Jorm, a respected mental health literacy professor, and Betty Kitchener, a nurse specializing in health education. The MHFA Program is conducted in Australia by MHFA Australia, a national non-profit health promotion charity focused on training and research. The National Council for Community and Behavioral Healthcare, the Maryland State Department of Health and Mental Hygiene, and the Missouri Department of Mental Health worked with the program's founders to bring MHFA to the US. MHFA has a strong evidence base. Four detailed studies have been completed and nearly two dozen journal articles published on MHFA indicating its effectiveness. (10) Major findings of MHFA studies found that participants gained a better recognition of mental disorders, a better understanding of treatments, more confidence in providing help to others, improved mental health for themselves, lessened stigmatizing attitudes and decreased social distance from people with mental disorders. Evaluation studies have addressed MHFA's impact on the public, workplace, rural areas, and participant's experiences. (11, 12, 13, 14) A controlled trial completed among Australian rural populations found that those individuals that finished the course immediately demonstrated a better recognition of disorders from individual case descriptions, fewer negative attitudes towards people with mental disorders, increased concordance with health professionals about treatments, and greater confidence in providing help to others and increased likelihood to provide help to others. (15) In 2007, the Youth MHFA Program was launched with the goal of teaching adults who work with youth the skills needed

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to recognize the early signs of mental illness and assist adolescents to get the help they need as early as possible. Mental illness often has its first onset in adolescence. A randomized trial of teachers found that MHFA training increased their knowledge, changed beliefs about treatment to be more like those of mental health professionals, reduced stigma and increased confidence in providing help to students and colleagues. (16) MHFA has been replicated in 14 countries, including: The United States, England, Scotland, Finland, Canada, Cambodia, Hong Kong, Ireland, Wales and Singapore. The AHEC-AmeriCorps program will be reporting on the CNCS National Performance Measure D4, number of individuals that received CNCS-supported services in disaster mitigation. The AHEC-AmeriCorps program will be reporting on efforts to reduce the loss of life from man-made disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. At the end of the three year grant cycle, 45 AmeriCorps members will become MHFA Instructors and 3,000 citizens will be MHFA certified. 2,250 MHFA certified individuals will report an intention to provide MHFA in their community (change in attitude) and 1,500 MHFA certified individuals will report providing MHFA in their community within one month of receiving certification (change in behavior). Performance measure targets were determined based on 15 members being trained as MHFA instructors annually, the resources available to AHEC centers, the length of time necessary for successful completion of the MHFA training, the number of additional activities necessary for AmeriCorps members to market the program and the targeted recruitment of community members and professionals. Evaluation questions previously used in validated and reliable MHFA research studies will be used in order to measure change in attitude and behavior of training participants. (16) Change in behavior and attitude will be measured through paper/online evaluations directly after the MHFA training and during a one month follow up. AmeriCorps members will report all evaluation responses to NWAHEC on a quarterly basis. This data will be compiled in a database in order to accurately track participant data for on-going and annual reporting.

D. MEMBER RECRUITMENT Each AHEC host site will have one to two AmeriCorps members placed in their center. This will allow AHEC staff to focus recruitment on applicants that have the necessary qualifications to successfully complete the term of service with the AHEC-AmeriCorps program. The AmeriCorps position will be posted by Northwestern Connecticut AHEC (NWAHEC) nationally including the AmeriCorps Portal, National AHEC Organization (NAO) communication venues and other public job search engines to ensure a large pool of diverse applicants. Host sites will

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post the AmeriCorps position on local portals including university psychology, counseling and social work departments, local cultural clubs, career services websites, State Department of Labor, Veterans' Centers and job fairs. In accordance with the National Council for Behavioral and Community Health Care, AHEC will recruit members with knowledge of or experience with mental health issues, prior experience in training adult learners, and commitment and capability to roll out MHFA in the community. No specific academic or professional credentials are required for instructor applicants. AHEC is committed to the inclusion of qualified individuals in all its programs. All individuals who are qualified and want to serve their communities should have the opportunity to do so and will be provided reasonable accommodation to apply, interview and serve as an AHEC AmeriCorps member. All host site AHECs will be required to have written non-discrimination policies. AmeriCorps members and service recipients will not be discriminated against based upon race, color, national origin, sex, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service. AHECs historically provide programs and services that engage under represented populations in creating solutions to pressing community health issues and will recruit under represented minorities to serve as AmeriCorps members.

