

# Narratives

## Executive Summary

Through a collaboration with its local Catholic Charities member agencies, Catholic Charities USA is requesting fifteen (15) AmeriCorps members, recruited from among veterans or military spouses, who will provide Peer Navigation Case Management to veterans of any era and active military service members and their families hosted by twelve (12) agencies in fifteen (15) locations in 10 states: FL, GA, ID, KS, MA, MO, PA, SC, TX and WA, beginning September 1, 2014 and ending August 31, 2017. At the end of the 1st program year, the AmeriCorps members will be responsible for having assisted 825 Veterans, and 125 military family members with accessing their benefits and meeting other health, mental health, educational and social service needs. The AmeriCorps members will leverage an additional 300 volunteers that will be engaged in assisting with the follow-up to the case management, or in a variety of community based projects.

This program will focus on the CNCS focus area of Veterans and Military Families. The CNCS investment of \$196,500 will be matched with \$287,790: \$22,469 in proposed public funding, and \$265,321 in private funding.

## Rationale and Approach/Program Design

### 2.a Problem/Need

Currently 2.2 million active, National Guard and Reserve service members make up America's all-volunteer force, and more than 700,000 children have experienced one or more parental deployments (Strengthening our Military Families, pp. 1, 7). According to the Department of Veterans Affairs Statistics there are more than 22 million veterans in the US, 7.5% of which served in the recent conflicts in Iraq and Afghanistan. Because of the widespread use of reserves in these conflicts, families of those currently serving as well as veterans from any era can be found in virtually every community in the United States.

Despite their dedicated service and personal sacrifice, active military, veterans and their families are not immune to the economic and other social problems faced by so many in our nation. Lack of access to safe and stable housing, to mental health services, personal finance management, workforce development, and public and VA benefits as well as to mainstream services such as emergency assistance related to housing, food, or transportation, for which they might be eligible, may present a serious barrier to self-sufficiency. According to a report by the Center for American Progress (Veteran Poverty by the Numbers, 03/06/2012), nearly one in seven of the homeless are veterans and an

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additional 1.5 million veterans are at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing. Thirty percent of veterans ages 18 to 24 were unemployed according to unpublished 2011 Bureau of Labor Statistics data.

There are an estimated 20,000 individuals leaving military service every month (Army One Source). Transitioning back to civilian culture has been difficult for some veterans for a variety of reasons. Some have become accustomed to following orders and feel lost when they return. Others feel guilty for having survived while some of their peers have not. The transition is also difficult on the veteran's family. The spouse who stayed behind to raise the children has taken on the role of both parents. When the service member returns and attempts to re-engage with a spouse and children who are used to a different set of rules and expectations, parenting or even domestic violence can become an issue in the home.

If veterans have been away from the community for an extended period of time, they have to re-establish community ties and learn the intricacies of their specific support network and points of entry. While many service members return home relatively unscathed and report rewarding experiences, others return with a variety of health conditions and find that readjusting to life at home, reconnecting with family, finding work, or returning to school is an ongoing struggle. This is made especially difficult for those coping with a complex set of economic, psycho-social, and other challenges, making post-deployment even more stressful and traumatic, both for the military member and the family.

Low-income military families and veterans are facing a great deal of difficulty finding employment offering wages that are sufficient to provide housing stability. Many veterans are under-informed about the GI bill and local educational and on-the-job training opportunities. When combined with a physical disability and/or mental illness, the risk of experiencing homelessness rises dramatically. The Department of Veterans Affairs (VA) and other public and private organizations have responded with a very wide array of services and resources, but accessing them in a coordinated and comprehensive way is a daunting challenge.

While awareness of available services is one problem, many that are aware find it difficult to apply, because the process is overwhelming, time consuming, or requires multiple appointments. Other qualified applicants lack vehicles or live in rural areas with little or no access to public transportation or to the internet.

