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Executive Summary

The Northtown CDC will have 20 full time AmeriCorps members who will connect participating veterans, their family members, and family members of active duty military service members to existing resources like Veterans Administration registration, Peer to Peer mentoring and referral for PTSD/Suicide prevention. Veterans will also receive help with access to education benefits and school transition; help with job readiness and job placement; and help with access to housing or loan assistance. The local resource directories will be expanded and utilized for each location and surrounding areas. AmeriCorps members partner with the Mississippi Veterans Administration in Jackson; the Mississippi Department of Rehabilitation Services; various military units; local health facilities; and mental health facilities in the geographical areas of Summit, Greenville, Hattiesburg, Gulfport, Jackson, Itta Bena, Forrest, Grenada, Winona, Clarksdale, Corinth, Vicksburg, Madison, Amory, Coffeerville, Starkville, McComb, and Petal. AmeriCorps members will be responsible for 700 intakes of veterans and 700 intakes of active military family or veterans' family members by the end of the second program year. AmeriCorps members will also leverage a total 100 volunteers who will be engaged in veterans and military family projects. This program will focus on these CNCS focus areas;

V1: Number of veterans that received CNCS-supported assistance;

V8 Number of veterans' family members that received CNCS-supported assistance;

V7: Numbers of family members of active duty military service members that received CNCS-supported assistance.

The CNCS investment of \$264,460 will be matched with \$180,000 of state funding.

Rationale and Approach/Program Design

NEED

Veterans, their family members, and family members of active duty military service members are selected for this program because they represent a deserving and underserved population in Mississippi. Just one-half of 1 percent of Americans served in the uniformed services at any given time during the past decade, the longest period of sustained conflict in the country's history. Based on Mississippi's veteran population, a conservative guess of 60% (136,200 veterans) are eligible for services. At the current time, the Jackson Mississippi Veterans Administration reports 45,333 enrolled users, the Biloxi VA reports 38,205 enrolled users, and the Memphis VA serving the northern district of MS, estimates 8,000 enrolled users. These statistics show that there are a minimum of 44,662 or 20%

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qualified veterans who are eligible for services but not accessing these benefits (www.va.gov.vetdata/Veteran_Population.asap). In 2013 Mississippi has 12,811 active duty personnel stationed at military installations. Reserve and National Guard soldiers are assigned to additional units in rural areas of the state which are physically separate from seven installations (<http://www.governing.com/gov-data/military-civilian-active-duty-employee-workforce-numbers-by-state>). These units are self-contained and do not receive any services from the military installations. Nationally, seventy-eight percent (78%) of military personnel and their families live between 49-100 miles from their military installations (Military Family Resource Center, Demographic Profile of the Military Community, 2011). Mississippi's few military installations are widespread and most veterans, military personnel, and their families do not have ready access to the resources provided by those military bases. Many active duty personnel/families are unaware of the benefits and resources available to them during the pre-deployment, deployment, and reintegration cycles. VA's 2010 National Survey of Veterans Affairs data found 40% of veterans say they have little or no understanding of their benefits. According to the MS VA in 2013 Mississippi has 44,662 veterans who have not signed up for their benefits. These veterans either do not know about the benefits, could not face the initial hurdles of enrollment, or just have not signed up for the benefits. Problems facing the broad population of service veterans, service members, and family members include significant physical health and economic problems, and unemployment at a significant higher rate than the state's unemployment rate (Joint Economic Committee ; State by State Snapshot November 2013). The Needs Assessment of New York State Veterans (Final Report to the New York State Health Foundation Terry L. Schell and Terri Tanielian 2010) shows a majority of veterans viewed the following benefits as personally helpful: help with access to VA health care, help with access to education benefits, help with navigation through housing assistance and home loans, and assistance at a local VA Veterans Center. The veteran and/or family member may not know a service is available to them or do not think they qualify for it. Basic medical checkup at the VA now may be a benchmark for later services. It is important to understand although the individual is sworn in to military service, his/her family automatically becomes a part of the military community. Their lives are affected by this act of service. Some of the issues and challenges are unique to military families. Issues may include frequent or lengthy deployments, worry about their family members and everyday complications such as house repair or car maintenance. There may be issues of PTSD, negative experiences, money problems, domestic violence, Traumatic Brain Injury (TBI), etc. Some issues may contribute to the veteran and his/her family becoming susceptible to poverty and homelessness (Dept.

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of Veterans Affairs Veterans Survey and Study August 15, 2011). The unemployment rate for Mississippi's general population is 8.5% with a slightly higher unemployment rate of 9% for veterans. Service areas for AmeriCorps Member placement have unemployment rates of: Summit 9.7% , Greenville 13.9%, Hattiesburg 6.8%, Gulfport 7.7%, Jackson 7.4%, Itta Bena 12.1%, Forrest 6.3%, Grenada 8.5%, Winona 10.8%, Clarksdale 12.5%, Corinth 7.5%, Vicksburg 9.7%, Madison 6.1%, Amory 11.5%, Coffeerville 8.6%, Starkville 8.8%, McComb 9.7%, Petal 7.7 (mdes.ms.gov/media/8651/uratesmap.pdf#8206;)

Our Community Partners are: Mississippi Department of Rehabilitation Services, Mississippi Veterans Administration, Regions Bank

Our target population is: V1: Number of veterans that received CNCS-supported assistance

V8: Number of veterans' family members that received CNCS-supported assistance

V7: Number of family members of active duty military service members that received CNCS-supported assistance.