E. MEMBER TRAINING During the first week of service AmeriCorps members will participate in an in-depth program orientation. AmeriCorps members will receive Orientation I from NWAHEC to review important AmeriCorps regulations including prohibited activities, AmeriCorps Member contract, administrative and programmatic roles and responsibilities, program objectives, and anticipated outcomes as detailed in the AHEC AmeriCorps Program Manual. Host site supervisors will provide Orientation II regarding the history and mission of AHEC and an orientation to the local community which members will be working in including other local AmeriCorps programs. Following Orientation, AmeriCorps members will receive the MHFA Instructor training. MHFA Instructor training is a 5-day (32 hours) course offered by the national authorities including the National Council for Community and Behavior Health Care. NWAHEC has spoken with the National Council regarding this proposal and they are eager to partner with NWAHEC to pilot the training of AmeriCorps members as MHFA instructors. MHFA Aid USA has trained and certified instructors from a variety of backgrounds including universities, faith-based organizations, police & criminal justice, mental health authorities and independent trainers. Certified instructors completing the five day course will learn to 1) teach the MHFA program, including the 5-step action plan, evidence-supported treatment and self-help strategies, and prevalence data; 2) present the program with fidelity

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to the evidence based model; 3) apply the program to a range of adult learning styles; and 4) tailor presentations to diverse audiences and learning environments. Instructors must demonstrate mastery of the program through a written test and an evaluated presentation. As part of their development, members will also participate in ongoing trainings throughout their term of service. Trainings will include host site and NWAHEC sponsored trainings, as well as American Red Cross disaster preparedness and response trainings. Training topics will include mental health topics presented by mental health professionals, conflict resolution, professionalism & ethics, civic engagement, teamwork & leadership, life after AmeriCorps and life skills & money management. Member training will not exceed the 20% cap of total service hours.

Host Site Development - Host sites will participate in a full-day program orientation and training, via teleconference, covering the following topics: orientation to CNCS and AmeriCorps; review of the AHEC-AmeriCorps Program Manual which includes a comprehensive description of important AmeriCorps regulations including prohibited activities; Host Site Contract and AmeriCorps Member Contract; AmeriCorps member supervision and performance reviews; and performance measures and data collection. Host site staff will receive an overview of the MHFA program from NWAHEC to include necessary program materials, steps on appropriate evaluation dissemination and data collection. The NAO conference will take place in October 2013. NWAHEC will capitalize on this event by hosting a workshop for host sites designed to build program cohesiveness and reinforce training topics covered in the program orientation and training.

F. MEMBER SUPERVISION NWAHEC will hold monthly site supervisor conference calls to remain connected with host sites and their on-going needs managing AmeriCorps members. NWAHEC will also hold monthly member conference calls to remain connected with on-going member needs. Technical support and consultation will be provided by NWAHEC through Google Groups on an as needed/requested by basis for both host site staff and AmeriCorps members. AmeriCorps members will be supervised by AHEC staff with backgrounds in a combination of fields, including mental health, education, community outreach, as well as staff with previous supervisory experience. Host sites will guide the development of member service. Site supervisors will be required to complete all required paperwork including Quarterly Member Evaluations, Quarterly Performance Reports, Member Final Exit Evaluation, Member Timesheets, and Progressive Discipline forms.

G. MEMBER EXPERIENCE Reflection - Reflection will allow AmeriCorps members to think deeply

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about their experiences, evaluate themselves, explore solutions to complex problems and apply what is learned to future experiences. Reflection allows members to examine the impact their service is having on themselves and those they serve. AmeriCorps members will be required to devote time to reflection questions on the program's Google Groups page to prepare for biweekly discussion among the members to promote unity through peer support and shared experiences. Members will be required to provide program updates to the AHEC AmeriCorps group providing a context to build program cohesiveness and understand the nationwide connection and community impact. The Google Groups page will be monitored biweekly by site supervisors for timeliness and content. Reflection entries will allow members to process, analyze and integrate their service experiences in their work and personal lives. Members will gain a better understanding of the issues facing people living with mental illness and process them on a deeper more personal level allowing AmeriCorps members to achieve a stronger connection with the community and service recipients.