Each of the 12 local Catholic Charities agencies represented in this grant proposal has demonstrated need for this program in their own community and has garnered support from partners

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working with active military, veterans and/or their families in their locale. Each agency has consulted with its state service commission (letters of support and evidence of consultation have been sent via e-mail). The number of veterans in the area identified for this program by each of the twelve agencies as provided by the U.S. Census quick facts follows: Catholic Charities (CC) of Venice, FL -- 67,341; CC of Atlanta, GA -- 184,732; CC of Boise, ID -- 23,156; CC of Wichita, KS -- 57,533; CC of Boston, MA -- 123,397; CSS Fall River, MA -- 55,077; CC of Kansas City, MO -- 113,366; CSS of Philadelphia, PA -- 118,990; CSS of Scranton, PA -- 96,507; CC of Charleston, SC -- 421,525; CC of Houston, TX -- 331,883; CCS of Seattle, WA -- 241,059.

Four of the agencies are current recipients of the Veteran Administration Supportive Services for Veteran Families (SSVF) grant; three others own and operate specialized veteran housing, one agency has the only non-DoD/VA psychotherapist in northern Idaho trained by the VA and certified as a prolonged exposure therapist for the treatment of PTSD; and the other four have noted an increase in the number of military family or veteran clients applying for social services because of their location near bases, military training centers and/or armories.

### **2.b AmeriCorps Members -- The Solution**

From the perspective of the community/faith based social service agency, the response to these barriers to reintegration is case management. But, because military life has a culture and language of its own active military, veterans and their families often feel out of place, misunderstood and confused when seeking social services from community and faith based organizations. The solution being proposed by the CCUSA AmeriCorps Peer Navigator program is intensive case management provided to military members, veterans and their families by military spouses or veterans serving as AmeriCorps members in local Catholic Charities agencies in the fifteen communities identified elsewhere in this application.

The Logic Model sent via e-mail provides the detailed theory of change supporting the request for CNCS investment in this project. The program description and evidence provided below demonstrates why CCUSA believes AmeriCorps fueled Peer Navigation will enable active military, veterans and their families members to access benefits and services to meet their reintegration and ongoing economic, health, mental health, educational and other needs: the peer navigator translates and coordinates civilian systems to (former) military personnel. This program will help service members reintegrate successfully into their communities, giving them the opportunity to enjoy the lives they have sacrificed so much to protect.

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### Evidence Base

The basis for our confidence in the chosen program design is the "Identification of Best Practices in Peer Support Programs: White Paper" (Defense Centers of Excellence(DCoE) for Psychological Health & Traumatic Brain Injury, January, 2011). Since empirical research about peer support for active duty service members and veterans was found to be limited, the DCoE's research focused on populations with similar cultural characteristics, specifically, law enforcement personnel and first responders. In order to be successful and complete the mission, members of these groups share the cultural imperative to care for each other. Shared experiences bind individuals together, providing the foundation for peer support. For military personnel, common bonds from training and combat foster the initial trust and credibility necessary for the development of relationships in which individuals can discuss their problems openly. Peer support leverages shared experience to foster trust, decrease stigma and create a sustainable forum for seeking help and sharing information about support resources and positive coping strategies (Ibid, p.5). The key ingredients of peer support indicated by the research include: social support, experiential knowledge, trust, confidentiality and easy access. (Ibid, p. 14).

Historically, the substance use recovery field led the way in recognizing the importance of peer support services. A report issued by SAMHSA, "What are Peer Recovery Support Services?" (2009), asserts that, "in the medical world of today there is scarcely a specialty where peer support is not recognized as a valuable adjunct to professional medical and social interventions," and that peer support services "stand in a long, well-documented and copied evidence-based tradition" (p. 10). Existing studies of mutual support among peers utilizing a strengths-perspective suggest that peer navigation may improve symptoms, promote larger social networks, and enhance quality of life (listed in "Peer Support Among Individuals With Mental Illness: A Review of the Evidence" by Davidson et al, in *Clinical Psychology: Science and Practice*, 2009). This meta-analysis points toward the necessity of our members utilizing the strengths perspective within the context of their work with clients. This perspective will be included in all initial and ongoing training for the peer navigators.

