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Executive Summary

A. EXECUTIVE SUMMARY

The University of Maryland Legacy Corps for Veteran and Military Families (LCVMF) proposes to have 542 quarter time AmeriCorps members who will provide caregiver support services to veteran and military families at 15 subaward sites in 10 states. At the end of the first program year, the AmeriCorps members will be responsible for: a) participating veterans and family members having significantly increased their commitment to their communities and b) providing 280,800 hours of respite and other support services to 703 veterans or family members thus decreasing caregiver burden and stress and enabling families to remain in communities and postpone or avoid institutional care. In addition, the AmeriCorps members will leverage an additional 410 volunteers who will be engaged in outreach, caregiver support and food drives. This program will focus on the CNCS focus area of veterans and military families. The CNCS investment of \$1,822,057 will be matched with \$1,870,014; \$934,282 in public funding and \$935,732 in private funding.

Rationale and Approach/Program Design

B. PROGRAM DESIGN

1.Problem/Need: Legacy Corps (LCVMF) proposes to continue to provide caregiver support services by and for veterans and military families. For more than a decade(2001-2011), Legacy Corps AmeriCorps members and volunteers provided 8,152 caregiver families an estimated 1,314,800 hours of respite and related services. Since 2012, Legacy Corps has focused the majority of its efforts in providing caregiver support services by and for veterans and military families.The extent of the need for assisting caregivers to maintain their roles in caring for their loved ones is evidenced by the 2009 report, Caregiving in the U.S., by the National Alliance for Caregiving. The report estimates that there are at least 43.5 million caregivers age 18 and over who provide unpaid care to an adult family member or friend. Perhaps even more staggering than the number of people affected is the economic value of these caregiver services, which is estimated at \$375 billion per year. As a comparison, demonstrating the magnitude of the contribution by caregivers, Medicaid spending is \$311 billion and Medicare spending is \$432 billion per year. The loss of these critical informal services by caregivers would have a devastating economic and emotional impact.

A growing and specialized need for caregiver support exists among veterans and military families. The National Alliance for Caregiving (NAC) conducted the first ever study of these caregivers and released

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Caregivers of Veterans-Serving on the Homefront in 2010. The report states that "not only are caregivers of veterans in their role for a longer period, but their burden of care is also heavier-65% are in a high burden caregiving situation compared to 31% nationally (p.16)". Caregivers of veterans report more than twice the level of emotional stress of caregivers of adults nationally, almost three times the level of physical strain, and almost four times the level of financial hardship. The caregivers of veterans in the NAC study indicate that they have a variety of caregiving challenges including lack of awareness of services that could help, lack of understanding of medical conditions of veterans, and lack of knowledge about where to turn to arrange a break from caregiving. The National Alliance for Caregiving made recommendations for services for caregivers of veterans including: 1) provide training and information for common veteran conditions; 2) facilitate caregivers of veterans' ability to support each other; 3) teach caregivers about support available; 4) help caregivers find relief and develop programs that connect caregivers with volunteers; 5) improve dissemination of existing resources; and 6) provide assistance with veterans' transitions to new facilities or home.

Legacy Corps is uniquely positioned to respond to unmet need in the area of caregiver support services for veterans and military families and to be successful in providing these services as demonstrated by our outcomes to date. Seventy-three percent of the caregivers served in the first 2 years of Legacy Corps targeted specifically for veterans and military caregivers received no help from any other source yet in most cases are providing care 24/7. More than one-third report no one else is available to care for the dependent if they can no longer serve as caregiver. Although the majority of recipients are from the Depression and World War II age group, 10 percent of the caregivers report Desert Storm, Afghanistan or Iraq and 5 percent of the dependent are from this younger age group. LCVMF members provide chore service, light meals, companionship, transportation assistance and allow the caregivers some time to take care of their own needs. LCVMF outcomes to date demonstrate capacity to respond to critical issues identified by veteran and military caregivers in the areas of caregiver stress, caregiver emotional and health status, and caregiver need for ongoing respite services. Caregivers report better emotional health and sense of optimism and are less likely to name stress as their major problem after receiving LCVMF services.

Legacy Corps services are targeted to veterans and military families by both recruiting veterans and military families as members and volunteers and by delivering respite and other caregiver support services to caregivers of veterans and military families. We have the following partners working with

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Legacy Corps to fulfill these goals:

* American Legion Auxiliary works side-by-side with the American Legion and is the world's largest women's patriotic service organization. They sponsor and participate in programs that assist and enhance the lives of veterans and their families. They assist Legacy Corps in recruiting veterans and military families as members, volunteers, and care recipients by accessing their 10,500 units located in every state and their 1 million members.

*Easter Seals National VA Caregiver Training Program was established in 2010, in response to the mandated Caregivers and Veterans Omnibus Health Services Act of 2010, to provide comprehensive training to caregivers of veterans returning from Iraq and Afghanistan. LCVMF has built upon their expertise in veterans/military family caregiving by working with them to develop training materials related to caregiving that are used to train Legacy Corps members to work with caregivers of veterans and military families of all wars. Easter Seals has been serving military service members and veterans since World War II to help soldiers returning home through rehabilitation, employment, caregiver support and other programs.