AmeriCorps Connection - Providing appropriate training at the beginning of the service year is crucial to building a connection to and understanding of the AmeriCorps program. AmeriCorps members and host site supervisors will participate in an in-depth training about the Corporation for National and Community Service (CNCS) and how the layers of collaboration work between CNCS, AmeriCorps, AHEC and community partners. Training will cover awareness of multiple branding to include AmeriCorps member identification with multiple organizations, and how to communicate this effectively to the communities they work with. AmeriCorps members will receive AmeriCorps gear, pin and business cards to further build the AmeriCorps brand and sense of identity. A concentrated effort will be made to ensure that members, who are serving in geographically disbursed communities, are connected nationally. Members will be provided with opportunities and tools to communicate with each other throughout the year, including regular communication through AHEC AmeriCorps quarterly webinars, monthly conference calls and biweekly Google Groups postings. Biweekly postings on the Google Groups will be mandatory, including regular open communication on their service and reflection postings. Members will provide program updates to the AHEC AmeriCorps group on monthly conference calls providing a context to understand the nationwide connection and community impact.

Efforts will be made to build relationships between AHEC AmeriCorps members and other AmeriCorps Programs' members in their state. Host sites will maintain contact with their State Commission on Community Service (SCCS) to maximize AmeriCorps network support and collaboration on service events. Host sites will inform members of SCCS trainings, service events and

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beginning and end-of-year celebrations they are eligible to participate in. AmeriCorps members will be encouraged to participate with their state's AmeriCorps Inter-Corps Council if active, giving members the opportunity to be a part of an expansive network of AmeriCorps volunteers. Host sites will be encouraged to connect with AmeriCorps Alums Chapters to give members the opportunity to network with former AmeriCorps members exposing them to role models practicing an ethic of service and civic responsibility.

H. VOLUNTEER GENERATION As part of their service year, AmeriCorps members will be required to complete 60 of their 1700 hours through an Individualized Service Project (ISP), giving members a chance to work on a project that leverages additional volunteers focused on a health need of people living with mental illness. As the main focus for their ISP, members will be tasked with engaging additional volunteers in the 11th Annual NAMI (National Alliance on Mental Illness) Walk. The NAMI Walk is the largest mental illness awareness event in the United States. This walk displays public support for people affected by mental illness and ensures that help is available for those in need.

NAMI Walkers are families, individuals, coworkers and businesses who come together to celebrate mental illness recovery, to honor those who have lost their lives to mental illness and to help combat stigma and promote awareness. AmeriCorps members will begin planning this service project at the beginning of their service year, in turn growing their skills in community outreach, event planning, marketing, and recruiting and managing volunteers. During time spent on ISPs, AmeriCorps members will gain valuable professional experience by building partnerships with local mental health organizations and networking with mental health professionals. It is anticipated that an additional 400 volunteers will be engaged.

I. ORGANIZATION COMMITMENT TO AMERICORPS IDENTIFICATION

NWAHEC will ensure that all AHEC host sites are promoting the AmeriCorps program effectively. All participating AHECs will display the AmeriCorps logo on their websites with a link to the program and position description. All program information such as Site Supervisor contact information will be displayed on the website and kept up to date. The AmeriCorps name and logo will be displayed on public materials, such as online position postings, brochures, orientation materials, press releases and signs. Promotional items will use the phrase, "a proud member of the AmeriCorps national service network". Written partnership agreements created will state that the program is an AmeriCorps program and AmeriCorps members are the resource being provided. Host sites will post signage that

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includes the AmeriCorps name, logo and slogan, "AmeriCorps Serving Here". All members will be provided with service gear displaying the AmeriCorps logo, as well as AmeriCorps pins at the beginning of the service term. During orientation, members will be trained on the importance of promoting AmeriCorps and referring to themselves as AmeriCorps members at all times.