Evidence in the value of peer recovery support services has been so well documented that in 2004, the VA Mental Health Strategic Plan specifically called for the formalization of peer support within VA. Since then several studies have been conducted to determine the efficacy of this strategy. An article in *The Journal of Behavioral Health Services & Research*, 33:3, April 2006, entitled, "Toward the Implementation of Mental Health Consumer Provider Services", (pp. 176-195), examined beliefs and attitudes toward peer support services across three stakeholder groups -- VA patients, providers

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and administrators -- in three VA mental health clinics. The authors report that the majority of respondents, whatever their role, were in agreement that consumer providers (i.e. peer navigators) could be helpful to veteran patients by providing support, role modeling, hope for recovery, assistance with community integration and a bridge between vets and their systems of care (p.184).

A follow-up survey of ninety-two VA Local Recovery Coordinators done five years into the initiative and reported in the *Psychiatric Rehabilitation Journal* [35.6 (Dec 2012): 470-473], showed that notwithstanding some hiring difficulties, peer support staff were highly regarded by the veterans with whom they were working; in some cases, better than staff. They were reported to provide hope, and an extra resource for the clients beyond that available from non-peer staff.

In the CCUSA AmeriCorps Peer Navigator Program, AmeriCorps members will be engaged in peer navigation case management. Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables case managers to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings [Barker, R. L. (2003). *The social work dictionary* (5th ed.). Washington, DC: NASW Press.]

The term client refers to the individual or family whose goals, needs, and strengths constitute the primary focus of case management. In some practice settings or case management models, beneficiary, consumer, patient, peer, resident, or other terms may be used in lieu of client. The client system includes both the client and members of the client's support network (such as family members, friends, religious communities, or service providers).

Culture influences the values, perceptions, and goals every worker and client brings to case management. Cultural identification may include, but is not limited to, race, ethnicity, and national origin; socioeconomic class; age; gender, sexual orientation; family status; spiritual, religious, and political belief or affiliation; physical, psychiatric, and cognitive ability; and membership in certain distinct social groups such as the military.

Cultural competence is "the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each" [National Association of Social

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Workers. (2007). Indicators for the achievement of the NASW standards for cultural competence in social work practice. pp. 12--13].

As King, et al, indicated in their 2008 study published in the journal AIDS Care: Psychological and Socio-medical Aspects of Care, peer workers utilizing motivational interviewing techniques had greater success in promoting treatment retention for persons seeking medical and psychological support for issues. This study among others (such as 2008 study published in Journal of Substance Abuse Recovery) repeatedly supports the efficacy of Motivational Interviewing. These techniques will be the core component of training for the AmeriCorps members for use in their work with clients.

In the proposed program, AmeriCorps members, who are themselves veterans or military spouses, will invite the veteran or military family member to tell his/her story, thereby performing, through motivational interviewing, an assessment of the needs of the veteran or military family member, after which the peer navigator and client will develop a mutually agreeable plan for working together to meet the identified needs. The plan might include referral to and participation in educational, medical, social service and psychotherapeutic assessments and treatment or follow-up. Accessing resources to meet basic needs such as food, clothing and transportation will also be included. As many additional sessions as necessary are scheduled at intervals that make sense for the fulfillment of the plan.

### 2.c Member Training

Member training will include a variety of topics and modalities. Each local Catholic Charities agency, responsible for recruiting the AmeriCorps member, will likewise be accountable for orientation to the agency, to the program in which the peer navigator will be embedded, and to the specifics of the position. Many agency orientation programs include topics like child abuse and domestic violence awareness, risk management, self-care, safety, etc. Training in the local resources including those of the military and veterans services will also be arranged by the direct supervisor and may include meeting with local provider networks, with representatives of the VA, and local coalitions serving this population.

Once all of the AmeriCorps members are on-board, Catholic Charities USA (CCUSA) will hold a two-day training here in our Alexandria, VA offices. This session will begin with an overview of the Corporation for National and Community Service (CNCS) and the role of CCUSA in the AmeriCorps Peer Navigator program. Program requirements including the meaning and means of collection of performance measures, and the importance of compliance will be explained. This is where members

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will be made aware of the rules regarding prohibited activities and be provided with a phone number for reporting violations. The theory of change which serves as the foundation for the program will be the framework for the rest of our time together with topics to include: motivational interviewing, strengths based case management, assessment, service planning, linkage, monitoring, advocacy, confidentiality, cultural competence, appropriate worker/client boundaries, basic mental health awareness and suicide prevention as well as the unique role of the peer provider in facilitating reintegration and recovery. National partners such as the Code of Support Foundation and Army One Source may be involved as appropriate.

