



[Robina Foundation](#)

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ROBINA FOUNDATION
Board Meeting

Conference Call

Tuesday, November 15, 2011
10 a.m. – 12 Noon (CST)

ROBINA FOUNDATION

TO: Board of Directors
FROM: Penny Hunt
RE: November 15, 2011 Board Meeting
DATE: November 8, 2011

Greetings!

As you can see by the agenda and the accompanying material, the upcoming meeting will be interesting.

I'd like to highlight the following:

Tab 4: To memorialize the "unstructured grantmaking discussion" held at the August board meeting, I've modified the Foundation's previously approved "Framework and Grant Program" to reflect key parts of the discussion. Please review the entire document, focusing on the highlighted sections. Notes from the August meeting were unclear about the frequency of Foundation Board site visits, so pay special attention to that section of the material at Tab 4.

Tab 5: The Board will discuss three major multi-year grants:

ANWH: ANWH revised this proposal to respond to the comments of outside reviewers, the departure of Marcus Thygeson and comments from Robina. ANWH is poised to begin this initiative, so the sooner the Board can provide direction, the better.

Yale School of Drama: Center for New Theater. Peter, Kathleen, Susan and I will provide an update from our November 11 meeting at Yale to discuss YSD's endowment request.

U of M: Institute of Criminal Law & Justice. Following the August Board Meeting, Kathleen and I met with Dean Wippman. The U provided this revised material to respond to the questions we raised.

Tab 6: Three of the four Robina Grantees have submitted proposals for Robina Foundation "Discretionary Grants." (In August the Board approved CFR's request for funding for an online video project, which falls within the "Discretionary Grant" category.) These proposals are ready for Board action or a determination of next steps (e.g. engagement of outside reviewers).

Tab 7: Since the Board determined that Robina Grantees should provide semi-annual reports rather than quarterly reports, the only grant report submitted for review at this meeting is the six-month report from Yale Law School.

Tab 8: Our discussion of the Board's February meeting in Santa Barbara will include consideration of possible speakers for the meeting. Tab 8 includes information on various people you identified as potential speakers. Where possible, I've added information from the Web. I have not contacted any of the speakers. I hope we'll be able to determine which topics and people are the most interesting so that I can begin to work to engage a speaker or speakers for the meeting.

I think that's it. Please feel free to get in touch with me if you have questions or concerns.

Robina Foundation Board of Directors Meeting

Conference Call

Tuesday, November 15, 2011

10 a.m. to 12 p.m. (CST)

Participant Dialing Instructions:

1. Dial the Moderator's Access Number: 1-877-820-7831
2. Enter the Participant Passcode: 3167335# (must dial # key)

Time	Agenda Item	Tab #
10:00 a.m.	Welcome and Call to Order – Crosby	
10:05 a.m.	Minutes of August 2011 Board Meeting – Schroeder - Action <i>Approved w/ amend.</i>	1
10:10 a.m.	Executive Director's Report – Hunt	2
10:20 a.m.	Treasurer's Report – Crosby • <u>Investment Policy Statement</u> - Action - <i>App. / TC to modify</i> • Assets and Grants • Assets Detail • Reports ➢ US Bank ➢ JP Morgan ➢ Quarterly Financial Report from Mike Sullivan Legal Report – Crosby • IRS Status Report - Action	3
10:40 a.m.	Grant Program – Hunt • Framework and Grant Program	4
10:50 a.m.	Major Multi-Year Grants – Hunt Spread Sheet and Bar Chart • ANWH: Supportive Care Approach for Patients Late in Life (revised) - Action • Yale School of Drama: Center for New Theatre (update from meeting) • U of M: Criminal Law & Justice (revised)	5
11:15 a.m.	Discretionary Grants – Hunt Action • ANWH: Relaxation Response: Combat Burnout among Hospitalist/Physicians • U of M: Center for Innovation in Environmental and Energy Law • Yale: Transforming Undergraduate Science Education	6
11:40 a.m.	Grant Reports – Hunt • CFR: Diversity Scan Update • Yale Law School: Robina Human Rights Fellowship Initiative (6-month report)	7
11:55 a.m.	Other Business • Speakers for February Meeting • Future Board Meeting Dates	8
12:00 noon	Adjournment	

1	MINUTES August 2011
2	EXECUTIVE DIRECTOR'S REPORT
3	TREASURER'S REPORT LEGAL REPORT
4	GRANT PROGRAM Framework
5	MAJOR MULTI-YEAR GRANTS
6	DISCRETIONARY GRANTS
7	GRANT REPORTS
8	OTHER BUSINESS

**Robina Foundation Annual Meeting
Meeting Minutes
August 23 - 24, 2011**

The annual meeting of the Board of Directors of the Robina Foundation, a Minnesota nonprofit corporation, was held on August 23 and 24, 2011, at the offices of Faegre & Benson in Minneapolis, MN.

Directors present: Gordon Aamoth, Susan Berresford, Kathleen Blatz, Thomas Crosby, Peter Karoff, and Steve Schroeder.

Staff present: Penny Hunt, Executive Director, and Nancy Gilberg, Administrative Consultant.

Rachael Davies, OfficeTeam temporary employee, was present and served as recorder.

August 23, 2011

Call to Order and Welcome

Crosby, Chair, called the meeting to order and welcomed Board Members and guests Jerry Anderson, Tim Towle and Joe Hinderer from US Bank and investment consultant Mike Sullivan, to discuss Robina Foundation financial management, financial projections and investment supervision.

Robina Foundation Financial Management

Crosby introduced the discussion of the Foundation's financial management, noting that the Board has not spent significant time on financial matters because of uncertainty concerning total Foundation assets and JP Morgan's control of a substantial percentage of the assets. Since the Board has made a decision concerning the life of the Foundation and now has greater clarity concerning total Foundation assets, discussion of the Foundation's financial management is appropriate.

According to the US Bank representatives the Investment Policy Statement included in the Board Book and the accompanying portfolio provide a bit below average investment risk through a conservative balanced approach using a blended portfolio of three pools: 1) cash and cash equivalents to support current grants and Foundation operating expenses; 2) a treasury bond ladder to provide fixed income performance; and 3) a market-based equity portfolio with a longer time horizon. The size of each of the pools will change over time so that the market portfolio will become smaller as the cash and short-dated treasury bond pool increases as a percentage of the portfolio. This approach will permit flexibility to accommodate unplanned large grants. Decisions concerning which pool to pull funds from will depend on the market. The Foundation Board's program decisions will guide the investment policy, which will be reviewed at least annually and more frequently if needed.

US Bank's services will include development and implementation of the investment strategy of the portfolio, recommendations regarding selection of the appropriate pool to use for payments, monitoring of the funds, accounting for all distributions, quarterly and annual reports, insights into the market, trustee and custodial services and information for tax returns.

Board Members will take action on the Investment Policy Statement after US Bank makes several suggested changes to the statement.

Investment Supervision

After the departure of US Bank representatives, the Board discussed supervision of the Foundation's investments with Mike Sullivan, independent investment consultant. Sullivan described his work as that of an overseer, checker and "validator" of US Bank's work. Although Sullivan will not suggest specific fund managers, he may suggest that US Bank consider certain types of funds and managers. He will report to Crosby and provide Crosby with information about US Bank's performance.

Board Members determined that rather than designating an investment committee, the Board as a whole will serve as an investment committee and will review quarterly and annual reports. Crosby will have the authority to determine which pool to take funds from in consultation with Sullivan and US Bank.

After Sullivan left the meeting, Crosby noted that the Board will review Sullivan's performance periodically and may need to review his compensation.

"Unstructured" Board Discussion of Grantmaking

To follow up on earlier discussions of the Foundation's mission and goals and grant guidelines, Board Members had a robust discussion of grantmaking, including:

- The focus and potential impact of current Robina grants;
- Robina's potential legacy within each Robina Grantee;
- The possible use of a "legacy screen" when reviewing proposals;
- The importance of Robina's funding for Robina Grantees;
- The importance of supporting sustainable initiatives;
- Potential "themes" for Robina's grantmaking;
- Opportunities to enhance the work of Robina Grantees through discretionary funding aimed at issues that are central to issues addressed by Robina Grantees;
- Guidelines for "Discretionary Grants";
- The Foundation's reporting requirements and site visits;
- Short-term vs. long-term funding;
- Potential changes to the bylaws;
- The importance of clear benchmarks and goals.

Hunt will incorporate the Board's discussion into the Foundation's Grant Guidelines and submit revised Guidelines for review by the Board.

Grant Proposals

ANWH: Proposal for "Systems Approach to Late Life Supportive Care"

Since Abbott Northwestern has indicated that it plans to re-write the late life care proposal in view of the departure of Marcus Thygeson and comments by outside reviewers, the Board did not discuss the proposal in depth or make a decision concerning funding. Crosby reported that he and Hunt have a meeting with Penny Wheeler and Ken Paulus to discuss Robina's relationship with ANWH and the impact of Thygeson's departure. Schroeder and Hunt will discuss the outside reviews with Wheeler and leadership of the late life care initiative. Assuming ANWH submits a revised proposal for consideration at the November meeting, representatives of ANWH may be asked to attend the Board's February meeting to discuss the proposal.