The data collection tool (intake form) will record the participant's address, contact number, characteristics, age, gender, race, physical/mental disability, educational level/degree, prior employment history and income, financial support and area of residence. During the program implementation the data collection tool will record number of sessions completed, number and type of development sessions attended, types of services received, tutorial attended, and their enrollment status in VA programs. A quarterly report will be generated which describes the number of clients served, dosage, area of service, length of enrollment, and the closure of inactive cases.

AMERICORPS MEMBERS AS HIGHLY EFFECTIVE MEANS TO SOLVE COMMUNITY PROBLEMS EVIDENCE-BASED/EVIDENCE-INFORMED AND MEASURABLE COMMUNITY IMPACT

Evidence Based for Peer to Peer intake.

Northtown's AC Members, who are military veterans themselves, provide peer interventions to military veterans, their families, and families of active military soldiers. Our AC program is to improve lives, strengthen communities, and foster civic participation through collaborative partnerships with the Mississippi Veterans Administration and the Mississippi Department of Rehabilitation Services. Our AC Members are well aware of the barriers to the accessibility of benefits. They themselves have been in the same situation and can identify with the clients distress and frustration. The intervention starts with a face-to-face intake interview. These intake interviews count as one time unduplicated count. The intake form records the clients name, address, contact information, and self-referred needs.

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The length of an intake interview is approximately one to two hours. This insures a client directed intervention based on their needs and issues. Interventions are intended to aid clients in alleviating problems impeding their well-being. The interventions used by AC members are those that are identified as potentially helpful on the basis of the AmeriCorps member's ongoing relationship with the client. AC Member interventions are selected on the basis of the issues, self-referred needs, and strength of the client. In initial meetings with the client, the AC member will obtain extensive information from the client in order to develop a detailed and comprehensive understanding of the client's need. The needs assessment will be used to develop action steps for the client with referral to and registration with the VA, access and utilization of educational benefits, access to housing or loan assistance, basic financial orientation, assistance with access to state and federal benefits, help with filing benefit claims, and connection with WIN job center employment search. Members will also assist with referral to community mental health facilities, the VA for treatment of PTSD and suicide prevention, or the Department of Rehabilitation Services for vocational or technical training. The intake and referral is without adjudication of eligibility of the client. The collaborating partners (MS VA, MS Department of Rehabilitation, WIN job Center) are the decision making parties for eligibility and treatment. A time-frame will be established for each outcome, with a means to measure the client's progress towards achieving his/her goals. Dosage: one time unduplicated intake one to two hours (based on experience from previous grant year). The long term changes are the increase in knowledge of available benefits, better awareness of available community resources, and better quality of life. The program philosophy is based on the National Veterans Association peer support services model.

Evidence Informed for peer to peer intake:

Source: Self-help organizations are found in many different professional settings. Professionals receive confidential one-on-one help from highly experienced, specially selected colleagues who will create individualized professional development plans with the emphasis on the veteran's strengths and improve the veteran's shortcomings. With the Peer to Peer Program, we can facilitate knowledge of benefits and resources, address instructional issues, and increase veteran's quality of life. Peer to Peer Programs are used in academic fields, substance abuse programs, and mental health services to foster evidence-based practice.

Abstract

Researchers have shown that peer support services work extremely well. Currently, peer interventions are used in diverse settings throughout the world and across different age groups to target a broad

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range of outcomes as well as to support chronic mental and physical disease management and rehabilitation, and serious mental illness and addiction (Fors & Jarvis, 1995; Lawn et al., 2007). In testament to their widespread appeal and assumed effectiveness, several policy statements support the use of nonprofessional providers in diverse health care settings (Health Resources and Services Administration, 2005; Newell, 1975; Trotter, Bowen, & Potter, 1995; U.S. Department of Health and Human Services, 1994).

Participants are 20 full time AmeriCorps members. Clients represented a range of veterans, military members, and military family members.

Recruitment of Clients

A call for participants among the local population through radio and TV advertisement, via flyer and a notice to local military units will be issued by the program director. Criteria for recruitment includes identification of military veterans status or military family privileges, adherence to the peer support model, and willingness to participate in scheduled local events such as Yellow Ribbon, Family Support Services, Financial Training etc. No restrictions for group inclusion will be made based on gender, age, race, ethnicity, or requested services. The program intake form is used to allow frequent opportunities for peer meetings, peer to peer mentoring, and review of referrals made.

Topics discussed in the initial intake meeting include: 1. Reason for contact and identification of immediate need. 2. Identification of immediate local referrals (e.g; local mental health, community partners, homeless shelter, transportation, and secondary needs). 3. Problem solving (e.g., opportunities for sign up with initial intake to VA, traditional peer to peer mentoring, specific financial challenge, unemployment issues, PTSD awareness, and suicide prevention).

