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Executive Summary

Strength to Serve: Peer Service for Veteran Family Health (S2S) is a program of Partners in Care Foundation, in collaboration with the Veterans Administration. Eighty-eight veterans, caregivers, and veteran family members will serve as AmeriCorps members leveraging an additional 100 volunteers from 11/1/2013 to 10/31/2013. AmeriCorps members will implement the Chronic Disease Self-Management Program, an evidence-based health promotion program developed by Stanford University, and offer peer mentoring to improve the health and quality of life of veterans, caregivers, and veteran family members. S2S members will be based in VA Health Care systems, and in aging and public health agencies in California, Nevada and Michigan. At the end of the one year period, anticipated outcomes include: 1) increased level of patient activation for improved chronic disease self-management among 700 veterans and 300 veteran family members and caregivers; 2) improved access to health and wellness resources available to veterans and their family members in the VA and community among 200 veterans and 300 veteran family members. This project will focus on the CNCS focus area of Veteran and Military Families. The CNCS investment of \$591,026 will be matched with \$190,779.

Rationale and Approach

Our target populations are veterans, caregivers, and veteran family members. Veterans and their families have significantly lower health status, higher incidences of chronic health conditions, greater disabilities, lower income and higher representations of people of color than the general population. Strength to Serve: Peer Service for Veteran Family Health (S2S) will enhance self-management of chronic health conditions of veterans, caregivers, and veteran family members to improve their health and well-being. (Note: A caregiver may or may not be a family member of a veteran. In this proposal, veteran family members will include caregivers.)

Chronic conditions are the leading cause of death and premature decline among older veterans. Patients with multiple chronic conditions in the VA health care system represent a large proportion of VA patients and have an increased risk for early mortality (Lee, et al., 2007). Male veterans aged 45-64 are more likely than non-veterans to report two or more chronic health conditions (such as diabetes, hypertension, heart disease, cancer, stroke, and others), 19% compared with 13% of non-veterans for ages 45-54, and 31% compared with 25% of non-veterans for ages 55-64 (Kramarow and Pastor, 2012). These conditions cause challenges, such as chronic pain, depression, poor balance, medication-related problems, falls, risk of blindness and amputations. Veterans with multiple chronic

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conditions require intensive, long-term health care due to depression and coordination across a spectrum of services (Findley, Shen and Sambamoorthi, 2011).

National VA data confirms these rates of chronic conditions among all veterans. Approximately 5.1 million veterans receive healthcare services through the VA, 50% of veterans served by the VA are diagnosed with hypertension, 34% (1,777,693) are diagnosed with obesity, and one out of five veterans is diagnosed with diabetes (VHA Support Service Center, 2012). According to the American Psychological Association, Persons with a disability are likely to have limited opportunities to earn income and often have increased medical expenses. Among older veterans living below the poverty level, 50% have a disability (U.S. Census Bureau, 2006).

There are 21.5 million veterans in the United States (American Community Survey, 2011). Veterans are older and have a lower socioeconomic status than the general population. In 2011, 9.2 million veterans were 65 and older; 2.3 million were black; 1.2 million were Hispanic; and 264,695 were Asian (U.S. Census Bureau, 2012). Nearly one in seven homeless adults are veterans, and almost half of them are African American (Hawryluk and Ridley-Kerr, 2012).

Caregivers of veterans are in their role for a longer period, and their burden of care is heavier 65% are in a high burden caregiving situation compared to 31% of non-veteran population. Eighty eight percent of veteran caregivers report increased stress or anxiety, and 77% report sleep deprivation. Six out of ten veteran caregivers experience weight gain/loss or depression, and a decline in their healthy behaviors. Half of caregivers of veterans reported a high degree of financial hardship compared to 13% nationally (National Alliance of Caregiving, 2010). These populations were selected because they demonstrate a higher level of need than the general population due to disproportionate chronic health conditions, low socioeconomic factors, and representation of ethnic minorities.

To help address these needs, S2S members will implement and expand access to the Chronic Disease Self-Management Program (CDSMP), an evidence-based program developed by Stanford University, and provide peer mentoring, including referrals to additional VA and community health and caregiver resources. Member activities to strengthen CDSMP implementation within the VA and community will include: scheduling and coordinating CDSMP workshops, recruiting veterans and their family members to participate for workshops, facilitating CDSMP, recruiting volunteers, and developing relationships with community based organizations. Member activities to provide peer mentoring to veterans and family members include: one-to-one and small group mentoring, motivational interviewing, patient-centered communication, and assist with navigating resources and provide referrals to VA and community health/wellness resources, such as disease-specific support groups,

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exercise programs, or pain management programs. Members will refer caregivers and veteran family members to VA Caregiver Support Coordinators to be screened for caregiver resources, including Building Better Caregivers (BBC), an evidence-based intervention developed by Stanford University. AmeriCorps members will not provide BBC, as it is designed to be offered by professionals, not peer leaders. The peer mentoring activity provided by S2S members will complement and leverage patient-centered care initiatives within the VA.