University of Minnesota Law School: The Robina Institute of Criminal Law and Justice

Crosby welcomed Dean David Wippman and Professor Michael Tonry to the Board Meeting to discuss the Robina Institute of Criminal Law and Justice to be supported by the five-year grant approved by the Board in February. Wippman and Tonry emphasized that the Institute is an outgrowth of the Robina-funded program on Law, Public Policy, and Society (LaPPS), which permitted the University to expand and deepen its resources in the criminal justice arena. Plans for the Institute came from the faculty, which recognized the problems in the criminal justice system and believed that the University is well-positioned to play a role in addressing these problems.

Wippman and Tonry fielded questions from Board Members concerning the meaning and focus of the three streams within the Institute, the "products" the Institute will develop to foster transformation of the system, how the Institute will function after Robina funding, the role of Mike Smith, the importance of empirical research, and the need to articulate realistic goals and describe how the Institute will meet the goals.

Following the departure of Wippman and Tonry, Board Members asked Blatz and Hunt to meet with Wippman to communicate the Board's reaction to the presentation with specific reference to structure, leadership, staffing and goals of the Institute.

Council on Foreign Relations

Phase II: International Institutions: Global Governance

Following discussion of CFR's proposal for a five-year grant totaling \$10,640,381 to fund Phase II of the IIGG program, including the implementation of the Council of Councils,

A motion made and seconded to provide a five-year grant to support Phase II of the IIGG program was unanimously approved, subject to agreement on the reduction of the travel budget for the Council of Councils and discussion with CFR concerning the focus and governance of the Council.

The Board directed Hunt to discuss governance of the Council of Councils with CFR, confirm that CFR does not intend to "steer" the Council and work with CFR to agree upon a reduction in the Council's travel budget.

Online Videos

Following discussion of CFR's proposal for a five-year grant to support the use of online video to increase the impact of the IIGG Program and CFR,

A motion made and seconded to provide a two-year grant totaling \$696,555 (\$419,750 in year 1; \$276,805 in year 2) to support CFR's purchase of video equipment, training of staff and use of the equipment was unanimously approved.

Diversity Scan

Following discussion,

A motion made and seconded to provide a grant of \$15,000 to support a scan of opportunities for CFR to partner with other organizations to increase the diversity of the foreign policy field was unanimously approved.

Yale University

Yale Law School: The Robina Foundation Human Rights Fellowship Initiative

In connection with Yale Law School's request for three years of additional funding to support the Robina Human Rights Fellowship Initiative, Board Members noted the confusing structure of YLS's human rights programs and asked Hunt to urge YLS to review the structure to determine how to make the programs more coherent and understandable and thus sustainable following completion of Robina funding. Following further discussion,

A motion made and seconded to provide a three-year grant of \$1 million per year to support continuation of the Robina Foundation Human Rights Fellowship Initiative was unanimously approved.

Yale Law School: Development of a Center on Immigration and Migrants' Rights

The Board decided to decline Yale Law School's request for a three-year grant totaling \$535,000 to support the development of Yale Law School's Center on Immigration and Migrants' Rights.

Yale School of Drama: Endowment of the James Binger Center for New Theatre

Board Members expressed reluctance to provide endowment funding, but interest in considering this request given the Foundation's experience over the past three years with Yale School of Drama and the Center for New Theatre. After discussion, it was decided that Karoff as Yale Lead Director, along with Blatz, Berresford and Hunt should visit Yale School of Drama to discuss the current proposal, alternative or smaller funding options, the potential to attract additional funders and other questions posed by Board Members.

August 24, 2011

Welcome and Call to Order

Crosby called the meeting to order, welcomed Board Members to the second day of Robina Foundation's Annual Meeting and thanked Kathleen Blatz and Wheelock Whitney for hosting last night's board dinner.

Minutes from May 18, 2011 Board Meeting

A motion made and seconded to approve the Minutes of the May 18, 2011 meeting was approved unanimously.

Governance

Board of Directors

While Board Members determined that the composition of the current Board includes appropriate representation of necessary skill sets, men and women and geographic distribution, Members agreed to review the size and composition of the Board at each annual meeting, particularly as the size and composition relate to the term of the Foundation.

A motion made and seconded to elect Blatz and Berresford to a first, full three-year term beginning September 1, 2011, was approved unanimously.

Compensation of Board Members

Board Members reviewed information from the Association of Small Foundations as well as Hunt's calculations of time spent working on Foundation matters (Attachment 1) to determine the appropriate level of compensation for service on the Board. After discussion,

A motion made and seconded to approve annual compensation in the amount of \$25,000 retroactive to January 1, 2011, was approved unanimously.

The Board agreed to review Board Members' time commitment each year to assure ^{usual that} continuation of appropriate compensation. ^{to app.} X

Lead Directors

Crosby indicated that Berresford has agreed to focus on the Foundation's benchmarking and procedure with Robina Grantees. Crosby will continue to focus on financial and legal matters, while other Board Members will serve as Lead Directors for specific grantees. After discussion of the pros and cons of rotating Lead Directors among grantees, the Board decided to continue current Lead Director assignments and to re-visit the possibility of rotation next summer.

Officers

Following discussion of the roles of the Foundation's officers,

A motion made and seconded to appoint the following officers: Chair: Crosby; Vice Chair and Secretary: Schroeder; Treasurer: Blatz was approved unanimously.

After further discussion,

A motion was made, seconded and approved unanimously to set officers' terms at three years, renewable at the end of each term.

Board Members agreed that Crosby and Schroeder are entering the third year of their three-year term; Blatz is entering the first year of her term as treasurer.

Attachment 2 summarizes the Board's action concerning the election and terms of Board Members and Officers.

Meetings

The timing of the Annual Meeting was discussed to determine if late July or September would be preferable to an August meeting. Hunt will poll Board Members to identify the best date for the 2012 Annual Meeting.

Executive Director's Report

Hunt highlighted information in the Executive Director's Report included in the Board Book and agreed to provide Board Members with a list of grants awarded under the ArtPlace Program.

Treasurer's Report

Crosby noted that to date the Foundation has provided \$24 million in grants to Robina Grantees. Notwithstanding Crosby's urging, JP Morgan continues to refuse to release additional funds from the Binger estate or to change its investment strategy to provide more income.

Legal Report

Crosby reported that legal issues surrounding the Binger Estate should move forward in September with a scheduled meeting with the IRS. If resolution is not achieved, Crosby will reassess the situation to determine next steps.

Annual Grant Reports

Board Members reviewed annual grant reports submitted by Abbott Northwestern Hospital, the University of Minnesota Law School, the Council on Foreign Relations and Yale School of Drama, as well as an update from Yale Law School.

Upon motion made and seconded, the Board unanimously approved payment of the fourth year of funding to the University of Minnesota Law School (\$2,850,854) for the LaPPS Program, to the Council on Foreign Relations (\$2,000,000) for the IIGG Initiative, and to Yale School of Drama (\$950,000) for the Center for New Theatre.

Executive Session

The Board met in Executive Session to discuss compensation of the executive director.

Adjournment

There being no other business, the meeting was adjourned.

Respectfully Submitted,

Steven A. Schroeder, Secretary**Date**

COMPENSATION OF ROBINA BOARD MEMBERS

Alternative Calculations**1. Based on Time**

<u>August & February Meetings</u> Preparation: 4 hrs/mtg	3 days/mtg (including travel) 1/2 day/mtg	6 days 1 day
<u>May & November Meetings</u> Preparation: 4 hrs/mtg	2 hours/mtg 1/2 day/mtg	1/2 day 1 day
Conference Calls re: reports + preparation	1 3/4 hours/report	1 1/2 days
Misc. meetings, review of emails, articles, consultation, etc.		3 days

TOTAL: 13 days x \$2000/day = \$26,000

2. Based on Retainer + Meeting Fees

Basic retainer: \$15,000

Meeting Fees:

August and February: \$3,000/mtg: \$6,000

May and November: \$2,000/mtg: \$4,000

TOTAL: \$25,000

Board Meeting: 8/24/2011

ROBINA FOUNDATION

BOARD OF DIRECTORS MEETING

August 24, 2011

DIRECTORS AND OFFICERS

BOARD OF DIRECTORS

- Election to first (full) term (9/1/11 – 8/31/14) – Kathleen Blatz
- Election to first (full) term (9/1/11 - 8/31/14) – Susan Berresford

OFFICERS – Three-Year Terms

- Chair – Tom Crosby (3rd year of term)
- Vice Chair – Steve Schroeder (3rd year of term)
- Treasurer – Kathleen Blatz (1st year of term)
- Secretary – Steve Schroeder (3rd year of term)
- Executive Director – Penny Hunt

Name/Office	1st Term	2 nd Term	3 rd Term
Gordon Aamoth	9/1/04 – 8/31/07	9/1/07 – 8/31/10	9/1/10 – 8/31/13
Susan Berresford	9/1/11 – 8/31/14 (1)		
Kathleen Blatz Treasurer	9/1/11 – 8/31/14 (2)		
Thomas Crosby, Jr. Chair	2/20/07 – 8/31/10	9/1/10 – 8/31/13	
Peter Karoff	12/1/06 – 8/31/09	9/1/09 – 8/31/12	
Steven Schroeder Vice Chair and Secretary	9/1/04 – 8/31/07	9/1/07 – 8/31/10	9/1/10 – 8/31/13

(1) Berresford served an initial partial term from 4/1/11 – 8/31/11.