2. Theory of Change and Logic Model: The project design draws from a Theory of Change developed for the long-standing Legacy Corps project supported through AmeriCorps for ten years prior to the LCVMF shift in focus to veterans and military caregivers. The LCVMF staff have worked in the area of civic engagement for more than 25 years and have identified three areas essential to developing successful volunteer-driven programs: meaningful volunteer roles, opportunity for purposeful social networking and continued lifelong learning associated with the volunteer role. After identifying respite services as a major unmet need, the original (2001) Legacy Corps initiative was launched with the guiding assumptions that individuals could be recruited to provide respite services as meaningful work and would benefit from the extensive training as a path to new knowledge and from the reflective and social interaction provided through interaction with other volunteers and with the caregivers and dependent individuals whom they served. Recruiting goals over the years were met, and long-term outcome measures from data collected 3 years after the members left the program indicated that members increased in levels of community attachment, tended to stay in volunteer positions long after the stipends had ended, and participated not just in one civic engagement activity but in multiple activities. The individuals who received caregiver support services reported decreased levels of stress and burden and were able to continue to provide services to their dependent person in most cases. Using this experience with the first LCVMF initiative, training curricula were developed to address the

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special needs and concerns of veteran and military caregivers while continuing to build upon the successful underpinnings of the first ten years of LCVMF. National Performance Measures for the current LCVMF initiative with its focus on veterans and families were replicated and adapted to set recruitment standards for veterans and family members both as LCVMF members and as caregivers who receive services. Aligned measures were also replicated to focus on expected improvement in community attachment measures for members and decreased burden and stress for caregivers. In the first two years of Legacy Corps for veterans and military families, all performance measures have been met and exceeded.

Legacy Corps will utilize the skills and knowledge of 546 members and 410 leveraged volunteers to provide caregiver support services to veterans/military families at 15 sites in 10 states. Members are prohibited from performing any services that require the skills of medical, therapeutic or other licensed professionals. The services provided by LCVMF members and leveraged by volunteers are: 1) In-home respite care services: Each LCVMF member is assigned one or two families and provides an average of 8-12 hours a week of caregiver support services. Activities include engaging the care recipient in interactive cognitive exercises, assisting in non-medical ambulation exercises, engaging in active listening and story-telling by the care recipient, preparing snacks, and conducting safety environmental scans in the home. Each member completes 80 hours of training and 370 hours of service during a one-year period. 2) Dissemination of Information on Community Resources: LCVMF members receive intensive training on available community-based medical and social community support services and eligibility requirements. The members have printed informational resources for the caregiver and serves as a navigator in the referral process to securing other auxiliary services. 3) Dissemination of Information to the caregiver on medical conditions, disabilities and coping modalities (e.g., amputees, traumatic brain injuries, post-traumatic stress disorder, chemical agents, depression). Legacy Corps members do not diagnose or offer medical advice. 4) Caregiver Transitional Support Services for veterans and military families moving from medical facilities to home-based care environments. 5) Peer-to-peer Caregiver community-based support systems: LCVMF members will ensure that caregivers are linked to caregiver support networks. 6) 410 Leveraged Volunteers: Volunteers will engage in services that support the veteran/family caregiver, make public presentations to diverse community organizations about the AmeriCorps program, and serve as a resource connector to community agencies.

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The quasi-experimental, nonequivalent comparison group, within-person design detailed in the LCVMF evaluation plan and report, provides assessment to assure that outcomes in the Legacy Corps Theory of Change and Logic Model are achieved. The primary outcomes are assessment of level of civic engagement by the members indicating potential for long-term community and social service involvement and changes in perceptions of burden and stress, physical and emotional health and life satisfaction and perceptions of major stress factors for the caregiver receiving support services. The LCVMF program has already demonstrated substantial, successful outcomes such as a range of 86-91% retention rate in productive community activities after leaving the program, 75 percent stabilization or increase in attachment to one's community, statistically significant reduction in perceived stress and stabilization of mental health status for caregivers, and a history of placing members who are interested in further education or work experiences.

Well-trained Legacy Corps Members are a singularly strong response to military caregiver needs because a) 50% of caregivers of veterans report high financial hardship and cannot afford respite. LCVMF members provide a reliable source of caregiver assistance by members who are trained in the specific needs of these families. b) LCVMF emphasizes the recruitment of veterans and military families that is value-added for both those serving and those receiving service by providing assistance to caregivers from those most likely to have a shared understanding of their circumstances. c) Members become strongly bonded with the caregivers they serve and having veterans and military families as AmeriCorps members further reduces caregiver social isolation and perceived burden.

