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Executive Summary

The Marshfield Clinic proposes to have 30 fulltime AmeriCorps members implement an evidence-based, academic case management intervention, Academic Plus, for socioeconomically disadvantaged students participating in at least 12 afterschool programs located throughout the northwestern region of Wisconsin. At the end of the program year, AmeriCorps members will be responsible for enrolling 450 students in Academic Plus, with 360 students completing the program resulting in 288 students demonstrating gains on short-term indicators of academic performance, personal/social development and healthy active living skills and the medium-term outcome of improved academic work habits. In addition, the AmeriCorps members will leverage an additional 150 volunteers who will be engaged in at least 2,250 hours of service supporting afterschool academic enrichment.

This program will focus on the CNCS focus area of Education. The CNCS investment of \$378,300 will be matched with \$196,467: \$143,492 in public funding (afterschool programs) and \$52,975 in private funding (Marshfield Clinic Center for Community Outreach).

Rationale and Approach/Program Design

1. Problem/Need. Economic disadvantage is a risk factor of special concern in Wisconsin where 18.6% of the state's children live in poverty (American Community Survey, 2010-12). In the 2013-14 school year, 43.3% of students were eligible for the federal free and reduced-price school meal program, up 0.10% (one-tenth percent) from the prior school year and up 13.8% from the 2003-04 school year (Wisconsin Department of Public Instruction (DPI), News Release, 2014). The education achievement gap in Wisconsin between low-income children and their peers ranks among the highest in the nation. During the 2012-2013 school year, 46% of low-income children (grades 3 & 4) in Wisconsin scored at the minimal proficiency level on standardized test scores of reading and math, in comparison to 19% of their peers (DPI WINSS Data, 2012).

The need for programs that help economically disadvantaged students succeed in school is particularly great in rural northwestern Wisconsin where there are 208,369 students enrolled in public schools in 157 school districts (Wisconsin Department of Public Instruction, 2013). The service area mirrors the Marshfield Clinic service area, which borders Lake Superior and Michigan to the north and extends to the Minnesota border and the Mississippi River on the west, covering 32,507 square miles and 37 counties (University of Wisconsin Madison, WisStat, 2010). Seventy-six percent (76%) of the 37 counties in the service area have a U.S. Department of Agriculture (USDA) Beale code rating of 6 or higher, which is the CNCS criteria for rural (USDA, Rural-Urban Continuum Codes, 2013). Fifty-

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six percent (56%) of the population lives in areas with populations less than 2,500 (U.S. Census, American FactFinder, 2010). Only five cities in the northwestern region have populations over 25,000 (U.S. Census, Quick Facts Estimate, 2013).

Poverty is a risk factor of special concern in this region. According to the U.S. Census, 36 of the 37 counties have a per capita income less than the national average of \$28,051. Eleven of the 37 counties have poverty rates greater than 14.9%, the national average for all counties (U.S. Census, Quick Facts Estimate, 2013). In 2012, 54% of the students that participated in Marshfield Clinic AmeriCorps Afterschool programs qualified for the federal free and reduced-price school meal program, as compared to 43% statewide; 40% were registered for Medicaid as compared to 36% of children statewide (WI Department of Health Services, 2012); and 48% lived in single income/single parent households compared to 43% statewide and 32% nationally (The Annie E. Casey Foundation, Kids Count Data Book, 2013).

Few small rural districts have the fiscal capacity to implement required or optional state and federal programs. For example, of the 224 federally funded 21st Century Community Learning Center (CLC) afterschool sites in Wisconsin, only 32 (14%) are in the northwestern region (WI Department of Public Instruction, 2012, 21st Century CLC Sites). According to a 2011 Wisconsin Tax Payer Alliance study, rural Wisconsin schools will continue to struggle. The average rural district offered only three Advanced Placement (AP) classes, compared to nine elsewhere in the state, and nearly 20% of rural districts offered no AP classes. Fewer students (5%) in rural schools took the ACT college entrance exam, than their peers in urban and suburban districts.

Economically disadvantaged students also face a myriad of correlated personal/social development and healthy active living problems (Duncan & Murnane, 2014). In 2012, 25% of the students in the Marshfield Clinic AmeriCorps Afterschool programs were diagnosed with Attention Deficit Disorder (ADD) in comparison to a statewide rate of 8.7% (CDC, 2011). Students with ADD are often more emotionally immature than their peers, which can cause peer related problems in academic and social settings (Health Central, 2009). Economic disadvantage also impacts physical inactivity and poor diet resulting in significant health risk factors for children (CDC, 2013).