Partners in Care Foundation (PARTNERS) and the VA will expand self-management resources for chronic conditions specifically targeted to reach veterans and their family members. Community-based efforts to provide CDSMP are primarily offered through networks that have not focused on reaching the veteran population. Nationally, only a few VAs offer CDSMP due to limited staffing, and a fraction of veterans currently attend CDSMP in the community. S2S members will provide the critical service to address community needs by providing CDSMP and peer mentoring, helping veterans and family members reduce health burdens. Infusing AmeriCorps members into the community and VA system will provide trained, competent, committed, and financially compensated veterans and their family members to strengthen and expand CDSMP implementation and access to other resources. S2S members will provide the necessary people power to lead the program and bring in more volunteers for sustainability until the program can become institutionalized.

We are requesting 40 MSY in order to effectively implement S2S. Member service terms will include 20 full-time, 20 half-time, and 48 minimum-time slots. These members will be placed at 10 host sites with member teams varying per site. The requested slot types will accommodate veterans and their family members with flexible service terms they may need due to limitations and responsibilities, and will meet the resource needs of the program. S2S works best with a team of members with reduced service hours to provide CDSMP workshops and peer mentoring. A minimum-time service term is a better option for the program and the family member, so they can continue their role as a caregiver and still engage in service.

FULL-TIME MEMBERS will act as the AmeriCorps Team Leads, responsible for workshop and volunteer coordination and support, building partnerships and serving as a liaison with VA and community partners. Specific activities include scheduling dates for workshops; identifying and securing locations to implement the workshops; collecting evaluations; supporting and scheduling volunteers and minimum time members for activities and workshops. HALF-TIME MEMBERS will facilitate CDSMP, support volunteers, and recruit workshop participants and volunteers in the VA and greater community by working with VA and community-based organizations, such as veteran service

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organizations, veteran mobile outreach clinics, faith-based organizations, libraries, local area agencies on aging, and public health agencies to reach veterans not currently receiving VA services.

MINIMUM-TIME MEMBER activities will focus specifically on facilitating CDSMP workshops and providing peer mentoring to veterans and family members to better engage them in their own care and access other health and wellness resources in the VA and community.

The primary intervention in S2S is CDSMP, a program that meets the highest level criteria for evidence-based interventions, with a variety of randomized control trials, juried publications and full translation of the program in diverse community and international settings. Comparison research results show statistically significant findings that those who participated in CDSMP experienced improved health behaviors (exercise, communication with physicians, and cognitive symptom management), improved health status (self-reported health, social activities, fatigue), and fewer hospital days. Another impact is enhanced self-efficacy, an improved sense of confidence in being able to manage life challenges (Lorig, Gonzalez, Laurent, 2012; Kennedy, Reeves, et al. 2007; Lorig, Sobel, et al. 2001). CDSMP is patient-centered, focusing on active involvement of the individual to engage in their health, manage symptoms and make decisions about individual treatment options. Classes are highly participative, where mutual support and success build the participants confidence in their ability to manage their health and change unhealthy behaviors. The patient-centered focus of CDSMP complements the patient-centered medical home model at all VHA Primary Care sites, which is referred to as Patient Aligned Care Teams (PACT).

S2S members will refer caregivers and veteran family members to VA Caregiver Support Coordinators who are responsible for coordinating and referring caregivers to services in the VA and community. They will assess caregivers to identify appropriate candidates for the various caregiver services, including Building Better Caregivers, another evidence-based intervention developed by Stanford University (Lorig, Thompson-Gallagher, Traylor, Ritter, Laurent, Plant, Thompson, Hahn, 2010). The study showed that at 3 months nearly all health indicators and behaviors improved. Caregivers showed significant reductions in caregiver burden, depression, pain and stress. Caregiver self-efficacy, two exercise measures, and overall health improved.

Finally, S2S includes peer mentoring, a third evidence-based intervention with demonstrated community impact. A randomized trial on Project Dulce researched the benefits of using peer educators for diabetes self-management. Results showed peer support as a useful method to improve glucose control (Philis-Tsimikas, Fortmann, Lleba-Ocana, Walker, Gallo, 2011). In another randomized trial from the University of Michigan and Ann Arbor Veterans Affairs Health Care

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System, comparison research found reciprocal peer support to be an effective approach for patients to help one another and themselves. Veteran participants who engaged in reciprocal peer support reported a .29% decrease in HbA1c levels compared to a .29% increase in HbA1c levels among patients receiving nurse care management (Heisler, et al., 2010).

The outcomes we expect at the end of the three-year grant cycle include: 1) increased level of patient activation for successful chronic disease self-management, 2) improved access to health and wellness resources available to veterans and their family members in the VA and community. S2S will have demonstrable impact in serving 700 veterans and 300 veteran family members who will participate in the CDSMP workshop and/or peer mentoring. Increased level of patient activation will be measured using a 13-item Patient Activation Measure assessment tool administered to participants upon program enrollment and at 6-month follow-up. This tool is vital to understanding the array of health related characteristics of S2S participants, such as attitudes, motivators, and behaviors. Improved access to health and wellness resources will be measured using activity logs to document all services and referrals offered to veterans and their family members by AmeriCorps members. Electronic databases will be used to make annual reports and all data will be stored and evaluated using all necessary safeguarding procedures.