(2) Blatz served an initial partial term from 2/24/10 – 8/31/11.

Approved at the August 24, 2011 Board Meeting

*Approval of Grant
for IIGG Phase II*

Email from PAH to Lindsay and Patrick

August 29, 2011

Dear Jim and Stewart,

As I mentioned last week, the Robina Board approved continuation of funding for the IIGG Program, but did have several comments and questions, in particular related to the development and implementation of the Council of Councils.

Board Members find very timely the formation of an international network of policy institutions, but would like to understand better how CFR envisions implementing the Council of Councils. Recognizing the importance of wording used when working with leaders from other countries, Board Members were struck by CFR's intent to "steer" the CoC (page 7 of proposal), perhaps in a US-centric way. We had understood that the CoC was to be convened, but not steered by CFR. We see the value of the CoC stemming, at least in part, from its function as a forum for the exchange of ideas and perspectives, rather than as a conversation driven by US realities alone. It may well be that you didn't intend to use the word "steer" in the way we read it. To help us understand better the CoC, we would like to learn more about how you envision the CoC working, the governance of the council and the outcomes or impacts you have set (or plan to set) with the members of the council.

Several Board Members expressed interest in attending the first meeting of the CoC scheduled for March 11 - 12, if such attendance would be allowed.

As you know, we've wrestled with assessing the impact of the IIGG program. The outside review was very helpful in that regard, so we were pleased to note that you plan a comprehensive evaluation after the first two years of Phase II to measure the programs' performance against enumerated objectives. Page 13 of your proposal includes a list of the "Outputs" and "Impact" of the program. Since identifying outputs is considerably easier than tracking and describing impacts, I would urge you to describe impacts as clearly as possible in reports to the Robina Foundation and would like to discuss with you how best to do that.

Several comments about the budget:

Board Members would like more detail regarding the calculation of "Program Management Salaries and Benefits for Core Program Staff" for the overall IIGG Program and "Program Management Salaries and Benefits" for the CoC. Do various staff members keep track of their time working on IIGG? Will they for work on the CoC? Could you provide us with the names of the people included in each category and the percentage of the staff person's time applied to the programs?

We noted that the budget for the CoC appears to cover all of the travel costs of the CoC participants. From our perspective, it will be important to get the buy-in of member organizations. Thus, it would be preferable to cover the total costs for the first year, cover half of the costs the second year, and eliminate the costs the third year, unless there is a hardship case requiring payment of travel expenses. This seems feasible given the organizations scheduled to

participate in the CoC. There may be a different method to accomplish this, but weening participants off total reliance on CFR seems important. We should discuss this further so that we can agree on the appropriate adjustment to the IIGG budget.

With respect to Robina support for the Online Video project, the Board approved funding for the first two years of the project outlined in your proposal. This would total \$696,555 in direct costs plus indirect costs of 15%. We trust that this is sufficient funding to buy the necessary equipment and begin training CFR staff on the effective use of the equipment and that CFR or others would provide funding in subsequent years. To finalize the grant, we would like CFR to confirm that additional funding will be available as necessary so that the project can be completed as contemplated.

At the Board Meeting, it was decided that quarterly grant reports are no longer necessary. That should please both of you, as well as Farah and others who work on the reports! The Board would like written reports every six months rather than every three months. One of those reports will be the annual report. In addition, the Board hopes to visit CFR every other year. I will get in touch with you as soon as I have worked out a more specific schedule for the reports and visits.

Please let me know how you would like to follow up on our comments and feedback. I look forward to hearing from you, but I do want you to know that I will be out of the country from September 12 to September 29. It should not be a problem if our follow up discussions take place in October.

Warm regards,
Penny

Penny A. Hunt
Executive Director
Robina Foundation

**COUNCIL ON FOREIGN RELATIONS
PROPOSAL TO THE ROBINA FOUNDATION TO SUPPORT PHASE II OF
THE INTERNATIONAL INSTITUTIONS AND GLOBAL GOVERNANCE (IIGG) PROGRAM**

EXECUTIVE SUMMARY

Thanks to a generous grant from the Robina Foundation in 2008, the Council on Foreign Relations (CFR) launched a groundbreaking initiative on the requirements for effective multilateral cooperation in the twenty-first century. In the ensuing three-plus years, the International Institutions and Global Governance (IIGG) program has mapped the global institutional landscape, produced cutting-edge reports on priorities for institutional reform, and provided policymakers with concrete recommendations for more effective management of some of the world's most pressing problems. Through its meetings, reports, consultations, and multimedia products, the IIGG program has become a critical source of expertise for senior officials in the United States and abroad. It has also educated domestic and foreign publics about U.S. stakes in robust multilateral cooperation. Finally, it has helped transform the institutional culture of the CFR itself, in stimulating multidisciplinary collaboration among fellows and enriching the programming available to members.

During Phase II, envisioned to last five years, IIGG will focus its research and policy agenda on three substantive areas where CFR has the greatest potential to leave an enduring policy impact: (1) confronting transnational threats; (2) building a resilient global economy; and (3) managing the global commons. In each case, IIGG will look at how prospects for multilateral cooperation intersect with three big cross-cutting challenges: (1) leveraging the contributions of rising powers; (2) exploiting the capacities of regional organizations and ad hoc frameworks; and (3) adapting national sovereignty to an age of interdependence. This research agenda reflects internal CFR deliberations, feedback from the Robina Board, and the conclusions of an independent, external assessment of IIGG's performance, conducted by Chester Crocker and Anne-Marie Slaughter. To enhance its internal research capacity, IIGG will create a year-long visiting fellow position, open on a competitive basis to university professors on sabbatical.

To augment the policy impact of its efforts, not only in the United States but also abroad, IIGG plans to launch two major initiatives in FY12 that will carry over into Phase II. The first is the Council of Councils (CoC), an international network of policy institutes in twenty-some countries, roughly tracking the membership of the Group of Twenty (G20). The CoC is designed to forge common understanding on critical global problems among influential opinion leaders from the world's leading established and emerging countries. The second is a biannual Global Governance Scorecard, which will grade the performance of the international community in the previous calendar year in responding to major transnational challenges, ranging from global financial instability to climate change. These new initiatives will complement IIGG's ongoing array of meetings, consultations, and publications, as well as new installments of its award-winning Global Governance Monitor. In response to feedback from the Robina Board and the external assessors, IIGG will also redouble its dissemination and outreach efforts, including through expanded uses of social media, institutional partnerships, and targeting of prominent officials and other critical constituencies.

CFR requests \$10,640,381 over the next five years to implement this research and policy agenda.

PROPOSAL

A. ORIGINS AND ACHIEVEMENTS TO DATE

CFR established the IIGG program because it recognized that emerging frameworks for multilateral cooperation were failing to keep pace with seismic transformations in world politics. New centers of world power are rising, particularly in the developing world. New global challenges that cross national borders are emerging. The influence of nonstate actors both benign and malevolent is growing. Meanwhile, deepening levels of economic, security, and ecological interdependence are straining existing mechanisms of international cooperation and testing traditional concepts of national sovereignty. Many universal organizations, such as the United Nations (UN), court obsolescence. In response, the United States and other nations are experimenting with regional organizations and ad hoc frameworks of cooperation as complements—and sometimes competitors to—more encompassing institutions.

From its outset, the IIGG program embraced a three-fold mandate: (i) to *identify* the strengths and weaknesses of existing frameworks of multilateral cooperation; (ii) to *propose* new institutional arrangements or reforms to existing mechanisms that are tailored to current circumstances; and (iii) to *promote* the dissemination and implementation of reform proposals within the United States and abroad. IIGG set out an ambitious research and policy agenda, identifying five major thematic clusters for investigation: countering transnational threats; protecting the environment and promoting energy security; managing the global economy; preventing and responding to violent conflict; and promoting democracy, human rights, and the rule of law. In parallel, we proposed to evaluate major existing international institutions, both formal and informal, ranging from the UN to the G20.

During its first three years, the pioneering IIGG program analyzed a diverse array of transnational challenges from global warming to nuclear proliferation to infectious disease to cyber conflict. It has also examined the strengths and shortcomings of some of the world's leading organizations and institutions. These include the UN Security Council (UNSC), North Atlantic Treaty Organization (NATO), International Criminal Court (ICC), and the Nuclear Nonproliferation Treaty (NPT). Our rigorous research and engagement with policymakers clarified priorities for global institutional reform and identified bottlenecks to—and strategies for promoting—multilateral cooperation.

IIGG's roundtable meetings, written analyses, multimedia products, and personalized briefings have enriched the public debate on global governance. They have established IIGG in the United States and abroad as a leading source of expertise and policy advice for officials seeking to promote effective international cooperation. In parallel, IIGG has transformed the culture of CFR itself, broadening the vision and agenda of the David Rockefeller Studies Program, promoting unprecedented collaboration among CFR scholars, and enriching the programmatic offerings and publications available to the CFR's membership and the wider foreign policy community.

Having mapped the terrain of global governance and built extensive ties with U.S. and foreign policymakers, IIGG is now in a position to focus on a narrower set of transnational challenges and

institutions where cooperation is most urgently needed, and where targeted U.S. leadership can make a difference.