The Academic Plus case management program will positively impact the academic skills of economically disadvantaged students grades K-8 (ages 5-14) living in the northwestern region of Wisconsin. The Academic Plus program is an evidence-based education intervention embedded in afterschool programs. A growing base of evidence indicates that quality, academically focused, afterschool programs positively impact the academic performance of children living in low-income

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families, as children who participate regularly demonstrate improvement in academic, personal, social-emotional, and physical health outcomes (Durlak, Weissburg, & Pachan, 2010; Mahoney, Lord & Carryl, 2005; Pierce, Bolt & Vandell, 2010; Vandell, 2013; Vandell, Reisner, & Pierce, 2007).

2. Theory of Change and Logic Model. The purpose of the Academic Plus program is to improve the academic skills of economically disadvantaged students participating in afterschool programs. Thirty full-time AmeriCorps members will be placed in at least 12 afterschool sites to implement the Academic Plus case management program. Each member will work with approximately 15 students grades K-8 (ages 5-14) identified through a referral and selection process, which will result in 450 economically disadvantaged students being served (ED1). Participants in Academic Plus, a subset of students that attend afterschool programs, will receive targeted classroom and afterschool academic skills support integrated into their overall afterschool program experience.

Members will work with afterschool site directors, classroom teachers and parents to implement a referral strategy to increase the proportion of economically disadvantaged students participating in afterschool programs. Eligible students will be in grades K-8 and/or ages 5-14 and economically disadvantaged as defined by CNCS: children that are eligible for free (at or below 130% of poverty) or reduced (between 130% to 185% of poverty) lunch. Members will recruit, enroll and monitor students in Academic Plus. Eligible students will be enrolled during the first quarter of the academic year, and additional enrollments will occur throughout the year as new students are referred and as vacancies become available. This on-going enrollment will maximize the number of students who will meet the program's minimum dosage target of 90 contact hours. Each student will participate in 1.5 hours of academic support in the classroom and 3 hours of afterschool academics. Each student will also participate in 3 hours of other afterschool activity (1.5 hours/physical activity plus 1.5 hours of personal and social development) for a minimum of 7.5 program contact hours per week for a 12-week period. This participation dosage is consistent with regular afterschool participation levels examined in afterschool evaluations and research (Beckett et al. 2009). It is projected that 80% of the students enrolled in Academic Plus will meet the minimum dosage parameter, which will result in 360 economically disadvantaged students completing the Academic Plus program.

AmeriCorps members will implement the evidence-based program components of Academic Plus comprised of personalized learning plans; classroom support and afterschool academic skills training and enrichment activities; afterschool personal, social-emotional and physical activities; and parent communication. In addition, volunteerism will be an important component of Marshfield Clinic AmeriCorps Afterschool efforts, and members will actively recruit at least 150 on-going volunteers

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who will serve an estimated 2,250 hours of support to the afterschool programs. Afterschool volunteers will increase program quality through lower staff to student ratios and the delivery of individualized and small group academic skill coaching and practice.

AmeriCorps members will enroll participants using a customized form created by Marshfield Clinic, which will be the first step in creating an individualized Personal Learning Plan. At enrollment, needs assessment data will be collected by members through an interview and survey of the parent(s)/guardian(s) and teachers, gathering specific ratings of school performance, personal and social development, and healthy active living routines for each student. Teachers will indicate what they want Academic Plus participants to work on in the afterschool program. Data will be used to develop a Personal Learning Plan for each student detailing strategies and goals for targeted member support of academic and self-regulatory (i.e. effort, volition, and motivation) development; academic skill practice; and afterschool activity participation that will meet the students' individual needs. AmeriCorps members will administer teacher and parent surveys again at the end of the program as post-program assessments. To assure student input and interest, members will survey them about their program experience two times during the academic year. Students will rate key quality items such as safety, adult help, peer relationships, and enjoyment of activities. Members will keep attendance records and track participation levels of each student in their caseload.