The initial orientation and training provided both locally and nationally will be supplemented throughout the period of service by local agency in-service, other available trainings, meetings and conferences, as well as monthly webinars or conference calls for all of the CCUSA involved AmeriCorps members. The CCUSA program director will support a "community of practice" for all those involved in the peer navigator program. This will be a forum for discussing challenges, overcoming barriers, reviewing regulations and procedures, and sharing best practices.

### **2.d Member Supervision**

Catholic Charities agencies are well established, community based social service agencies which provide a chain of accountability for every staff member from maintenance personnel to the executive director. All staff and volunteers are involved in performance management. Many of our agencies are accredited by the Council on Accreditation (COA) or similar organizations for their human resources, governance and management practices. Every AmeriCorps member will be embedded in a local agency program which may be a specialized veteran housing program, an SSVF program, mental health services or generalized case management. The director of each of these programs has been identified as the on-site supervisor for the AmeriCorps member. In many situations the AmeriCorps member will be part of a team of professionals and para-professionals working together to meet the needs of military families and/or veterans.

Supervision of the AmeriCorps members will be based on open and clear communication, frequent observation, timely and/or immediate advice, quality control intervention and personal feedback from the clients served. Members will have regular scheduled supervision meetings where the caseload will be discussed, challenges met, and resources shared. Additionally, each supervisor will be available by phone, text and/or e-mail should emergencies arise outside of the regular supervisory session. Those members who are working as part of a team will have regular team meetings to coordinate service

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delivery.

CCUSA staff assigned to this project, both licensed clinical social workers, will provide orientation and training to local agency program directors and supervisors via webinar before recruitment of the AmeriCorps members begins to provide clarity on regulations as well as a measure of uniformity to the national program. As the program progresses, CCUSA staff will be available to answer any program, finance or compliance related questions that arise in supervision.

### 2.e Commitment to AmeriCorps Identification

Recruitment materials for the local program positions will clearly state that the Peer Navigator is an AmeriCorps member service opportunity. This will be clarified during the interview process and reinforced at member on-boarding at the local agency. When the AmeriCorps members from the various locations come to CCUSA for the national training, members will participate in a "swearing-in" ceremony and will receive a basic AmeriCorps gear kit including a lapel pin with instructions to wear/utilize items daily while in service. During the training, members will be encouraged to develop and practice talking points for the members to use back in the community to make others aware of the national service corps. All national and local outreach materials (posters, brochures, flyers, webpage) marketing the program to the community will include the AmeriCorps logo.

## Organizational Capability

### 3. a Organizational Background and Staffing

Catholic Charities USA (CCUSA) is the membership association for local Catholic Charities agencies, each of which is an independent 501(c)3 authorized by the local Catholic Diocese and licensed to work within the state in which it is incorporated. CCUSA's members provide help and create hope for more than 10 million people of all faiths and social and economic backgrounds. The mission of CCUSA is to exercise leadership in assisting its membership, particularly the diocesan Catholic Charities agencies and affiliate members, in their mission of service, advocacy and convening. The member agencies proposed as sub-grantees for the CCUSA AmeriCorps Peer Navigator Program have given ample evidence of their ability to manage a grant of this scope. Each has the human resource, supervisory and fiscal capacity to recruit members, to adopt the appropriate policies and procedures, and to monitor activities and outcomes in order to achieve success in this endeavor.

CCUSA serves its affiliates by using its core competencies of networking, national voice, program development, training, and financial assistance. CCUSA is a COA sponsor and one of only two

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national organizations accredited by COA for having met its standards of excellence in governance, administration, management, and performance quality improvement. CCUSA brings unmatched experience managing grant activities as the national intermediary for its members.