Performance measure targets were determined based on 10 implementation sites, each having a minimum goal of 7 workshops per program year, with a minimum of 10 participants for each workshop, impacting the lives of 700 veterans and veteran family members per year. Of those CDSMP workshops, we estimate reaching a minimum target of 560 veterans and 140 veteran family members to participate in the CDSMP workshops. For the peer mentoring and referrals, performance measure targets were determined based on expected referrals from the VA PACT teams and Caregiver Support Coordinators, the peer-led outreach, and collaboration with community based organizations. We estimate providing peer mentoring and referrals to 100 veterans and 150 veteran family members for health resources, including Building Better Caregivers.

Early recruitment is planned and will be a shared responsibility of PARTNERS, S2S host sites, and host site supervisors, beginning in early summer, contingent on award notice from CNCS. S2S members will be recruited from various local and national networks and programs. PARTNERS will lead national recruitment efforts through national posting websites (i.e. my.americorps.gov, vetjobs.com, hireveterans.com, va.gov, idealist.org,) and outreach through the VA, state units on aging and state public health departments. PARTNERS will also support host site recruitment efforts and provide required member descriptions. The host site will lead local recruitment for members

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through VA Voluntary Services (volunteer program at each local VA); VA Chaplain Services; VA Extended Care Services; veteran service organizations; college campus Veteran coordinators; the Employment Development Department; Homeless Veterans Rehabilitation Program; faith-based organizations; and Compensated Work Therapy. S2S AmeriCorps positions will also be posted through local newspapers; Veteran mobile outreach clinics; County Social Services; Veteran Centers; libraries and other local agencies.

S2S will recruit and engage veterans and their families from underrepresented populations, including low-income individuals, people of color, older adults, and people with disabilities through our collaboration with the VA and our aging networks. Recruitment of these populations will focus on PARTNERS identified best practices to achieve ethnic-specific recruitment for CDSMP leaders and participants, and strategies identified at our planning retreat with VA staff, veterans and veteran family members, including: VA PACT teams referrals, peer-led recruitment targeting existing cultural and other affinity groups, and collaborating with community based organizations that serve our target population in rural areas. AmeriCorps members will be mobile and will be active in the community to reach underrepresented populations.

Our plan for orienting members to AmeriCorps includes a mandatory pre-service orientation offered regionally for members by PARTNERS staff. Host sites will offer a two week pre-service orientation where members will meet with their host site supervisor for a detailed orientation to the community they are serving. The VA Caregiver Support Program will provide members training on existing VA and community Caregiver resources, programming, and referral processes. The VA Caregiver Support Coordinator will actively consult with members and supervisors to provide optimum coordination.

During their term of service, members will acquire marketable skills for careers in the healthcare sector, including certification in CDSMP facilitation, which includes small group facilitation, action planning, problem solving and feedback. The four-day, 32-hour CDSMP leader training developed by Stanford University will provide trainees with skills needed to facilitate CDSMP true to the evidence base behind the program. To be certified leaders, CDSMP trainees must satisfactorily demonstrate their facilitation and teaching skills through active participation, positively interacting with other trainees and Master Trainers, and successfully completing the two assigned practice teach assignments. S2S members will also gain skills in peer mentoring including motivational interviewing, patient-centered communication techniques, and assessing patient needs and providing education in brief encounters. Members will gain skills in program and volunteer coordination/management, service coordination, defining/executing career development plans, technology, and job searching.

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PARTNERS will work with host sites to provide ongoing training for S2S members to promote professional development and ensure they can effectively perform their service activities, based on individualized career development plans. Ongoing training will be provided in-person through the VA, community partners, and interactive webinars provided by PARTNERS on a monthly basis. Member training hours will not exceed 340 for full-time; 180 for half-time; and 60 for minimum-time. Group conference calls facilitated by PARTNERS will be held with each AmeriCorps team on a monthly basis and quarterly with all AmeriCorps teams. These meetings will provide members with opportunities to reflect on their experiences together, interact and learn from other S2S members, build esprit dcorps, share successes, lessons learned and best practices. Anticipated training topics and timeline for member training are listed below.

PARTNERS PRE-SERVICE ORIENTATION (total hours = 24): overview and history of CNCS, AmeriCorps, PARTNERS, VA, S2S and the services they will perform; performance measures and reporting practices; member manual, job description, and forms; member rights and responsibilities, including security and safe handling of information, prohibited member activities, and drug-free workplace requirement; CDSMP and evidence-based health promotion programs; program and volunteer coordination and recruitment; Team building, trust-building, and hands-on practical activities focused on communication and peer mentoring skills will also be included to facilitate esprit dcorps among the members.