3.Evidence Base: The evidence supporting our caregiver support/ respite intervention is strong evidence. The evidence base for Legacy Corps is couched in the caregiver research of Stephen Zarit, Ph.D. Dr. Zarit uses a Within-Person experimental approach to measure caregiver stress and burden after a respite intervention. Zarit, (Stephen H. Zarit, et.al.(2011) Effects of Adult Day Care on Daily Stress of Caregivers: A Within-Person Approach. The Journals of Gerontology: Series B: Psychological and Social Sciences,66(5),538k-546.)provides specific clarification regarding why it was necessary to use the Within-Person experimental approach rather than randomized experimental design when conducting caregiver respite intervention studies. He states several reasons for not doing randomized experimental designs in caregiver respite studies: 1) Caregivers in need of respite service are not willing to be assigned to another service, a wait list, or no service. The duration of time for a control study is lengthy and raises ethical concerns about withholding treatment as well as confounding the study as

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caregivers seek alternative services on their own. 2) There is great variability in terms of the characteristics of caregivers, the challenges they face, the type and severity of the care recipient's problems, and the difficulty of having to consider the dyad of both caregiver and recipient in designing a study. Even if a large enough sample could be achieved, the heterogeneity of caregivers would result in small treatment effects. Zarit has designed a series of studies in response to the limitations of a randomized control trial by using the within-person withdrawal design as a meaningful alternative. In this design, the participants serve as their own controls so that a placebo or control condition does not have to be created or maintained. Comparisons of the impact of an intervention can focus on within-person rather than between-person differences in response.

In December 2014, Zarit (Zarit, S. et.al. (2014). Daily Stressors and Adult Day Service Use by Family Caregivers: Effects on Depressive Symptoms, Positive Mood, and Dehydroepiandrosterone-Sulfate. *American Journal of Geriatric Psychiatry* 22:12,1592-1602) published the most recent in this series of within-person studies and has produced the strongest evidence to date on the impact of respite services on caregiver stress by using the salivary biomarker of stress reactivity, Dehydroepiandrosterone-Sulfate (DHEAS-S). The study took 5 saliva samples per day from caregivers over 8 days to determine levels of DHEA-S in caregivers on days in which respite services were used and on days after respite. The analysis found that the caregivers had increased DHEA-S levels on days after respite use. Zarit reports that the effect size was small but significant. Higher DHEA-S levels have been found to be protective against the physiologic damaging effects of stress and may reduce the risk of illness. This is the first research of its kind that uses physiological changes in the caregiver to measure caregiver stress. Zarit's biomarker within-person study clearly demonstrates the value of respite services in reduction of caregiver stress and validates the Legacy Corps respite intervention. While Zarit's work did not focus specifically on veterans and military caregivers, the approach and initial outcomes are clearly significant. It is the intent of the Legacy Corps staff to explore the potential of pilot testing the use of the within-person/ biomarkers of stress approach to assess the impact of volunteer-driven respite interventions on veterans and military caregivers. While the cost of such a study can be prohibitive, the potential benefits are motivating this consideration.

Additional evidence that demonstrates that the Legacy Corps caregiver respite intervention is effective focuses specifically on the needs of veterans and military caregivers. In 2014, the RAND Corporation (Ramchand, R., et. al. (2014) *Hidden Heroes: America's Military Caregivers*. Santa

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Monica, CA: RAND Corporation) published a research study, funded by Caring for Military Families: The Elizabeth Dole Foundation, states that it is the largest and most comprehensive probability-based, nationally representative survey done thus far on military caregivers. From the Knowledge Panel of representative U.S. households, 1,129 military caregivers, 1,828 civilian caregivers and 1,163 non-caregivers were interviewed about caregiving effects on the caregiver and family and how policies and programs align with military caregiver needs. The study shows that caregiving imposes a heavy burden on all caregivers but that military caregivers experience worse health outcomes and greater strains leading to depression. The study includes an environmental scan of services available to military caregivers that could help them cope and sustain their own health and well-being. The study found that most services are targeted toward the military care recipient or military families but not specifically designed for the caregiver and, in many cases, services that would benefit the caregiver are limited to primary family members, thus excluding many caregivers such as extended family or friends. While respite care was defined as an essential means of ameliorating the adverse outcomes of caregiving, only a limited number of respite programs targeted to veteran and military families were identified, and the need for more of such programs that are made more widely available was a study conclusion. This study clearly supports the need for a respite services designed specifically for military caregivers regardless of their relationship to the care recipient, thereby supporting the Legacy Corps intervention.

The strongest indicator of the capacity of the Legacy Corps intervention to achieve the proposed outcomes is the 12-year panel study on both Legacy Corps for Health and Independent Living and Legacy Corps: Veterans and Military Families. This quasi-experimental, non-equivalent comparison group, within-person panel study design allows for comparison of the current Legacy Corps for Veterans and Military Families with the original 2,800 Legacy Corps for Health and Independent Living members and the 3000 care recipients. As all of the performance measures stated for the original Legacy Corps (increased levels of community attachment, long-term community service, reduced caregiver stress and burden) were met and exceeded, the similar measures selected for the current LCVMF should mirror and reflect similar patterns of outcome. The first two years of formative evaluation for the veterans and military caregiver Legacy Corps have shown that the current LCVMF members are younger than the comparison group as there is no longer an age requirement of fifty years or older for recruitment. The current group is somewhat better educated than the original participants, and there are more males participating as members and as caregivers in

