

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

08-JAN-18

STATE APPLICATION IDENTIFIER:

N/A

2b. APPLICATION ID:

18AC199187

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Harbor Homes, Inc.

DUNS NUMBER: 131864357

ADDRESS (give street address, city, state, zip code and county):

77 Northeastern Blvd
Nashua NH 03062 - 3128
County:

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Peter Kelleher
TELEPHONE NUMBER: (603) 882-3616
FAX NUMBER:
INTERNET E-MAIL ADDRESS: p.kelleher@nhpartnership.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

020351932

7. TYPE OF APPLICANT:

7a. Non-Profit
7b. Service/Civic Organization

8. TYPE OF APPLICATION (Check appropriate box).

NEW NEW/PREVIOUS GRANTEE
 CONTINUATION AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006

10b. TITLE: AmeriCorps State

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Harbor Homes, Inc.

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Programs cover the Greater Nashua Region, including: Brookline, Amherst, Hollis, Merrimack, Milford, Mont Vernon, Hudson, Litchfield and Mason. In addition, Ameri

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 10/01/18 END DATE: 09/30/19

14. CONGRESSIONAL DISTRICT OF: a.Applicant b.Program

15. ESTIMATED FUNDING: Year #:

a. FEDERAL	\$ 298,640.00
b. APPLICANT	\$ 241,720.00
c. STATE	\$ 0.00
d. LOCAL	\$ 0.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 540,360.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES if "Yes," attach an explanation. NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Kyle Farrell

b. TITLE:

c. TELEPHONE NUMBER:

(603) 882-3616

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

01/08/18

DRAFT

Narratives

Executive Summary

Harbor Homes, Inc. (HHI) proposes to have 20 AmeriCorps members who will provide services building the recovery capital of substance users in the Greater Nashua, New Hampshire area and in eight Recovery Community Organizations throughout NH. At the end of the first program year, the AmeriCorps Members will be responsible for having helped individuals seek, access, and maintain treatment and recovery services. In addition, the AmeriCorps Members will leverage zero volunteers who will be engaged in [N/A].

This program will focus on the CNCS focus area(s) of Healthy Futures. The CNCS investment of \$298,640 will be matched with \$241,720, \$200,000 in public funding and \$41,720 in private funding.

Rationale and Approach/Program Design

NEED. In 2015, New Hampshire had the second highest death rate from opioids and the highest death rate from synthetic opioids, according to the Centers for Disease Control and Prevention. While data is still being analyzed, in 2016, New Hampshire's opioid crisis certainly reached a new peak. Of the 485 deaths, which represented a 250% increase in overdoses in just the last 4 years, 98% were related to synthetic opioids like fentanyl (<https://www.doj.nh.gov/medical-examiner/documents/2016-drug-death-data.pdf>). These drugs are between 10 to 1,000 times stronger than heroin and, because they are often disguised as heroin, exceptionally dangerous. In addition to the human cost, the state spent or lost approximately to \$2.36 billion in health and criminal justice costs, lost labor force participation, and lost worker productivity in 2016 alone (<http://www.new-futures.org/2017NFEconomicReport>).

New Hampshire has been called ground-zero for the opioid crisis, yet remains ill-equipped to address it. The state has the lowest number of substance misuse treatment programs per capita in New England (NDEWS NH Hot Spot Report), and even fewer programs directed towards low-income population. In the state's second-largest city, Nashua (the primary focus of this application's proposed interventions), a non-profit residential facility has wait times of at least two weeks for adults. For at-risk populations, such as expectant mothers and their children, the wait is over a month. Requests for medication-assisted treatment (MAT) in the region have ballooned 3200% between 2011 and 2015 (NDEWS NH Hot Spot Report), and the waiting list for MAT at the region's only federally-qualified health center is more than 100 people.

Clients seeking treatment wait, and while they wait, they are likely to falter in their recovery. Nashua's Safe Station program, an experimental approach through which fire stations become access

DRAFT

Narratives

points to substance use disorder services, has connected 900 individuals to more than 3,000 interventions in its first year. The program has been lauded at local, state, and national levels, but 40% of individuals, after receiving detoxification services, never attend the next stage of treatment. Even in treatment, individuals struggle to complete it: against medical advice, 19% of clients leave a local short-term residential and medical detox programs, and 14% leave local partial-hospitalization programs.

Individuals need to access services more quickly and need help in maintaining recovery before, during, and after treatment services. A persistent issue they face is a lack of recovery capital, i.e., services that facilitate recovery. 30% of clients who access the Safe Station in Nashua are homeless, and 20% have no insurance. For these individuals, finding transportation, insurance, and childcare can be insurmountable obstacles to maintaining services. They may be forced to abandon treatment programs and sever their connections to the recovery community.