HOST SITE ORIENTATION (total hours= 72 for full and half-time members): in-depth meeting and job shadowing with host site supervisor, PACT team, Health Promotion Disease Prevention Program (HPDP) Manager; site tours of the main VA hospital, Community Based Outpatient Clinic(s), partnering community-based organizations (i.e. Area Agency on Aging, Veteran Service Organizations); 15 hours of VA Voluntary Services and Talent Management System training to learn about the VA and the population they will serve, including military and veteran culture, security and safe handling instructions, introduction to VA specific Programs and Systems (VA Health Care, Veterans Benefits, and Health Care Programs/Services Overview); 4 hour PACT Training; VA Caregiver Support Program; follow-up meetings with staff and partners; S2S member team meetings with host site supervisor and Region Lead. Minimum-time members will receive a shortened version of the host site orientation due to their hour, and will include site tours, Voluntary Services training, security and safety, and all related information and training related to their role as AmeriCorps members. ONGOING TRAINING (offered monthly on a designated Friday, excluding the CDSMP four day/32 hour training): Health Coaching training (15 hours); Fidelity for CDSMP (5 hours,

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provided quarterly); Motivational Interviewing (4 hours); TEACH for Success Program Training (8 hours); VA program updates; Evidence-based program and volunteer coordination/management updates; Technology; Defining and executing career development plans; Resume writing (3 hours); Interview skills (2 hours); Job searching (2 hours); other topics determined from member career development plans.

PARTNERS will ensure that members and volunteers are aware of prohibited activities through member position descriptions, and interviews, written contract, training, and ongoing monitoring. Orientation will include interactive activities to reinforce members understanding of prohibited activities, and will be included in the member manual given to all members. The host supervisor will be responsible for posting prohibited activities and ensuring all members and volunteers are knowledgeable and comply.

Host site supervisors and PARTNERS Region Leads Members will supervise members to ensure adequate support and guidance. PARTNERS will designate 2.5 FTE as Region Leads to coordinate and lead with each host site and be responsible for orientation, bringing specific programmatic expertise, training, monitoring fidelity, support building local implementation strategies, and providing tools for members to conduct their work. Region Leads will coordinate member service events and trainings; manage the reporting database, member files, reflection logs, timesheets and program data through an electronic system; facilitate monthly group conference calls with AmeriCorps teams; be available for day-to-day communication and technical support for members and host site supervisors; conduct sites visits; and have monthly calls with host site supervisors.

Each host site supervisor (0.25 FTE) will orient their members to the placement site and community; familiarizing site staff to the S2S program and members; supervising the daily activities of the members, verifying timesheets, and providing support to members assigned activities. The time ratio for members to supervisor is 4 MSY: 1 supervisor. AmeriCorps team members will interact with host site supervisors through biweekly meetings (approximately 1.5 hours every other week) to review service, address ongoing learning needs and other issues. The supervisor and the member will develop the career development plans and conduct quarterly performance reviews to monitor progress and address needs.

The host site supervisors will be a full-time employee, must have prior supervision and leadership experience, strong understanding of the VA and community resources. Host site supervisors include master degree level social workers and public health professionals, such as Caregiver Support Coordinators, HPDP program managers, and Behavioral Health Coordinators. Verification must be

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provided confirming that host site supervisors will have adjusted responsibilities in order to accommodate the hours required for supervision of the AmeriCorps members. PARTNERS will participate in selection, screening and final approval of supervisors. Prior to receiving members supervisors will receive a supervisor manual and complete a six-hour online orientation (overview of CNCS/ AmeriCorps, S2S, member manual roles/responsibilities, prohibited member activities), VA Supervisor Training, and an individualized planning meeting. PARTNERS Region Lead will provide training and support to ensure compliance, positive member experiences and achievement of program goals. In addition to individual technical assistance calls with supervisors, PARTNERS will host supervisor group conference calls and webinar trainings to provide support, sharing of challenges, resources, and best practices.

Key program components that enable S2S members to have powerful service experiences and produce lasting community impact and civic participation include peer mentoring, CDSMP facilitation, and partnership development. When providing CDSMP, members will meet with 12 to 16 workshop participants for six (6) weeks, seeing firsthand participants increased self-confidence in managing their health and crafting a more fulfilling life. Through peer mentoring, S2S members will develop individual relationships with other veterans and family members, helping others adjust to their challenges, learn new coping skills, and find new social supports and VA/community resources. S2S members will understand the significance and proven outcomes of these services as they personally see the transformations people experience. S2S AmeriCorps members will act as a bridge between community organizations and the VA. Members will keep a weekly reflection log to reflect on their service, learn from successes and challenges, and discuss their reflections with their host site supervisor, Region Lead, and other members during team meetings, monthly calls, and quarterly spotlight group conference calls.