The structure of the meetings is client driven. Based on the VA model, after three months without client contact the case will be closed due to inactivity.

Evidence based: Help with access to VA benefits

The key barriers identified from the literature (GAO-12-12 Highlights, Oct 2011, Number of Veterans Receiving care) that may hinder veterans from accessing mental health care from VA, which were corroborated through interviews, are as follows: stigma, lack of understanding or awareness of mental health care, logistical challenges to accessing mental health care, and concerns about VA's care such as concerns that VA's services are primarily for older veterans. Veterans may be affected by barriers differently based on demographic factors, such as age and gender. For example, younger veterans and female veterans may perceive that VA's services are primarily for someone else, such as older veterans or male veterans. VA has implemented several efforts to increase veterans' access to mental health

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care, including community stakeholders. According to VA officials, these efforts help get veterans into care by reducing, and in some cases eliminating, the barriers that may hinder them from accessing care.

20 AC members, who are trained in accessing the VA intake system and have direct contact to a VA representative, will assist to break down these existing barriers. Based on the program intake the client will be referred or enrolled with the VA administration. During the initial training of our 20 AC members with the Jackson VA, we establish direct contact with the appropriate departments within the VA. This will insure the client will be able to connect with the appropriate VA point of contact. The client will receive an intake at the VA, which will serve as a benchmark for possible immediate or later immediate benefits. This intake certainly will serve as a benchmark and will record and document eligibility in later years. Dosage is 1hr. minimum with repeated visits as needed. We have calculated the average of dosage time based on evidence from our first quarter of the 2013/2014 grant.

Army statistics show the number of soldiers discharged for having mental disabilities such as post-traumatic stress disorders has increased 174 % since 2009. Dr. Shawn Clark is a clinical psychologist at the VA hospital in Jackson. She reports they too have seen a significant increase in the number of veterans overall having difficulty engaging back into the community. Clark says in addition to medications and psychological therapy they are also addressing the issue through the use of peer counseling (MPB News, LaWayne Childrey, 25 Sept. 2013, MS VA Medical Center Works to Alleviate Mental Health Issues in Vets)

Evidence informed: Help to access VA Benefits

US Government Accountability Office, October 2011 VA Mental Health, Number of Vets Receiving Care - In fiscal year 2010, the Department of Veterans Affairs (VA), which operates one of the largest health care delivery systems in the nation, provided health care to about 5.2 million veterans. The VA provides care to eligible veterans from all eras of service, most recently, military operations in Afghanistan and Iraq--Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), respectively. Recent legislation has increased many OEF/OIF veterans' priority for accessing VA health care. Given the increased focus on OEF/OIF veterans, concerns have been raised by some, including veteran's service organizations (VSO), about the extent to which VA is providing mental health care to eligible veterans of all eras.

Evidence Base Access to Educational Benefits

Staying up to date on the new G.I. Bill "fixes" is about as difficult as attending school full-time. The Post 9/11 G.I. Bill is already a tricky system for many student veterans to tackle. Veterans suffering

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from the scars of war must somehow navigate through a constantly changing system of poorly planned out "improvements." For veterans who suffer from common battle field wounds such as traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) the process for receiving benefits can be overwhelming (A Roundup of Changes to the GI Bill August 2, 2011 Alex Horton). The initial dosage is estimated to take a minimum of 4hr. with repeated visits to the chosen educational institution. All referrals will be documented in the clients file and recorded in the overall data collection report. Dosage 4hr. minimum, additional time if requested.

Peer-to-peer interventions have been found to be a promising strategy for service members who are experiencing Post Traumatic Stress Disorder (PTSD). Support services provided by peers can be particularly effective for those who have served in combat, binding individuals together and fostering the initial trust and credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems. Peer services for veterans also represent a potentially rich source of outreach strategies for connecting with more difficult to reach veterans as well as an opportunity to use a preventive focus with regard to potential suicides (Eric Hardiman, School of Social Welfare, NYS Office of Mental Health, January 1, 2013, December 31, 2013). Stakeholders also identified some limitations with VA's outreach and support. For instance, veteran's service organizations and school officials stated that some service members and veterans may have difficulty determining which of VA's various programs may be right for them. In addition, VA primarily targets its outreach and support for its education benefits to the general population of service members and veterans, not necessarily those with disabilities, because eligibility is based on length of military service and not disability status. Finally, little is known about the effectiveness of VA's outreach and support because VA has not established performance measures for these activities. Additionally, once a highly successful program in the post-Vietnam Era, The Office of Student Veterans Affairs, was abolished. The program was eliminated after the Cold War, but is needed as much as ever today (VA Education Benefits: Actions Taken, but Outreach and Oversight Could Be Improved GAO-11-256, Feb 28, 2011).

Evidence informed: Access to Educational Benefits

In the 2001 National Survey of Veterans (NSV) Final Report one key issue addressed by the survey concerned communicating benefits to veterans. VA was seen as the primary source for information about veteran benefits. Less than one-half of the veterans were satisfied with their ability to get this information.