The opioid crisis has rippled tragedy through many sectors of the state and left scars which will take many years to heal. Cases of children in environments of substance misuse have nearly quadrupled between 2011 and 2015, and in many of these cases, a child's caregiver has overdosed or died (<https://www.fosteringchangenh.org/nh-substance-abuse-crisis-nh>). Better financed, more holistic treatment options that reduce harm and facilitate recovery are immediately needed. Without additional supports, New Hampshire and local communities will continue to see finances damaged by over-budget emergency services and a weakened workforce; service providers will continue to be overworked and emotionally overburdened; families and communities will continue to be devastated; and, of course, individuals struggling to maintain recovery will continue to overdose and die.

THEORY OF CHANGE. As in many states around the country, New Hampshire is adopting a substance misuse treatment model based on a Recovery and Resiliency Oriented System of Care (RROSC). Developed by the NH Bureau of Drug and Alcohol Services (BDAS) and based on recommendations of U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), NH's RROSC is a whole-person, whole-community model. It deals with the reality of substance misuse, a chronic condition beset with relapses, as well as the reality of recovery, a state that it is maintainable through consistent support of individual's desire to recover. The goal of "recovery" in this model is not simply abstinence, but rather the process by which an individual improves their health, wellness, and quality of life to maintain abstinence. This model

DRAFT

Narratives

works. When implemented in Connecticut, 46% more individuals sought services and overall treatment expenditures decreased by 24% (https://link.springer.com/chapter/10.1007/978-1-60327-960-4_12).

To identify gaps in New Hampshire's RROSC programs (i.e., impediments to maintaining recovery), a survey was conducted by NH Bureau of Drug and Alcohol Services (BDAS), investigating the four categories of services: early identification and intervention, treatment, recovery supports, and health promotion & prevention. After a lack of services, the most common issue was a lack of integration or coordination between existent services. Also noted were insufficient personnel and inadequate recovery capital, such as ancillary supports (e.g., housing, childcare, and transportation), viable insurance, and awareness of recovery options.

Our theory of change, which concurs with the RROSC theory and gaps identified by BDAS, is to provide social supports at all levels of recovery and help overcome gaps in NH's RROSC. These supports will allow teams to implement treatment plans that address social needs, which can hinder recovery as much as clinical ones. The applicant, Harbor Homes, will open a new AmeriCorps program called "Recovery Corps" to train twenty "Recovery Corps Members," to provide social supports to substance users. Trained initially as Recovery Coaches, and completing their year of service with the opportunity to become Certified Recovery Support Workers (CRSWs), Recovery Corps Members will offer recovery coaching services, via meetings and phone calls, to build positive relationships with service users and encourage them to pursue their next step in recovery. Recovery Corps Members will also provide appointment reminders and case management, with a goal of increasing clients' recovery capital, i.e. their capacity to access transportation, housing, insurance, childcare, education, employment, and other services that facilitate recovery. Supervisors will direct Members to assist with immediate needs (such as food and shelter) followed by general needs, such as primary, behavioral, and dental health care, and other needs particular to the client.

To address gaps in services at various levels of recovery, AmeriCorps Members will be divided into three cohorts, which mirror three of the four service areas recommended by NH's RROSC: Pre-Treatment & Intervention, Treatment & Recovery, and Post- & Extra-Recovery Supports. Members of the Pre-Treatment & Intervention cohort, serving within agencies providing Nashua-based harm reduction services, will welcome individuals into recovery and guide them towards appropriate treatment/ recovery services. The Treatment & Recovery Cohort will provide ongoing support and assist clients seeking treatment in Nashua-based residential treatment settings, as well as Recovery Community Organizations throughout the state. The Post- & Extra-Recovery cohort will serve clients

DRAFT

Narratives

post- acute treatment via on-going follow up meetings and phone calls that identify new barriers to recovery, mitigate these barriers, and re-engage individuals in ongoing recovery. These Members will also lead and provide outreach for workshops, events, and recreational opportunities for individuals in all stages of recovery, as well as family members.