Members awareness of being an AmeriCorps member will begin through the recruitment process, position description, training on AmeriCorps, esprit dcorps, and member roles and responsibilities. S2S members will take the AmeriCorps Pledge amongst peers, family and friends, wear service gear, and display an AmeriCorps Site Sign to brand AmeriCorps within the community. Connections with other AmeriCorps members will be made during the initial member orientation, ongoing trainings, and social networks. S2S members will participate in MLK and 9/11 service days and AmeriCorps week service projects with other state and national service participants. Region Leads will collaborate with State Commissions to coordinate trainings, activities and service days. Upon service completion, members will have a graduation ceremony honoring their service and community impact. In their

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final quarterly performance review, S2S members will explore goals and a plan for continued civic engagement. S2S will engage alumni to mentor new members and offer CDSMP.

S2S members will engage a minimum of 100 volunteers, averaging 10 volunteers at each 10 implementation sites. S2S members will work with VA Voluntary Services, PACT Teams, and other staff to recruit VA and community volunteers. Full-time members will devote 10% of their time for recruitment and management of volunteers and half-time members will devote 20% of their time to volunteer recruitment and support. Members will use various resources to recruit volunteers from underrepresented populations, including VA Voluntary Services, community-based organizations, volunteer centers, newspaper ads, previous evidence-based health program graduates, and online volunteer recruitment. Prospective volunteers will complete an application and skill assessment and receive training to provide services. Volunteers will help meet community needs by providing CDSMP workshops, outreach, and referrals to resources, and by strengthening the capacity of S2S. The host site supervisor and S2S Team Lead will screen, select and manage volunteers at each site with the support of the Region Lead, and ensure volunteer compliance of prohibited activities utilizing resources provided by PARTNERS. Volunteers will sign a copy defining Prohibited Activities to acknowledge their compliance.

PARTNERS is highly committed to the branding of S2S as an AmeriCorps program, and to positive visibility of national service. S2S sites will be required to use provided program materials developed by PARTNERS, branded with the AmeriCorps name and logo with customizable options for each host site. The S2S site application outlines this requirement and pre-service trainings will cover proper branding and use of the AmeriCorps logo. Members will wear service gear (polo shirt or lapel pin) during their service.

Organizational Capability

PARTNERS is a think-tank and proving ground. Founded in 1997 as a not-for-profit organization, our mission is to serve as a catalyst for shaping a new vision of health care by partnering with organizations, families and community leaders in the work of changing health care systems, changing communities and changing lives. PARTNERS is the statewide Technical Assistance Center for the California Department of Aging and California Department of Public Health and is licensed by Stanford University to disseminate CDSMP. Recognized as a national leader in evidence-based health promotion, our founding President and CEO W. June Simmons is a member of the national Evidence-Based Leadership Council, of which PARTNERS is the national program office. PARTNERS has developed: HomeMeds, an evidence-based medication safety intervention designed for Home-

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Based Services in use at 40 sites in 15 states, and Healthy Moves, our evidence-based home exercise and strengthening program for frail, homebound elders offered at 11 sites in 8 states. We provide CDSMP in English and Spanish, and disseminate evidence-based workshops through our network of partners. In 2010, the VA approached PARTNERS seeking support to increase CDSMP implementation for veterans and their family members to complement current VA health initiatives.

PARTNERS has conducted grant-funded quality improvement, demonstration and research projects, managed multiple programs and provided technical assistance to major health and social service organizations. Our team consists of 95 experienced, talented, linguistically and ethnically diverse professionals with skills to launch a range of program innovations. Our Board of Directors is diverse, involved and actively seeks new opportunities, partnerships and financial support. Ms. Simmons is widely published and serves on the Institute for Medicine, the National Advisory Council for the National Institute on Aging of the National Institutes of Health, the National Leadership Council of the National Council on Aging, and the Institute for Healthcare Improvement's Triple Aim Initiative among others.

PARTNERS has received an AmeriCorps National Direct planning grant, working closely with our Program Officer and staff from over ten AmeriCorps programs to develop our understanding of AmeriCorps, different management models, and staffing structures for host-site supervisors and parent organization staff, gaining practical insight to develop a quality AmeriCorps program. Our director and program manager attended the annual CNCS Grantee Meeting, participating in the Start-Up and Performance Measurement Institutes, the Veteran discussion group, other sessions and events. PARTNERS staff have participated in the Knowledge Network Veteran group, completed the CNCS financial management training, and have had this year of experience in providing financial oversight. We have also worked closely with key VA leadership at local and national levels to concept S2S and have strong commitments for a realistic and productive partnership to advance this vision and make significant impact.

PARTNERS staff responsible for the proposed project are Natalie Zappella, Devaki Magee, Kathryn Keogh, and Esteban Vasquez. Zappella is the Program Director of Health Innovation Programs for PARTNERS and graduated from the University of Michigan Ann Arbor with dual Masters Degrees in Social Work and Urban Planning. She has spent 10 years as an educator, trainer in nonprofit and educational systems directing, developing and implementing leadership and diversity programs, peer support curriculum and trainings, program development and planning with demonstrated success in affecting organizational policy change and community outcomes. Zappella is a Master Trainer in

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CDSMP and serves as the administrator of the California Healthier Living Coalition, a statewide coalition on evidence-based health promotion programs. She will direct the project, ensure deliverables are achieved, support program staff, and engage partners to further program sustainability.

