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Executive Summary

As part of the AmeriCorps Partnership Challenge, the International Rescue Committee, Inc. (IRC) proposes to have 16 AmeriCorps members who will support intensive case management activities; help scale up an innovative Community Health Promoter model with the potential to improve health outcomes among special needs populations; and pilot a participatory assessment tool to ensure that intensive case management methodologies reflect client priorities and input, in the following locations: Abilene, TX; Atlanta, GA; Baltimore, MD; Boise, ID; Charlottesville, VA; Dallas, TX; Elizabeth, NJ; Miami, FL; New York, NY; Oakland, CA; Phoenix, AZ; Sacramento, CA; Seattle, WA; Silver Spring, MD; Tucson, AZ; and Wichita, KS. At the end of the first program year, the AmeriCorps members will be responsible for expanded and improved intensive case management services that reach at least 1,350 clients. In addition, the AmeriCorps members will leverage an additional 200 volunteers, at a minimum, who will be engaged in support to activities such as family mentorship, ESL instruction, and cultural orientation.

This program is within the CNCS priority area of Healthy Futures. The CNCS investment of \$0 will be matched with \$0, \$0 in public funding and \$0 in private funding. The Office of Refugee Resettlement (ORR) has proposed to provide funding for the program in the amount of \$400,000.

Rationale and Approach/Program Design

The International Rescue Committee, Inc. (IRC) is the largest non-sectarian resettlement agency in the United States. Each year, the IRC provides assistance to some 10,000 refugees who have fled violence or persecution in their country of origin. The IRC works in partnership with the Office of Refugee Resettlement (ORR) to offer clients an array of services focused on employment, self-sufficiency, and community integration.

In order to provide additional support for refugees with special needs, ORR also funds intensive case management (ICM) services through the Preferred Communities program. Fourteen IRC offices currently participate in Preferred Communities: Abilene, TX; Atlanta, GA; Baltimore, MD; Charlottesville, VA; Dallas, TX; Elizabeth, NJ; Miami, FL; New York, NY; Oakland, CA; Phoenix, AZ; Sacramento, CA; Seattle, WA; Silver Spring, MD; and Tucson, AZ. In FY14, the IRC provided ICM services to 1,107 clients, or 99% of its annual target.

By connecting refugees with local resources, closely monitoring their progress, and helping them identify and achieve their long-term goals, the Preferred Communities program has led to improved outcomes among the most vulnerable clients. Many IRC clients come to the United States with

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mental health and psychosocial issues related to a history of trauma; family constraints that prevent them from accessing critical social networks; and medical conditions that have been exacerbated by inadequate health care and the exigencies of life in a refugee camp. For these individuals, an extended case management period can be the key to meaningful progress toward self-reliance and community integration. Through Preferred Communities, the IRC is able to offer assistance for up to 12 months and to work intensively with clients to address the multifaceted challenges that inhibit their ability to achieve their full potential. Early results are promising: in FY14, for example, nearly 90% of ICM clients showed reduced risk factors according to a standardized IRC assessment matrix. Meanwhile, the IRC has also established the infrastructure necessary to maintain a long-term intensive case management program, including a comprehensive ICM toolkit that is used across the IRC network.

While funding from Preferred Communities has made it possible for the IRC to significantly expand the breadth and depth of its services, however, appropriate staffing levels are an ongoing concern. By its nature, intensive case management requires a considerable investment of time and effort, and the IRC's experience in the field has shown that lower caseloads are correlated to better staff retention rates and improved client outcomes. In its FY14 end-year report on Preferred Communities to ORR, the IRC identified human resource constraints as a key issue, particularly at sites that are supported by a single ICM caseworker.

Because the Preferred Communities program targets the most challenging cases in the refugee caseload -- including clients with serious medical and mental-health conditions; Congolese clients; the elderly; LGBTI clients; single mothers; and victims of sexual and gender-based violence -- caseworkers are confronted by a wide variety of complex and interrelated needs that necessitate particularly careful monitoring, mentorship, and communication. For instance, a recent survey found that the vast majority of Iraqi refugees had personally witnessed or experienced severe violence, including the murder of a close friend or relative; as a result, nearly 90% suffered from depression, 82% from anxiety, and 68% from post-traumatic stress disorder (Meggie Woods, 'Refugee Health Barriers to Care'). Clients from Iraq can therefore be expected to need mental health services, but their experiences may also limit their capacity to enter employment, develop new relationships, and advocate effectively on their own behalf.

Similar issues affect other populations who are served by the Preferred Communities program. Many Congolese arrivals are survivors of rape, for example, and studies have shown that up to 50% of refugee and immigrant women will experience domestic violence during their lifetimes (Anita Raj and Jay Silverman, 'Violence Against Women: The Roles of Culture, Context, and Legal Immigrant Status

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on Intimate Partner Violence'). LGBTI refugees regularly face interrogation, torture, and beatings in their country of origin, while single mothers -- who comprise as much as 20% of the caseload in some IRC offices -- often come from cultures where women are not expected to work outside the home, and frequently lack the skills and confidence to identify child care options, embark on vocational educational courses, apply for public benefits, or seek employment. Moreover, several recent developments suggest that the proportion of clients with special needs will continue to rise. New arrivals with acute health conditions have comprised a growing proportion of the IRC caseload in recent years. The anticipated influx of Syrian refugees, together with growing numbers of Congolese cases, is also expected to contribute to an increased incidence of trauma among new arrivals. The IRC therefore proposes that AmeriCorps members focus on support to intensive case management services provided through the Preferred Communities program, making it possible to offer clients high-quality assistance while also training and mentoring a new cadre of social service professionals.