In total, Members will serve in 16 different programs throughout Harbor Homes and 11 affiliate agencies, all of which have existing contractual relationships with Harbor Homes (HHI). Host sites for Pre-Treatment and Intervention Services include: HHI's emergency shelter for clients from Nashua's Safe Station, Southern New Hampshire HIV/AIDS Task Force (which operates a community-based harm reduction program), HHI's Mobile Behavioral Health Crisis Team (which responds to community-based behavioral health emergencies in the Greater Nashua region 24/7), and Harbor Homes' Medical Respite Center (which provides medical detoxification services). Sites for Members of the Treatment & Recovery Cohort include the residential care facility at Keystone Hall (a sister-agency of HHI), the Harbor Care Health and Wellness Center's Medication Assisted Treatment and Partial Hospitalization programs (HHI's Federally Qualified Health Center for the Homeless), and 8 Recovery Community Organizations: Safe Harbor Recovery Center (Portsmouth, NH), SOS Recovery Community Organization (Rochester, NH), White Horse Recovery Center (Center Ossipee, NH), Keene Serenity Center (Keene, NH), Revive Recovery Center (Nashua, NH), Greater Tilton Area Family Resource Center (Tilton, NH), North Country Serenity Center (Littleton, NH), and Navigating Recovery (Laconia, NH). Finally, the Post- & Extra-Recovery Cohort will serve jointly with Harbor Homes, to offer on-going supports, and a Nashua-based nonprofit training and community center, Welcoming Light, to offer trainings, outreach, and recreational activities to substance misusers and their families.

Members' caseloads will vary depending on their cohort, host-site, intensity of services, as well as the complexity of cases. On average, Members will serve approximately six clients/week (six hours/client), building relationships and providing support as needed. Those serving clients in later stages of recovery will likely have a higher caseload due to fewer needs. Ideally, Members will serve community members until all significant barriers to treatment and recovery are resolved, for as little as two weeks or as much as six months. Connections with clients will be made when A) a client enters service; B) a client requests assistance with barriers; C) when a client misses an appointment; D) when a client abandons treatment; or E) when a client completes treatment, and periodically beyond this time-frame as needed.

The goal of Members' service is to build clients' recovery capital, by identifying resources to remove

DRAFT

Narratives

barriers to care, increase resiliency, and in the process encourage them to pursue and maintain recovery. Recovery Support Services are a nationally recognized best practice, with a moderate level of supporting evidence; the program is expected to quickly provide noticeable impact. Moreover, the design of our program not only separates recovery supports into tasks manageable for AmeriCorps Members, it also allows clients continual access to services; as clients progress through treatment, including periods of relapse, clients can always contact an AmeriCorps Member, who will provide support and recovery guidance. In short, AmeriCorps Members serve in pivotal roles that do not currently exist in the treatment continuum and provide stitching for the RROSC. Ultimately, they will help reduce opioid deaths within our service area.

EVIDENCE BASE: The program qualifies for the "No Evidence " category of evidence, and our data collection capabilities will enable us to reach a higher evidence category in the future.

Harbor Homes collects data on clients/ service utilization through a centralized database, ClientTrack, used by all host-sites. We currently track data that allows us to quantify the problem and outputs within our logic model, and systems will be enhanced so that AmeriCorps Members can collect data on all stages of the program. Using our data systems to verify the problem, we can demonstrate that clients lack basic recovery capital upon entry into services. For example, 20% have no insurance, and 30% have no housing. Of those seeking crisis services through our Safe Station, a program which accounts for a large majority of clients in the Nashua, NH region seeking immediate services, 40% do not follow treatment plans. Across programs for substance use in our area, drop-out rates are high: 19% for residential programs; 14% for Partial Hospitalization; 19% for Medical Detoxification; and 5% for Outpatient Services. Tracking these numbers, on which we anticipate AmeriCorps Members having significant impact, will enable us to rise to a higher category of evidence.

For outputs, we track all interventions for those pursuing recovery. For example, in September 2017, Recovery Community Organizations in NH delivered 719 instances off recovery coaching, telephone recovery support, systems navigation, and other training services. New FY17 and FY18 crisis programs of Safe Station, Medical Respite Care, and Mobile Behavioral Health Crisis Team have seen 684, 389, and 120 unique clients, respectively. Harbor Homes' Federally Qualified Health Center for the Homeless serves 265 individuals through Medication Assisted Treatment, with more than 100 on its waiting list; 900 people through medical detoxification; and more than 200 through Partial Hospitalization (duplicated). In FY2018, 813 individuals used our affiliate's (Keystone Hall's)

DRAFT

Narratives

residential and outpatient treatment options.

Recovery Support Services are relatively new; only within the last ten years has an accreditation board arisen, and evidence-based practices are still being developed. Moreover, because programs often vary in modality, interventions, setting, and target population, research is frequently confounded by outside factors. Nevertheless, the value of Recovery Support Services is consistently championed by government agencies, including the US Dept. of HHS Substance Abuse and Mental Health Services Administration (SAMHSA), which promotes Recovery Support Services in all Recovery-Oriented Systems of Care. In addition, a 2014 review of 11 studies on recovery services (Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence) determined that services achieved a moderate level of evidence for reducing relapse rates, increasing treatment retention, improving relationships with treatment providers and social supports, and increasing satisfaction with the overall treatment experience (Reif, Sharon, Ph.D.; Lisa Braude, Ph.D.; D. Russell Lyman Ph.D; etc. "Peer Recovery Support for Individuals with Substance Use Disorders: Assessing the Evidence." *Psychiatry Online*: Volume 65, Issue 7 (July 2014). pp. 853-861. <https://doi.org/10.1176/appi.ps.201400047>).