B. PHASE II AGENDA

During phase II, IIGG will focus its research and policy engagement on three major categories of global challenges: (1) confronting transnational threats; (2) building a resilient global economy; and (3) managing the global commons. In each of these issue clusters, we will also explore how prospects for multilateral cooperation are affected by three broad challenges: (1) enlisting rising powers in global governance; (2) leveraging regional organizations and ad hoc frameworks; and (3) protecting and advancing U.S. sovereignty.

The IIGG program will launch two new initiatives to help further this research and policy agenda. First, IIGG will produce an entirely new publication, the Global Governance Scorecard. It will provide an annual assessment of the international community's performance over the previous calendar year in advancing cooperation on critical global issues, from climate change to terrorism. Second, IIGG will launch and lead CFR's new Council of Councils initiative, building an international network of policy institutions dedicated to forging global consensus on common approaches to pressing transnational problems and leveraging the contributions of today's rising powers. These new work streams will complement IIGG's ongoing product lines, including our award-winning Global Governance Monitor.

1) Thematic Clusters

Based on the recent external assessment of IIGG's performance, as well as our own internal review, we believe IIGG can have the most impact by focusing on the following three clusters of issues during Phase II:

Confronting Transnational Threats

A hallmark of the twenty-first century is the rise of problems that transcend national frontiers and cannot be resolved by the actions of any one state, no matter how powerful. Collective action is a necessity, not a choice. Unfortunately, as Phase I of the IIGG program documented in great detail, many of our inherited multilateral institutions continue to struggle to address global threats, from terrorism to nuclear proliferation to infectious disease. Having mapped the global institutional landscape, IIGG during Phase II will focus on a few critical institutions and challenges. In the field of counterterrorism, we will propose ways to strengthen the UN's Counter-Terrorism Committee and its Counter-Terrorism Executive Directorate. In the realm of nuclear nonproliferation, we will examine ways to increase the political authority and technical capability of the International Atomic Energy Agency. In the global health arena, finally, we will propose reforms to permit the World Health Organization (WHO) to fulfill its potential in coordinating the global response to infectious disease, including through strengthening WHO's groundbreaking International Health Regulations.

Building a Resilient Global Economy

The world is unevenly recovering from recession. Europe's sovereign debt crisis continues. Volatility of commodity prices persists. Multilateral trade negotiations remain blocked. All these hurdles portend continued turbulence in the global economy. The IIGG program will first continue to track the performance of the G20 nations, providing policy recommendations to strengthen its role as the premier steering group for global economic coordination.

The program will also deepen its analysis of the international financial system. In collaboration with Sebastian Mallaby and his colleagues at CFR's Center for Geoeconomic Studies, we will consider pressing issues such as: the future of the dollar as the world's major reserve currency; the case for new global financial standards; and prospects for an international investment regime. IIGG will also collaborate with Michael Levi, David M. Rubinstein Senior Fellow for Energy and the Environment, to examine the prospects for a new World Energy Organization encompassing all major oil consuming (and perhaps producing) countries.

Managing the Global Commons

In the twenty-first century, security, prosperity, and environmental sustainability on Earth will increasingly depend on effective multilateral arrangements to govern the "global commons." This term refers to those unique domains—atmospheric, maritime, outer space, or cyberspace—upon which all nations depend, but which are outside the control of any single country or group of countries. IIGG will continue its work on climate change, which stands as the most complex and daunting international cooperation problem that humanity faces. We will explore potential political, technological, and financial breakthroughs that could mitigate the impact of global warming. Given the limitations of universal approaches like the UN Framework Convention on Climate Change (UNFCCC), IIGG will also consider promising "mini-lateral" efforts by leading emitters to address particular pieces of the puzzle. Building on our pioneering work on maritime governance, IIGG will also assess the devastating impact that climate change may have on the world's oceans.

In parallel with these efforts, IIGG will continue its collaboration with U.S. and international officials on the contours of a new global regime to govern outer space, a domain that in the words of the U.S. deputy secretary of defense has become increasingly "contested, congested, and competitive." Finally, the program will deepen its consultations with the U.S. government and other major powers on a new framework for Internet governance, building on the influential IIGG-sponsored report, *Internet Governance in an Age of Cyber Insecurity*. IIGG will carry out its work on the global commons in close coordination with Paul Stares, Director of CFR's Center for Preventive Action (CPA).

2) Cross-Cutting Themes

As we conduct the issue area analyses described above, the IIGG program will pay particular attention to three cross-cutting challenges that will shape prospects for forging effective multilateral cooperation. These challenges include: (1) leveraging the contributions of rising powers in providing

global public goods; (2) exploiting the capacities and opportunities provided by regional organizations and ad hoc frameworks of collective action; and (3) striking a new balance between national sovereignty and the requirements of multilateral cooperation.

Enlisting Rising Powers

Dramatic shifts in global power are testing the capacity, credibility, and legitimacy of existing international institutions. Forging compromise between established and emerging powers on new global rules and on reforms to current multilateral organizations will be a defining task of statesmanship in the twenty-first century. Beyond renegotiating voting weights and influence within international institutions, established and emerging players must reach new understandings on burden-sharing and the provision of global public goods. Working with CFR country experts and within the CoC, IIGG will seek to reach common ground with counterparts in rising nations on the obligations of power. This effort will build on IIGG's recently completed international workshop series on emerging powers and international institutions. This allowed CFR fellows to better understand the world order visions and global reform priorities of China, India, and Brazil—and to assess prospects for transatlantic cooperation in making the transition to a post-Western dominated world. Phase II of this research and policy agenda will include outreach to additional rising powers, including Turkey, South Africa, Mexico, and Indonesia. IIGG will employ the new CoC initiative (discussed below) to deepen mutual understanding between the world's most important established and emerging powers on specific governance challenges, from climate change to nonproliferation.

Leveraging Regional Organizations and Ad Hoc Frameworks

Formal international organizations, like the United Nations, increasingly share space with standing regional bodies and informal coalitions that coalesce to address specific global issues. As we conduct our issue area investigations, IIGG will explore strategies to ensure complementarity between universal and more limited frameworks of multilateral cooperation. Our decision to deepen analysis of regional organizations responds directly to the external assessment of IIGG by Chester Crocker and Anne-Marie Slaughter. As they point out, regional organizations such as the African Union (AU), the Organization of American States (OAS), and the Association of Southeast Asian Nations (ASEAN)—as well as the venerable European Union (EU)—are growing in importance as providers of public goods and frameworks for addressing transnational problems. At the same time, the capacity and legitimacy of such entities—and their relationship with more encompassing institutions like the UN or the World Bank—varies enormously. During Phase II, IIGG will work with relevant CFR regional experts to explore how to increase and exploit the capabilities of regional organizations in Europe, Asia, Latin America, Africa, and the Middle East. This work will build on our FY12 research and policy agenda, including the release of an IIGG sponsored working paper by George Washington University Professor Paul Williams on the emerging peace and security role of the AU.

In parallel with these efforts, IIGG will continue to explore the trade-offs between different forms of multilateral cooperation. What are the benefits of continued reliance on formal international organizations (whether universal and regional), versus greater use of informal, ad hoc collective

groupings? IIGG will consider promising strategies to combine the most effective approaches across various issue areas (from climate to nonproliferation to global health).

Protecting and Advancing U.S. Sovereignty

Multilateral cooperation will often be essential to accomplish U.S. foreign policy objectives in a world of growing interdependence. Advancing and protecting U.S. sovereign goals, in other words, will often require the United States to “go it with others.” At the same time, the United States has a vested interest in minimizing onerous or unreasonable constraints on its external freedom of action or internal policy autonomy, in preserving the supremacy of its hallowed Constitution, and in ensuring that international organizations do not encroach upon its democratic sovereignty. The IIGG program will investigate the trade-offs for U.S. sovereignty posed by particular forms of multilateral cooperation, including within specific institutions like the ICC, World Trade Organization, and UN Human Rights Council. The initiative will also assess whether trends in international law, including the growing tendency to cite foreign legal precedent, are compatible with U.S. constitutional sovereignty. Finally, the program will consider whether certain safeguards might be employed to permit U.S. participation in international organizations, institutions, and treaties while protecting sovereign U.S. prerogatives. This initiative will inform the writing and publication of Stewart Patrick’s forthcoming book on the future of U.S. sovereignty.

While focusing on these central sectors and issues, IIGG will deepen its efforts to educate publics in the United States and abroad about the requirements for and stakes in effective multilateral cooperation. It will produce new installments of its award-winning Global Governance Monitor on Human Rights and Transnational Crime.

3) New Initiatives

The Global Governance Scorecard

Reforming international institutions requires spurring busy officials to take action. From the launch of IIGG, we have envisioned releasing an annual audit of global governance that could be communicated to policymakers in a simple and digestible way. The Global Governance Scorecard, which we intend to release in spring 2012, will measure the performance of the international community in resolving six major global problems: nuclear nonproliferation, financial instability, climate change, global health, armed conflict, and terrorism. (We will also include a separate evaluation of the U.S. role in each issue area). The Scorecard will build directly on the extensive knowledge base that IIGG has accumulated over the past three years, particularly in compiling and updating the Global Governance Monitor. To attract media and official attention, each scorecard assessment will take the form of a letter grade, as on a school report card, accompanied by a brief narrative. (The Partnership for a Secure America, among other organizations, has used the letter grade approach to garner significant attention).