Evidence Base: Help with WIN job Center

Mississippi's unemployment rate still hovers above the national average at 8.5% (Bureau of Labor

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Statistics Unemployment Rates for States 2013). The filling of only 80,000 jobs during the month of June proves that the U.S. is still recovering from the recession. Although June unemployment numbers look better for veterans, dropping to 9.5 percent from 12.7 percent during May, the Army Times notes that the change could be a "statistical fluke" because the DOL's (Department of Labor) report is "based on a survey of about 200,000 people, of whom just 22,000 are veterans."

Dosage: The initial process is 1hr. with five repeated visits to help the veteran with the job seeking process. The switch from military to civilian workforce can be challenging. Veterans can be unsure about how to apply for and how to interview for a job, and employers are often wary of seeing a lack of civilian work experience. Employers and veterans both are unclear on how skills utilized in the military can translate into a different work environment. The AC Member will work with the veteran with resume building, interview skills, and WIN job center appointments. The AC Member is required to build relationships with local employers to explain the skillset and experience of the veteran or eligible family member. The AC Member skills within the community is a critical step in easing this transition and opening up doors for veterans to access civilian jobs. It also serves to aid employers in understanding the employability of veterans. All referrals will be documented in the client's file and recorded in the overall data collection report. Dosage 1hr. for 5 sessions as recommended by the WIN job center.

Evidence informed: Help with WIN Job Center

On November 9, 2009, President Obama signed the Employment of Veterans in the Federal Government Executive Order 13518 making hiring Veterans a top priority in all Federal Agencies. This Executive Order outlines the need for employment of veterans as well as veteran's family members and family members of active duty military members (Employment of Veterans in the Federal Government Executive Order 13518).

Evidence Base: Help with access to housing or loan assistance

Veterans face a range of housing challenges that largely mirror the housing challenges of all in America: rents rising faster than incomes, foreclosures disrupting communities, individuals and families requiring services along with their housing to achieve stability, and the lack of affordable housing near jobs, good schools, and public services. Some veterans face particular difficulties arising from their military service, and housing solutions must address their needs. Getting veterans into a safe and supportive environment is a critical first step in helping a veteran address the range they face. Veterans often do not know where to turn once they have lost their housing. VA offers benefits and services to assist homeless veterans, but once a Veteran is in a shelter the connection between the VA

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and the veteran ceases. The Mississippi VA does not have a direct outreach, if the veterans is unable the visit the VA, the veteran is unable to receive this particular benefit. The AC member's duties are to immediately connect the veteran with the direct contact at the VA and to establish section 8 housing eligibility. Veterans purchasing a home often do not use their VA loan eligibility because of the massive paperwork associated with it. Department of Veterans Affairs, home loans are available to armed services veterans and current active duty personnel that meet certain qualifications. There are caps on closing costs, no required money down, lower interest rates, and no mortgage insurance requirement (National Housing Conference, Center for Housing Policy report 2013). All encounters will be documented in the clients file and recorded in the overall data collection report. Dosage 1hr. for 5 sessions.

Evidence Informed: Help with access to housing or loan assistance

Veterans make up one-third of adult homeless men and an estimated one-quarter of the total number of homeless individuals (National Coalition for Homeless Veterans Fact sheet). In an effort to reduce these numbers, the U.S. Department of Housing and Urban Development administers the VA Supported Housing Program, or HUD-VASH. Through HUD-VASH, the VA offers permanent housing options for homeless veterans and provides case management services that assist veterans and their families with learning how to live independently. HUD-VASH consists of three separate programs that offer Section 8 housing assistance, transitional housing assistance, and outreach services designed to locate homeless veterans (U.S. Department of Housing and Urban Development).

MEMBER TRAINING

Northtown's training is documented by sign in sheet and certifications, and kept in the member folder. The schedule is divided into four phases:

1. Orientation. Phase 1 training deals directly with policy and procedure guidelines. This includes but is not limited to Program Objectives, National Service overview, Program Requirements, AmeriCorps, Policy and Procedures, Standard of Conduct, Grievance Procedures, Member Evaluation, Performance Evaluation, Professionalism, Health and Safety, Rules of Conduct, Confidentiality, Prohibited Activities, Media Policy, and Life after AmeriCorps. The length of this training is 8hr.
2. Member training will be conducted no later than mid-September 2014 by the Jackson VA. The training covers Volunteerism and motivation of volunteers, Suicide Prevention, Outreach Registration, how to access VA benefits, VA benefit overview, VA on line registration, and Health/Mental Health situations. The length of this training is 8 hr.
3. On line training with certification through Army One Source