Relevant Experience: Consortia leadership; sub-granting; training/ technical assistance; grant program & finance management & reporting; monitoring & evaluation

Tasks Undertaken:

- \* HUD Housing Counseling National Intermediary since 1994; CCUSA Housing Counseling Network (HCN) of 32 local affiliates awarded \$843,334 FFY 2013 grant
- \* NeighborWorks America - National Foreclosure Mitigation Counseling since 2008; most recent award of \$157,353 sub-granted to 12 local affiliates. Making Home Affordable grant of \$39,875 for outreach by 4 affiliates
- \* Three year Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Mentoring Grant award of \$2,000,000 sub-granted to 41 affiliates in 38 states.
- \* Children's Health Insurance Program Reauthorization Act (CHIPRA): \$957,617 in federal funds to provide Outreach and Enrollment services to children and youth through a coalition of eleven local Catholic Charities agencies representing ten states for the two year period from October 2009 -- September 2011. This grant was extended through September, 2012 for four sub-grantees primarily serving Hispanic families.
- \* CCUSA is also a federal contractor, having provided Federal Immediate Disaster Case Management under the Administration for Children and Families since 2009.

Results Achieved:

- \* Housing counseling and education services offered in FFY 2012 included pre-purchase, default, homeless intervention case management, tenant rights, budget counseling, fair housing education, mediation, and emergency financial assistance to renters and homeowners.
- \* From October 1, 2012 to December 31, 2013, one-on-one rental counseling was provided to 8,860 clients while 2,243 individuals seeking assistance in securing permanent affordable housing attended workshops. 2,311 rental clients received temporary relief in the form of utility and rent assistance; 4065 purchased homes; and 1,469 avoided foreclosure.
- \* As of September 30, 2013, fifty (50) at-risk youth were matched with an adult mentor who

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provides one-one weekly mentoring services. After only 1 month (on average), behavioral change was noted in 25% of the youth in the areas of antisocial behavior, gang resistance/involvement, substance use, school attendance or GPA.

\* Because of the CHIPRA grant, 2115 children were enrolled in Medicaid or SCHIP since September, 2009; 95% self-identified as Hispanic.

\* The IDCM case management cadre has grown to 727 staff, of which 501 were in active status as of December 12, 2013. Today, organizational membership within the IDCM cadre includes a diverse array of participating organizations totaling 69 organizations across the entire USA.

\* For every grant and contract, monthly or quarterly program and financial reporting was consistently on-time.

### CCUSA Structure & Staffing

CCUSA has the business processes needed for the transparency and reporting necessary to meet the scrutiny inherent in CNCS grant. Led by its President, Rev. Larry Snyder, Chief Operating Officer & General Counsel, Keith Styles and Executive Vice President, Candy Hill, CCUSA has fifty-nine employees organized into divisions, each under the administration of a Senior Vice President (please see the organizational chart sent via e-mail). The management structure promotes the clear lines of responsibility, authority, and communication necessary to minimize risk and quickly resolve problems when they occur. It also drives CCUSA's performance and monitoring activities. This is a team approach that includes multiple levels of control. The Senior Vice Presidents of Programs and Services and Finance work together under the COO to provide high-level grant administration oversight and to verify program compliance with the grant requirements and the CCUSA mission.

\* Jean Beil, the Senior Vice President for Programs & Services, a clinical social worker licensed in the state of NJ with over 20 years of experience in the management and administration of mental health and social service programming, will supervise the CCUSA AmeriCorps Peer Navigator Program. Ms. Beil has supervised the Housing Counseling Program at CCUSA since March 2005 as well as the CHIPRA grant from 2009-2011 and the OJJDP grant since 2012.

\* Rev. Ragan Schriver, the national program manager, will have day to day responsibility for providing TA and training to local agency programs, for site visits to local affiliates and for data collection, analysis and reporting. Fr. Shriver is also a licensed clinical social worker, assistant professor of social work at the University of Tennessee and the staff liaison to the CCUSA Military Families and Veterans Providers Network.

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\* Overseeing the financial aspects of the grant, Titi Sonekan has been the CCUSA controller since 2013. Among her responsibilities is the management and oversight of the federal grants (HUD, NeighborWorks NFMC, and OJJDP) and disaster relief funds. Ms. Sonekan supervises the grants accountant who has five years experience in the day to day responsibility of providing technical assistance and training to local agency finance staff as necessary for financial analysis and reporting.