Members will implement classroom support and afterschool academic skills coaching, which will serve as a vital link between the social ecology of the students' school day and afterschool activities. Adjusting afterschool activities based on classroom performance increases the likelihood that programs will positively impact academic skills (Beckett et al., 2009; Hollstead, 2012). Working under the direction of the teacher, the member will provide self-regulatory academic skills, guidance, and coaching during classroom activities. The classroom support and teacher communication provided by the members will inform the students' afterschool academic work. The afterschool academic support provided by the members will reinforce student motivation and self-regulatory skills in homework and enrichment activities as they are coached on academic skills, organizing, planning, help seeking, receiving and using feedback, and managing attention during challenging tasks (Corno, 2008). Members will also ensure that students have healthy snack choices and participate in physical activity and personal and social development afterschool activities each week.

To meet parent needs, AmeriCorps members will implement several intentional parent support strategies. Members will assist students in the use of their respective school communication systems. For example, members will review with students' contents of their classroom folders, organization of

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their backpack and folder materials, review home routines for self-management of school work, and implement other strategies to communicate with parents at the afterschool program.

Members will produce significant and unique contributions to existing afterschool program efforts by ensuring the afterschool experiences of economically disadvantaged students are of high quality and include direct coaching on academic work habits, homework assistance and engaging academic enrichment. Moreover, members will enable greater customization of a multi-faceted set of afterschool activities that meet the individual learning needs of Academic Plus participants. Members will serve as caring, consistent adults linking the school day and afterschool, support positive peer-to-peer relationships, and increase parent engagement. Short-term outcomes (ED2) will document that 288 (80%) of the students completing the Academic Plus program will make improvements in one of the two academic indicators as measured by the teacher survey (i.e. improved completion of classroom assignments, improved classroom attitude). In addition, students will also demonstrate improvement in at least one of three indicators of personal and social development (i.e. improved peer relationships, confidence, and personal responsibility) and one indicator of healthy active lifestyle (i.e. increased physical activity, improved healthy food choices) as measured by the teacher survey. All short-term indicators will be measured on a 3-point scale. At the group level, there will be an increase in pre- to post-program scores for each indicator as demonstrated by average percent increase. The percent of program completers showing a gain score will be reported for each indicator with a target of 80% of program participants per indicator.

The medium-term outcome (ED27B), academic work habits, will be measured using the 10-item Academic Work Habits scale developed by Vandell, Pierce and colleagues over the course of several studies and has a reported alpha reliability coefficient of .95 (Pierce, Hamm, & Vandell, 1999; Vandell & Pierce, 1998; Vandell et al., 2007). Classroom teachers will rate Academic Plus students at enrollment and post program. The scale measures student volitional self-regulatory work habits such as following classroom procedures, work organization, self-directed work, and class participation on a 5-point Likert type scale. These skills are associated with the volitional and self-regulatory skills of a responsible and independent learner and are developed through homework and other enrichment activities that help students learn to focus attention and attune to classroom affordances and expectations (Corno, 2008). Evidence indicates that these skills improve with intentional adult guidance (Corno, 2008). Research employing the Academic Work Habits scales has demonstrated significant group mean differences of .3 or about an 8.6% change. Thus, gain scores of 10% will be used to indicate meaningful improvement in academic work habits for enrolled children.

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The anticipated long-term outcome of the Academic Plus intervention is that economically disadvantaged students will improve their academic performance. This assertion is based on evidence that improvement in academic work habits improves school achievement (Evans & Rosenbaum, 2008). The case management protocols and data from Academic Plus will be approved prior to implementation and monitored by the Marshfield Clinic Institutional Review Board (IRB). Marshfield Clinic Biomedical Informatics Research Center will assist with data analysis and dissemination of the survey results. AmeriCorps members will collect and enter all data into an afterschool database developed and maintained by Marshfield Clinic and will be responsible for case management files established for each student comprised of personal learning plans; enrollment forms; parent, student and teacher surveys; attendance records; and the Academic Work Habits assessment.