Another 2014 quasi-experimental study examines a model very similar to our own. The program uses college-level social service students to provide phone-based recovery supports. The 6-month outcome data, when compared to a matched comparison sample (n = 404; developed using a propensity score with sample data from the GAIN Summary Analytic) suggested significantly greater reductions in substance use risk factors (β = -.17), substance usage (β = .23), and substance-related problems (β = .16). Although the program worked with adolescents, the study does provide evidence that individuals without significant training can promote positive outcomes through Recovery Support Services (Garner, Bryan R.; Mark D Godley; Lora L Passetti; etc. "Recovery Support for Adolescents with Substance use Disorders: The Impact of Recovery Support Telephone Calls Provided by Pre-Professional Volunteers." *Journal of Substance Abuse and Alcoholism*: Volume 2, Issue 2 (2014 Apr). pp. 1010. <http://www.jscimedcentral.com/SubstanceAbuse/substanceabuse-2-1010.pdf>).

While none of the programs within the review, nor the program within the individual study, is identical to Harbor Homes' program, the studies do represent a body of evidence in support of Recovery Support Services implemented by AmeriCorps Members.

NOTICE PRIORITY. Harbor Homes' proposed program will reduce the misuse of opioids and other

DRAFT

Narratives

substances, and thus accords with one of the priority areas of AmeriCorps' Healthy Futures initiatives, as well as all criteria listed in the Mandatory Supplemental Guidance. The program is anticipated to increase the number of individuals accessing services specific to substance misuse, to address barriers to accessing such care, and to help individuals maintain recovery.

MEMBER EXPERIENCE. Resolving the opioid crisis requires significant achievement, and AmeriCorps Members will be trained to contribute to that achievement. With the daily oversight of supervisors and other program staff, service members will find their time rewarding and safe.

Members will receive training, experience, and certifications to make their work valuable during their service year, as well as post-service within New Hampshire's behavioral health field, which is currently experiencing a significant workforce shortage. Training is a deliberate benefit, and will not exceed 20% of Members' hours. It includes:

- Certified Recovery Support Worker (CRSW) Training: Harbor Homes will ensure that interested Members (an estimated 50%) complete other requirements of CRSW certification, including: a 64-Hour training, led by a professional trainer from the NH Recovery Coach Academy on the 12 core competencies of substance misuse counseling, ethics in the field, suicide prevention, and an AIDS/HIV overview; 500 hours serving the target population (easily completed during their term); 25 hours of supervision with a Master Licensed Alcohol and Drug Counsellor; and final testing. Because Harbor Homes will cover costs (generally \$800), CRSW certification will be a desirable benefit.
- Case Management Training: An experienced Harbor Homes staff member will present an overview of typical issues and resources (e.g., substance use treatment, health care, housing, transportation, childcare, etc.) as well as a manual, which contains contact information and descriptions of local services. This session also includes other important trainings such as sexual harassment, HIPPA, and an in-depth training on personal safety.
- Professional Development: Affiliate, Welcoming Light, and the NH Harm Reduction Coalition, will provide on-going trainings in the substance misuse field.

In addition to these trainings, the AmeriCorps Program Coordinator will lead in-person monthly meetings to discuss and reflect upon issues that arise, engage in team building and self-care activities, and review regulations; reflection activities will also occur bi-monthly for each cohort. Finally, the AmeriCorps Program Coordinator will reach out to Members individually each month to discuss

DRAFT

Narratives

productivity, on-going projects, host-sites, supervisors, and any issues.

To recruit the best candidates, Harbor Homes will pursue various strategies led by our Recruitment Specialist, who as a former Licensed Alcohol and Drug Counsellor, has advantageous field knowledge. Because most candidates will be individuals recently completing Associates/ Bachelor's degrees in human services, we will attend career fairs and publicize to students at: University of NH, Southern NH University, Rivier University, Nashua Community College, Springfield College of Human Services, Cambridge College, and Leslie University. In addition, service members may be from communities served; we will publicize to these individuals via our website and social media platforms as well as through local recovery agencies working with clients in long-term recovery. Finally, given the national attention on the opioid crisis in NH, we anticipate some success in national online job-posting sites (e.g. AmeriCorps, Indeed, Handshake, etc.) and those specific to NH (e.g. VolunteerNH, Nashua Telegraph, etc.).