Each issue area will receive an overall grade, accompanied by a short, 300-400 word explanation of the score. The overall grade will be a composite reflecting 5-6 underlying scores on different aspects of the

global challenge. (For instance, the composite grade on nuclear nonproliferation would reflect performance on sub-categories like success in protecting fissile material; progress toward nuclear disarmament; and achievements in counterproliferation, etc.). Each sub-category will receive its own grade, accompanied by a page of analysis.

Our decision to launch the Global Governance Scorecard reflects a basic intuition: to maximize IIGG's impact, we need a signature product of broad appeal that is easily understood by policymakers. IIGG will work with CFR's communications department to give the Scorecard a distinctive appearance likely to attract attention from media outlets. The Scorecard will be available both in hard copy and in multimedia/online form (the latter, to take advantage of potential interactivity). Where appropriate, IIGG will create online linkages between the biannual Scorecard and the Monitor. We will also work with CFR publications staff to create a one-sheet handout summarizing the main scores across the six main categories—and the U.S. performance in each.

The Council of Councils

Ultimately, the success of the IIGG Program depends on its ability to promote effective multilateral responses not only in the United States but globally. To advance this agenda, IIGG will launch, steer, and serve as the institutional home for new CFR's new Council of Councils (CoC) initiative, an international network of policy institutions dedicated to forging global consensus on common approaches to pressing transnational problems and leveraging the contributions of today's rising powers. The decision to create the CoC reflects a major cross-cutting challenge IIGG has identified: the need to persuade other leading countries to contribute to practical solutions to pressing global problems.

The defining foreign policy challenges of the twenty-first century are global in nature. As such, the CoC will draw CFR into closer relationships with other global think tanks. The network will be composed, at least initially, of some twenty major policy institutes, one apiece from the world's most influential countries (roughly tracking the G20 membership). The CoC will be designed to facilitate candid, off-the-record dialogue and consensus-building among influential opinion leaders from both established and emerging nations, with the ultimate purpose of injecting the conclusions of these deliberations into high level foreign policy circles within each country. As part of this work, CFR and CoC participants will need to invest in new technology, including videoconferencing, wikis, and other instruments to facilitate many of the network's activities. This technology will enable the CoC network to leverage CFR's unique convening power and reputation, while expanding its global reach. Furthermore, the CoC could have a transformational impact on other societies by helping them develop the think tank model of policy analysis.

The CoC's marquee event will be an annual conference in the United States hosted by CFR, featuring two or three senior representatives from each institution. This event will focus on a narrow set of serious global issues and reform opportunities. CFR will produce working papers for distribution prior to the meeting to serve as a draft set of principles for global agreement. Products will include the release of a summary report with policy recommendations, and the formation of regional or topically driven working groups. Beyond the annual conference, the CoC will hold issue-driven regional

meetings in rotating locations. These meetings will serve as the foundation for multicountry platforms that enable policy consultations, research collaboration, and exchange of fellows in particular issue areas. Investments in internet technology by both CFR and CoC participants will be critical to this work.

The CoC will hold its first two-day meeting in Washington, DC, on March 11-12, 2012. That gathering will include sessions explicitly tied to IIGG's three main focus areas (transnational threats, the world economy, and the global commons) and its three major themes (the responsibilities of rising powers, role of regional organizations, and the future of sovereignty). To help frame discussion, each session will begin with presentations by featured speakers, including noted experts, former senior officials and, in some cases, members of the network.

C. PROGRAM ACTIVITIES

To maximize its policy impact, IIGG will produce a rich array of meetings, briefings, publications, and multimedia features.

1) Meetings

In Phase II, the IIGG program will host a variety of meetings on global challenges and the institutions managing them. Each meeting series has a unique format and aspires to reach a distinct audience, ranging from policymakers to foreign officials, issue experts, the CFR membership, and the general public.

Roundtables

Roundtables are informal discussion groups, composed of specially invited CFR members and external experts, run by a CFR fellow for the purpose of exploring a subject or issue of interest. The fellow serves as the presider and typically invites an official or expert with specialized knowledge of a particular transnational challenge or global institution to discuss the issue. Roundtables meet every four to six weeks over the 10-month program year and include a maximum of forty meeting participants. In Phase II, the IIGG program will continue its flagship U.S. and the Future of Global Governance roundtable series and the U.S.-UN relations roundtable series.

Workshops and advisory groups

Workshops are working level meetings that engage a small group of policymakers and practitioners to analyze critical global governance challenges, the strengths and weaknesses of existing institutions, and propose reforms tailored to new international circumstances. Workshops generally produce a meeting report that outlines the most salient recommendations stemming from the discussions. Advisory groups ask select policymakers and experts to provide feedback or review drafts of CFR reports or books. Workshops and advisory groups invite both CFR members and external participants and are convened on an ad hoc basis. In Phase II, the IIGG program will continue its workshop series on Making Multilateralism Work.

Annual symposium on global governance

A CFR symposium is a large event approved by the president and consisting of three sessions that include some policy prescriptive focus. It is open to all CFR members as well as larger audiences, including journalists. IIGG's annual symposium on global governance will be a half-day conference focusing on major issues on the IIGG research agenda for that year. It will bring leading experts together to examine the causes and consequences of foreign policy challenges, and policy responses to them.

General meetings of the CFR membership

Held in New York and Washington, DC, general meetings provide an opportunity for a prominent speaker or panel of speakers to discuss an IIGG related topic. This meeting series is open to the broad CFR membership and staff.

Meetings for the CFR national membership

Held in major cities across the country, these events are run through CFR's National Program. They provide a forum for diverse voices outside of the New York-Washington, DC corridor to contribute to IIGG's discussion on how to nurture U.S. public support for proposed courses of action.

Briefings for Congress and the executive branch

The briefings are run in cooperation with CFR's Washington Program and are designed to familiarize legislators and administration officials with a particular issue area or topic of global governance. The meetings are undertaken on a purely bipartisan basis.

Briefings for foreign constituencies (including governments, experts, and public)

The briefings will solicit input and build support for proposed reforms. Such meetings occur both in the United States and abroad. The IIGG program director and IIGG affiliated fellows hold such briefings for the Washington-based embassy community and permanent missions of the UN in New York, and/or at international locations (in the latter case typically with a local partner institution).

Council of Council meetings

The CoC meeting series (discussed in greater detail above) will draw CFR into closer relationships with other global think tanks. Meetings will be held in regional hubs and in Washington, DC, and New York. The network will be composed of some twenty major policy institutes from the world's most influential countries (roughly mirroring the G20 membership). The CoC will be designed to facilitate candid, off-the-record dialogue and consensus-building among influential opinion leaders from both established and emerging nations. The ultimate purpose will be to inject the conclusions of these deliberations into high-level foreign policy circles within each country.

2) Publications

IIGG publications include several categories of research papers, online articles and reports, and multimedia products that target different constituents and aim to stimulate discussions of policy options among policymakers and the interested public.

Policy Innovation Memoranda

Policy Innovation Memoranda are targeted to decision-makers and opinion leaders, offering them concrete and actionable policy alternatives to enhance multilateral action in the twenty-first century. The series consists of short, 1,500 word papers that propose creative ideas for establishing new arrangements and renovating existing institutions to strengthen cooperation on critical global challenges.

Council Special Reports

Council Special Reports (CSRs) are concise policy briefs produced to provide a rapid response to a developing crisis or to contribute to current policy debates. CSRs are commissioned when events make a particular situation or conflict ripe for useful intervention and the window of opportunity for action is likely to close quickly. The target audience includes a cross-section of policymakers, journalists, academics, and other practitioners, as well as the interested public.

Working Papers

Working papers are online reports that provide a sober, academic-quality analysis of major global governance issues. They are commissioned to CFR fellows and external experts and are generally 10,000 words.

Global Governance Scorecard

As described in greater detail above, IIGG will produce a biannual scorecard on global governance that assesses the international community's performance in addressing and resolving serious global and transnational challenges. These assessments will also include an evaluation of the U.S. role in contributing to the effective management of the particular issue. Assessments will come in the form of a letter grade evaluating performance.

Global Governance Monitor Annual Updates

Updates will include annual revisions to the existing Global Governance Monitor components. The updates track and assess the international community's performance on major global issues. These include: nuclear nonproliferation, global finance, climate change, oceans, public health, armed conflict, terrorism, human rights, and transnational crime.

CFR.org Articles: First Takes, Expert Briefs, Expert Roundups

The IIGG program will work closely with CFR.org to produce online content for CFR's website, including: *first takes*—concise, timely analysis by CFR experts on breaking international news; *expert briefs*—CFR scholars' expert analysis on international news; and *expert roundups*—a consolidation of CFR fellows' and outside experts' perspectives on a foreign policy topic in the news.

Blog Posts: "The Internationalist"

"The Internationalist," a blog by IIGG program director Stewart Patrick, will focus on three major themes: emerging powers, national sovereignty, and multilateral institutions. The blog will aim to publish three weekly posts on these issues in relation to breaking stories and international events.

Articles in Foreign Affairs, other leading journals, and newspapers

The program will publish articles in CFR's flagship publication *Foreign Affairs*, widely recognized as America's most influential publication in international affairs and foreign policy, as well as in other leading journals and publications. The IIGG program will also work with CFR's communications and marketing team to place op-eds in national, regional, and foreign newspapers, and web-based media outlets.