Marshfield Clinic has operated successful AmeriCorps programs since 2000 that have been consistently ranked in the top tier of performing programs by Serve Wisconsin. Within that time, the Academic Plus case management program was developed and has been funded for the past three years. In 2012, the Wisconsin Department of Public Instruction cited two Marshfield Clinic Afterschool sites with the AmeriCorps Academic Plus program as exemplary sites for effective practices in school day and afterschool linkage, data-driven services responding to student needs, and individualized monitoring of student progress (Holstead, 2012). The AmeriCorps Academic Plus case management program will ensure that targeted students receive a quality program comprised of academic support, personalized learning activities, low student to adult ratios, positive relationships between students and adult afterschool staff (consistent caring adult), and regular afterschool attendance averaging 3 times per week.

3. Evidence Base. As summarized by Mahoney, Parente and Zigler (2010), quasi-experimental and experimental studies indicate that afterschool participation is related to significant positive growth and development, particularly for students living in low-income families. In regard to academic gains for economically disadvantaged children, findings indicate positive impact when programs are effectively aligned with the child's school day classroom priorities, are of high quality, and involve students in engaging academic, personal, socio-emotional and physical activities (Durlak, Weissburg & Pacan, 2010; Mahoney, Larson & Eccles, 2005; Mahoney et al., 2010; Vandell, Shumow, & Posner, 2005). Quality refers to intentional and sequential program activities that are cognitively, behaviorally and emotionally engaging (Grossman, Goldsmith, Sheldon, & Arbreton, 2009) and other program features such as a holistic, multi-faceted program and positive social relationships between peers and non-parental adults (Beckett et al., 2009; Durlak et al., 2010; Pierce, Bolt & Vandell, 2010).

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Research that meets the CNCS definition for a strong level of evidence shows that afterschool academic programs like Academic Plus result in academic gains for economically disadvantaged students. Afterschool program outcomes have been demonstrated across a number of experimental and rigorous studies with gains reported in reading and math assessments, grades and motivational characteristics such as effort and academic work habits (Mahoney et al., 2010). In summarizing the research, Mahoney, Parente and Zigler indicated that evidence was mixed because afterschool academic impact has been measured in different ways across studies including grades, academic achievement tests and other motivational and self-regulatory academic factors. They reported that the most consistent evidence of the relationship between regular participation in an afterschool program (ASP) and academic outcomes for economically disadvantaged children was associated with self-regulatory outcomes of school related effort and motivation and parent involvement (c.f., Mahoney, Lord, & Carryl, 2005; Vandell et al., 2007; Vandell et al., 2005; Vandell et al., 2006).

In their one-year longitudinal study Mahoney et al. (2005) examined the form of afterschool care for over 600 economically disadvantaged students as predictors of academic performance measured as reading achievement, school grades, and classroom teacher rating of motivational characteristics (i.e. expectancy of success and effectance motivation). In comparison to students in parent, parent/sibling, and other adult/sibling care, afterschool program participants had significantly higher reading achievement (95% confidence level). Also, in comparison to students in other adult/sibling care, ASP participants had significantly higher expectancy of success (95% confidence level). Importantly, when ASP participation was narrowed to consider only those youth in high engagement (i.e. quality) programs, reading, expectancy of success and effectance motivation scores were all significantly greater than students in all other types of adult and parent care with a 95% level of confidence for all outcomes.

In a multi-year longitudinal project focusing on afterschool programs serving economically disadvantaged students and involving nearly 3,000 elementary and middle school students, Vandell and colleagues further examined the impact of ASP quality and student academic, social and behavioral outcomes (Pierce et al., 2010; Vandell et al., 2007; Vandell et al., 2005; Vandell, et al., 2006). In a study reported by Vandell et al. (2007), economically disadvantaged students participating in two types of quality ASP were compared over a two-year period with students in afterschool care characterized as low in adult supervision. Students in the two types of ASPs had significantly higher math scores, work habits (effect size of .31 and .35) and task persistence (effect size of .23 and .30). Confidence levels were not reported. In another study examining variation in afterschool program

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quality for students in grades 2 and 3, Pierce, Bolt and Vandell (2010) found that second grade students (n=120) who participated in afterschool programs with higher quality ratings on positive staff-child relations had significantly higher reading (95% confidence level) and math grades (99.9% confidence level) in comparison to youth in programs with lower quality staff-child relationships. Grade 3 students participating in programs with higher quality staff-child relationships had significantly greater gains on reading (95% confidence level) and those programs with multi-faceted program structures assessed as diverse and with age-appropriate activities had greater gains in math and work habits at the 99.9% level of confidence.