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(<http://www.myarmyonesource.com>). The Army Family Team Building Program is available to our AC Members and can be accessed by password only. Each certification received by members will be tracked and documented by program staff. Web Cast One: Expectations and the Impact of the Mission on Family, The Chain of Command, Basic Military Benefits and Entitlements and introduction to Military and civilian community resources. Web Cast Two: Introduction to Family Readiness Groups, Introduction to Family Financial Readiness, Basic Problems solving, Communication Personal Time Management, and Stress Management Web Cast Three: Acknowledging Change, Exploring Personality Traits, Enhancing Personal Relationships, Team Dynamics, Personal Conflict Management, and Creative Problem Solving. Dosage 8hrs. Web Cast Four: Military Traditions, Customs, Courtesies, Protocol, Crisis, Coping, and Grieving, Deployment Cycles, and an Introduction to Leadership. Web Cast Five: Communication Skills for Leaders, Understanding Needs, Leadership Styles, Building Cohesive Teams, Managing Group Conflict, Coaching and Mentoring, and Family Readiness Group Leadership. Total dosage of training 40 hours this training must be completed within the first 30 days as an AC Member. The certifications for each on line course must be presented to the Program Director.

4. Quarterly visits. During these visits the policy & procedures, and Member and Performance Evaluations will be reviewed and discussed. Meetings will deal with the AmeriCorps experience and Life after AmeriCorps. Member and Performance Evaluations will be conducted in writing and signed off by the AC Member and Program Director. Dosage 4hr. each quarter. During August 2015 all AC Members will meet in Jackson for an AC experience and Life after AC program. This training is to prepare the members to exit the program and to utilize their acquired skills to their best advantage. The training will be documented by a sign in roster. Dosage is 8 hr.

MEMBER SUPERVISION

We execute a continuous supervision model which combines full-scope and target on-site examinations with a variety of off-site monitoring activities. Our AC members have offices without boundaries. The AC Member is assigned to a host-site but his/her duties are in the field finding and working with veterans and military family members. The Program Director will visit each host-sites and will review the Memorandum of Understanding between host-site and AC program to insure clarifications of responsibilities. Supervision of such a program model is not easy. The nature of our veterans is such that they believe in the cause and soldiers are conditioned to make individual decisions for the greater good of the program. The Program Director is in daily contact with the AC members through phone, e-mail, or text. The Program Director and Administrative Director of the AC

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Program are responsible for executing the programs supervisory policies within the twenty locations. We do this through a combination of on-site examinations and off-site supervision activities. Our programmatic intake examination is conducted on-site of the individual AmeriCorps Member location. The intake forms will be examined, and control calls will be conducted to verify the intake forms authenticity. A minimum of 10% of the intake form samples will be called during the on-site inspection. The program staff takes a risk-focused approach to verify the unduplicated count of the client, legitimacy of client served, and authenticity of services provided. The quarterly on-site examinations determine the soundness of the intake numbers, actual referrals, and unduplicated counts. Program staff evaluates the quality and quantity of the intake, the effectiveness of referral, adherence to policies and procedures, and compliance with AmeriCorps. Program staff also provides ongoing monitoring on spreadsheets recording intakes of clients, clients served, clients referred, program hours worked, training hours served, and outreach activities. The program staff provides technical assistance to the individual AC member, conducts outreach to educate both host site supervisors and clients. Disciplinary infractions will be handled in accordance to the Program Policy & Procedure Handbook. Serious infractions that could require immediate dismissal will be evaluated and determined by the program Director, Executive Director and Commission input within a 24-hour time frame

COMMITMENT TO AMERICORPS IDENTIFICATION

Our AmeriCorps members are required to wear long sleeve business attire shirts with the AmeriCorps logo embroidered on the shirts, or wear AmeriCorps name tags daily. Our veterans have worn their uniform with pride and they will wear the AmeriCorps logo with pride as well. All communication will have the AmeriCorps logo displayed. All host sites and our web page clearly show the AmeriCorps logo and have links to other AmeriCorps programs and MCVS.

Organizational Capability

ORGANIZATIONAL BACKGROUND AND STAFFING

Northtown CDC was established as a 501C (3) on November 9, 2004. It is registered with the Mississippi Secretary of State's office as a charitable organization. The Board of Directors is comprised of three members who meet bi-annually and as needed. The Board of Directors has given its support to this AmeriCorps program. Currently, Northtown employs 45 staff members and operates a full-day child care center; an after-school program; a Family First Resource Center; Community Outreach Center for low income families; a 20 full time member AmeriCorps program; and a 10-site year-round USDA Adult and Child Nutrition Program. The chain of command flows from the Board