THEORY OF CHANGE AND LOGIC MODEL: The IRC Theory of Change is based on a strengths-based, client-centered model of service delivery in which the client is recognized as an active partner in the process of setting goals and developing a service plan; staff members leverage the client's individual skills and capacities rather than providing a set of generic services; and caseworkers with diverse specialties work together to address the holistic needs of the client. AmeriCorps members will operate within this framework to ensure that the best possible care is available to every ICM client. In particular, the IRC has identified three principal areas where additional human resources will lead to measurable improvements in the quality of its intensive case management program: 1) support to direct services; 2) replication of a novel IRC health pilot; and 3) implementation and evaluation of a Client Satisfaction Survey to ensure that ICM practices are informed and shaped by client priorities. The IRC proposes to place one AmeriCorps member at each of 16 locations, including all 14 current Preferred Communities sites; Wichita, which the IRC expects to add to the Preferred Communities program in FY16; and Boise, where the Wilson Fish program provides very similar services to the Preferred Communities program, need for additional resources is high, and appropriate on-site supervision for AmeriCorps members is available.

Activities for the proposed program (see the IRC Logic Model, attached separately) have been identified not only because of their potential to help IRC clients, but also because of their capacity to serve as valuable learning opportunities for AmeriCorps members themselves. The IRC will actively seek to hire former refugees in order to develop a cadre of trained personnel drawn from traditionally under-represented communities. By participating in standard case management activities, examining

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best practices in behavioral health, and soliciting in-depth client feedback, AmeriCorps members will become familiar with key elements of the refugee resettlement process while also acquiring hands-on experience in direct service delivery. Moreover, it is anticipated that the addition of 16 AmeriCorps members will enable participating offices to absorb at least 200 new volunteers, most of whom will serve as mentors for ICM clients. The proposed program will therefore produce benefits for multiple groups, including refugees with special needs, who will have access to improved and expanded intensive case management services; AmeriCorps members, who will gain experience in the social service sector and build important client-facing skills; and volunteers, who will have the opportunity to work one-on-one with refugees during a profoundly meaningful service experience. Furthermore, while the AmeriCorps program will principally benefit refugees with special needs who have been enrolled in the Preferred Communities program, services will be extended to other IRC clients if time and resources permit, on the principle that every refugee could benefit from the proposed activities (outlined below).

SUPPORT TO DIRECT SERVICES: Clients with special needs require additional check-ins, monitoring, and careful follow-up to ensure that they have the capacity to successfully access resources. Consistent communication with these clients also helps mitigate the risk of isolation in the initial months after resettlement and ensure that progress is maintained over the long term. Each of the 16 proposed AmeriCorps members will therefore partner with the ICM team in their respective office to support the needs of the ICM caseload. Sample activities include conducting client intakes and assessments, including standard assessments at 3 months, 6 months, and 12 months after ICM enrollment; helping clients develop service plans; mapping community assets and making referrals to relevant partners; accompanying clients to health and benefits appointments; and following up with clients to address any concerns. In addition, AmeriCorps members in some IRC offices will help screen, train, and coordinate new volunteers for the ICM program. These volunteers will provide tutoring and mentorship to ICM clients, focusing on areas such as language skills and cultural orientation.

AmeriCorps members will work closely with their supervisors on each of these activities and adhere to guidelines established in the IRC ICM manual. Initial outputs will include two client assessments for each ICM client (one initial assessment and one 90-day assessment) completed by 90 days, together with a follow-up support plan that identifies concrete steps that caseworkers and AmeriCorps members can take to improve client outcomes on three-month, six-month, and 12-month assessments. As a result of the additional support from AmeriCorps members, 60% of clients will move

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from "vulnerable" to "stable" in one or more assessment categories, according to a standardized IRC tool that measures progress on basic indicators, by six months after their enrollment in an ICM program. Meanwhile, 85% of clients will move from "at-risk" to "safe" in one or more assessment categories, and 35% of clients will move from "stable" to "thriving" in one or more assessment categories, by 12 months after their enrollment in an ICM program. Long-term outcomes will include the establishment of an enhanced referral and support network for a minimum of 1,350 clients in 16 locations; improved access among clients with special needs to the tools and resources that will increase their capacity to become self-sufficient and integrate into their new communities; and improved case management and social service skills among AmeriCorps members, along with a lifelong appreciation for service, diversity, and the role of recent immigrants in civic life. The IRC projects that 8 AmeriCorps members will dedicate 75% of their time, and 8 AmeriCorps members will dedicate 25% of their time, to support for direct services (a total of 8 MSY).

REPLICATION AND SCALE-UP OF THE COMMUNITY HEALTH PROMOTER (CHP) MODEL: Four participating IRC offices -- Baltimore, Tucson, New York, and New Jersey -- are using an innovative 'Community Health Promoter' (CHP) model to disseminate information to newly arrived refugees. The model is guided by the principle that clients are more responsive to messages that come from a representative of their own community, who speaks their language and is familiar with specific cultural issues. In Tucson, the state-funded Well-Being Promotion Program trains refugee women who have successfully resettled and integrated into their new environment to serve as CHPs and matches them with newly arrived women and their families. The CHPs then share information on local resources and positive health behaviors with IRC clients. A similar program is being implemented in Baltimore with support from private foundations and local government entities, and is being rolled out in New York and New Jersey through the Preferred Communities program. At each site, CHPs cover topics that range from the US health care system and issues in preventative health to parenting support, nutrition, and mental and reproductive health care.