These studies and a meta-analysis by Durlak et al. (2010) have demonstrated that high quality afterschool programs have positive academic, personal and social developmental outcomes. Researchers have also argued that the effect sizes reported for afterschool programs are comparable to other academic interventions (Durlak et al., 2007; Vandell et al., 2007). Moreover, the research supports that the Academic Plus program intervention will positively impact the academic work habits of economically disadvantaged students who receive individualized, academic support as a case management component of regular participation in an afterschool program.

4. Notice Priority. The Academic Plus program aligns with the CNCS education priority. AmeriCorps members will increase the academic services for economically disadvantaged students in high need areas in rural northwestern Wisconsin. Academic Plus will deliver direct academic coaching on motivational and self-regulatory skills and increase afterschool enrichment activities improving students' academic work habits, which influence overall academic performance (Corno, 2008). As models of learning indicate, students in educational contexts pursue both learning and well-being goals, and research evidence indicates that high quality academically oriented afterschool programs impact academic, personal and social-emotional outcomes (Durlak et al., 2010). In fact, researchers have reported that the effect sizes associated with the impact of participation in a high quality afterschool program on student academic performance match, or are greater than, effect sizes associated with universal interventions for problem behaviors, drug use and other universal academic interventions including reduction in classroom size (Durlak et al. 2010; Vandell, et al., 2007).

5. Member Training. All members will begin their service with a four-day orientation facilitated by Marshfield Clinic and the University of Wisconsin (UW) System. Members will be provided the Marshfield Clinic AmeriCorps Handbook and attend sessions that cover key components of national service (i.e. policies, procedures, reporting tools, etc.) along with Marshfield Clinic policies and procedures. To ensure that members will provide effective service, they will receive high quality

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training designed and taught by Marshfield Clinic and UW System faculty and outreach professionals. Content will center on evidence-based case management practices, including member roles and responsibilities; risks for students residing in low-income families in rural communities; techniques for interviewing students and parents; coaching students on academic self-regulatory skills, especially supporting student challenges with focusing attention, effort, persistence and employing learning strategies; and expanding afterschool linkages to the school day through academic enrichment activities. Members will also learn how to keep accurate attendance records and how to administer and record the information from the surveys into the Marshfield Clinic afterschool database. Other orientation topics will cover the importance of volunteers, volunteer motivation and the elements needed for a successful volunteer experience. Members will also receive citizenship and conflict resolution training, which are required by the State Commission.

In January, members will attend a three-day mid-term training facilitated by Marshfield Clinic and the UW System. This training will provide an opportunity to recognize individual members and to reinforce and expand the content taught at orientation related to academic skill and fidelity implementation of afterschool case management. Time will be allocated to assess the status of the Member Service Plans and to share information on host site successes. The mid-term training will include state commission priority updates, career development, and other member-focused sessions.

Throughout the year, members will participate in monthly technical assistance teleconferences and will have access to Desire to Learn (D2L), an online platform, which will include the ability to share resources, post questions, enable discussion to provide peer-to-peer support, and provide online office hours with Marshfield Clinic and UW staff. The D2L platform will help create a professional learning community for the AmeriCorps members.

Information on prohibited activities for AmeriCorps Members will be provided at orientation, outlined in a pocket guide, and included in the Marshfield Clinic AmeriCorps Handbook given to host site supervisors and members. In addition, prohibited activities will be a standing agenda item at AmeriCorps meetings and in regular program updates. When providing orientation for volunteers, members will be responsible for educating the volunteer on the rules regarding prohibited activities. Members will monitor volunteers to guarantee they are in compliance with those rules. Questions and concerns will be directed to the AmeriCorps manager for resolution.

6. Member Supervision. Afterschool programs in the northwestern region interested in obtaining an AmeriCorps member to implement Academic Plus will be required to submit a Marshfield Clinic Host Site Application along with a Member Service Plan that provides detailed information on how they

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will support program implementation and member activities. To ensure that members receive high quality guidance and support, each afterschool applicant will designate a host site supervisor to oversee the member(s). Applicants must indicate the name and qualifications of the supervisor and commit their organization to orient, train, and communicate regularly with the member. Supervisors must be an employee of the host site and have supervisory experience. Members will be supervised to guarantee completion of required activities and paperwork, and they will have regular weekly meetings with their supervisors. Supervisors will complete two member performance evaluations, as well as document member related issues, challenges, and successes for evaluation purposes.