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Organizational Capability

2.ORGANIZATIONAL CAPACITY

A.BACKGROUND AND STAFFING Northwestern AHEC (NWAHEC), established in 1998 and located in Waterbury, CT operates as a 501(c)3 nonprofit corporation under contract with the Connecticut AHEC Program located at the University of Connecticut School of Medicine. The mission of NWAHEC is to enhance access to quality health care, particularly primary and preventive care through community/academic educational partnerships. This is accomplished by supporting collaborations that improve systems of health care, providing continuing education resources for an array of health professions, and recruiting under-represented racial and ethnic groups into health care careers. NWAHEC is governed by a board of directors with representation from a wide range of community stakeholders. NWAHEC is guided by a three year strategic plan, contributed to by staff, the board of directors and community stakeholders and updated annually. NWAHEC staff is evaluated annually using a comprehensive 360 degree review process that helps to ensure that communication and supervision flows freely to ensure efficient and effective organization operations. NWAHEC has extensive experience replicating an array of programs with a foundation in service learning at AHECs across the nation, including the Youth Health Service Corps (YHSC) and the Collegiate Health Service Corps (CHSC). As a leader of national program implementation at the National AHEC Organization, NWAHEC acts as the fiduciary agent for funding, coordinates nationwide data collection and reporting, trains staff, coordinates meetings and leads the annual review and update of program materials.

Staff Roles and Responsibilities

Patricia Harrity, M.S., Executive Director of Northwestern AHEC, holds a degree in accounting, and will serve as Administrative Director of the AHEC AmeriCorps Program. She is responsible for overseeing all programmatic and financial aspects of the program, including program reporting requirements. Ms. Harrity has been the Executive Director of the NWCTAHEC since 1998 and serves

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on the steering committee of the Allied Health Workforce Policy Board, Connecticut Public Health Partnership, Waterbury Oral Health Initiative and Waterbury Policy Prevention Board's Workforce Development Committee. She is also active in NAO serving as chairwoman of the Center Director's Constituency Group and a member of the Communication and Fund Development Committee. She has written and managed numerous grants to support program operations.

Celia Tvrdik, BS, an alumna of AmeriCorps, currently functions as the Program Coordinator of the YHSC AmeriCorps Division Program, NWAHEC's state AmeriCorps Program. Ms. Tvrdik leads the successful implementation of the YHSC AmeriCorps Division Program with 20 full-time AmeriCorps members at four host sites across Connecticut. Ms. Tvrdik will serve as the AHEC AmeriCorps Program Manager. She will build upon her experience managing NWAHEC's state AmeriCorps Program to oversee the implementation of a national direct AmeriCorps Program. Ms. Tvrdik will be responsible for the organizational and operational procedures of the program as it develops, including recruitment, support and guidance of the AmeriCorps members, development and training of host sites and monitoring the collection of datasets for performance measurement.

Experience Raising Funds to Support Service Activities and Initiatives - NWAHEC has successfully implemented service programs with regional, statewide and national impact and has built a diverse funding stream including state and federal appropriations as well as private, local, statewide and national awards. NWAHEC is a current recipient of Connecticut Commission on Community Service (CCCS) funding to implement the YHSC-AmeriCorps Division Program at the four Connecticut AHEC centers (2010-2013). Twenty (20) full-time AmeriCorps members engage at-risk middle and high school students in service learning projects that address pressing community health issues.

NWAHEC was a recipient of National Health Service Corps funding supporting the implementation of the CHSC program at AHECs in five states (2010-2012). Through this partnership, over 400 college students annually participate in service learning projects that improve health literacy and access to health care for under served populations. NWAHEC's local service learning projects are supported by funding from State Farm United Health Heroes and the Waterbury Department of Education 21st Century Community Learning Centers impacting over 200 elementary school students in after school programs. NWAHEC was a recipient of a Learn and Serve America grant (2006-2009) that supported replication of the YHSC service learning program at 20 AHECs across the nation. Four years after the end of Learn and Serve American funding, the program is sustained through local funding and collaborative partnerships at 20 AHECs across the nation. NWAHEC was the recipient of a CNCS Summer of Service grant engaging 100 disadvantage middle school students in 100 hours of

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service (2010). Other contracts to NWAHEC that have supported initiatives include a \$150,000 contract with the State of Connecticut Office of Workforce Competitive (2008), a \$165,000 contract with the State of Connecticut Department of Public Health (2007) and a \$60,000 grant from the Connecticut Health Foundation (2007).