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the current LCVMF group. The current LCVMF members significantly increased their community attachment scores at first follow-up and maintained that difference at exit. Members demonstrate an improvement in life satisfaction and emotional health with no significant differences in physical health. Veteran and military caregivers report a significant decline in the number who describe stress as "always or almost always" a problem and a significant increase in the number who describe their health as good, very good or excellent. Eighty percent of the members enrolled for a second year and among those who left, 85 percent expected to be involved in further community voluntary activities or additional caregiving, with 73 percent listing three or more expected activities. These patterns are similar to the goals Legacy Corps hoped to achieve based on benchmark values from the original LC outcomes. The current LCVMF members have not been in the field long enough to do any long term follow-up of members after leaving the program but the exit data would support expectations of continuing productivity and involvement in community activities and in caregiving specifically. The formative data from the first two years of the grant cycle indicate that members are gaining skills and attitudes towards volunteering that will keep them in the caregiving arena or translate into employment and that the caregivers who receive the services are significantly better off emotionally and in their life satisfaction scores. These findings are particularly important given the focus on veterans and military families and the importance of sustained community attachment as an important means ameliorating the strains of post-military service re-integration. Also reflecting program support is the finding that the most positive aspect of caregiving reported changes from a) caring for someone who cared for you to b) knowing that the recipient is well cared for and safe. The full report of formative findings for the first two years is submitted as a separate document.

4. Notice Priority: This program aligns with the funding priority area of Veterans and Military Families. The program provides AmeriCorps members with the opportunity to positively impact the quality of life of veterans and military families by meeting a well-documented need for caregiver support services to those caring for veterans and veteran family members. The program is designed to a) provide caregiver support services to veterans and their families, thereby increasing the numbers served by CNCS-supported programs; and b) recruit veterans and military families as AmeriCorps members, thereby increasing the numbers engaged in service through CNCS-supported programs.

5. Member Training: AmeriCorps Members participate in state of the art, educational and reflection sessions in: 1) caregiver support (respite services, information and referral, veteran disability/illness,

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transitional services, caregiver peer-to-peer support); 2) member development (positive psychology, stress reduction, goal setting, educational pathways, job opportunities); and 3) AmeriCorps policies (branding, ethic of service, civic responsibility, prohibited activities). Members participate in on-site and online trainings and reflection sessions focused on the civic and social impact of AmeriCorps service. Legacy Corps training has the following components: 1) Pre-Service Orientation & Training: The curriculum is launched with a face-to-face, 20-hour pre-service orientation training event. The curriculum includes an overview and history of AmeriCorps and LCVMF, service commitment, service roles, rights and responsibilities, ethics, standards of conduct, grievance procedures, hours of service record keeping, member benefits and awards, insurance/liability and first aid. A special emphasis is on prohibited activities on which members receive training in both verbal and written formats with reinforcement in reflection sessions. 2) In-Service Training and Reflection Sessions: Training includes 60-70 hours of monthly in-service training and reflection sessions covering: a) caregiver self-care and emotional health; b) communication and conflict c) special needs of veterans from specific wartime service environments (curriculum adapted for Legacy Corps by the Easter Seals National Veteran Caregiver Training program) d) caregiver resources and information referral and e) goal-setting, careers and job transitions and educational pathways (curriculum from Virginia Commonwealth University F.R.E.E.4 Vets Program: Family, Relationships, Educational and Employment Program for Vets).

6. Member Supervision: All LCVMF supervisors must have a Bachelor's degree, have demonstrated leadership skills and at least 3 years of direct service-management experience. Supervisors attend the UMD full day training-orientation for all new projects. Topics include: member management protocols, tracking member service and training hours, member prohibited activities, implementation of CNCS performance measure standards, coordination with state commission staff, member enrollment and exit timeframes, implementing FBI-State and NSOPW requirements along with fiscal accountability standards. Supervisors participate in Conference calls and webinars throughout the year. UMD's Training Coordinator provides monthly training resources to supervisors that assist them in supporting members achieve their highest performance. Supervisors are accountable to hold monthly Reflection Sessions for members and implement the UMD approved member pre-in-service training plan. Supervisors generate customized "statement of service" reports for members tracking their service and training hours. Individuals with below expected performance are issued corrective action plans for compliance and follow-up.

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7. Member Experience: The member experience is designed to be a powerful personal and professional exploration that sets the stage for a life-changing, experience for both LCVMF members and the veterans and military families served. LCVMF is structured to deploy members to meet the demands of those who have served our country and face daunting of human challenges: long term disability, post-traumatic stress and despair. "Veterans helping other veterans" is the most effective intervention for all concerned. The power of this model is that in serving veterans and their families, LCVMF members also serve themselves. LCVMF veterans become civically engaged and increase their potential to find employment through the development of new skills and interests. Volunteering offers veterans the opportunity to network with others and to reintegrate into their community. Veterans are an underutilized national asset and national service is a pathway to their ongoing civic engagement and community attachment. To facilitate an extraordinary member experience, LCVMF develops member knowledge, skills and abilities using proven practices from the field of applied positive psychology. LCVMF is committed to nurturing the development of an esprit de corps among LCVMF members. This takes place in the monthly member reflection sessions for self-expression and problem solving. New social networks are important to veterans as a way to integrate with their communities. Members join a new social network and are oriented to the ethic of national service and the principles of AmeriCorps in their orientation, monthly training, and volunteer community service opportunities beyond their counted contractual hours. They participate in state-based AmeriCorps gatherings and service to encourage connections to other AmeriCorps members beyond LCVMF. Through these experiences, LCVMF fosters their connection to the AmeriCorps brand, to other AmeriCorps members and to the community. All 546 quarter time members in each of the 15 sites are recruited from their local communities where services will be performed. The majority of our members are veterans, veteran family members or active military family members. All local project grantees use the standard AmeriCorps member application. LCVMF uses recruiting practices that include: ads in local print media, the AmeriCorps web-based recruitment program, local affiliates such as American Auxiliary units, Daughters of the American Revolution, Dry Hootch peer support chapters, case management staff at veteran Fisher House facilities along with other local service and disability organizations. LCVMF prioritizes to offer service opportunities first to veteran and military families followed by multi-lingual applicants who in turn can offer caregiver support services to under-served Spanish speaking veteran and military families and tribal communities. After the initial screening of member eligibility documents, members receive face-to-face interviews to evaluate