During the AmeriCorps orientation in September and throughout the service year, Marshfield Clinic staff will work closely with the host sites to ensure that supervisors receive the training, oversight, and support needed to manage their member(s) effectively. To prepare the supervisors for the AmeriCorps experience, they will attend one day of orientation with their members to learn about program regulations, priorities, and expectations. They will spend considerable time with their members to discuss and refine Member Service Plans that are designed to complement member skills and achieve host site and program goals. After orientation, members will report to their host sites, and the supervisors will provide a local site orientation that includes information about the organization's programs and introductions to staff and volunteers. Supervisors will help the member with oversight of volunteers and will provide detailed information on site policies, procedures, and expectations (travel reimbursement, reporting requirements, etc.). Host site supervisors will arrange for members to meet with teachers and school administrators to begin program implementation.

Each member and supervisor will be mentored by staff from Marshfield Clinic. An AmeriCorps Committee will be established at each host site, consisting of the member(s), host site supervisor, Marshfield Clinic staff member and others as needed. Committees will meet face-to-face at least two times per year. Marshfield Clinic will also facilitate teleconferences that include training, technical assistance, and access to information, tools and other resources to support member service and to enhance the supervisors' role. To ensure a successful term of service, these meetings will serve as a venue to review the Member Service Plan and to provide opportunities for education, training, technical assistance and consultation.

7. Member Experience. The member experiences and skills gained through AmeriCorps will be useful and valued by future employers. As case managers, members will develop interpersonal and partnership skills needed for collaborating with school administrators and teachers, parents, afterschool educators, and volunteers. Service experience will help the members develop project

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management skills important to the afterschool programs and to the children and families served.

Reflection on the value of service and personal skill development will be facilitated through member meetings with host supervisors and Marshfield Clinic staff. Members will have opportunities to learn about, and identify with, the National Service network and to establish connections with each other to build esprit de corps during orientation, mid-term training, monthly teleconferences, and through the D2L platform. Members will share stories and pictures on the program's Facebook page and will reflect on their service and skill development in AmeriCorps service reports, reflection logs, and great stories they will submit on an ongoing, scheduled basis.

Members will develop citizenship ethics and skills when engaging with afterschool and day school staff; tracking and influencing program outcomes; engaging with host site supervisors and Marshfield Clinic staff; and, participating in the online community of practice. D2L discussions will include content on the role of volunteers and community services in addressing the multi-faceted set of risks associated with economic disadvantage and content that clarifies the member role and encourages continued engagement in public and community service after their term of service.

Members are recruited by the local host sites with assistance from Marshfield Clinic program staff. Each approved host site applicant is provided with a tool kit of recruitment items including flyers, sample position descriptions, benefit statements, application forms and suggestions of recruitment methods proven successful by others. The AmeriCorps 20th Anniversary Toolkit: Get Involved will be provided to the host sites as another resource to promote local recruitment. The engagement and communication strategies in the toolkit will be especially helpful for sites to solidify the AmeriCorps role in the local community and to identify who host sites can work with locally for recruitment. Marshfield Clinic will host a teleconference to address recruitment questions and will forward member applications from the national AmeriCorps website to host sites for consideration. A local approach to recruitment has the greatest chance of success, especially since the host sites are most accustomed to recruitment methods that work best in their area. Host sites will have the unique ability to market AmeriCorps opportunities that address the needs of the site and the local applicant pool. Our AmeriCorps members will also be provided the opportunity for occasional service outside the focus of this program in order to better understand and benefit their community and to participate in National Days of Service. These hours may be counted towards the member's term of service if they do not interfere with their normal service hours or conflict with prohibited activities, the service is approved by the member's supervisor and or the program director, and the volunteer supervisor signs an agreement certifying the service and hours performed.