All Sources of Organizational Funding NWAHEC's organizational budget for the year ended Sept 30, 2013 totals \$542,000. This is composed of the following contracts: \$296,000 AHEC contract; \$233,000 CCCS contract; \$10,000 Waterbury Department of Education contract, \$3,000 NAO Contract. The AHEC-AmeriCorps National Expansion Project will represent 26% of the total budget (AmeriCorps National Direct budget \$195,000/AHEC total budget \$737,000).

Prior Experience Administering AmeriCorps and Other Federal Funds NWAHEC is in its third year of a three year grant from the CCCS to implement the YHSC-AmeriCorps Division Program at the four regional centers that comprise the CT AHEC Program (2010-2013). As the lead agency of the YHSC-AmeriCorps Division Program, NWAHEC is the fiduciary agent for all funding, coordinates statewide data collection and report generation, trains and supports AHEC staff assigned to the program and coordinates statewide management meetings. NWAHEC was the recipient of a Learn and Serve America Community Based Organization Grant (2006-2009). Over those three years, NWAHEC demonstrated complete compliance filing CNCS Financial Status Reports and Progress Reports, Division of Payment Management Cash Transaction Reports and grantee and sub-grantee LASSIE surveys. NWAHEC managed the national YHSC program and its financial performance to include all reimbursable expenses and in-kind contributions of 20 sub-grantees in 12 states across the nation. In addition to following protocol to maintain financial compliance, NWAHEC was successful in managing the program performance of 20 sub-grantees. The national YHSC program exceeded its Learn and Serve performance measures. In 2010 NWAHEC was the recipient of a CNCS Summer of Service grant. One hundred rising middle school students from minority and disadvantaged backgrounds participated in the program. In recognition of its sound management and diverse funding portfolio, the Connecticut AHEC Program was awarded "Infrastructure" status by HRSA. In conjunction with federal reporting requirements for the Connecticut AHEC Program, NWAHEC submits annual progress reports to HRSA, Bureau of Health Professions. Its annual progress reports measure and track AHEC grant objectives and require a strict protocol for measuring program performance. NWAHEC regularly conducts evaluations related to financial performance to include: comparisons of actual expenditures to approved budgets, formal submission of financial reports,

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requests for reimbursement from the AHEC Program Office and other reports as requested by funding agencies.

AC Program Integration Within Your Organization NWAHEC currently is operating an AmeriCorps state program with funding from the CCCS (Sept 2010 to Aug 2013). NWAHEC completed the second year of this program in Aug 2012. During the second year of the program, NWAHEC worked with the host sites to orient them to the AmeriCorps Program and provide them with the materials and training they needed to create a successful experience for their AmeriCorps members. The CT AHEC centers quickly came to realize the power of the AmeriCorps program and its ability to make a substantial impact in the community. The YHSC AmeriCorps Division Program is now integrated into the CT AHEC Program with a host site cash contribution per member of \$2,500 and a \$17,000 in-kind contribution to support costs associated with AmeriCorps member supervision and activity. NWAHEC was rated as "low risk" as a result of a compliance audit completed by CCCS staff. In recognition of our solid performance, NWAHEC was awarded a continuation request for year three of the program. NWAHEC has participated fully in all CCCS trainings and initiatives including taking a leadership role in planning AmeriCorps Week activities to celebrate AmeriCorps members serving in Connecticut. NWAHEC was also a stand out on MLK Day of service, collaborating successfully with other state AmeriCorps Programs to implement a day of service that engaged 200 middle school, high school and college students and attracted Connecticut's Governor, Danell Malloy, to the event. NWAHEC has consistently collaborated with other state, national direct, VISTA, Senior Corps and AmeriCorps alums in training and service events.

NWAHEC is part of the National AHEC Organization (NAO). The NAO is comprised of a network of 57 Program Offices located at Schools of Medicine in 44 states with over 200 associated regional centers. The AHEC-AmeriCorps Program will leverage the strength of the NAO including its vast national infrastructure, varied resources, extensive networks, and ongoing initiatives focused on the project's priority population. The NAO is uniquely positioned to provide AmeriCorps members with the resources necessary to address the enormous challenge of training citizens to identify mental health problems in people, connect people with care, safely deescalate crisis situations if needed and lessen the stigma associated with mental illness by creating a culture of understanding and acceptance. Addressing this need is well aligned with the NAO's mission to enhance access to high quality health care for under-served populations through community/academic educational partnerships. A Request for Qualifications will be released in June 2013 to officially select the most qualified AHECs to host AmeriCorps members. AHECs will be carefully selected to participate as host sites ensuring

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AmeriCorps members are positioned in geographically dispersed locations.