Devaki Magee is the Program Manager for PARTNERS. Magee graduated from California State University, Northridge, with a Master of Public Health (MPH) degree in Community Health Education, is a Certified Health Education Specialist, and a trained leader in CDSMP. She has experience developing, implementing and managing health education programs for diverse populations and interned at the Sepulveda VA in Los Angeles as a health educator and trainer. Magee's experience with veterans, health education, and training will be instrumental in managing the AmeriCorps program, including providing overall program management and support to all implementation sites, implementation and coordination of training, and the day-to-day support for Region Leads, on-site supervisors and members.

Kathryn Keogh manages and coordinates the technical assistance for CDSMP and other evidence-based program providers across the state of California and is trained as a CDSMP leader. Prior to joining PARTNERS, Keogh completed her MPH at CSUN and the SHARP certificate program, developed specifically for evidence-based program coordination and facilitation. She has managed healthcare information systems and overseen software implementation, conducted needs assessments, provided trainings, and analyzed system methodologies. Keogh will support and manage aging and public health host site agencies in California.

Esteban Vasquez is a Project Coordinator for PARTNERS, trained in four evidence-based health promotion programs, including: CDSMP, Matter of Balance, Walk with Ease, Arthritis Exercise, and the UCLA Memory Training Program. In addition to facilitating workshops, he served as an in-home caregiver for mentally and physically disabled men and has led and facilitated local focus groups, planning committees, outreach programs for non-profit organizations, and mentored youth for the last seven years. Vasquez will provide support to the Program Manager, assisting with trainings, presentations, and file management.

Several committed VA partners have provided planning support and will continue to engage in S2S through consultations, ongoing communications and overall guidance on the implementation of the program. Dr. John Chardos will be the lead advisor within the VA. Dr. Chardos is an Assistant Clinical Professor of Internal Medicine at Stanford and works full time at the VA Palo Alto Healthcare System. In 2004, he became the Director of Telemedicine for the VA San Diego Healthcare System. In 2008, he joined the VA Palo Alto as Associate Chief of Staff for Ambulatory Care. He has been interested in

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delivery of care for recently returned veterans and is the clinical champion for post-combat care for his region of the VA. He is the lead for the implementation of PACT for the Palo Alto VA and is involved in the VA nationally.

PARTNERS received active guidance from national Department of Veteran Affairs offices throughout the AmeriCorps planning grant period. The Primary Care Program Office, the Office of Patient Care Services, including Care Management and Social Work Services, Office of Patient-Centered Care, and Voluntary Services have all provided their support and commitment to S2S implementation. These VA offices see the value added benefit of utilizing national service participants to support VA patient-centered and peer support initiatives.

To continue promoting financial and programmatic training and orientation for our staff, we will send at least one finance staff member to attend the CNCS annual Financial and Grants Management Institute to ensure compliance. The Program Manager will attend the annual AmeriCorps Grantee Meeting to learn about program updates, and receive additional training to provide technical assistance to program staff and AmeriCorps members. Upon return, staff will provide training to other finance and program staff unable to attend the conferences.

PARTNERS has strong capacity to provide training and skill development for members through our role as the State Technical Assistance Center for CDSMP since 2006. In this role, PARTNERS assists staff, volunteers, and regional partners in CDSMP program coordination, volunteer recruitment, facilitation, partnership development, coalition building, asset mapping, program development, implementation, and evaluation activities. Our staff has a library of materials, tools, trainings and presentations that will be adapted for the AmeriCorps members. Our partnership with the VA provides additional training for members.

PARTNERS has served as an AmeriCorps host site through WeCare, an AmeriCorps project based at California State University in Fullerton. WeCare provided PARTNERS with paid volunteer members to provide CDSMP workshops and other services. Each WeCare member enlisted for a minimum of one year of service, with terms ranging from 300 to 1700 hours per year. In 2009, 13 WeCare members were trained as CDSMP leaders and either scheduled or facilitated workshops throughout Los Angeles and Orange counties.

PARTNERS Institute for Change/Research Center (IFC) consists of evaluators that conduct innovative research, evaluation, and provide consultation services to develop and strengthen systems to better care for high-risk populations. IFC is comprised of a multicultural, multidisciplinary staff that brings expertise and practical experience from disciplines such as public health, healthcare

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administration, anthropology, social work, gerontology, and medicine. The staff is highly experienced in qualitative and quantitative research methods, having presented study findings at numerous professional meetings/conferences and peer-reviewed journals. PARTNERS staff will work with VA advisors on research and evaluation of S2S.

PARTNERS manages a \$9.3 million budget consistently operating in the black, and has extensive expertise in grant administration, grant accounting, human resources, fiscal agent management, payroll, accounts receivable/payable, and negotiating subcontracts with vendors. Our CFO works closely with our Board Executive, Finance and Audit Committee chaired by a Deloitte partner for excellent oversight. Additional evidence of fiscal capacity is seen in thorough and clean external, independent audits each year. Our contracts with City, County and State departments require many program-specific audits which consistently reflect effective accounting and program management capabilities. With this experience comes the ability to ensure the financial integrity of project expenditures for our diverse set of funding sources.