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8. Commitment to AmeriCorps Identification. All materials related to Marshfield Clinic AmeriCorps Afterschool will include the AmeriCorps logo, and language during all facets of program operations (i.e. enrollment, training, orientation, etc.) to make it clear that members know they are serving in AmeriCorps. All materials associated with AmeriCorps will have the AmeriCorps logo, including the following: name badges, host site signs, handbooks, pledge posters, recruitment flyers, member applications, processing packets, and service gear. Members will be provided with, and will be required to wear, service gear that prominently displays the AmeriCorps logo while serving. Host site supervisors will support the member's identification as an AmeriCorps member utilizing host site signs identifying the member's placement. Supervisors will also be provided with service gear that prominently displays the AmeriCorps logo to be worn while directly involved with the program. Identification guidelines for email signatures, voicemail messaging, and contact with media will be provided to members and will be clearly defined in the member handbook along with providing training on identification techniques at orientation and reminders during updates and midterm training. The program will encourage local press coverage about the member placement through hometown press releases. To ensure members are prepared to speak about their AmeriCorps experience to the community, they will prepare and practice a brief description of their service at orientation and be provided with CNCS promotional materials.

Organizational Capability

1. Background and staffing. The Center for Community Outreach (CCO), established as a Clinic department in 1998, is responsible for population-based prevention strategies. This work reflects Marshfield Clinic's broad concept of health care, which includes looking beyond Clinic walls at medical and non-medical issues that can have significant effect on quality of life for all residents of a community. The mission of CCO is to assist in developing healthy environments that foster resilient, successful children, youth and families; serve as a catalyst for program design and development; and provide technical assistance and consultation, education, training and resources. CCO identifies the importance of developing the capacity of coalitions, nonprofits, and other organizations to effectively recruit and manage AmeriCorps members and volunteers to support community health improvement strategies. Since 2000, CCO has received 24 AmeriCorps awards.

The principal investigator/CCO director, AmeriCorps manager, Afterschool manager, and administrative secretaries have extensive experience and expertise developing and implementing community health improvement programs and provide the leadership necessary for successful operation of Marshfield Clinic AmeriCorps programming. Ronda Kopelke, Director, will provide

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administrative and program oversight to Marshfield Clinic AmeriCorps. She has over 30 years of experience working in population and community health and has been principal investigator on numerous state and federal grants. Brian Blahnik, AmeriCorps Manager, has managed the Marshfield Clinic AmeriCorps programs since their inception in 2000, and has expertise in program management, operations, logistics and organizational development. He will manage all aspects of the proposed program and oversee the AmeriCorps team. Randy Neve, Manager-Afterschool Programs, has over 16 years of experience in design, development and delivery of research-based strategies in the afterschool setting. He will assist with afterschool-specific aspects of the program, provide supervision and guidance to the afterschool team, and oversee the performance measures in this proposal. Administrative secretaries will be responsible for supporting clerical and operational aspects of the program. The Sponsored Programs department, Marshfield Clinic Research Division, will monitor fiscal activity, provide support for contractual and consultant agreements, and perform grant-related accounting functions. Marshfield Clinic has engaged the UW-System for the development and establishment of the D2L online professional development platform, training and orientation and ongoing technical assistance. The UW-System is known throughout the state for their expert skills in these areas. The Wisconsin Afterschool Network and afterschool programs have engaged in planning for the development of the proposed program and will provide input and feedback on program implementation. Letters of commitment and an organizational chart have been submitted.

2. Compliance and accountability. Staff will communicate regularly with the state commission and attend AmeriCorps State Commission trainings, meetings, etc. to stay current on rules and regulations pertaining to AmeriCorps members and volunteers. These policies, including those addressing prohibited activities, will be conveyed at orientation and mid-term training, included in the member handbook, and incorporated in the monthly AmeriCorps committee meetings and in monthly program updates via email. Host site supervisors and members will sign an agreement which details prohibited and permissible activities, compliance issues, and policies. Marshfield Clinic staff will be available for questions, concerns, and problem resolution. Marshfield Clinic will identify compliance issues through host site monitoring, data collection instruments, staff visits and monthly teleconferences. Host sites that have compliance or accountability issues will receive immediate attention through the non-compliance process that is designed to promptly address and resolve issues. Compliance issues may jeopardize future placement of a member.

Marshfield Clinic will also hold itself equally accountable in the prevention and detection of compliance issues. Program staff will schedule and conduct semi-annual self-assessments of program

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deliverables, including member file reviews, analysis of adequate program policies and procedures, and other critical grantee performance criteria.