Single Author Book

Over the next three years, Stewart Patrick will write a book examining U.S. sovereignty in the twenty-first century. Written for an informed public interested in world affairs and the U.S. international role, it will examine the ramifications of growing global interdependence for U.S. freedom of action, domestic autonomy, and constitutional traditions. The goal will be to shed more light than heat on an increasingly controversial (and often partisan) topic—and to chart a course for the United States that enables it to lead and participate in multilateral cooperation without sacrificing fundamental interests and national values.

D. DISSEMINATION AND PUBLIC OUTREACH

In Phase II the IIGG program will increase the policy impact of its activities by focusing on a streamlined set of global governance questions and by improving its outreach strategies. It will use CFR's singular convening authority to attract influential decision-makers to its numerous events and disseminate new and innovative solutions to global governance challenges through its many publications and multimedia initiatives. Specifically, IIGG will:

Target policymakers and decision-makers

To successfully engage policymakers, IIGG will sharpen its research agenda and drill down on topics to respond directly to the needs of the policymaking community. At the onset of every project, IIGG authors, the CFR executive office, and the studies department will devise a list of up to twenty prominent policymakers to receive a hard copy of IIGG printed publications, including the Policy Innovations

Memoranda and the IIGG Working Papers. Authors will aim to follow up with U.S. and foreign officials and brief interested elites so that policy recommendations receive the necessary attention.

Leverage a “multiplier effect”

The recent external assessment of the IIGG program argued that IIGG could enhance its multiplier effect by developing more external partnerships. To that end, IIGG will explore ways to co-fund conferences and initiatives with other institutions on a more regular basis. At the same time, IIGG will continue, with the guidance of the director of studies, to support a limited number of CFR fellows whose work directly advances and contributes to the IIGG mandate and specific IIGG initiatives.

Enhance the use of social media

IIGG will devote particular efforts to determining how to improve its use of various types of social media (e.g., Facebook, Twitter, blogs, etc.). Social media allows IIGG to reach a viewership that would be difficult to reach through traditional media. In addition, it permits IIGG to have live interaction with its audience, and allows for immediate reaction to breaking news stories. Currently, the IIGG program sponsors a blog and a Facebook page for program director Stewart Patrick’s newest book, *Weak Links*. In Phase II, we will develop Twitter feeds and Facebook pages for IIGG multimedia features. The program will continue to expand its social media engagement as new tools come to the market (e.g. Google+.)

Promote IIGG

IIGG will run promotional campaigns and bulletins to inform and expand its audience. To that end, the program will disseminate quarterly and promotional newsletters, update promotional material (including IIGG banners and trifold), launch advertising campaigns through Facebook and Google, and showcase IIGG initiatives at high-traffic events. For instance, the program will continue to run a booth in the exhibition hall of the annual convention of the International Studies Association (ISA)—the most well attended academic conference in the world devoted to the study of international relations—and showcase Global Governance Monitor (GGM) videos on a widescreen television. At such events, IIGG will also display a large GGM banner to attract walk-in traffic.

Council of Councils

IIGG will broaden its international outreach by expanding the Council of Councils initiative, composed of leading policy institutes in over twenty countries. Through the CoC, IIGG will leverage the work that the Robina Foundation is already supporting and use it to galvanize support for IIGG proposals in the United States and abroad.

E. EVALUATION PLAN

The IIGG program will undertake a systematic monitoring and evaluation of its activities in Phase II. The program will aim to ensure that activities reach targeted audiences and produce meaningful

impact. To ensure that we are on track, IIGG will commission a comprehensive evaluation after the first two years of Phase II to measure the program's performance against enumerated objectives. The second year evaluation will allow IIGG to make any necessary midcourse corrections.

Metrics for assessing IIGG's performance will include tracking and monitoring in two dimensions—outputs and impact. CFR will gauge the program's results according to the following indicators:

1) Outputs

- Completion of up to thirty Policy Innovation Memoranda (six per year);
- Completion of up to ten Council Special Reports (two per year);
- Completion of up to fifteen working papers on specific global challenges and bedrock institutions of global governance with proposals for reform (three per year);
- Completion of a biannual Scorecard on global governance;
- Completion of annual Global Governance Monitor updates;
- Completion of a book by the director of the IIGG program on U.S. sovereignty in the twenty-first century;
- Completion of two roundtable series of several meetings per year addressing current and needed arrangements of multilateral cooperation in specific issue areas;
- Journal articles, op-eds, and other publications;
- Events of different types, including general meetings, advisory groups, and workshops; and
- Other presentations, briefings, and addresses by the program director and other IIGG staff.

2) Impact

- Access to policymakers and their participation in program activities;
- Reaction of officials to IIGG sponsored policy recommendations;
- Influence in elite debates, including impact on terminology and concepts used in discussing issues in the field;
- Policy initiatives or changes by the United States and other governments that can be attributed to IIGG, at least in part;
- Accessibility and use of IIGG materials by educators/students/CFR membership;
- Media notices and press appearances;
- Requests by relevant agencies and organizations for follow-up activities;
- Quality of publications (awards etc.); and
- Web traffic to IIGG products and publications.

F. STAFFING AND OVERSIGHT

1) IIGG Program Staff

Stewart Patrick will continue as director of the IIGG program. Much of IIGG's research and writing will be conducted by fellows and senior fellows in CFR's David Rockefeller Studies Program. As was the case

during Phase I, IIGG will also engage the services of outside scholars and experts as needed to carry out research activities.

To further augment IIGG's internal research capacity while preserving its flexibility to address new topics, IIGG intends to solicit applications on an annual basis for a one-year visiting fellowship. The position will be awarded on a competitive basis to academics eligible for sabbatical who have a research and policy interest that is consistent with—and promises to advance—the mandate of the IIGG program. The visiting fellow will bring fresh thinking into the IIGG program, without saddling it with long term financial commitments. (We anticipate that candidates will continue to draw partial salary from their home institution while on sabbatical). The funds devoted to this position will also include support for a research associate.

Dr. Patrick will be assisted in overseeing and managing IIGG's research and publishing agenda by Farah Thaler, IIGG's assistant director. Three research associates, two based in Washington and another in New York, will provide research, administrative, and clerical support for the program.

2) CFR Participating Departments

CFR promotes better understanding of international affairs by maintaining a diverse membership; convening meetings at its headquarters in New York and in Washington, DC, and other cities around the country; supporting a studies program that fosters independent research; providing up-to-date information and analysis about world events and American foreign policy on its award-winning website, CFR.org; and publishing *Foreign Affairs*.

David Rockefeller Studies Program

The David Rockefeller Studies Program is CFR's "think tank." Its work is integral to achieving CFR's goal of contributing to the foreign policy debate. The Studies Program is home to more than eighty-five scholars, called fellows. Taken together, their expertise covers nearly every issue related to international relations.

Meetings Program

One of CFR's main functions is to provide a nonpartisan forum for informed foreign policy debate. The Meetings Program organizes panel discussions, interviews, lectures, book clubs, and film screenings that gather CFR members with senior government officials, world leaders, academic experts, and prominent thinkers to discuss major foreign policy issues.

Washington Program

CFR's Washington Program is a place where policymakers turn for guidance, to test new ideas, and to engage with experts as they seek to develop policy initiatives. Within the Washington Program, CFR's Congress and U.S. Foreign Policy Program engages members of the U.S. House of Representatives, the Senate, and their staff in study and dialogue on a wide array of international issues.

Task Force Program

CFR publishes independent Task Force reports that examine current, critical issues of importance to U.S. foreign policy. The program convenes a group with diverse backgrounds and perspectives to reach a meaningful consensus on a policy through private and nonpartisan deliberations.

Publishing

The Publishing department helps further CFR's mission of promoting constructive discussion and providing expert analysis on world issues by publishing Council Special Reports, Independent Task Force reports, Working Papers, and other publications in both print and electronic formats.

CFR.org

The CFR's website provides ideas and an objective source of information and analysis on important international issues for the interested public. CFR's online editorial team produces timely analysis and multimedia resources to help audiences make sense of the latest foreign policy news.

Communications and Marketing

The Communications and Marketing Department interacts with the media and CFR scholars by promoting and disseminating all CFR content, including *Foreign Affairs* articles, fellows' op-eds and articles, Task Force reports, CFR Special Reports, other CFR publications, books, and papers, and original content from the CFR.org editorial team. In addition, the team coordinates cross-departmental marketing efforts to ensure all content is getting maximum exposure to CFR audiences—Congress, the administration, CFR members, the corporate community, and the diplomatic community—and other outreach constituencies—including educators, religious leaders, and state and local officials.

National Program and Outreach

The National Program seeks to energize foreign policy discussions nationwide and encourage a broader debate on international affairs and U.S. foreign policy through several initiatives, including meetings, conference calls, and a flagship national conference. CFR's Outreach Program is dedicated to connecting with, and serving as a resource for, interested citizens whose voices are increasingly important to the national foreign policy debate. These constituencies include educators and students, religious and congregational leaders, and state and local officials.

Membership

With about 4,500 members, CFR's ranks include top government officials, renowned scholars, business leaders, acclaimed journalists, prominent attorneys, and a host of distinguished nonprofit professionals. CFR's Membership Affairs is responsible for the administrative side of the

membership experience. This includes updating members' contact information in our database; tracking down members we know have changed jobs; billing members for their annual dues; and updates to the Member Services section of CFR.org, www.cfr.org/member.