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whether the applicant's profile is consistent with the goals of LCVMF.

8. Commitment to AmeriCorps Identification: All members and staff are required to purchase and wear LCVMF service gear on a daily basis when on assignment. This includes tee-shirts, name badges, hats/visors and vests. All service gear includes the CNCS logo. All business cards are imprinted with the CNCS logo for community outreach events. All public recognition and outreach events include verbal sponsorship and printed adherence such as banners, program agendas, pens and other giveaways. All host and service sites where members serve must prominently display the AmeriCorps logo and sponsorship verbiage.

Organizational Capability

C. ORGANIZATIONAL CAPABILITY

1. Organizational Background and Staffing: UMD has 25 years of experience in developing national and international volunteer service models. UMD has received CNCS funding for more than 18 years. Other large scale grants administered by UMD include the CNCS National Experience Corps for Independent Living program, the DHHS-AoA National Eldercare Institute on Employment and Volunteerism and the CNCS AmeriCorps T/TA provider on home care programs (with Visiting Nurses Association of America). LCVMF successfully completed an OIG Audit, and met other federal standards through on-site CNCS Monitoring visits by CNCS staff. LCVMF has access to a network of administrative and fiscal support offered through UMD that includes its own internal audit division for federal grant compliance. UMD has met all matching requirements for all grant funded programs for the past 25 years. LCVMF management staff includes: (National Project Director: Laura Wilson, Ph.D.) Primary Grant Contact: Dr. Wilson has served as the Principal Investigator for multi-site, multi-year federal and state grants since 1975. Laura directs the administrative capacities including budget development, evaluation and outcome measures and staff development. (Project Manager: Jack Steele): Jack has served as the Project Manager since 2001. He is responsible for site compliance including drafting and implementing program and fiscal policies, fiscal monitoring of subaward sites, subaward audit reports, match contributions and recruitment of new subaward sites. Jack worked 15 years as Associate Director at an Area Agency Aging overseeing 30+ million dollars. (Field Manager: Linda Siegel): Linda has 30 year's non-profit experience in managing grants. She takes the lead role in programmatic compliance Site Visits, manages member exits and enrollments, egrants portal, criminal history checks, NSOPW checks, etc. Linda was formerly an AmeriCorps Project Site Director in Chicago, Illinois. (Training Coordinator: Jean Carroccio): Jean has over 25 years of

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facilitation, training and consulting experience in guiding business, government and nonprofit organizations. She coordinates all pre-and in-service member training. This includes reviewing and approving subaward pre and in-service training plans; tracking member training hours, coordinating our annual National Training event and collaborating with State Commissions. (External Evaluator: Karen Rosentraub, Ph.D.)Dr. Rosentraub is a member of the faculty of the School of Nursing and Social Work at the University of Michigan. She has been the evaluator on numerous civic engagement multi-site projects and has served as evaluator for Legacy Corps since 2001. She designs and assesses the Theory of Change, logic model, and performance measurements for the project. (Program Specialist: Sue Anne Swartz): Twenty years of data and contract management experience. She assesses compliance with monthly Periodic Expense Reports and file documentation, tracks subaward administrative compliance dollars, complies FFR Reports, reviews and approves subaward budget modifications, etc.

All ten State Commissions have been consulted in writing regarding LCVMF veteran and military caregiver support services and outcome measures. Subaward grantees are required to establish active relationships, information sharing, participation in applicable training events and requests for service planning data. Implementation is monitored during annual site visits. UM LCVMF community national community members-partners include Easter Seals National Veteran Caregiver Training program to assist in identifying veteran focused service sites, service needs and co-productions of veteran specific member-staff training materials; American Legion Auxiliary national office in identifying veteran caregiver families and recruitment of volunteer members; and National Association of Area Agencies on Aging to identify new subaward grantees, share federal Title III-E caregiver dollars and identify veteran and military families needing caregiver support interventions. Subaward grantees work with several State Veteran Affairs offices and local community coalitions in securing additional financial resources to sustain caregiver support services and collaborate on other human needs such as food drives, housing issues, caregiver support groups and knowledge networks on available medical and community resources.