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of Directors to the Executive Director to the Program Director and Policy/Financial Director to the direct service staff. Petra Kay M.S., the Executive Director, has over 30 years of experience with non-profit organizations, social service programs, and military family and benefits programs. She completed Army War College and the Family Readiness Master Training and has been the liaison between Family Readiness and the US Army units. Mrs. Kay has served as the Executive Director of Northtown CDC for the past 10 years and will oversee the fiscal and programmatic/procedural success of the grant. She will hire program staff, serve as a liaison to the military, and oversee the budget and reporting to the Board of Directors. In her 30+ year career Mrs. Kay has been awarded numerous national, state, and military recognitions for working with soldiers, families, and children. John Victorian manages the current 20 full time AmeriCorps Members. He was actively involved in the AmeriCorps planning grant and has previous experience working with families and children in a governmental setting. This is Mr. Victorian's second year as the Program Director for AmeriCorps. He has completed Army Family Training Basics (AFTB) on a national level. As Program Director the 20 AmeriCorps members will be selected by and report directly to Mr. Victorian. Within the first two weeks all AmeriCorps members will have to complete the programmatic orientation (see timeline). Mr. Victorian is trained in Family Readiness Group and pre, during, and post deployment issues. Mr. Victorian has the clearance to administer this training to the AmeriCorps members. Ms. LaQuincia Henderson is the Policy/Financial Compliance Director. Ms. Henderson has a bachelor degree in professional inter-disciplinary studies with the emphasis on social work. She has worked for Northtown for the past six years and started as a program member and advanced to program operations and compliance manager. Ms. Henderson has been involved with grant compliance and program execution for the last three years. Her strength is in coordination between program outcome and policy adherence. Mrs. Henderson is able to supervise and ensure processes are executed smoothly across the AmeriCorps members and benefit the outcome of the project. Her leadership style is to link AmeriCorps member and program staff together and to stimulate collaboration. Northtown CDC has the ability to ensure its service sites compliance through extensive training, weekly reporting, frequent contact with AmeriCorps members, and quarterly site visits to the sites by the Program Director. The military, by its nature, provides a very structured and supervised environment that ensures members are suited to the AmeriCorps program. The primary grant contact is Mrs. Petra Kay M.S., Executive Director of Northtown CDC; and the secondary contact is Ms. Henderson. Northtown has successfully administered many grants including the Family First Resource grant for four years, USDA Adult and Child Nutrition Programs ongoing,

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Department of Rehabilitation grant ongoing, AmeriCorps planning grant for 2012/2013 for this Veterans project, and the current 20 AmeriCorps Member Veterans grant. These programs are in excellent programmatic and fiscal standing. Northtown's organizational funding comes from parent tuition and state subsidies in the form of child care certificates. Northtown also receives occasional private funding.

COMPLIANCE AND ACCOUNTABILITY

Northtown Veterans Support System will ensure the Compliance with AmeriCorps rules and regulations by providing:

Orientation and training for host sites and AmeriCorps Members on AmeriCorps management, regulations, and effective practices * Orientation for AmeriCorps Members regarding Veterans Support Network and AmeriCorps Program Philosophy * Ongoing support from Northtown to both host sites and AmeriCorps Members on planning and implementing their service activities (including regular phone and electronic contact) * Compliance Training by Northtown explaining and clarifying prohibited activities for host sites, AmeriCorps Members, and Volunteers of the program.

Northtown will provide ongoing, systematic support to host sites regarding member monitoring and supervision. The Program Director will conduct site visits with intake form and desk audits.

Northtown will maintain a separate accounting system for all funding related to the AmeriCorps. The program will have separate designated staff responsible for fiscal compliance and program compliance and recruiting and selecting AmeriCorps Members for the program. The payroll department will issue (based on the correct signed time sheets) a monthly living allowance and basic health care coverage for AmeriCorps Members. The Program Director will provide clear direction, supervision and support to AmeriCorps Members. The Director will define, explain and recognize the service provided by AmeriCorps Members to stakeholders in our community.

The Executive Director ensures Northtown's overall grant compliance. The Program Director will oversee the AmeriCorps Member development and works closely with each member to provide a good experience and reporting accuracy. The Fiscal Manager oversees and ensures fiscal compliance based on the grant outline.

Northtown Veterans Support Network will set aside special training time to emphasize the following key points: Non-displacement, non-duplication, non-supplantation, Prohibited Activities, and completion of at least 1,700 hours in a 12 month term.

PAST PERFORMANCE

In the first 3 month of our 2013 formula program, AC members have completed intakes on 175

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veterans, 75 veteran's family members, 195 military family members, and 112 active duty members. Year to date we have 20 full time AmeriCorps Members enrolled which is 100% of our target. At the current time we have not identified weakness/risk issues with our program operation. Year to date we have not encountered compliance issues.

Supervision of AmeriCorps members will be our largest compliance emphasis. Based on our field model we must visit, communicate, and verify accuracy of paperwork on a constant basis.

Enrollment: We had many more applicants than AmeriCorps slots available.

Retention: Through ongoing training and reassurance of adherence to program policy we create a positive program climate. The knowledge and pride facilitated to the members will make them more confident in their duties. With program relevant training and recognition of "a job well done," we hope to achieve a good retention rate.

COUNTINIOUS IMPOVEMENT

In our partnership with the MS Veterans Administration, MS Department Rehabilitation Services, and Regions Bank we will present quarterly progress reports. During the quarterly meeting we will solicit feedback from our stakeholders as well as our AmeriCorps members. Based on our data we will know the highest needs of our served population.