3. Past performance. All performance measure targets were met in each of the past three years (2011-2014). During this period, 67 full-time members served 50 afterschool sites and provided services to 1,786 at-risk students who were enrolled in afterschool programs. 1,864 volunteers provided 16,846 hours of service to the afterschool programs. All 67 members showed an increase in knowledge of American democracy. From 2011-2014, 31 host sites implemented Member Service Plans centered on academic success, personal/social development, and healthy active living. In 2011-2012, 23 members enrolled 664 students whom had individualized case management plans implemented. 100% of the members received career enhancement training. In 2012-2013, 595 students were enrolled in the Presidential Active Lifestyle Award program: 434 increased physical activity and 331 increased healthy eating. Twelve afterschool programs reported increased efficiency and capacity related to AmeriCorps member service and support. In 2013-2014, 20 members enrolled 490 students and developed individualized case management plans. Parent end-of-year evaluations showed that 82% felt afterschool program made a positive difference in home life and 65% felt student grades improved by participating in the afterschool program. Enrollment was 100% and retention was 95% with one member exiting early for employment. Despite our best efforts, members occasionally exit early when a full-time salaried position is offered to them prior to the end of service.

Cost Effectiveness and Budget Adequacy

1. Cost effectiveness. The request per MSY is \$12,610. Marshfield Clinic AmeriCorps Afterschool proposes a cost effective approach by not only providing 51,000 hours of service from the 30 members but an additional 2,250 hours of service from 150 volunteers, valued at \$49,005.

Additional resources needed to operate the program will be provided by nonprofit organizations. Nonprofits will be required to provide a cash match as a condition of participation. Matching contributions will increase incrementally each year. In 2015, the contribution will be \$7,000 per member, 2016 will be \$7,300, and 2017 will be \$7,600. In addition, organizations will provide in-kind contributions (i.e. computer, telephone, host site supervisor time, meeting expenses, travel, supplies). Marshfield Clinic has supported its AmeriCorps programs since 2000 by providing in-kind commitments for indirect costs and staff affiliated with the program. Marshfield Clinic administration has agreed to continue to support this program as part of their overall strategic plan.

2. Budget adequacy. A detailed budget narrative is included with the proposal.

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Evaluation Summary or Plan

N/A

Amendment Justification

N/A

Clarification Summary

B. Budget clarification

Cost per MSY was adjusted from \$13,730 MSY to \$12,610 MSY. The budget was revised accordingly.

C.

1. N/A

2. Marshfield Clinic will ensure that target beneficiaries are selected through clearly defined selection and referral process that uses the free and reduced lunch guidelines. The sites that have been chosen for placement in 2015-2016 have a disproportionately high number of youth on free and reduced lunch. During host site supervisor training, which occurs one month prior to the program start, supervisors will be trained on the eligibility requirements for free and reduced lunch. The same information will be shared with AmeriCorps members during their orientation. Enrollment forms utilized by all afterschool sites have questions that identify whether or not a student qualifies for free and reduced lunch.

3. This performance measure has been adjusted to reflect the following (in egrants):

80% (288) of the children (unduplicated) completing the program will demonstrate improvement on one or the following indicators improved academic engagement:

- oCompletion of classroom assignments on time

- oTeacher-reported participation measured as classroom attitude

4. The Teacher Pre-Post Survey scale is a measure created by Marshfield Clinic and has been used for 13 years. The scale has not been subjected to reliability and validity analyses, but teachers have consistently reported understanding of items and the scale results have helped staff refine program implementation to achieve the short-term outcomes of assignments completed and turned in on time and classroom attitude as a measure of increased teacher reported participation. Teachers report on

Narratives

the indicators using a three-item response scale of needs improvement, satisfactory, and improved.

Pierce, Hamm & Vandell (1999) reported that the Academic Work Habits scale demonstrated sound reliability with reported alpha of .97 with three samples of elementary aged youth (n = 1468, 1515, 1222). Similar reliability scores were reported with three samples (n = 979, 943, 704) of middle school aged youth with reported alphas ranging from .97 to .98. Validity of the Academic Work Habits Scale was demonstrated by conducting correlational analyses with a sample of third and fourth grade youth using maternal reports on the work habits scale and a measure of children's adjustment. As expected scores on the work habits scale correlated moderately with scores on the children's adjustment scale ($r = .63$).

D. We are not requesting Strategic Engagement slots or any MSY with No Program Funds.

Continuation Changes

N/A

Grant Characteristics