B.SUSTAINABILITY SEE SECTION 3. COST EFFECTIVENESS AND BUDGET ADEQUACY

C.COMPLIANCE AND ACCOUNTABILITY with AmeriCorps rules and regulations including prohibited activities SEE SECTION 1.E.

Member Training

Consultation with State Commission AHECs submitting a proposal to participate in the AHEC AmeriCorps program will be required to include a copy of the Initial State Commission Consultation Form submitted to their State Commission ensuring non-duplication and coordination of CNCS resources. NWAHEC consulted extensively via phone and email with the Connecticut CCCS to ensure that the commission is fully aware of NWAHEC intent to apply for AmeriCorps National Direct funding.

Enrollment and Retention NWAHEC is a current CCCS grantee operating an AmeriCorps state program entitled the YHSC AmeriCorps Division Program. The YHSC AmeriCorps Division Program was awarded 20 full-time slots and ended its second full year of operation on August 31, 2012. In the second full year of operation NWAHEC enrolled 18 AmeriCorps member full time equivalents (75% of awarded slots) meeting year two performance criteria set by CCCS of enrolling 75% of awarded slots. NWAHEC has made changes to its enrollment practices to improve our AmeriCorps member enrollment to better accommodate the environment at the four CT AHEC host sites. The CT AHEC centers are small operations with 3 to 4 full-time employees and, in some cases, the permanent staff to full-time AmeriCorps member ratio was untenable. In year three of the program, NWAHEC is reducing the number of slots to 17 full time members. In the second year of operation, NWAHEC retained 18 AmeriCorps members (100% of enrolled members) meeting year one performance criteria set by CCCS of retaining 75% of enrolled members. NWAHEC recruited AmeriCorps members who were eager to improve their life circumstances through national service. Many of the members required extensive mentoring and guidance from program and host site staff to provide them the support they needed to complete the program. NWAHEC feels strongly that engaging "at-risk" AmeriCorps members to give them the ability to improve their life circumstances is the spirit of the AmeriCorps program. To improve our member retention rate, NWAHEC has strengthened our application process to ensure that potential AmeriCorps members have a minimum level of professionalism and experience to be better prepared to complete their service commitment. Performance Targets Three of NWAHEC's four program outputs were met in year two of operation including engaging 200 at-risk high school and middle school students in service learning, CPR

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certification for 80% of AmeriCorps members and engaging 200 additional volunteers to work alongside at-risk students and AmeriCorps members. The only output that was not met was enrolling 20 full-time AmeriCorps members. As noted in the above section, 17 of the 20 awarded slots were enrolled and a plan for improvement is in place. NWAHEC's intermediate outcome of improved school attendance in 80% of participants was not met. 62% of at-risk high school and middle school students demonstrated improved school attendance, missing our goal of 80%. NWAHEC met its second intermediate outcome. 100% of AmeriCorps members demonstrated improvement in presentation skills as measured by a rubric exceeding our goal of 75%.

Demonstrated Compliance - NWAHEC was rigorously reviewed by CCCS twice during our second year of operation. The review process rated the program as low-risk, based on a satisfactory review of member files, program materials and AmeriCorps member and host site supervisor interviews. A weakness identified was missing child care forms from member files. To correct this, NWAHEC added the child care form to the AmeriCorps member orientation packet and met with current AmeriCorps members to determine if they were eligible for child care benefits. It was also noted that NWAHEC should start AmeriCorps member recruitment earlier to ensure enrollment of 100% of awarded slots. NWAHEC started enrollment in year one of the program immediately after receiving the notice of grant award in June 2010. The year two enrollment process was begun in early spring 2011 a full three months earlier than the year one process. NWAHEC was commended for its performance building strong cohesiveness among host sites.