2. Compliance and Accountability: UMD has its own internal audit division. LCVMF was audited twice in the past two years for compliance. Two subaward grantees were selected via monthly Periodic Expense Reports to assess file compliance back-up documentation. No non-compliance or material weaknesses were noted. LCVMF parent organization budget was also tested and no compliance issues

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were found. UMD ensures fiscal and programmatic compliance by conducting on-site monitoring visits of subaward grantees. An annual risk assessment tool is administered for each subaward grantee at the end of the year against fiscal and program federal-state regulations. Items include, independent audit findings, expenditure rates, match requirements, general ledger documentation, personnel documentation, Federal/State Criminal History compliance, 30 day member exit and enrollment rates, achieved training and service hours, implementation of prohibited service activities, etc. A subsequent cumulative risk level of 1-4 is assigned which determines the frequency of site visits and desk-top audits. Identified non-compliance items identified during the on-site monitoring visit and desk-top audits are followed up with written corrective action plans for either subaward grantees and or members. A 30 day response time is provided. A reassessment of implemented corrected items is reviewed for implementation during the next site visit. Two subaward grantees were not renewed last year due to on-going non-compliance issues. The AmeriCorps Provisions-Rules and Regulations are provided to all subaward grantees as referenced in their contract with UMD and are integrated in our on-site technical assistance monitoring tool, member contract and member position description. UMD completed two CNCS IPERA audit tests in 2014 with no findings as well as an OIG audit in 2012. The listing of Prohibited Activities are set forth in the Member Contract, Member Position Description, Member Handbook, Monitoring Assessment Tool, subaward contract and new subaward orientation training as well as the UMD Annual National Training event. Members sign and date an agreement noting their awareness agreement to comply.

3. Past Performance: Our 2013-2014 Enrollment rate was 81.5%. This is below our anticipated rate with contributing factors beyond our administrative control. One new site with 24 member slots were not filled due to frequent staff turnover in the first six months of the program. Two other programs were terminated at the end of October had similar internal organizational and administrative issues that despite our long-term technical assistance and corrective action plans could not be rectified. Cumulatively these vacant slots significantly reduced our enrollment rate from prior years of 90% or more. While we were able to reassign some slots to other programs, for the most part it was too late in the program year and it would not have been fair to potential members who would not have been able to meet their contracted hours or earn their educational award. There were no programmatic or fiscal non-compliance findings or material weaknesses during the past three years other than the lower than anticipated current year recruitment and retention rate. All subaward corrective actions were related to single stand-alone issues. One grantee was cited for monthly

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reconciliation of fiscal expenditures and match to the general ledger and another for documented training hours. Both issues were rectified through corrective action plans and follow-up certification. UMD has met and or exceeded 100 percent of our CNCS contracted performance measures for veteran and military families as validated through our independent external evaluator.

Our retention rate to date is estimated to be 85% as the current year is still active. Two sites have been released from the program in 2014 due to non-compliance issues. Two other impact factors included higher than anticipated service to work early exits and accompaniment issues related to pending FBI background checks. Both enrollment and retention rates are the exception and are anticipated to be much higher in 2015.

Cost Effectiveness and Budget Adequacy

D.COST EFFECTIVENESS AND BUDGET ADEQUACY

1. Cost Effectiveness: During the proposed 2015 contract year, UMD will commit \$1,968,551 in match funds against the CNCS federal share of \$1,957,162 for a total funded project at \$3,925,713. The match amount is 50%. In addition to the budgeted amount of match found in the grant application, the current subaward sites provide an estimated \$475,000 in additional funds to sustain Legacy Corps operations. Our match resources include leveraging approved Older Americans Act Federal Title III-E caregiver support dollars, state Veteran Affairs dollars, state specific general revenue allocations, foundation grants, private donations and local municipality funds. This grant seeks \$1,957,162 AmeriCorps CNCS funds with a contributing match amount of \$1,968,551 and aligns with our application narrative and implementation strategies to provide caregiver support services to veteran and military families. LCVMF has not increased its cost per member year for three consecutive years. UM raised its MSY to \$13,550. Based on new federal circulars, effective December 26, 2014 UM no longer can waive as in the past any of part of their indirect cost. This resulted in a \$57,000 deficit to our budget. With match already at 50% there was no other way to offset this cash loss without raising our MSY cost; the first in over three years.

2. Budget Adequacy: Our CNCS grant match requirement is 50%. UMD has met its CNCS match requirement contributions for the past 12 years. UMD continues to provide training and resources to our subaward grantees to leverage additional match dollars. This current year an additional \$225,000 cash match dollars was secured. This effort was boosted by our evidence-based research outcomes that are customized to specific states and local programs.

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Evaluation Summary or Plan

Evaluation Plan:

1. Theory of Change:

The project design draws from a Theory of Change developed for the Legacy Corps (LCHIL) project supported through AmeriCorps for ten years prior to the LCVMF (Legacy Corps for Veteran and Military Families) shift in focus to veterans and military caregivers. Experienced LC staff has identified three areas essential to developing successful volunteer-driven programs: meaningful volunteer roles, opportunity for purposeful social networking and continued lifelong learning associated with the volunteer role. After identifying respite services as a major unmet need, the original (2001) Legacy Corps initiative was launched with the guiding assumptions that individuals could be recruited to provide respite services as meaningful work/service and would benefit from the extensive training as a path to new knowledge and from the reflective and social interaction provided through interaction with other volunteers and with the caregivers and dependent individuals whom they served. The unmet needs of the caregivers would be met, thus reducing burden and stress for them. The findings from the evaluation of the original LCHIL led to a program evaluation built upon the following logic model.