In applicants, we will look for experience and passion, and will not discount for criminal records related to drug use, provided they are no longer receiving acute care and have a minimum timeframe of recovery. Relevant hiring policies already exist in our treatment services for employees and volunteers, and Harbor Homes has long employed, to great avail, individuals with history of drug use. Indeed, self-care is a priority for training and policy of Harbor Homes and host-sites. Not only is supporting the recovery of others therapeutic, this program creates a positive environment for recovery by giving individuals knowledge of support services.

Organizational Capability

Harbor Homes, Inc. (HHI) is a private, non-profit organization that has provided support for NH's most vulnerable citizens since 1982. The agency offers a continuum of 51 affordable housing, healthcare, and supportive programs for 5,000 homeless and low-income individuals and families. Harbor Homes is the largest provider and builder of supportive housing in New Hampshire. In Greater Nashua, through its housing programs, HHI has ended unsheltered homelessness for veterans and for persons living with HIV/AIDS; decreased unsheltered homelessness over 90% since 2005; and is on track to end chronic homelessness in 2018. In addition, Harbor Homes operates the Harbor Care Health and Wellness Center, the state's only stand-alone federally qualified health center for the homeless. The center provides primary, behavioral and oral health care for homeless and low-income residents, combined with comprehensive economic and social support services including employment, housing, and substance use disorder treatment.

The programs of Harbor Homes are on the front lines of Nashua's battle against the opioid crisis.

DRAFT

Narratives

Foremost among these is the Safe Station initiative, through which individuals can seek services at local fire stations; Harbor Homes arranges transportation, assessment, treatment planning, and (if outside of business hours) emergency housing. Additionally, Harbor Homes operates the state's only Medical Respite Center for the Homeless, which is also the region's only medical detoxification facility, and a Mobile Behavioral Health Crisis Team, which responds to behavioral health crises in the community. These interventions, combined with Safe Station, reduced the rate of drug overdoses in Nashua by 17% from 2016 to 2017--the first decrease in three years.

Beyond effective programs, the depth of Harbor Homes' partnerships and affiliations makes it an ideal candidate for overseeing an AmeriCorps program. All 11 agencies hosting an AmeriCorps Member currently have a contractual affiliation with Harbor Homes. Harbor Homes is the Facilitating Organization for all of NH's state-sponsored Recovery Community Organizations, and is responsible for all back-end oversight. In addition, Harbor Homes is the lead agency of the Partnership for Successful living, which is one of the largest health and human service collaborations in the state and is dedicated to helping individuals and families combat the diverse factors putting them into or at-risk of homelessness. The six agencies, while retaining separate 501(c)3 status, share a Board of Directors, a President/CEO, and development, accounting, HR, and IT staff as well as 7,000 clients, most of whom have a history of homelessness and/or behavioral health disorders.

In terms of operational capacity, Harbor Homes employs 275 people, and staff are skilled at managing programs and government contracts. Including the RCOs and Partnership agencies, more than 100 programs are overseen and directed by our back-end staff, who ensure appropriate and consistent recruitment, evaluation, training, and services. Organizational structures of importance in managing the AmeriCorps Program are: a large accounting department, led by a CPA, that tracks all expenditures and manages the financial obligations of all grants; a centralized staff that review employee timesheets and expenses; an HR department responsible for recruitment and resolving personnel issues; a Vice President of Development and Grants Compliance who will submit all federal reports and reimbursement requests; the capacity for robust training; a data quality department; and capable supervisors in host-sites.

To help the above staff implement and oversee the program, Harbor Homes will hire an AmeriCorps Program Coordinator (1 FTE) and an AmeriCorps Program Director (0.5 FTE). The former will ensure supervisors and AmeriCorps Members are familiar with regulations and handle site-visits, hiring, on-boarding, training, monthly meetings, and conflict resolution. The latter, in addition to supervising the Coordinator, will be responsible for compliance with all rules and

DRAFT

Narratives

regulations.

COMPLIANCE AND ACCOUNTABILITY. Largely funded by state and federal grants (71% of its \$28 million budget), Harbor Homes is experienced in complying with government contracts. Moreover, because host-sites are contractual affiliates of Harbor Homes and accountable to HR, technology, safety, and financial policies, we can enforce compliance throughout the program. Host-sites supervisors are trained in compliance (as described in the Member Supervision section below), and additional subcontracts for host-sites, prepared by our legal team, will delineate regulations, including AmeriCorps Prohibited and Unallowable activities, Harbor Homes policy, and mechanisms for non-compliance.