Operation Site and Member Service Sites Fifteen (15) host sites will be selected via a Request for Qualifications competitive process from the national network of AHEC centers to be completed by June 2013. The selection committee comprised of the Executive Directors of NAO and NWAHEC and NWAHEC's Statewide Program Coordinator of the YHSC AmeriCorps Division Program will review qualifications to ensure the selection of regional AHEC centers with the staff and infrastructure to function successfully as an AmeriCorps host site. Potential host sites will be selected based on the following factors: existing connections with mental health organizations; strength of partnerships with target population to be certified in MHFA; history of implementing programs that serve the priority population; qualifications of staff assigned to supervise the AmeriCorps member; and ability to support AmeriCorps member service activities.

Budget/Cost Effectiveness

COST EFFECTIVENESS AND BUDGET ADEQUACY

NWAHEC is proposing to implement a Full-time Stipended Fixed-amount AmeriCorps Program.

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NWAHEC is committed to implementing the AHEC-AmeriCorps Program as efficiently as possible and we are confident the proposed budget and program components combine for a cost-effective national model that achieves AmeriCorps program goals. Our budget is clearly aligned with the proposed activities outlined in this proposal and represents significant leveraged resources. The total cost of the program is \$542,152 with \$195,000 (36%) CNCS share and \$347,152 (64%) grantee share.

The cost per Member Service Year (MSY) is \$13,000. The grantee share is comprised of a host site \$90,000 cash contribution (\$6,000 per full-time member) and \$257,152 in-kind contribution. This cash contribution will support AmeriCorps member expenses including health insurance, FICA and Medicare taxes, criminal background checks and worker compensation insurance as well as a portion of salary expense for the AHEC AmeriCorps Program Manager. Host sites will also contribute in-kind contributions to support the AmeriCorps member placement including supervision, information technology, travel and mileage reimbursement, training, office supplies, telecommunication, etc. The in-kind contribution will be supported by local host sites leveraging their state and local funding including but not limited to state AHEC funding. NWAHEC, in collaboration with the NAO, will solicit additional funding sources to support the work of the AHEC-AmeriCorps Program. As the AHEC-AmeriCorps Program expands, so will its pool of financial backers. The program is its own best advertising, and the Administrative Director will use positive accounts and news reports of the program to produce promotional materials to raise awareness of the program and to increase the number of organizations supporting the program. AHEC-AmeriCorps Program's utility will motivate businesses and state and national organizations to support the program after the grant period expires.

Program Operation Costs Total \$291,750: Program Operation Costs is comprised of the following: Personnel Expense is comprised of a .25FTE Administrative Director (\$21,000), .50 FTE National Program Coordinator (\$25,000) and 15 .25FTE host site supervisors (\$112,500) for a total cost of \$158,500. Fringe Benefits are calculated at 30% of personnel cost for a total of \$47,550. Costs are allocated for member travel at \$16,500 including \$15,000 cost of AmeriCorps members to travel to the MHFA Instructor Training Course. Office supplies are budgeted at \$15,000 (\$1,000 per member x 15 members) and MHFA supplies are budgeted at \$15,000 (\$1000 per member x 15 members). Staff and member training costs are budgeted at \$700 and \$36,100 respectively. Member training costs include \$35,000 for the MHFA Instructor course taught by the National Council on Behavior and Community Health Care.

Member Costs total \$223,310: Member Costs is comprised of: Living Allowance of \$12,100 for 15 full-time members for a total cost of \$181,500. Member support costs including FICA/Medicare (\$13,885

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- 7.65% of stipend cost), Health Insurance (\$24,000 - \$160 per month x 10 months x 15 members), Workers Compensation (\$375), Criminal History Background Check (\$2,550 - \$85 x 30 members/site supervisors) and AmeriCorps Gear (\$1,000) totaling \$41,810.

Administrative and Indirect Cost total \$27,092: (.0526 of program operation and member costs)

The AHEC-AmeriCorps Program model will prove cost-effective because it requires minimal start-up costs benefitting from the three years experience NWAHEC has developing and implementing an AmeriCorps state program and over six years experience implementing national programs through the NAO. This experience provides NWAHEC with a methodology to engage diverse AmeriCorps members to address the pressing health and social support needs of people suffering from mental illness including administrative manuals, training curriculum, member evaluation, host site supervision and technical assistance, member and program evaluation.

Evaluation Summary or Plan

NA

Amendment Justification

NA

Clarification Summary

NA

Continuation Changes

Na