### 3. b Compliance and Accountability

Through 20 years of experience conducting multi-site projects, CCUSA has developed the policies and procedures to assure fiscal control and compliance with government regulations both at the national office and in the offices of the sub-grantees. Policies are utilized to standarize travel and expense reimbursement, procurement and the documentation of employee time and effort. Utilizing Navision, an automated accounting system, CCUSA tracks the receipt and disbursement of funds by each grant, each sub-grant and each grant year.

Upon notification of an award, sub-grantees complete a finance and compliance self-assessment as part of the CCUSA sub-recipient risk management program. CCUSA program and finance staff then conduct webinars for local program staff and CFOs respectively, explaining AmeriCorps rules and regulations including those related to prohibited activities at the sub-grantee and service site locations as well as the requirements for financial reporting. These encompass valid methods of recording & back-up for expenses, personnel time and both in-kind and cash match.

CCUSA enters into a legal agreement with each sub-grantee clarifying expectations and including all provisions of the master award agreement as well as assurances and certifications as necessary. Contained in the sub-award response are agency audits and certificates of insurance which are reviewed to determine the need for technical assistance (TA) and follow-up. Funds are provided only as reimbursement unless otherwise indicated in the grant agreement, and then only once expenses have been thoroughly reviewed and justified as allowable. The CCUSA program manager and grant accountant utilize the agency risk management matrix to determine where to plan site visits at which they provide TA with program and financial reporting requirements and review policies and procedures. CCUSA undergoes an A-133 audit every year, as does every sub-grantee whose federal grant total from any source comes in above \$500,000.

As mentioned previously, AmeriCorps members are provided with a phone number they can use to report any violations of AmeriCorps rules and regulations. Sub-grantees found to be in violation of regulations or non-compliant with reporting requirements are sent a formal letter requesting a plan of

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remediation and warning that continued infringement will result in expulsion from the program and will put all future federal funding to the agency at risk. Violations, along with subsequent remediation, will be reported by CCUSA to the assigned AmeriCorps program officer.

### 3. c Past Performance

Not applicable. This would be our first AmeriCorps grant.

### 3. d Continuous Improvement

Data from the national performance measures, as well as the measures developed specifically for the CCUSA AmeriCorps Peer Navigator program, will form the foundation for quality improvement efforts. Any deviation, especially negative, will trigger analysis and program review with changes made to overcome barriers, and successes shared for possible replication.

The CCUSA national training session for the AmeriCorps members will include an evaluation which will be used to develop future training topics. Quarterly conference calls will be held to solicit ongoing feedback from local program directors and AmeriCorps members. Each program will administer a client satisfaction survey once yearly and/or at the time of discharge. At the end of the year, a survey will be administered to the AmeriCorps members soliciting ideas for program improvement. CCUSA has a performance quality improvement (PQI) plan monitored by an internal PQI team and reported annually to the CCUSA Board of Directors. Any opportunities for program enhancement will be included in the following year's PQI initiatives.

## Cost Effectiveness and Budget Adequacy

### 4.a Cost Effectiveness

The CNCS cost per MSY for the CCUSA AmeriCorps Peer Navigator program is \$13,100. This allows for each local agency to receive the \$12,100 minimum living arrangement funding for each member and for CCUSA to receive \$1,000/member to finance member travel to the CCUSA national training event.

The proposed program utilizing AmeriCorps members who are themselves veterans or military spouses, is a cost effective approach for addressing the need to link veterans and military families to public benefits and community based social services. In the first place, case management, much less peer support, is rarely included in other grants utilized to fund social services for this or any population. Without funding support, community based emergency service, mental health and housing providers, with budgets already cut close to the bone, cannot provide outreach or case

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management. Veterans and military families left to wander the systems of care on their own are unaware of resources available to them and leave thousands of dollars of assistance on the table. As an example, whereas the most recent quality control survey by the Agriculture Department, covering 2010, found about 1000 military members receiving food stamps, a benefits consulting company called BeneStream.com, which studied the issue in 2009, estimated then that 130,000 service members actually would be eligible for the help (Huffington Post, "Food Stamp Cuts Could Hit Military Members, Veterans" 6/18/2012).

Using the average salary of \$40,000/peer navigator, we estimate that it would cost the CCUSA network over \$1M to provide this service without the assistance of AmeriCorps.