Importantly, contracts will mandate that Members serve in roles that do not duplicate staff positions. The "Recovery Corps Member" position filled by AmeriCorps Members is not a paid position within our organization nor are duties supplanted from any similar position. Indeed, a large focus of the role is the education of the Members themselves, e.g. via concentrated supervision, CRSW training, on-going professional development, and reflections. Moreover, services provided differ markedly in intensity compared to "Recovery Coaches" and "Case Managers," which are paid roles in other organizations. AmeriCorps "Recovery Corps Members" are supportive rather than clinical--for example, they will not provide group recovery or insurance support--and they maintain services with clients for longer periods of time than a paid staff member, whose maximum time with (and number of follow-up phone calls to) any client is limited by reimbursement challenges.

CULTURE THAT VALUES LEARNING. Collecting high-quality, real-time quantitative and qualitative data is essential to the work of Harbor Homes and its partners. Program staff track all client touches, and our IT staff, QI group, and clinical QI committee operate several databases: an internal Electronic Health Record (GE Centricity), the State's Homeless Management Information System (HMIS), and the recently implemented HMIS extension, ClientTrack. All host sites will utilize ClientTrack, which currently facilitates collecting, evaluating, and sharing client information between affiliates, to track AmeriCorps-related outputs and outcomes. In addition, Harbor Homes frequently implements client surveys and focus groups to gather qualitative data, and contracts independent third party evaluators to review programs and data systems. Staff use data to demonstrate progress to federal, state, and private funding agencies as well as at monthly board meetings and to evaluate programs and strategies. For example, using the database, ClientTrack, Harbor Homes identified the

DRAFT

Narratives

service gaps addressed in this proposal.

MEMBER SUPERVISION. Serving the target population, particularly those in the Pre-Intervention Cohort, will present AmeriCorps Members with new experiences and challenges, and Harbor Homes appreciates the need for several layers of supervision. For day-to-day support, host-sites will designate supervisors (a total of 16) who are experienced with the population and skilled in tasks assigned to AmeriCorps Members. They provide in-person instruction, oversee workloads, provide clinical interventions in real-time that are not appropriate for an AmeriCorps to conduct, and respond to questions. Depending on the project, Members may work with supervisors throughout the day; at minimum, Supervisor-Member teams will have a week of training and daily check-ins, as well as quarterly meetings.

In addition, Harbor Homes will employ an FTE AmeriCorps Program Coordinator, to ensure appropriate supervision of both supervisors and Members, respond to any issues, and, if necessary, take appropriate corrective action. The Coordinator will perform one-on-one check-ins with Members on a monthly basis, and quarterly site-visits. To ensure compliance, Harbor Homes will employ a Program Director, who (with assistance from the Program Coordinator) will train the 11 host-site supervisors in a day-long training (prior Members' start-dates) in AmeriCorps Prohibited and Unallowable activities and Harbor Homes Policy.

Finally, the Harbor Homes' Human Resources department will be available to AmeriCorps Members, host-sites, the AmeriCorps Program Coordinator and Director to handle any relevant HR issues. All Harbor Homes and affiliate staff go through a criminal background check, a physical, a Tuberculous Test, and background check through the Department of Transportation.

Cost Effectiveness and Budget Adequacy

See budget.

Evaluation Summary or Plan

Harbor Homes, the agencies of the Partnership for Successful Living, and the eight state-contracted Recovery Community Organizations use ClientTrack, a cloud-based case management system, to track clients' demographic, historical, and clinical information. Through this system, AmeriCorps Members will be able to track outcome metrics, and program staff can submit reports to CNCS.

Internal reports will enable staff to evaluate the program. The database abides by HIPPA regulations.

Amendment Justification

DRAFT

Narratives

N/A

Clarification Summary

N/A

Continuation Changes

N/A

Grant Characteristics

DRAFT

Performance Measures

MSYs by Focus Area



MSYs by Objective

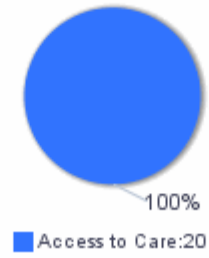


Table1: MSYs by Focus Areas

Focus Area	% MSYs
Healthy Futures	100%

Table2: MSYs by Objectives

Objectives	%MSYs
Access to Care	100%

% of MSY NPM VS Applicant VS Not in ANY

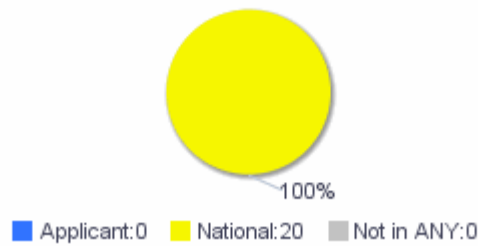


Table3: %MSYs by NPM vs.Applicant vs. Not in ANY

% MSYs	NPM	Applicant	Not in ANY
	100%	0%	0%

Table4: No of MSY and Members by Objective

Objectives	No of MSYs	No of Members
Access to Care	20.00	20
Total	20.00	20

Primary Focus Area: Healthy Futures
 Primary Intervention: Coaching
 Secondary Focus Area: Healthy Futures
 Secondary Intervention: Referrals

DRAFT

Performance Measure: Continuous Recovery

Focus Area:	Healthy Futures	Objective:	Access to Care	No of MSY's:	20.00	No of Members:	20
-------------	-----------------	------------	----------------	--------------	-------	----------------	----

Problem Statement:

New Hampshire is currently in the midst of an opioid epidemic, with fatal overdoses occurring at a rate of 31.7/100,000. Individuals struggle to access treatment and maintain recovery.