Early reports from IRC field sites, together with a growing body of scholarship, indicate that the CHP model is a uniquely effective means to improve health-related skills and knowledge among clients who struggle with language barriers and other constraints, and holds particular promise for clients with special needs. It can also be easily adapted to a variety of issues and is equally effective at transmitting information on mental health, physical health, environmental health, or nearly any other topic. The IRC therefore proposes to begin the process of replicating the CHP model in an additional eight offices served by the AmeriCorps program. Four of the 16 proposed AmeriCorps offices

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are already implementing a CHP initiative. Before new AmeriCorps members join the IRC, HQ and field staff will identify at least eight additional locations, so that 12 out of 16 AmeriCorps offices, or 75% of the total, will have a nascent or fully-developed CHP program on-site by the conclusion of the service year. AmeriCorps members will study the CHP model, communicating with their colleagues in Baltimore, New York, New Jersey, and Tucson on best practices and lessons learned; make recommendations to tailor the model to the context in their respective sites; and develop guidelines for program roll-out. Some offices may elect to include CHP activities in their budgets for the Preferred Communities program in FY16, while others may prefer to seek alternative sources of funding. AmeriCorps members will establish the framework for a fully operational CHP program at each site, and, if funding permits, they will also begin to work on the implementation process.

Initial outputs from this activity will include community-based research on the potential of the CHP model in eight sites; recommendations to adapt the CHP model to the local context; and guidelines to govern program roll-out. By the end of the service period, the framework for a CHP program will be established at each of the eight targeted locations. At offices that are able to formally launch a fully-funded CHP program, at least 60% of participating clients will demonstrate improved health literacy and report increased access to appropriate health care education and support, by 6 months after their initial engagement with the program, and at least 75% of participating clients will demonstrate improved health literacy and report increased access to appropriate health care education and support by 12 months after their initial engagement with the program. Long-term outcomes will include improved health status among participating clients with special needs, including the capacity for self-advocacy, and evidence developed, analyzed and disseminated at local, regional, and national levels regarding the efficacy of the CHP model. The IRC projects that eight AmeriCorps members will dedicate 50% of their time to support for the CHP model (a total of 4 MSY).

CLIENT SATISFACTION SURVEY: While the IRC utilizes a number of assessment tools, these have generally been designed to drive service delivery, not to measure service quality. Moreover, the results are not currently aggregated within offices or across the IRC network. In order to ensure that client feedback is appropriately recorded, analyzed, and incorporated into intensive case management practices, therefore, the IRC is currently developing a Client Satisfaction Survey that will complement existing assessment tools. Sample topics include the cultural competence of ICM staff; whether clients feel that they have been listened to and treated respectfully; the quality and relevance of IRC services compared with other service providers; and programmatic changes that would be helpful to clients. All 16 AmeriCorps members will work with their supervisors to roll out the survey, compile the results,

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and integrate their findings into ICM activities.

Initial outputs from this activity include the Client Satisfaction Survey offered to 100% of the ICM caseload at 16 offices and an initial assessment conducted on the survey's potential for use with future ICM and non-ICM populations, including its capacity to serve as a participatory, flexible, and culturally appropriate tool for measuring impact. By 12 months after enrollment in an ICM program, at least 70% of ICM clients will have provided feedback on ICM services. The IRC will build accountability into this exercise by holding focus group sessions during the following year to examine the level of follow-through on survey findings. The focus groups will include both clients and staff and will enable the IRC to determine whether it has achieved its intended medium-term outcomes. In the long term, more responsive service delivery will help ensure that clients with special needs have access to the tools and resources necessary to become self-sufficient and integrate into their new communities. The IRC projects that 16 AmeriCorps members will dedicate 25% of their time to rolling out the Client Satisfaction Survey (a total of 4 MSY).

EVIDENCE BASE: The IRC utilizes an evidence-based approach that relies on both internal and external research. Its extensive experience in the field indicates that clients with special needs are more likely to become self-sufficient and integrate successfully into their new communities when they have access to intensive case management services. At the same time, the IRC draws on current scholarship to ensure that its programs reflect best practices and proven methodologies in order to deliver results for clients.

A number of studies have found that intensive case management is effective among populations as diverse as homeless individuals struggling with chronic illness (Davis et al., 'Homeless, Chronically Ill Patients' Perspectives on Case Management'); young mothers (Lewis et al., 'Preventing Subsequent Births for Low-Income Adolescent Mothers: An Exploratory Investigation of Mediating Factors in Intensive Case Management'); and the mentally ill (Dieterich et al., 'Intensive case management for severe mental illness'). While there is a limited body of evidence on the impact of ICM among refugee populations, a 2014 study led by researchers at the University of Toronto concluded that Afghan, Tamil, and Somali refugees with serious mental illnesses showed improved employment outcomes, better treatment compliance, and fewer hospital visits as a result of intensive case management activities (Fang et al., 'Service Delivery and Outcomes of A Culturally Responsive Mental Health Intensive Case Management Program for Three Refugee Communities'). The Toronto study utilized a mixed-methods approach that included focus groups, individual interviews, and thematic analysis. As the authors are still finalizing the paper for publication, the IRC has sent the study abstract, the

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January 2014 presentation, and a copy of its correspondence with Dr. Fang to CNCS in support of the 'Strong' evidence category.