### 4.a Budget Adequacy

The \$196,500 request to CNCS will leverage an additional \$22,469 in federal SSVF funding, \$161,656 in agency in-kind and \$103,665 in cash from contributions from the Catholic Church, the United Way and individual donors.

The budget included in e-grants provides a firm foundation for the program. It includes supervision and training for the AmeriCorps members, travel money, both for the members to come to CCUSA for the annual training, but also for mileage for members and staff to do outreach and to attend the community meetings necessary to build the relationships so essential to successful case management. The member expense of living allowance, health insurance and FICA are also included. Office space, telecommunications and program supplies are included, most often as part of the agency in-kind.

Catholic Charities agencies engage in a very proactive financial resource development plan which includes: direct mail, corporate, government, and foundation grants, special events, and individual solicitation. Most agencies are also supported by funding from the local Catholic diocese.

Diligent in support of its services, Catholic Charities is committed to the development and advancement of its programs serving its most vulnerable populations, such as returning veterans and their families. Pursuit of current and new funding opportunities is an ongoing endeavor with high priority given to identification of new sources as well as to the stewardship of historical relationships with funding partners. Agency staff keeps on top of new sources of funding specific to services for veterans, and will research both public and private sources that can sustain the impact that AmeriCorps will have on SSVF and other veteran programs.

Finally, agencies are committed to the recruitment and utilization of volunteers. Nationwide, in

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2012, CCUSA member agencies reported that just under 300,000 volunteers (80% of the national workforce) spent 9,260,362 hours engaged in volunteer work for Catholic Charities. CCUSA plans to renew the AmeriCorps grant for the 3 year period if funding permits. During the grant period, the AmeriCorps members will be developing and nurturing community contacts for services and employment, recruiting community volunteers, and creating a streamlined process of referring and accompanying veterans and military family members to needed service providers. Having this structure developed and in place when the AmeriCorps funding ends will make it easier for community volunteers to absorb these duties if necessary, as programs and procedures will have already been established.

### Evaluation Summary or Plan

Not applicable

### Amendment Justification

Not applicable

### Clarification Summary

a. Changes to the budget have been made directly in the application budget

b. 1 Member Support Costs & Unemployment Insurance

Since the members will be placed in agencies in a variety of states, it is unclear which will require unemployment insurance and or worker's comp. Nevertheless, we have now included an estimated amount for both unemployment and worker's comp insurance in the budget.

b. 2 Source of Funds

The Veteran's Administration has approved the use of its funds in Thurston, Pierce and South King counties in the state of Washington (as per an e-mail on file here at CCUSA).

b. 3 CCR Registration

CCUSA will keep its account in SAM current as it has active grants with two other federal agencies.

b. 4 Pre-Award Documents

CCUSA is anticipating the e-mail from the Office of Grants Management and will promptly return the

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required forms

### c. 1 Member Training in Intensive Case Management

As more fully described in the proposal, Catholic Charities USA (CCUSA) will include two days of training on the theory and mechanics of intensive case management for the AmeriCorps members. Additionally, members will be tutored in case management by their supervisors and co-workers onsite in the local agencies.

Each of the local Catholic Charities' program managers is skilled in case management and will serve as a 'field instructor' for the member(s). Members will have the opportunity to 'sit in' and observe case management sessions being conducted by professionals and to ask questions and clarify procedures post session. After a time, the member will take the lead while a supervisor observes sessions until both feel confident with the member's ability to engage the consumer and to complete an assessment and service planning. Once the member is deemed ready to 'fly solo', the individual case management session will be followed by an opportunity to debrief with the supervisor as needed. Finally, the member will be integrated into team meetings and ongoing supervision where new cases are introduced and service planning options are discussed. In those meetings or supervisory sessions, more complex ongoing cases may also be discussed.

### c.2 SSVF ' Supportive Services for Veteran Families

At four of the service sites AmeriCorps members will be embedded in the agency's existing SSVF program. SSVF is a Veteran's Administration funded program to provide 'housing first' services to very low-income Veteran families living in or transitioning to permanent housing. The program provides eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits and services, which may include: health care, personal financial planning, legal, child care, transportation and housing counseling. In addition, grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veteran families stay in or acquire permanent housing on a sustainable basis.