Selected Interventions:

- Coaching
- Individual Interaction
- One-on-One Interaction
- Referrals
- Training

Describe Interventions:

Coaching/Individual Interaction/One-on-one Interaction: The most intensive services provided, in which all ACMs will participate. AmeriCorps Members will each serve on average serve 6 clients/week, averaging 6 hours/week per client. An ACM contact ceases when a client enters into a new stage of recovery, whereon another service member will engage in services. Clients will be contacted in relation to their stage of recovery/ treatment program: multiple times/ week in pre-treatment, once a week during treatment, and once every 3 months-post treatment.

Referrals: AmeriCorps Members will connect clients to substance use services, as well as insurance; primary, behavioral, and dental healthcare; housing; educational/ employment; childcare; and transportation resources as needed. All members will be trained in this, and will be made as needed, with an average of 3 referrals per week per member, with more intensive supports expected at the beginning stages of a client's recovery.

Training: Five AmeriCorps Members will provide a variety of appropriate educational (resume writing, parenting, etc.) and recreational topics. One training is slated for 2 weeks, averaging 20 clients per event.

H1 Output:

H1: Number of uninsured, econ disadvantaged individuals utilizing health care services/programs

Target:	1100	Individuals
Measured By:	Utilization Records	
Described Instrument:	Providers utilize software (an EHR or an affiliate-wide case management database) to track a clients across clinical, residential, outpatient, or recovery-based care. We cannot remove duplicate clients across services.	

OUTCM48230 Outcome:

Of clients maintaining 12 weeks of recovery 65% will report two or more positive outcomes (see desc)

Target:	375	Individuals
Measured By:	Other	
Described Instrument:	A variety of online, paper, face-to-face, and phone-based surveys will be given to clients, with results used to calculate the above metric. Positive outcomes measured include: living in safe housing, meaningful reduction in drug use or alcohol, increase, job skills, education/ employment opportunities, reduced family conflict.	

OUTCM48231 Outcome:

DRAFT

Performance Measure: Continuous Recovery

Problem Statement:

Selected Interventions:

Individual Interaction
One-on-One Interaction
Referrals
Training

65% of individuals served enter into recovery and use at least one RROSC service

Target: 715 Individuals

Measured By: Other

Described Instrument: Providers utilize software to track the number of clients accessing recovery services. Number of clients is de-duplicated by service, but not across services.

DRAFT

Program Information

General Information

*My organization has previously received an AmeriCorps State and National Grant. Organizations that have been a host site for AmeriCorps members but never had a direct grant relationship with either a State Commission or CNCS should answer "No." No

*The organization has sufficiently engaged community members and partner organizations in planning and implementing its intervention. Yes

*My organization certifies that it will comply with definitions and requirements outlined in the Performance Measure Instructions. Yes

AmeriCorps Funding Priorities

*Check any priority area(s) that apply to the proposed program. In order to receive priority consideration, applicants must demonstrate that the priority area is a significant part of the program focus, high quality program design, and outcomes. Health Futures - Opioid Abuse

Populations Served

*Check the appropriate box(es) to identify the populations the proposed program will serve. If you do not plan to serve any of the listed populations, select "None of the above." Homeless individuals,
Individuals in mental health services,
Individuals in substance abuse services,
Individuals with disabilities

Grant Characteristics

*Check any characteristics that are a significant part of the proposed program. Community-based organizations

AmeriCorps member Population

*Check any grant characteristics that apply to the AmeriCorps member population of the proposed program. Low-income individuals

AmeriCorps Identity/Co-branding

*AmeriCorps members will wear the AmeriCorps logo every day. Yes

*AmeriCorps members will create and deliver elevator speeches. Yes

*The AmeriCorps logo will be prominently displayed on the front page of the organization's website. Yes

DRAFT

Demographics

Other Revenue Funds	1798850
Number of episodic volunteers generated by AmeriCorps members	0
Number of ongoing volunteers generated by AmeriCorps members	0
Percentage of MSY who are opportunity youth, if any	0
Number reported in O15 who are opportunity youth	0
Number reported in O17 who are opportunity youth	0