The findings of the Toronto study are echoed by the IRC's own research. In addition to the work of Dr. Fang, the IRC has also sent CNCS an evaluation entitled 'Findings from an Extended Case Management U.S. Refugee Resettlement Program,' which was co-authored by the Executive Director of the IRC office in Salt Lake City, Patrick Poulin, and published in the Journal of International Migration and Integration in September 2014. The Salt Lake City study considered the effect of 24-month case management services on 434 households between March 2009 and July 2011. Both qualitative and quantitative methods, including multivariate analysis, were used to examine outcomes in areas such as household well-being, independent service access, employment, and satisfaction with agency services. The investigators found that participants in the extended case management program were more likely to achieve basic self-sufficiency than non-participants. While adjustment challenges were still noted in the study sample, most participants "experienced substantial improvements in wellbeing, increased their abilities to independently access services, and secured employment."

NOTICE PRIORITY: The proposed program falls within the 'Healthy Futures' focus area, as it will provide support for activities that will improve access to primary and preventive health care for communities served by CNCS-supported programs. The IRC has elected to develop its own Performance Measures and Performance Outcomes to ensure that program metrics are specific to the proposed target population.

MEMBER TRAINING: AmeriCorps members will be introduced to the program, the IRC, and their new position through an intensive orientation process that will be complemented by ongoing supervision and professional development opportunities. At the outset of their assignment, AmeriCorps members will travel directly to their assigned placement site, where they will participate in a multi-day induction that includes individual meetings with IRC staff, program managers, volunteers, and other AmeriCorps members. The IRC recently launched a new orientation program for volunteers that offers site-specific packages with information on the IRC's mission and history; office protocols; office programs; community demographics; local information on target populations; and the Refugee 101 video module, which introduces key resettlement facts and concepts. Each AmeriCorps member will be trained on this package at his or her place of assignment. Sessions will include information on the IRC's code of conduct, called The IRC Way, and will address topics such as appropriate behavior with beneficiaries; appropriate dress codes; punctuality; and cultural awareness. AmeriCorps members will be held accountable for ethical practices by their supervisor.

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Following the orientation period, AmeriCorps members will be trained on specific technical topics through a 'mentorship model', in which supervisors teach members the skills necessary to successfully fulfill their terms of reference, and then serve alongside them until the member has gained the confidence to operate with greater autonomy. Throughout the duration of their service, AmeriCorps members will attend weekly or bi-weekly program meetings with IRC staff; work closely with their supervisors to refine their skills and reflect on their experiences; and participate in ongoing thematic trainings on subjects such as community referral systems and working with trauma-affected clients.

All AmeriCorps members will participate in a three-part webinar series that the IRC recently developed for the AmeriCorps National Direct Program. The first webinar will take place within two months of the start of the placement, and will include introductory information on IRC national and international programs. The second webinar, which will focus on AmeriCorps experiences, will take place at the six-month point and will include group reflection activities. The third webinar will take place at the end of the service year and will focus on members' post-AmeriCorps plans. During numerous opportunities for reflection with supervisors and peers, members will also be expected to evaluate their own professional development in light of their exposure to the refugee resettlement process.

Finally, all AmeriCorps members will complete a set of three e-learning modules through the IRC's Learning Portal. In addition to case management, the IRC has identified interpretation as a key training priority since it is anticipated that a number of AmeriCorps members will be able to communicate with clients in their native language. The e-learning modules will therefore cover topics such as Interpretation Skills and Protocols; Ethics, Conduct & Professionalism for Interpreters; and Client Management from a Safety & Security Perspective. The IRC has also budgeted \$320 per AmeriCorps member to cover the costs of online professional development courses that will complement the information provided in the e-learning modules. For instance, both the National Association for Interpretation and the National Center for Interpretation at the University of Arizona offer a variety of webinars with registration fees under \$100.

MEMBER SUPERVISION: The Executive Director at each IRC field office will assign a supervisor to each AmeriCorps member. Supervisors will be selected based on their strong technical skills and their proven capacity to manage volunteers and interns. Sample supervisor positions for the proposed program include Case Management Specialists and Resettlement Service Managers. At the same time that they work to introduce AmeriCorps members to key resettlement concepts, supervisors are also expected to engage in ongoing training and professional development, ensuring that they are familiar

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with current trends and fully up-to-date on best practices in intensive case management. Each AmeriCorps supervisor reports to his or her Executive Director, who reports, in turn, to the relevant Regional Director based at IRC headquarters in New York.

Supervisors will use techniques such as job shadowing and mentorship to help AmeriCorps members adjust to their new positions, enabling members to acquire key skills while also developing their capacity to undertake activities independently. AmeriCorps members will work together with supervisors to devise a training schedule that is relevant to their personal interests as well as the responsibilities of the position, and supervisors will be expected to identify external resources, such as mentors and training courses, that will help members gain critical skills. Supervisors will meet weekly with members and will evaluate their progress on a bi-monthly basis in order to recognize accomplishments and troubleshoot emerging issues. Many of the staff members who will serve as AmeriCorps supervisors have experience implementing AmeriCorps VISTA and National Direct programs, developing proficiency in eGrants, recruitment methodologies, and reporting tools.