Each of the services list above, however, is time limited, and there are strict eligibility requirements for the program. Agencies already doing this service recognize that some veterans may not be eligible and others may need services not being funded. Making trained AmeriCorps members part of the team allows for greater flexibility and comprehensive service delivery. Staff, whose positions are

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funded through the grant, can “hand off” clients to the AmeriCorps Peer Navigator who can provide services beyond the strict time limits and/or to clients who do not fit the SSVF eligibility criteria.

In the one agency for which the VA has given permission to use its funding for support of the AmeriCorps program, the funding supports the portion of the supervisors’ time (20% for each of two supervisors) that will be utilized in the supervision of the AmeriCorps members.

d. Performance Clarifications have been made directly in the appropriate screens in e-grants.

e. Strategic Engagement Slots Clarification

At this time CCUSA is not specifically targeting persons with disabilities in its recruitment efforts, but may consider doing so after having achieved success during its first year.

f. Healthcare Clarification

Each agency will individually secure insurance for its member(s), so it is not clear as of yet how the procurement of health insurance might intersect with the Health Insurance Marketplace.

Nevertheless, costs have been calculated based on anticipated usage of the marketplace for the purchase of Minimum Essential Coverage as defined by the ACA.

g. No-Cost MSY Clarification

CCUSA will not be requesting any No-Cost MSYs.

h. 990

The Public Information copy of the Catholic Charities USA 990 for the year ending June 2012 (the most recent) can be found here: <http://catholiccharitiesusa.org/wp-content/uploads/Form-990-YE-6-30-2012-Public-Inspection-Copy.pdf>

i. A-133 Corrective Action

CCUSA made several changes in 2012 and 2013 to improve both the initial sub grantee monitoring and evaluation process as well as the follow up to subsequent site visit findings.

In Fiscal Year 2013 CCUSA implemented a new Sub Grantee Site Visit Follow-Up Letter. This letter is sent to a sub grantee determined to be out of compliance following an in-person site visit. The letter

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restates the findings noted on the original site visit form and includes recommendations to cure. The Sub Grantee is giving an opportunity to respond with questions for clarification or to respond with steps to cure the finding(s). The final documentation to the agency is a letter stating the findings are cured or actions that will be taken as a result of uncured findings (e.g.: recapture or reallocation of remaining funds).

It is our belief that the use of this letter will show steps taken by both parties in addressing deficiencies and be a more impactful monitoring of sub grantees. The letter will also serve as documentation in cases where a decision is made to recapture or reallocate funds.

In response to the concern about the lack of monitoring of high risk sub grantees, CCUSA has a developed an agency-wide risk matrix. While this risk-based matrix was developed upon the occasion of a new federal grant award, all of the organization's current and on-going grants were considered in its development.

In an effort to avoid overwhelming a sub grantee with multi-grant, multi-staff visits, CCUSA will be better able through the new matrix to identify which sub grantees need more comprehensive capacity monitoring and which will need only grant-specific monitoring. This will allow CCUSA to stagger visits and focus on the specific tasks.

Additionally, CCUSA finance and program staff are collaborating in the follow-up on corrective action to the A-133 audit findings reported by sub-recipients, external auditors. The fact of the existence of audit findings is now acknowledged on the sub-grant agreement checklist. At the time that an audit is received, either as part of the sub-grant agreement packet or later if a more recent audit is sent, it is reviewed by CCUSA finance staff who notifies program staff of the need for follow-up as part of the regular quarterly reporting, or at the site visit if one is planned. The sub-recipient agency corrective action plan is received, and evidence of implementation is collected and added to the file.

j. Catholic Charities USA (formerly the National Conference of Catholic Charities) has been in existence for 104 years. We have been a national intermediary for federal funds since receiving our first HUD Comprehensive Housing Counseling Grant in 1995. We currently manage federal grants from HUD, NeighborWorks America, and the Office of Juvenile Justice and Delinquency Prevention.

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Additionally, CCUSA is a federal contractor providing Immediate Disaster Case Management for the Administration for Children & Families. Details of our work as well as our systems for managing federal funds can be found in the Organizational Capability Section of this proposal.

### **Continuation Changes**

Not Applicable

### **Grant Characteristics**