The CEO, June Simmons, will continue to provide support and administrative guidance for the S2S program. PARTNERS Board of Directors, comprised of 23 exceptional business and healthcare professionals, will provide strategic and financial guidance. The Chief Financial Officer and Finance staff will assist with financial management of the grant, and ensure compliance of the grant provisions. The Human Resources Director will provide administrative support to assist with the onboarding process for the AmeriCorps members.

PARTNERS has effectively secured funds for our programs and services since inception 15 years ago. We are respected for strength in assuring sustainability for programs and are committed to our S2S partnerships. First, we have received support from the VA at national and local level by working with key leaders from the VA central office in Primary Care, Social Work, Voluntary Services, Patient-Centered Care, Caregiver Support Services, and Health Promotion and Disease Prevention, gaining in-kind support and ongoing guidance, including our expectations for additional financial and in-kind support required from S2S host sites. Second, we have support from our aging and public health community stakeholders, many of which have federal funding to support CDSMP implementation that can provide the in-kind and financial support from non-VA S2S host sites. Finally, PARTNERS is pursuing additional funding from private foundations to support S2S, as well as seeking and identifying corporate sponsorship.

PARTNERS ongoing fundraising events which support our operating revenue, include our annual Vision and Excellence in Health Care Leadership Tribute Dinner, now in its 13th year, our annual

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PARTNERS Golf Classic, now in its 15th year, and our Annual Fund drive. To provide and strengthen our core and program support we seek funding from numerous foundations, local, regional and national. In addition we offer consulting and evaluation services through our research division. Public funding sources that supplement these efforts include Center for Medicare and Medicaid Services contracts for Care Transition programming to 6 hospitals, Administration on Aging/California Department of Aging CDSMP funding, County of Los Angeles Caregiver Support Services funding, Medicaid contracts, and City of Los Angeles General Fund. In response to Health Care reforms emphasis on prevention, continuing care coordination and reduced hospitalizations, we are building a new market for specific services that are steeped in our many years of expertise. Some of these new opportunities will be fee-for-service contracts with health plans and hospitals and Medicare reimbursements for evidence-based programs. These opportunities will all contribute to our long term sustainability efforts.

PARTNERS has the ability, structure and experience to ensure compliance with CNCS regulations based on our extensive experience as a sub-grantee from federal agencies, such as the Administration on Aging, American Recovery & Reinvestment Act, U.S. Department of Health & Human Services, U.S. Department of Education and universities. We administer over \$3.3 million in federal pass-through funds from the California Department of Aging. PARTNERS work with County Area Agencies on Aging, hospitals, Medi-Cal health plans and other care providers to monitor grant activities. We demonstrate strong capacity to build partnerships and enhance community services while complying with policies and regulations.

PARTNERS management structure of S2S includes the host site supervisor, Region Lead, Program Manager, Program Director, PARTNERS CEO, CFO, and VA Advisory Group. Our program staff will regularly communicate, guide and support host site supervisors for any identified compliance concerns, and be responsible for ensuring overall compliance with prohibited activities. Compliance issues will be discussed, averted and detected through site visits, scheduled meetings, calls with members and supervisors, audits, electronic reporting system tracking of timesheets, reflection logs and member files. The site director or executive management staff will sign an acknowledgement and agree to compliance of AmeriCorps rules, regulations, and prohibited activities. Compliance will be a covered during host site supervisor training and ongoing trainings. PARTNERS also holds itself and service site locations accountable for noncompliance risk by developing policies/procedures to address concerns and will ensure all program participants are held accountable. If risk or noncompliance is identified, appropriate actions, including termination of S2S at service site location, will be taken.

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PARTNERS has consulted with State Commissions in California, Michigan, and Nevada regarding S2S implementation, completed the consultation forms, and ensured non-duplication of CNCS resources. Our proposed operating and service sites for S2S include VA Health Care Systems in Palo Alto, Northern California, Greater Los Angeles, San Diego, Sierra Nevada, Southern Nevada, and Ann Arbor. PARTNERS does not have a previous funding relationship with the proposed VA sites. Operating sites outside of the VA Health Care System include aging and/or public health agencies in California counties, which PARTNERS does have previous funding relationships with: San Francisco, Orange, Napa and Solano, and Sonoma. Site applications will be released in February 2013 and due in April for VA sites, aging and/or public health agencies in our targeted geographies. The host site application includes information on PARTNERS, the VA, and CNCS; program goals; program description and member activities; prohibited activities; CNCS selection criteria and regulations; and administrative requirements, including host site and supervisor role and responsibilities. Applicants must thoroughly answer questions, stating their organizational commitment and capacity to host S2S members, including a detailed programmatic overview and budget of in-kind and financial resources for program implementation, and sign the prohibited activities attachment in order to acknowledge their understanding and commitment to compliance. Adequate programmatic and financial capabilities are a key component of the competitive site selection process. Sites will be identified in May 2013.