The logic model that includes problem statement, input, activities, output short-term outcomes, mid-term outcomes and long term outcomes has been developed and is submitted separately in the evaluation report.

2. Research Questions:

Two themes of this project lead to two strands of research questions based on the experiences and outcomes identified in the first 10-year panel study of the original LC. The first research question focuses on the provision of a necessary service to a group of individuals who have heavy burden and specialized demands. The process/output question addresses whether or not the service was performed at the rate expected. This question results in the aligned performance measures with a short-term outcome of caregiver satisfaction with services and an intermediate outcome measure of statistically significant changes/improvements in perceptions of stress, burden, optimism, physical and/or emotional health. The long-term measures of keeping the recipient in the household or

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community as long as medically possible cannot be determined within the time frame of this evaluation.

The second research question/issue focuses on the members, their recruitment and the changes that occur that build the opportunity for longer-term service to the community. The output question tracks how many members are recruited (546) and determines if the expectation for a majority of veteran/military family members was achieved. The goal of recruiting at least 55 veterans and 278 military family members will be measured. Aligned short-term outcome measures include measuring the stabilization or improvement of scores in community attachment during the first year of the program. The intermediate measures focuses on re-enrollment for at least a second term and expectations of continuation in community service activities upon exit. The long-term outcome predicts that 75% of those members who are reachable 2-3 years after leaving the program will still be involved in the community (unless poor health precludes that involvement).

3. Measurable Outcomes:

The questionnaires designed for this study enable the examination of many issues. For the purpose of reporting for the grant, the following measures are considered of primary importance.

Process/Output:

1. 202,020 hours of service provided by 546 members
2. 703 veterans and their family members receive caregiving and other support services

Short-Term Outcomes

1. 75% of the caregivers evaluate services as good, very good or excellent
2. 75% of the members stabilize or increase their scores from baseline in community attachment at a statistically significant level

Intermediate Outcomes

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1. Caregivers report statistically significant decreases in various measures of stress and burden i.e. emotional health, relationship with caregiver recipient, challenges of caregiving, physical health, optimism.
2. 80% of the members report expectations of continuing in community activities or personal improvement or caregiving when they leave the program.
3. 75% of the members continue for a second term unless health problems --prevent them from doing so.

Long Term Outcomes:

1. Reduced caregiver burden and stress enables caregivers to continue to provide care in the home/community for as long as medically feasible. (Not measured during the time frame of this grant)
2. 75% of the members who are reachable 2-3 years after completion of this grant will remain active in community activities, employment, personal improvement, or caregiving. (Measurement does not fall within the time frame of this grant. Activity is supported by other resources such as the Undergraduate Research Opportunities Program at University of Michigan and through enrollment of Masters level social work students in independent studies.

4. Evaluation Design:

The quasi-experimental, comparison group, within-person panel study design detailed in the full LC evaluation plan and report submitted separately, provides assessment to assure that outcomes in the Legacy Corps Theory of Change and Logic Model are achieved and meets the requirements of moderate to strong evidence-base associated with large grants. It is the most sophisticated design that can be used on this type of study given ethical and moral constraints of withholding services deemed to be successful and the exorbitant expense that would result from attempting to track randomized control subjects.

The design supports the collection of both process/output data through administrative/management data sets and short and intermediate outcomes through a variety of data collection instruments and

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strategies. The within-person panel study design tracks changes in individuals over time rather than measuring differences among groups. Between group differences are reported, but they are not the major goal of the program. Identifying changes in individuals is the primary goal and those within-person changes are the measures of success.

Data collection for process/output measures is ongoing throughout the entire project. The MIS/OnCorps program is utilized for monthly reporting of hours and members recruited and individuals served. The data are compiled at 6 month and 1 year intervals and used to answer the questions 1)how many veteran members were enrolled; 2)how many family members of veterans or active military were enrolled; 3) how many veteran family caregivers or family members were served by the program. Output measures from the administrative log also track the number of training hours provided to each member, and types of caregiver support services other than respite that may occasionally be provided. These data are collected by site managers and entered into the MIS system. Separate summary questionnaires are also sent to each site at 6 month and 12-month time points by the program's associate director and are then provided to the director of evaluation. The outcome measures are gathered from the three civic engagement questionnaires administered over time, delivered by site managers to the evaluator. Caregiver information is gathered at baseline by members and sent to evaluator who conducts the recall interview one year later.

The data analysis strategies depend on the level of measurement of the various components. For output measures, simple frequencies are reported by site and cumulative for the project. For short-term and intermediate outcomes a mixed method approach that utilizes both quantitative and qualitative analyses are used. The quantitative measures/scales are analyzed via SPSS package with tests for significance appropriate to level of measurement (nominal, ordinal, interval, or ratio) and will range from chi-square to loglinear regression and logit modeling regression techniques.