Cost Effectiveness and Budget Adequacy

COST EFFECTIVENESS

Cost Per MSY 13,300. Northtown CDC will enroll twenty (20) veterans as AmeriCorps members and the cost for each fulltime member will be \$13,300.00. Matched funding in the amount of \$180,000.00 will be provided by Mississippi Legislation and both the Senate and the House have approved this measure in the previous year. This amount represents more than the required 24% match, but is necessary to operate the program sufficiently. Additionally, AmeriCorps members will recruit local civic, service and religious organizations to participate in the program. Of the \$266,000 provided by AmeriCorps, 100% will go directly into providing the living allowances, FICA, health insurance and worker's compensation of the 20 full-time AmeriCorps members. Match funds will be used to cover all other grant expenses. Cost comparison to alternative models: Based on IRS Report 990 year 2012 Northtown spent 97.7% of its income on project funds. Comparison: Wounded Warrior Project 58% * The Veterans Fund: 65% * National Veterans Service Fund: 82% All training conducted by MS VA, MS Dept. of Rehabilitation, and Army One Source are free and in kind to our program.

BUDGET ADEQUACY

The site locations for the AmeriCorps Member will provide each AmeriCorps member with office

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space, and on-site supervision at no cost to the program. Additionally, AmeriCorps members will recruit local civic, service and religious organizations to participate in the program. Of the \$266,000 provided by CNCS, 100% will go directly into providing the living allowances, FICA, health insurance and worker's compensation of the 20 full-time AmeriCorps members. Match funds will be used to cover all other grant expenses. The AmeriCorps Program is adequately funded and the amount of funding provided is sufficient to allow 20 AmeriCorps members to serve Veterans, their family members, and Active Military family members in order to meet the prescribed outcome of this grant. The components of an Adequacy Budget calculation include: 1. The base expense for AmeriCorps Member stipend 2. The required expense for FICA and fringe benefits for the AmeriCorps Members 3. The required expense for supervision of the AmeriCorps members and program execution 4. The required expense for financial oversight and policy accuracy 5. The required expense for program support and implementation.

Evaluation Summary or Plan

An evaluation matrix will be used to quantify the outcome of this program. The criteria for the matrix will be the task under investigation which is:

Task: Number of served veterans during the program year. Measurement tool signed unduplicated intake forms.

Task: Number of veteran and active duty military family members served during the program year. Measurement tool signed unduplicated intake forms.

Task: Number of referrals made. Measurement tool signed client's activity sheet.

Task: Which areas of services were referred to the most? Measurement tool Excel spreadsheet Task: Which areas of services were referred to the least? Measurement tool Excel spreadsheet

Task: Numbers of Family Readiness activities for pre-deployment, deployment, and reintegration performed? Measurement tool military sign in sheet from the Family Readiness activities.

Task: Number of cases which have been successfully closed.

All interventions will be recorded and entered into an evaluation matrix. The criteria for the evaluation matrix will be traceable to grant requirements (including intake forms, sign-in sheets, co-signatures etc.). Each service will be scored as Exceeding Compliance, Full Compliance, Partial Compliance or Non Compliance. Recording and evaluating interventions in an evaluation matrix ensures that services have met all stated requirements and allows for a repeatable and verifiable metric by which to record successfully closed cases.

Task: Day to Day monitoring will be executed by the Site Directors and weekly time sheets will be

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signed off by the Site Directors.

If non-compliance is detected immediate documentation will take place. An investigation to why the non-compliance occurred will be started. A full report will be given to the Executive Director and corrective actions will be made and documented immediately.

Amendment Justification

n/a

Clarification Summary

1. Budget Clarification Items

- a. itemized
- b. clarified
- c. Northtown CDC does not meet the threshold requiring an A-133 audit, therefore it has not had an A-133 audit completed. An independent audit of their previous year financial statements has been conducted but is not yet finalized.

2. a. Please explain member outreach efforts to identify and recruit veterans, veteran family members and military family members to access and participate in your program:

AmeriCorps members, who are specifically recruited as trusted representatives from the communities they serve, will provide both community-wide and targeted outreach about available services and eligibility to local public officials, veterans' groups, and local social service agencies. Members will assist in developing and distributing messaging about program accomplishments and partnerships with the Veterans Administration, local offices of the Mississippi Departments of Mental Health, Human Services, Rehabilitation Services, and distribute messaging regularly through community word-of-mouth, local television and radio announcements, and social media. Members' own positive standing within their communities, as well as consistent and regular messaging, will both inform the community, particularly those that work with veterans already, about the program's services, and build trust through establishing a reputation for success in serving veterans and military families.

b. Please describe your interventions to ensure your beneficiaries will become aware of and have access to the services you propose to provide and address how veterans, veteran family members and military service members will be referred to your program.

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Northtown CDC already has working relationships with county, city and social service agencies in each area we serve, as well as with the state Department of Rehabilitation Services, Department of Mental Health and Department of Human Services, which has resulted in a steady stream of referrals from these agencies this year. We will continue and strengthen these relationships, seeking Memoranda of Understanding where possible and more informal agreements where necessary. Although many of our AmeriCorps members, themselves veterans, already have relationships with local Military and National Guard Units, we will seek to develop stronger partnerships with local Military and National Guard Units for referrals. Members will reach out to and present program information to the Units in their area served throughout the program year, seeking agreements for referrals for intake. Some beneficiaries are also self-referred to member service sites through community outreach, and these will undergo the intake process in the same manner as agency referrals.