Cost Effectiveness and Budget Adequacy

Despite earnest efforts to formulate a budget within the maximum cost per Member and to ensure effective implementation of the proposed program and objectives, a small variance is requested. These additional costs are critical for our program model to achieve its goals and yield full benefit to members, which includes a largely under-represented VA group. Our budget remains cost-effective in that the major 62% of the total CNCS share budget is allocated for member stipends, benefits and taxes, while only 27% is for program personnel, 6% for operating costs, and 5% for indirect. The member stipends are at the lowest possible level yet will still provide meaningful participation incentives. Of the total cost for program staff, a significant 31% is shouldered by the grantee. On the operating expense category, > 75% of the total costs is a match from the grantee or other sources, leveraging key CNCS dollars. Lastly, despite having an agency true indirect cost structure of 15%, we are including the 5% rate per CNCS requirements, which equates to 10% (\$74,000) in unrecovered indirect costs. We have exhausted all other funding sources and shouldered more than a reasonable share of the total costs in order to realize this unique program partnership, providing in excess of 30%

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total match.

PARTNERS designed this comprehensive and cost-effective program with feedback from AmeriCorps and the VA. We worked closely with our VA advisors to ensure the cost-effectiveness of the program to meet their unique under-represented community needs. Chronic health conditions are the biggest financial burden on the health care system, and S2S is designed to provide evidence-based interventions that will achieve greater impact as evidenced through the interventions, performance measures and program evaluation, thereby lowering health care costs overall. Our program costs are approximately 77 to 80% of comparable market rates for CDSMP training, using NCOA and PARTNERS market cost estimates of \$1,000 for each trainer and \$600 per workshop participant. Moreover, other models and approaches are limited as they are absent of peer mentoring and professional development, which are crucial complimentary elements of our program model. Lastly, in addition to having a lower unit cost, the return on investment from CDSMP programs is well established (Lorig et al, 2001a), with after cost net savings of \$390 to \$520 per person from lower health services use. For a program of our size and a target of 1,000 people, this equates to \$390,000 to \$520,000 net returns on a cost investment of \$590,922 from CNCS funds, or high 66% to 100% returns. Peer mentoring, of critical interest to the VA, provides active support, reinforcement and coaching to patients not available from physicians with limited time. The use of peer mentoring and support interventions has improved clinical outcomes and been a worthwhile benefit to patients, reducing the costs associated with interventions from clinical staff. Additionally, the peer mentoring process will include identification of other available benefits within the VA, providing additional economic value for individuals and veteran families. Another cost-effective component of S2S is the training of a cadre of CDSMP leaders and volunteers. Veterans are an ideal group to target due to military culture that supports the bond between veterans so they leave no one behind.

For the current fiscal year 2012-13 organizational budget, our funding sources include government (County of Los Angeles \$427,000; City of Los Angeles \$558,000; State of California \$4.6 million; Federal \$715,000) and private (Health Plans \$1.3 million; Foundations \$600k; Fundraising \$500,000; Other \$700,000), totaling \$9.4 million. CNCS funding for S2S represents an additional 6.3% of our total funding. In 2012, PARTNERS received \$50,000 from CNCS (planning grant). Additional funding of \$256,000 (including indirect cost match) is needed from non-CNCS sources to support S2S, provided by PARTNERS, host sites, and the grants previously identified.

The California Department of Aging California and Partners in Care collaborated in applying for an Empowering Older Adults and Adults with Disabilities Through Chronic Disease Self-Management

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Education Programs grant, supported by the 2012 Prevention and Public Health Funds Administration on Aging/Administration of Community Living, and recently secured a \$1,725,000 three-year grant, beginning September 2012. This funding is used as a source of the match for S2S. PARTNERS has applied for private funding from Annenberg Foundation, and will pursue additional private and public funders to expand the program and evaluation.

The proposed budget adheres to the CNCS template and requirements, and follows a defined category structure. Clear details are included in the budget description and calculations to ensure that a logical and sound basis is provided for all dollars. The cost of required criminal history and other appropriate checks will be covered by VA and host agencies resources, and are included in the total cost budget but are 100% match under Grantee share. This budget is the culmination of close and long collaboration among PARTNERS functional areas to ensure a balanced and comprehensive approach, having gone through a rigorous process eventually including review and sign off by the CFO and the CEO. All costs in the budget are fundamentally driven by the program requirements/objectives, include only allowable costs per guidance and OMB requirements, they are reasonable, necessary, normal, and ensure budget adequacy to reach program outcomes. A team or village approach is necessary to support a partnership collaboration of this scope and reach, so critical and limited dollars can be optimally leveraged. PARTNERS is fortunate and adept at enlisting other funding, including maintaining a very lean indirect cost structure, along with a long list of deep strategic partnerships that support the critical work we provide our needy communities. We are able, to rescue and sustain orphaned or challenged programs where other organizations have failed.

Evaluation Summary or Plan

N/A

Amendment Justification

N/A

Clarification Summary

N/A

Continuation Changes

N/A