MEMBER EXPERIENCE: AmeriCorps members at every field site will be treated as IRC staff members, and will benefit from the same degree of client interaction and program development experience as full-time personnel. While all IRC staff bear responsibility for some administrative tasks, the IRC will endeavor to ensure that AmeriCorps members benefit from a powerful service experience by undertaking substantive program-related work and participating in opportunities for learning and reflection. AmeriCorps members will be fully integrated into the IRC structure, but their unique terms of reference will also be clearly acknowledged and supported by supervisors and colleagues.

AmeriCorps members will have access to a variety of professional development opportunities, including the IRC's Learning Portal, an online learning system that offers over 400 courses from well-known institutions such as Harvard University and Microsoft. The Learning Portal covers a wide range of project management and business skills development courses and includes modules on resettlement-specific topics. The IRC will also utilize its 'Communities of Practice' (CoP) model to ensure that a forum is available for AmeriCorps members to share their experiences with a wider group of practitioners. CoPs are groups that meet online or by conference call on a monthly, bi-monthly or quarterly basis in order to share new ideas, brainstorm, collaborate on new projects, disseminate best practices, and learn from others who are engaged in similar types of work across the IRC network. The US Programs (USP) Department at the IRC currently hosts CoPs on topics ranging from immigration and anti-trafficking to early education and volunteer coordination. The case management CoP includes 40 people and focuses on issues facing direct service providers across the

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IRC network; recent topics have included gender-based violence, self-care, and protocols for service provision.

COMMITMENT TO AMERICORPS IDENTIFICATION: The IRC is fully committed to promoting national service and will work closely with ORR and CNCS to support appropriate branding for all AmeriCorps initiatives. The IRC will ensure that the AmeriCorps name is used on recruitment materials, online job advertisements, orientation materials, member curricula, press releases, and publications related to the AmeriCorps program. At the outset of their service period, each AmeriCorps member will be provided with two AmeriCorps t-shirts and an AmeriCorps pin to wear on a consistent basis. Furthermore, through CoPs and other resources, the IRC will encourage AmeriCorps members to share their experiences with a wider audience -- contributing to stories that are featured on the IRC website, for instance, in order to bring more visibility to the AmeriCorps program.

Organizational Capability

ORGANIZATIONAL BACKGROUND AND STAFFING: Founded in 1933, the IRC is one of the oldest non-profit organizations providing global emergency relief, protection, advocacy, and resettlement services to refugees and other victims of oppression and violent conflict. Senior staff in the IRC's US Programs Department (USP) include the Vice President of US Programs, the Senior Director of Resource Acquisition and Management, two Regional Directors, the Director of Processing, the Director of National Programs, and the Senior Director of Resettlement Programs. Additional support is provided by an expanded team of Technical Advisors, Program Officers, and Program Managers, along with a Regional Controller, Controller, three Human Resources Specialists, and other administrative staff. The USP resettlement network is vertically integrated: the IRC is a single corporate entity and each field office is a branch of, and is directly accountable to, HQ. A total of 23 USP field offices receive funding from IRC HQ and operate under the direct supervision of HQ staff, who provide ongoing guidance and direction on refugee processing, core services provision, and other issues related to resettlement and community integration.

The proposed program will be overseen by the Volunteer Operations Officer, who reports to the Senior Director for Resource Acquisition and Management and will be responsible for overall program management and quality control. A part-time RefugeeCorps Program Coordinator will report to the Volunteer Operations Officer and provide assistance with the day-to-day management of the program, including issues related to payroll, expenditure, and health care and other federally mandated benefits. Both positions will maintain consistent contact with the Technical Advisor for

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Case Management, who supervises the ORR-funded Preferred Communities program. This leadership structure has been established in light of the fact that the Volunteer Operations Officer currently oversees the AmeriCorps National Grant, and in order to ensure that all AmeriCorps members are provided with a similar service experience.

Prior to the new AmeriCorps members' start date, the Volunteer Operations Officer will develop program protocols and guidelines for the field; assist HQ departments and field offices with planning and recruitment logistics; and develop a communications plan and workplan for the part-time RefugeeCorps Program Coordinator. The Program Coordinator will offer guidance to the field on AmeriCorps policies; coordinate trainings and reflection activities for AmeriCorps members; track progress against performance measurements and outcomes; develop quarterly reports; and oversee AmeriCorps time tracking through the IRC's online timesheet system. The Program Coordinator will also communicate regularly with AmeriCorps members through conference calls and individual follow-up discussions, among other channels, and will work closely with AmeriCorps supervisors and Executive Directors to ensure that projects remain on task, on time, and within budget.

With its decades of experience implementing volunteer-supported programs, the IRC has the capacity to provide effective support and supervision to the proposed AmeriCorps members. Several IRC field offices have successfully hosted and cost-shared AmeriCorps VISTA volunteers through agreements with state CNCS offices. The IRC has also held the AmeriCorps National Direct Grant through CNCS since 2013 and has successfully reached key targets while maintaining compliance with donor requirements.

COMPLIANCE AND ACCOUNTABILITY: The proposed program will utilize a multi-tiered management structure in order to maximize accountability; ensure compliance with IRC, ORR, and CNCS rules and regulations; and enable both AmeriCorps members and IRC clients to derive the greatest possible benefit from the proposed activities. Each AmeriCorps member will be supervised by a designated IRC staff member who has been specifically selected for their leadership capacity and technical skills. AmeriCorps supervisors, in turn, will report to their Executive Director. The Executive Director will ensure overall compliance with rules and regulations while also providing an additional layer of management oversight in the event that conflicts arise between the supervisor and the AmeriCorps member.