Corporate Program

CFR's Corporate Program is widely seen as the premier venue to address issues at the nexus of business and foreign policy. With the guidance of James W. Owens, chief executive officer and chairman emeritus (2004–2011) of Caterpillar Inc., and current chair of the Committee on Corporate Affairs, CFR's Corporate Program serves an international membership of nearly two hundred global firms in a variety of sectors, from manufacturing and industrials to technology and energy to media and financial services. In addition to connecting the business community to CFR's work and resources, the Corporate Program offers distinct and diverse resources for corporate members and regularly hosts roundtables featuring high-profile speakers from around the world.

International

CFR's International Department is a new department that focuses on building CFR's global presence through a new Global Board of Advisers, strategic partnerships, and help from the Corporate Program and CFR members. The Global Board of Advisers is chaired by David Rubenstein, co-founder of The Carlyle Group, and will help strengthen CFR's understanding of other countries' perspectives. Simultaneously, it will enhance the dialogue between U.S. leaders in global affairs and similar leaders from other countries.

Foreign Affairs

CFR publishes *Foreign Affairs*, which is regarded as America's most influential publication on international affairs and foreign policy. *Foreign Affairs* is the international forum of choice for the most important new ideas, analysis, and debate on the most significant issues in the world.

3) Oversight and Management

James M. Lindsay, CFR senior vice president, director of studies, and Maurice R. Greenberg Chair directly oversees IIGG's work. CFR president Richard N. Haass has ultimate oversight responsibility for the program.

G. BUDGET

The annual operating budget for the IIGG program will be approximately \$2.13 million per year over five years (see attached budget). The majority of these funds will cover the salaries of core IIGG staff and IIGG programmatic activities, including the CoC meetings, events in the United States and abroad, travel by IIGG program staff, multimedia and publications expenses, communications needs, and overhead costs.

Council on Foreign Relations
International Institutions and Global Governance Program Budget

	Total	Year 1	Year 2	Year 3	Year 4	Year 5
Program Management						
<i>Program Management Salaries and Benefits</i>						
Core Program Staff	\$ 2,479,725	\$ 476,500	\$ 486,030	\$ 495,751	\$ 505,666	\$ 515,779
Affiliated CFR Fellows and Staff	\$ 2,378,246	\$ 457,000	\$ 466,140	\$ 475,463	\$ 484,972	\$ 494,671
Research Support and Materials	\$ 61,772	\$ 11,870	\$ 12,107	\$ 12,350	\$ 12,597	\$ 12,848
Travel	\$ 377,707	\$ 72,580	\$ 74,031	\$ 75,512	\$ 77,022	\$ 78,562
Database and Equipment Fees	\$ 42,217	\$ 8,230	\$ 8,335	\$ 8,441	\$ 8,550	\$ 8,661
Sub-total Program Management	\$ 5,339,667	\$ 1,026,180	\$ 1,046,643	\$ 1,067,516	\$ 1,088,806	\$ 1,110,522
Multimedia/Digital						
<i>Global Governance Monitors, Scorecards, regionalism maps, and other interactive projects</i>	\$ 626,671	\$ 120,420	\$ 122,828	\$ 125,285	\$ 127,791	\$ 130,346
Sub-total Multimedia/Digital	\$ 626,671	\$ 120,420	\$ 122,828	\$ 125,285	\$ 127,791	\$ 130,346
Council of Councils Program						
<i>Program Management Salaries and Benefits</i>	\$ 536,406	\$ 103,075	\$ 105,137	\$ 107,239	\$ 109,384	\$ 111,572
Pre-Conference Working Papers (6 papers)	\$ 326,049	\$ 62,751	\$ 63,956	\$ 65,185	\$ 66,439	\$ 67,718
Annual Conference Costs	\$ 217,008	\$ 41,700	\$ 42,534	\$ 43,385	\$ 44,252	\$ 45,137
Travel (25 participants)	\$ 160,125	\$ 86,750	\$ 43,375	\$ 10,000	\$ 10,000	\$ 10,000
Editorial Review (6 publications per year)	\$ 48,918	\$ 9,400	\$ 9,588	\$ 9,780	\$ 9,975	\$ 10,175
Rapporteur Reports	\$ 77,224	\$ 15,000	\$ 15,220	\$ 15,442	\$ 15,667	\$ 15,895
CFR Domestic Outreach	\$ 34,607	\$ 6,650	\$ 6,783	\$ 6,919	\$ 7,057	\$ 7,198
Sub-total Council of Councils	\$ 1,400,338	\$ 325,326	\$ 286,593	\$ 257,950	\$ 262,775	\$ 267,694
Events						
International Meeting (1 per year)	\$ 440,990	\$ 84,740	\$ 86,435	\$ 88,163	\$ 89,927	\$ 91,725
Annual Symposium	\$ 235,837	\$ 45,318	\$ 46,224	\$ 47,149	\$ 48,092	\$ 49,054
Making Multilateralism Work Workshop Series (5 meetings per year)	\$ 47,992	\$ 9,222	\$ 9,406	\$ 9,595	\$ 9,786	\$ 9,982
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TOTAL PROGRAM COSTS	\$ 10,305,356	\$ 2,046,627	\$ 2,034,671	\$ 2,034,971	\$ 2,074,424	\$ 2,114,664

**ROBINA FOUNDATION
BOARD OF DIRECTORS MEETING
November 15, 2011**

EXECUTIVE DIRECTOR'S REPORT

Follow-up to the August meeting and preparation for the November meeting occupied the bulk of my time during the past several months.

Work with Robina Grantees

Attachment 1 provides an interim update on my work with Robina Grantees after the August meeting. Following is additional information:

University of Minnesota Law School

On October 10 Tom and I attended a reception for Dean Wippman and the Law School hosted by Eric Kaler, the new president of the University of Minnesota. We anticipated that the reception was one of a series of receptions hosted by the president as part of his effort to get acquainted with the University of Minnesota community. In fact, the focus of the reception, which was well-attended, was the Law School's capital campaign.

As noted in my September 7 email, Dean Wippman agreed to re-work the Law School's material on the Institute of Criminal Law and Justice to respond to the Board's questions and concerns. I provided David with further guidance in an email dated October 11, and David emailed Kathleen and me late last month to follow up on our discussions and emails. (Attachment 2 contains those emails.) David also provided the revised description included at Tab 5 and a draft of the proposal for the Center for Innovation in Environmental and Energy Law found at Tab 6. We held a conference call to provide Dean Wippman with feedback on the two documents and to continue our discussions concerning the role of Mike Smith and the addition of empirical work to the Institute. We will fill you in on those discussions when the Board reviews material on the Law School's two programs.

On November 11, the University will conduct the inaugural conference of the Robina Institute of Criminal Law and Criminal Justice to help launch the new Institute and discuss plans for its initial activities. The Law School invited 15-20 nationally and internationally prominent academics and practitioners, as well as leading Minnesota judges, prosecutors, legislators, journalists, and advocacy group leaders and selected faculty from the University of Minnesota and other Minnesota colleges and universities. The meeting will contain three segments, one on each of three institute program areas: criminal law theory, sentencing law and practice, and criminal justice policy. Unfortunately, Tom, Kathleen and I are unable to attend the conference. Dean Wippman will update us after the conference.

Yale

I worked with Inge Reichenbach and others at Yale to develop the agenda for our November 11 meetings at Yale. In preparation for our discussion of the endowment request from the Yale School of Drama, I provided (with the help of Susan and Peter) YSD with questions we would like to cover during our visit.

At the meeting Kathleen, Susan, Peter and I will provide an update on our visit and discussions with Yale Law School, Yale School of Drama and leaders of the Undergraduate Science Initiative.

Abbott Northwestern Hospital / Allina

Steve and I reviewed a draft of ANWH's revised proposal for the Supportive Care Approach for Patients Late in Life initiative and provided feedback to assist ANWH in the development of the final proposal, which is included in the Board Book.

With the departure of Marcus Thygeson, Ken Paulus and Allina leadership are reviewing the structure, focus and leadership of the Center for Healthcare Innovation. Penny Wheeler remains our primary contact until a new leader of the Center is chosen. We recently learned that Jeff Peterson, ANWH's president, has been named Executive Vice President of Allina Hospitals. Dr. Ben Bache-Wiig has replaced Jeff as head of ANWH. Dr. Bache-Wiig was formerly vice president of Medical Affairs. I will set up a meeting with Dr. Bache-Wiig in the near future.

Council on Foreign Relations

At the August meeting, the Board approved a grant to support Phase II of the IIGG initiative and directed me to contact Jim Lindsay with the Board's comments and questions. Attachment 3 contains my email exchange with Jim. As a result of this exchange we were able to finalize our grant to CFR for IIGG II and the online video project. We have provided our first year of funding for the video project.

ArtPlace Initiative

At the August Board Meeting several Board Members asked for a list of ArtPlace grants. The list of the first round of grants is Attachment 4. The list is rather dry. Check out the ArtPlace website (www.artplaceamerica.org) to read the stories behind the grants.

Email to BOD from Penny Hunt re Updates

Wednesday, September 7, 2011

Greetings,

Before I leave the country on Monday, I want to update you on activities since the August Board Meeting.