5. Evaluator Qualifications:

All aspects of the evaluation are managed by Dr. Karen Harlow-Rosentraub, University of Michigan School of Social Work. The evaluator is uniquely qualified to perform all aspects of the data collection process for the Legacy Corps program . Dr. Harlow-Rosentraub has directed evaluation programs around the US and European Union, and has led the evaluation of a major NIH Center of Excellence

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Initiative. She has worked at federal and state policy level to advise the US Senate and House representatives and state representatives in TX, IN, OH and MI in the development of health policy initiatives. She has conducted the evaluation for the University of MD that sponsors the Legacy Corps for Health and Independent Living from 2001-2011. That AmeriCorps project involved the management of 2,800 members in 30 sites in 10 states. After joining the University of Michigan faculty in 2009, she assumed the evaluation of two HRSA funded projects, Nurse Managed Centers, and Advanced Nursing Education (DNP), and she directed a five-year evaluation of the MHealthy university-wide health benefits initiative.

6. Budget:

The budget is divided into funds associated with University of Maryland subcontract (federal) and individual, nonfederal subcontracts with each of the sites that they use as match for the project. Each site contributes 3.5 percent of their budget to evaluation. The total amount for evaluation is \$61,916.

Project Director: 37,960 salary and benefits for approximately 25% of time

Travel \$5,500

Data collection \$500

Indirect costs for UM: 17,956

Amendment Justification

N/A

Clarification Summary

Second Clarification - May 21, 2015

We have reduced the amount of our grant by 3% with a new federal amount of \$1,822,057. This however means that we will serve fewer returning military and veteran families due to reduced dollars for outreach and recruitment of caregiver families. The cost of outreaching to veteran and military families is a higher cost than most grants which requires higher amounts of staff time. We will also have postpone our planned national research that measures the medical reduction in caregiver stress which would have been an asset to the CNCS.

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We have also revised our:

1. Executive Summary to reflect the new federal and match numbers,
2. Revised Funding/Demographics,
3. Operating sites to match new subaward amounts
4. Revised amounts in Section I for the 3% reduction,
5. Revised line-item narratives
6. Revised Section III. Administrative Calculations and narrative
7. Revised Match Summaries in Section III.

Thank You. Jack

First Clarification Letter Responses Below:

1. We have reduced our grant per the Clarification summary to the federal amount of \$1,878,409. The total members slots are 542 and MSY cost of \$13,100.

We were disappointed that we were not allowed to increase our MSY cost as requested in this recomplete application. UM has not raised our MSY cost for over three years and now remain at the \$13,100 cost despite the escalation of service and administrative costs.

We are already at the 50% match requirement and it is not doable to increase that amount. When the new federal guidelines were issued in the Fall of 2014 it had a significant impact on our Legacy Corps program. Prior to the new guidelines, the University of Maryland had always waived a significant part of its allowable Section III. Administrative draw down. The new federal guidelines for the

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indirect cost no longer provided that option for the University to waive a portion of its share of Administrative expenses. The impact of these new rules meant that the University of Maryland retained these additional dollars (see below) in their administrative grants office. This meant that our Parent Organization actual operating budget in Section I had to be reduced to offset the new rules of how Administrative Costs were allocated. Our only option was to increase our MSY cost to help balance our actual Operating Costs.

This meant that our program took a \$68,000 cut in the Administrative Operating Budget in Section I. This amount had to come out of our own Section I costs at the Parent Organization given that most all of our funds are contracted out to our 15 subaward grantees in ten states. Our subaward programs already match at 50% or above and there is no feasible way that they can contribute any more dollars. We have also actively applied for additional foundation grants during the past two years without success. The external competition for foundation grants and state general revenue allocations is fierce and is likely to remain that way in the foreseeable future.

We are hopeful that CNCS will consider our request to increase our MSY cost in this review process or in subsequent submissions which we believe is justifiable and reasonable based on our history of keeping costs at a minimum in order to expand service capacity.

2. Performance Measure Clarification

- A. We changed the National Performance Measure V7 to V8.
- B. We deleted the Outcome 5686
- C. We changed the data collection times to reflect the ability to obtain the caregiver followup data within the program year.
- D. We provided new information about the output 5683 to detail the types of scales and measures collected on the caregiver survey and I specified the data collection schedule.
- E. We modified the slots 542 and the MSYs to 143.39.
- F. We performed the final check on the performance measures and the program found no errors.

3. Strategic Engagement Slots - No changes were made to the grant. We do not allocate a specific number of member slots to individuals with disabilities. We have active non-discrimination policies in

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place and will always accommodate members with disabilities. We provide in-home respite-care services that require some lifting, transportation and physical flexibility. We do have approximately 15 members who self-report some level of disability. As long as the member can meet the demands of the service delivery we would welcome individuals with disabilities. We do have close collaboration with Easter Seals National and have two sites that serve as Legacy Corps Sites. We will continue to work with them to identify and recruit members with disabilities who will be able to meet the service requirements.

4. We are not asking for any non-CNCS funded MSYs.

5. Section III. Administrative Costs. A copy has been provided.

Continuation Changes

N/A

Grant Characteristics