Upon award, the Volunteer Operations Officer will update the IRC's existing National AmeriCorps Program Handbook to reflect new program requirements and guidelines. The handbook will be released to both HQ and field offices, and a training will be held to ensure that all staff are familiar

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with the most current information. The Volunteer Operations Officer will utilize quarterly reports from AmeriCorps members and their supervisors to track progress and address emerging issues, including any issues involving compliance with AmeriCorps rules and regulations. The proposed program will also benefit from ongoing monitoring visits from the Program Coordinator and other HQ-based staff. Upon award, the Program Coordinator will work with the Volunteer Operations Officer to update existing monitoring tools that focus on AmeriCorps rules, regulations, and activities. In the event that a program is not found to be in compliance, the Program Coordinator and other HQ-based staff will develop and share a report with senior IRC staff, field offices, and the Volunteer Operations Officer. The report will include specific recommendations for corrective action, and future monitoring visits will assess compliance with these recommendations.

Every IRC staff member is expected to adhere to clear ethical policies and regulations. The IRC's standards for professional conduct, which focus on its three core values of Integrity, Service and Accountability, are summarized in a one-page document -- The IRC Way -- that also incorporates the IRC Beneficiary Protection from Exploitation and Abuse Policy. At any time, IRC staff can report their concerns via telephone or email to EthicsPoint, an independent firm that specializes in providing a confidential and anonymous reporting tool for employees and has been specifically contracted by the IRC for this purpose.

PAST PERFORMANCE: In FY13, the IRC was awarded the AmeriCorps National Direct grant by CNCS. Now in its second year, this program has enabled the IRC to host 26 AmeriCorps members who support economic empowerment and capacity-building activities at 14 locations across the IRC domestic resettlement network: Abilene, TX; Atlanta, GA; Charlottesville, VA; Dallas, TX; Elizabeth, NJ; Los Angeles, CA; Miami, FL; New York, NY; Oakland, CA; Phoenix, AZ; Sacramento, CA; San Diego, CA; San Jose, CA, and Tucson, AZ. In the first year of program implementation, AmeriCorps members provided assistance to over 6,000 refugee and asylee clients -- more than twice the initial target of 2,400 clients -- in financial literacy, job training, English as a Second Language instruction, cultural orientation, and job placement services. At several IRC offices, AmeriCorps members also supported additional economic empowerment activities that were specifically developed for local environment. For example, in San Diego and Charlottesville, 163 refugee youth have benefitted from AmeriCorps-led and/or -supported GED classes and youth programs. As reported to CNCS, the IRC has made excellent progress on its performance indicators, achieving 100% of its target for member enrollment and 88.5% of its target for member retention in the first year of the program.

Budget/Cost Effectiveness

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COST EFFECTIVENESS: With the proposed budget of \$400,000, the IRC will provide health insurance and a stipend of \$13,516 for 16 AmeriCorps members, together with supplies, training, and other support. Substantial cost savings will be obtained by leveraging the efforts of existing IRC headquarters staff, including the Volunteer Operations Officer, who will have general oversight of the program but whose time will only be charged at 0.20 FTE; the Technical Advisor for Case Management, who will provide guidance on case management issues but will be funded through the Preferred Communities program; and other administrative and managerial staff at IRC HQ, who will help ensure that the program runs smoothly but whose time will not be charged to this grant. Finally, the RefugeeCorps Program Coordinator will be employed for 25 hours per week to provide support with logistical, training, monitoring, and administrative responsibilities.

The investment from ORR will help significantly expand and deepen the IRC's existing case management activities, enabling the IRC to improve integration and self-sufficiency outcomes among refugees and other eligible clients; reduce the burden on existing case management staff; and provide valuable work experience for AmeriCorps members. At \$25,000 per AmeriCorps member service year, the proposed program offers an extremely cost-effective approach to intensive case management.

BUDGET ADEQUACY: The proposed budget reflects an effective use of ORR funding and provides a clear explanation for each expense. The budget includes an adequate living allowance that has been specifically calculated to maintain consistency with the allowance provided to existing AmeriCorps members through the AmeriCorps National Direct Program. IRC headquarters and field office staff will support the AmeriCorps program through recruitment and training; technical assistance; and overall supervision and management. The IRC has the capacity to implement a national AmeriCorps program, including the personnel, payroll, and accounting systems necessary to administer a cost-reimbursement grant; track expenses; disburse AmeriCorps living allowances, accounting for federal and state taxes; and provide health care coverage in alignment with federal requirements.

Clarification Items

1. The applicant states that the program will receive funding to fully cover program implementation in the amount of \$400,000 from HHS/ORR. Please clarify whether this funding has already been secured or not.

The funding has been secured -- HHS/ORR confirmed on Friday, April 10th that the funding will be awarded in September to support the implementation of the program.

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2. Fixed amount applicants should enter the total dollar amount of funds that are used to run the program, other than CNCS share, in the "Other Revenue Funds" field of the Funding/Demographics section of the application. Please update the Other Revenue field.

The IRC has made the change in the Funding/Demographics section.

Evaluation Summary or Plan

N/A

Amendment Justification

N/A

Clarification Summary

1. Please further describe the prevalence and severity of need for the proposed program in the specific host communities where members will serve.