DRAFT

Required Documents

Document Name

Status

Evaluation

Not Applicable

Federally Approved Indirect Cost Agreement

Sent

Labor Union Concurrence

Not Applicable

Other Documents

Not Applicable

Logic Model

Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
The community problem that the program activities (interventions) are designed to address.	Resources that are necessary to deliver the program activities (interventions), including the number of locations/sites and number/type of AmeriCorps members.	The core activities that define the intervention or program model that members will implement or deliver, including duration, dosage and target population.	Direct products from program activities.	Changes in knowledge, skills, attitudes and opinions. These outcomes, if applicable to the program design, will almost always be measurable during the grant year.	Changes in behavior or action. Depending on program design, these outcomes may or may not be measurable during the grant year.	Changes in condition or status in life. Depending on program design, these outcomes may or may not be measurable during the grant year. Some programs, such as environmental or capacity-building programs, may measure changes in condition over a period as short as one year.
New Hampshire is currently in the midst of an opioid epidemic, with fatal overdoses occurring at a rate of 31.7/100,000. A lack of recovery support services (recovery capital) contributes to difficulties in accessing treatment and low rates of long term recovery.	-20 FTE AmeriCorps Members (ACMs) -1 FTE Program manager -1 PTE Program Director -16 program sites providing substance misuse pre-treatment and intervention services, treatment and recovery services, or post-and extra-treatment services. Program site at Harbor Homes include: Maple Arms Emergency Shelter, serving clients of Nashua's Safe	-ACMs provide recovery support services: connecting substance users with resources for transportation, housing, insurance, childcare, and other programs that reduce barriers to care and recovery. -ACMs develop positive relationships with substance misusers utilizing the programs, meeting them in office, by phone, and in the community and	-1100 clients receive direct recovery support services : Emergency Shelter/Safe Station: 300; Mobile Behavioral Crisis Team: 100, Keystone Hall: 300; Harbor Care Health and Wellness Center: 50; Medical Respite Center: 100; Southern NH Task Force: 250 (unduplicated in programs only) -Recovery Community Organizations provide 800 instances of in-person recovery	-Individuals served enter into and use at least one recovery service: 65% -Decrease in number of individuals leaving treatment against medical advice: 25% -Of those who do leave treatment, 25% reenter treatment or recovery within 6 months -Clients who report benefit from trainings and events: 75% -Clients maintain ongoing telephone monitoring: 50%	-Among clients who have maintained recovery for 9-12 months, show improvement (as compared to intake, with data retrieved in follow-up surveys) the following: -Increased abstinence from drug use and alcohol misuse: 80% -Long-term engagement with recovery support and self-help groups: 60% -Decreased inpatient hospitalizations/	A marked decline in opioid related deaths and overdoses in our service region.

Logic Model

Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
	<p>Station (2 FTE); Mobile Behavioral Health Crisis Team (1 FTE); Medical Respite Center (1 FTE); Harbor Care Health and Wellness Center Healthcare Clinic (1 FTE), Continuous Recovery Monitoring Group (2 FTE). Additional program sites are at affiliate organizations and include: Southern New Hampshire HIV/AIDS Task Force (1 FTE); Keystone Hall (2 FTE); and Welcoming Light (2 FTE). Additional affiliates, known as Recovery Community Organizations, include: Safe Harbor Recovery Center (1 FTE); SOS Recovery Community Organization (1 FTE); White Horse Recovery Center (1 FTE); Keene Serenity Center (1 FTE); Revive Recovery Center (1 FTE); Greater Tilton Area Family</p>	<p>engaging in recovery support services, such as coaching and case management. -Case length and number of clients will vary based on host-site, but will on average serve 6 clients per week, averaging 6 hours/week per client -ACMs document treatment steps, recovery, and progress/ setbacks. -ACMs create and engage in outreach for workshops, events, and recreational opportunities geared toward individuals in recovery as well as their families.</p>	<p>coaching, 800 instances of telephone recovery supports, and 1600 instances of system navigation support. -1000 phone calls, 500 face-to-face meetings, 1000 surveys for clients in continuous recovery -Operate 26 educational or recreational opportunities for 500 individuals (duplicated)</p>	<p>-Of clients maintaining 12 weeks of recovery: 65% will report two or more of the following: -living in safe housing -meaningful reduction in drug use or alcohol -increase, job skills, education, or employment opportunities -reduced family conflict</p>	<p>use of ED: 75% -Decreased involvement in the criminal justice system: 75% -Decreased use of emergency services:75% -Increased employment or enrollment in school: 50% -Increased social connectedness: 75% -increased resiliency/ ability to cope with challenges: 80%</p>	

Logic Model

Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
	Resource Center (1 FTE); North Country Serenity Center (1 FTE); and Navigating Recovery (1 FTE).					