Representatives from all agencies who refer beneficiaries to the Northtown CDC AmeriCorps Program are contacted at least monthly by the Executive Director of Northtown CDC, and weekly by the AmeriCorps Program Director, to communicate any program changes or updates, progress or challenges, or additional resources available. Northtown CDC staff meet with executive staff from these agencies one-on-one at least quarterly as well to ensure effective communication and that all procedures are being followed.

c. Please explain whether or not your member activities are different from other activities of Northtown CDC or partnering agencies' existing staff or volunteers and how your interventions and referral services differ from programs that already exist in the community.

The Northtown CDC AmeriCorps Veterans Program is uniquely concerned with veterans and military family outreach, whereas all other Northtown programs and staff are focused on our other programs: a full-day child care center, an after-school program, a Family First Resource Center, a Community Outreach Center for low income families, and a 10-site year round USDA Adult and Child Nutrition Program in the Jackson area only. The AmeriCorps program serves as a bridge, providing extensive recruitment, outreach and guidance to access and compliment the resources of Northtown CDC as well as the resources of our partners, and staff and volunteers are selected based on expertise in veterans' specific needs and circumstances. Although resources exist for veterans and military families through our partner agencies, they do not have adequate access or ability, including community trust, for outreach and targeted referral, a crucial community need especially in rural

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areas of Mississippi. The Northtown CDC AmeriCorps Veterans Program was specifically designed to fill this need gap, is strongly supported by the Veterans Administration, and is the only program of its kind in Mississippi.

d. Please provide details regarding how volunteers will be trained and managed.

Volunteers are recruited for specific local events related to our focus only, i.e., September 11 Day of Remembrance, Veterans Day. AmeriCorps program staff reviews prohibited activities with each AmeriCorps member and host site staff during onsite visits, periodic emails, and frequent phone calls. Volunteers are recruited and managed during projects by each AmeriCorps member to ensure the volunteers understand and complete their assignments throughout the project, and to provide a point person on-site to provide guidance for volunteers as necessary. Before beginning their service, all volunteers are trained on their roles as distinct from AmeriCorps member roles by AmeriCorps members, and the members and staff ensure that volunteers understand the activities prohibited by AmeriCorps and that they are not to engage in these activities while serving as a volunteer with Northtown CDC AmeriCorps projects. Volunteers are also offered the option to participate in trainings offered by the Jackson Veterans Association or online through Military One services if they wish to receive further training on working with veterans to serve in a more involved role in the future.

e. Please describe your member supervision plan and explain how members will be supervised at host sites.

Each AmeriCorps member will have an office and an assigned host site supervisor, chosen by the host site and trained by Northtown CDC AmeriCorps staff, present at their site. The host site supervisor is responsible for signing off on the individual AC Member's weekly time sheet. The Northtown Program Director monitors all host sites through on-site examination, regular supervisory contacts, and off-site through review and approval of member time sheets, client intake forms, and performance of periodic trend analysis of the submitted data. Each quarter AmeriCorps staff will conduct unannounced on & off-site visits.

The Northtown CDC AmeriCorps Program Director will also have member supervision tasks. Each member will visit the main office once a quarter for program progress reports and data evaluation. Each AC member is required to submit programmatic information such as intake forms, time sheets, and beneficiary testimonials on a regular basis. The data is collected using a standardized format.

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Standardization is imperative to make the data useful and comparable and to eliminate individual interpretations and incorrect information. Time sheets reporting hours served and intake forms reporting eligible beneficiaries are in direct correlation. The Program Director will use this information to perform ratio, programmatic statements, and peer group analysis.

The objective of site visits and data collection is to quickly identify negative trends and emerging problems and to resolve the issues before they become so serious that they could negatively affect the Northtown's Veterans Program success rate. To correct any problem that may arise the Program Director will not only report the problem, but work with the AmeriCorps member and program staff and collaborative host site in determining the best workable solution to the problem.

f. Grant Start Date and Member Enrollment:

Northtown CDC requests a start date of September 1, 2014, for both grant award start date and member enrollment period.

Northtown CDC requests a 12 month program and member service year: September 1, 2014 - August 30, 2015.

3. Performance Measure changes were completed in the eGrants performance measures screen.

4. Strategic Engagement slots: At this time Northtown CDC/Veterans Program is not requesting any Strategic Engagement slots.

5. No cost MSYs: At this time Northtown CDC/Veterans Program is not requesting any no cost MSYs.

6. Healthcare:

a: Current health insurance provider: The Corps Network

b: The Corps Network provides a health insurance plan that meets the requirements detailed in the AmeriCorps grant provisions.

c. Proposed budget: The Corps Network has estimated that to be ACA compliant there could be a potential increase of 20% to 25% in rates. Our proposed budget does not compensate for that increase.

d. We would need to increase our health insurance cost to (approximately) \$190 per month, \$4,800 per year.

Continuation Changes

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n/a

Grant Characteristics