While all refugees, by definition, arrive in the United States following experiences of suffering and loss, many are also affected by health issues, a history of trauma, or family dynamics that prevent them from accessing the resources that can help them integrate into their new communities. The IRC currently provides intensive case management (ICM) services for clients with special needs and has identified 16 offices in its domestic resettlement network where further support has the potential to help stabilize refugees who are facing additional challenges.

Between October 1, 2014 and March 31, 2015, IRC caseworkers conducted baseline assessments among a sample of 442 clients who had been enrolled in the ICM program. The assessments were designed to identify the most significant service needs for the purpose of developing customized service plans. Each client was assessed in 10 or more categories, and more than 40 percent of the assessed clients were deemed to be at risk or vulnerable in at least half of those assessment categories. Nearly 20 percent were judged to be at risk in more than 75% of the assessment categories, a reflection of the fact that the majority of ICM clients have multiple presenting needs that interact to pose significant barriers to self-reliance and community integration.

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While employment and English skills are the areas where clients show the most vulnerability, these issues are often caused by (or exacerbated by) vulnerabilities in the other assessment categories, most notably health. Indeed, clients with an 'at-risk' or 'vulnerable' health assessment are unlikely to be able to pursue activities that would improve stability in employment and English skills without addressing health constraints first. In FY15, the IRC found that over two-thirds of ICM clients were either 'vulnerable' or 'at-risk' in the health assessment category.

ICM caseworkers at the IRC address these issues through direct services, referrals, and careful monitoring over an extended 12-month case management period. Early results from the ICM program are very strong, showing measurable improvements in client outcomes as a result of intensive case management activities. Additional assistance from AmeriCorps members will further increase the level and quality of one-on-one support available to clients with special needs -- a critical resource for the most vulnerable members of an already marginalized population.

2. Please provide additional explanation outlining how the IRC HQ will consistently monitor, supervise and train members and site supervisors across the 16 operating sites/site locations, and ensure that members receive sufficient levels of support and oversight throughout the service year.

Extensive support will be made available to members and site supervisors before, during and after the service year. The RefugeeCorps Coordinator at the IRC will be responsible for day-to-day management of the program and will report to the Volunteer Operations Officer, who also supervises the national AmeriCorps program and will have responsibility for general oversight and strategic management of the proposed program. Approximately 1-2 months before the start of the proposed program, the Volunteer Operations Officer will lead a training webinar for field office supervisors that will address IRC and AmeriCorps policies; provide guidance on appropriate member training and support methodologies at the field level; and review the program's monitoring protocols. Depending on when funding is released, during this period the Volunteer Operations Officer will also recruit, hire and train the part-time RefugeeCorps Coordinator. The RefugeeCorps Coordinator will follow up with ongoing support to the 16 participating field sites, including monthly check-ins with site supervisors, quarterly updates on the AmeriCorps program, and site visits to up to 3 offices per year. The RefugeeCorps Coordinator will also maintain reports on AmeriCorps performance measures and outcomes and will escalate any issues, including underperformance at any field site, to the Volunteer

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Operations Officer.

AmeriCorps members will receive training and support from both field office supervisors and HQ staff. Following the HQ training that will be held ahead of the launch of the proposed program, site supervisors will conduct field-level member orientations that will focus on the IRC's mission, office protocols, and AmeriCorps policies. Site supervisors will then conduct position-specific training that will review the basics of case management, information on community health resources, and the characteristics of the populations that each member will serve. In addition, members will have the opportunity to 'shadow' site supervisors and other IRC staff as part of their training experience. These field-level initiatives will be complemented by ongoing HQ support to members, including bi-weekly check-ins with the RefugeeCorps Coordinator; a monthly HQ newsletter that will include information related to AmeriCorps; and a series of member webinars that the RefugeeCorps Coordinator will host throughout the service year, including, at the end of the year, a webinar focused on resources for "life after service."

3. Member roles and responsibilities appear similar to roles that would potentially be filled by staff at the local site level. Please describe whether member activity supplants, duplicates, or displaces paid staff at the site locations where members will serve, and also further describe the need for and added value of the AmeriCorps members at the selected host placement sites/communities.

Member roles are designed to contribute to the goals of the Intensive Case Management (ICM) program at the IRC, but do not duplicate or replace paid staff positions. Members will work under the supervision of ICM caseworkers during their service year and will undertake activities that deepen and broaden the impact of the ICM program in 16 field locations where the IRC caseload reflects a significant proportion of clients with special needs. In particular, members will focus on the following program areas:

Support to Direct Services: Through its existing ICM program, the IRC assigns clients with special needs to dedicated ICM caseworkers. Members will support ICM caseworkers by assisting with client intakes and assessments, developing service plans for clients, and accompanying clients to medical appointments.

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Replication of the Community Health Promoter (CHP) model: Members will collaborate with the ICM team in their office and reach out to other offices in the IRC network that offer a CHP program to research and develop a CHP model that can be adapted to the specific needs and characteristics of their local community.

Client Satisfaction Survey: Members will assist ICM caseworkers in conducting, collating, and analyzing data from client satisfaction surveys in order to ensure that client feedback is fully integrated into IRC programs.

Each of these activities has been identified on the basis of its potential to contribute to improved outcomes for IRC clients as well as a meaningful service experience for AmeriCorps members, and includes dedicated time for training and learning. While AmeriCorps activities will amplify the impact of IRC programs, and the ICM program in particular, responsibility for client outcomes and overall program performance ultimately rests with IRC staff.

4. Please further describe how the AmeriCorps members will recruit, select, train and manage generated volunteers in their host site communities.

Each of the 16 participating IRC offices employs a Volunteer Coordinator who is responsible for all volunteer activities at their local field site. Under the supervision of the Volunteer Coordinator, AmeriCorps members will be charged with helping to recruit, train, and manage volunteers specifically for the ICM program. AmeriCorps members will work closely with the Volunteer Coordinator and the local ICM team to develop volunteer position descriptions and review, interview, and select candidates. Members will then assist the Volunteer Coordinator in training ICM volunteers on their assignments and will provide ongoing guidance specifically in the areas of cultural orientation and English language skills.

5. Please further explain how one part-time HQ program coordinator is sufficient to oversee, monitor and implement the program across 16 states/sites.

The proposed program will be overseen by the full-time Volunteer Operations Officer, with assistance from a part-time RefugeeCorps Coordinator. The Volunteer Operations Officer will be responsible for

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overall program management and quality control. The RefugeeCorps Coordinator will report to the Volunteer Operations Officer and will assist with day-to-day management of the program, including regular check-ins with members and site supervisors; collection of performance data and development of outcome reports; and facilitation of webinars for members and site supervisors. The salary of the Volunteer Operations Officer is covered mainly from other sources.

6. The organization was awarded a national direct grant from CNCS in 2013 in the focus area of economic opportunity and these members are placed at several of the same operating sites as the new proposed members under the Healthy Futures program. Please describe how the organization would ensure that performance measurement, budget, and all member activities under a 2015 National Direct award would be tracked separately from the current grant award. Additionally, please also describe how the organization will ensure that member roles among the two separate grant awards would not overlap and be duplicative.

Through its current national direct grant from CNCS, the IRC supports AmeriCorps members in 14 of the 23 offices across the IRC domestic resettlement network. These members support economic empowerment activities for IRC's refugee clients, providing dedicated assistance in the areas of job readiness and development, English language training, financial literacy, and job placement. Member activities are tracked through an online timesheet and monthly performance measurement reports. Each office's Finance Manager works with the Volunteer Operations Officer and the HQ Finance Department to track budget expenses accordingly.

For the proposed program, the IRC is requesting 16 AmeriCorps members to support intensive case management activities, providing dedicated assistance in the areas of case management for clients with special needs, research on the Community Health Promoter model, and collection and analysis of client feedback. While AmeriCorps members supported through these two awards will sometimes be placed in the same office and will have the opportunity to communicate and share experiences, as all IRC staff members do, at no time will they be charged with the same activities. The RefugeeCorps Coordinator and Volunteer Operations Officer will work closely with program staff at both field and HQ levels to ensure that roles and responsibilities are clear and there is no duplication or overlap between the two awards. Furthermore, the budget for the program will be assigned a different account code than IRC's current national direct grant and will be monitored closely by office Finance

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Managers and the HQ Finance Department.

7. Please remove the proposed applicant-determined performance measures as the program's theory of change aligns with the Healthy Futures National Performance Measure output H2. Please instead create one aligned performance measure using output H2. Per the National Performance Measure instructions manual, an applicant-determined outcome must be created to align with output H2. When developing the new applicant-determined outcome, please note that outcomes must consider how changes in attitude, behavior, knowledge, or condition will be measured and/or verified, and must measure the same unit as measured in the output. Please consult the CNCS National Performance Measures instructions manual for all requirements related to H2.

The IRC has made the recommended changes in the performance measure section. The H2 output will align with the following performance measures:

- * Support intensive case management services for 1,350 refugees and other eligible clients
- * Implement client satisfaction surveys among 1,350 ICM clients

In addition, the IRC will independently track the replication of the Community Health Promoter model in 8 offices.

8. What percentage of your slots will be targeted to recruiting members with disabilities? What is your program's plan, if any, for outreach and recruitment of members of the disability community?

None.

9. In order to increase the number of individuals with disabilities serving as AmeriCorps members, CNCS is offering applicants the opportunity to request additional MSYs to be filled by AmeriCorps members with disabilities. The additional MSYs would be funded at the clarification cost per MSY level. Applicants must describe their intent to recruit, engage and retain additional members with disabilities and provide a detailed outreach plan for how these members will be recruited and supported (e.g. established recruitment partners or strategies.) In addition, programs receiving these additional member positions will be required to report specific details on the success of the recruitment, supervision and retention of AmeriCorps members with disabilities in semi-annual progress reports. If you would like to request additional MSYs to be filled by AmeriCorps members

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with disabilities, please describe your intent as requested above. Also indicate how many MSYs your program would like to request, the number of slots by slot type, and where the additional members will serve. Add these additional MSYs to your budget. Also adjust your performance measure targets, MSY allocations, and executive summary to reflect these additional members.

N/A

10. The number and type of slots requested. Please confirm that for the MSYs requested, the additional members will only engage in activities aligned with the proposed member activities outlined in the application narrative.

None.

11. A description of resources that will be provided to adequately support the additional members and how they are sufficient to; support the member support costs, management, oversight, program operations, and the program activities.

N/A

12. Source(s) of non-CNCS funds. Provide a brief description of the amount, classification (cash or in-kind), source(s) (State/Local, Federal, Private) for all resources secured to manage, monitor, and support these additional members.

N/A

13. The organization's capability and capacity to successfully implement, manage, and monitor the additional members.

N/A

Continuation Changes

N/A

Grant Characteristics