University of Minnesota School of Law:

Kathleen and I met yesterday for several hours with David Wippman. While we conveyed the Board's recognition of the issues within the criminal justice system and eagerness to support efforts to address the issues, we were candid with David that Michael Tonry's presentation at the Board meeting raised questions about whether the Institute is focused in a practical way on fixing the broken criminal justice system. We repeated our confusion about the three streams and expressed the Board's concern about the structure and staffing of the Institute, the role and time commitment of Mike Smith, the absence of empirical research and the need for a clear timetable and benchmarks.

David was very receptive to our comments and plans to go back to Michael Tonry and others to re-work their plans in light of our questions and concerns. Hopefully, they will involve Mike Smith in the discussions.

Robina's current commitment to the U is \$7.5 million for the Institute. The original budget for the Institute was \$12 million. We asked the U to scale the budget back to \$7.5 million, the amount the U needed in order to launch its capital campaign. The U hopes to come back to Robina after about three years to seek funding for a further five years for the Institute, with the idea that the Institute would be self-sustaining after ten years. The U has not discussed a budget for the second phase of the Institute. In addition, the U plans to develop a proposal for a grant to support other activities at the U. This proposal should be available for discussion at the November meeting.

Yale:

Susan, Kathleen, Peter and I will visit Yale on November 11. This will be an opportunity to acquaint Susan and Kathleen with key people at Yale School of Drama and Yale Law School, as well as in Yale central administration. As discussed at the Board Meeting, we will focus on YSD's endowment request and explore optional ways of structuring a grant to endow the Center for New Theatre.

I notified Yale Law School of the Board's decision to extend funding of YLS's human rights programs, but decline funding of the Center for Immigration and Migrants' Rights. I conveyed our questions and concerns about the structure and positioning of the human rights programs.

YLS is discussing those concerns and should be in the position to discuss this when we visit, if not before. While our decision to decline funding for the immigration center was disappointing, YLS is pleased that Lucas Guttentag will continue his involvement at YLS as a Robina Visiting Human Rights Fellow.

I misspoke at the Board Meeting. I had assumed that we did not receive a science education proposal because Yale opted to focus on funding for Yale School of Drama. According to Inge, they were unable to pull together a revised proposal over the summer, but plan to develop a proposal that fits the parameters we identified. That proposal should be available for discussion at the November Board Meeting.

Abbott Northwestern Hospital:

I updated you on the meeting Tom and I had with Penny Wheeler and Ken Paulus. We are comfortable that Marcus Thygeson's departure will not impact the end-of-life initiative we are considering and that Ken is taking an appropriate approach to restructuring the Center for Health Care Innovation. Subsequent to that meeting, Steve and I spoke with Penny Wheeler and the three principal investigators of the end-of-life proposal to provide them with further thoughts on the outside reviews and discuss next steps. ANWH/Allina is re-working the proposal to reflect Marcus' departure and suggestions from Steve and the outside reviewers. The revised proposal should be available for discussion at the November Board Meeting. No surprise -- leaders of the initiative would love to come to Santa Barbara in February to discuss the initiative!

CFR:

Jim Lindsay and others at CFR are working on a response to the questions we raised concerning the approach and funding of the Council of Councils, the budget for IIGG staff and funding for the Online Video Project. Jim did respond immediately that Robina Board Members will be welcomed at the first meeting of the CoC, so mark your calendars for March 11 and 12, if you are interested in attending.

I think that's it for now. Please let me know if you have questions or concerns about any of the items discussed above or anything else connected with Robina. I will have limited access to email and phone while I am away, but Nancy will be holding down the fort so rest assured that nothing will fall between the cracks! I return on September 29.

Warm regards,
Penny

On Tue, Oct 11, 2011 at 4:52 PM, Penny Hunt <pennhunt@gmail.com> wrote Wippman:

Hello David,

Yesterday's reception at President Kaler's home was very nice. I'm sorry I had to rush off and wasn't able to talk with more people there. An interesting mix of seasoned lawyers and judges and current students!

I've been re-reading various notes from your presentation to the Robina board in August and the board's discussion of the Institute and wanted to pass along several comments that Kathleen and I may not have conveyed to you when we met. I know that you and others are working on a revised outline of the Institute, so these comments may be pertinent to your work.

Would it be possible to prepare a chart that outlines the work of the three streams, the "products" of each stream and the timing of their work? This information is included in narrative form in the proposal, but a chart would, we think, make it easier for the U and for Robina to track the implementation of the Institute.

The Board is interested in understanding how the U will create relationships with people who can actually implement changes to the system. e.g. How will the Institute relate to the state legislature criminal justice committee?

As Kathleen and I mentioned, the Board is very interested in empirical work conducted either by the U or by an outside organization, as well as a clear understanding of the role of Mike Smith. It is the Board's sense that the sooner that Mike Smith is on board full-time, the better.

I hope this is helpful, but I'd be happy to talk further with you about this.

Warm regards,
Penny

**On Monday, October 24 David Wippman responded to Hunt and Blatz
Subject: Re: Institute of Criminal Law and Justice**

Dear Kathleen and Penny,

With apologies for the length of time this has taken, I am attaching a new description of the Criminal Law and Criminal Justice Institute and its work as well as an outline of the Institute's activities for its first 12 to 15 months. We could try to put some of this into the form of a chart, but products and dates for some aspects of the Institute's work will depend on responses to some of the Institute's early initiatives and the imperatives of other organizations. For example, we plan to work with the National Association of Sentencing Commissions on structured sentencing systems, but until we have the planned conference for representatives of American sentencing commissions (described in the Year 1 activities document), the precise follow-on products and

timing are hard to specify. However, I think it will be apparent from the two attached documents that the Institute will be highly productive and deeply engaged with policy makers who can actually change present policies and practices.

We have discussed the possibility of adding an empiricist who could assist in the Institute's work, and we (myself and the Institute faculty) would be enthusiastic about doing this. Such a person would round out our competences and be useful in all three program areas. If we can hire an outstanding senior faculty member who specializes in policy-relevant empirical social science work, we will achieve a skill set unmatched anywhere else and will become a high-visibility program not only in the law school world but also the social science criminal justice and criminology world. But before I propose anything, I'd like to have a conversation with you about what might be feasible. What sort of work an empiricist would do will necessarily depend on who we might attract, and I think the pool of people who would truly make a major difference is small. One person we have identified who might be ideal is not a lawyer, but a prominent social scientist, though we don't know if he is moveable. Hiring a non-lawyer raises its own issues from a law school hiring standpoint, and I would want to ask for a commitment from Robina that would cover the cost of such a hire for perhaps 10 years, the period in which we hope to make the Institute self-sustaining.

Finally, with regard to Michael Smith, I have not included anything in the two documents attached. As a general matter, the structure we have proposed (faculty director(s) plus executive director) is a common one in academia. The criminal justice institutes at both Stanford and NYU, for example, have that structure (the former has two faculty co-directors, the latter one faculty director, and both have an executive director as well). The reason for this structure is that faculty generally take the lead in law school centers and institutes in terms of providing overall strategic direction and research focus. But because of teaching and research demands on faculty, the executive director generally serves as the chief operating officer, making sure the programs of the institute are carried out as planned. In our case, Michael Smith would, in addition to serving as the equivalent of the COO, also work closely with the faculty directors on strategic direction and research initiatives and, in particular, help us with liaison and outreach to public policy makers. Michael was hired into what we budgeted (and he wanted) to be a half-time post and it is not clear whether he would wish to become full-time. In any case, that is not an option this first year because of his commitments to the University of Wisconsin Law School. Our present intention is that Michael will, after a phase-in period--necessitated by the effects of an automobile accident injury, partner with our faculty co-directors as described above. As we gain experience with the Institute in the first year, we can explore with him whether a full-time role would be both feasible and desirable.

I'm headed to San Francisco tomorrow, but perhaps we could speak by phone some time later this week? In the meantime, we are revising our environmental/energy law proposal and will have a draft to send to you tomorrow.

Many thanks for all your help,

David

Email from PAH to Lindsay and Patrick re Approval of the CFR IIGG Phase II Grant

August 29, 2011

Dear Jim and Stewart,

As I mentioned last week, the Robina Board approved continuation of funding for the IIGG Program, but did have several comments and questions, in particular related to the development and implementation of the Council of Councils.

Board Members find very timely the formation of an international network of policy institutions, but would like to understand better how CFR envisions implementing the Council of Councils.

Recognizing the importance of wording used when working with leaders from other countries, Board Members were struck by CFR's intent to "steer" the CoC (page 7 of proposal), perhaps in a US-centric way. We had understood that the CoC was to be convened, but not steered by CFR.

We see the value of the CoC stemming, at least in part, from its function as a forum for the exchange of ideas and perspectives, rather than as a conversation driven by US realities alone. It may well be that you didn't intend to use the word "steer" in the way we read it. To help us understand better the CoC, we would like to learn more about how you envision the CoC working, the governance of the council and the outcomes or impacts you have set (or plan to set) with the members of the council.

Several Board Members expressed interest in attending the first meeting of the CoC scheduled for March 11 - 12, if such attendance would be allowed.

As you know, we've wrestled with assessing the impact of the IIGG program. The outside review was very helpful in that regard, so we were pleased to note that you plan a comprehensive evaluation after the first two years of Phase II to measure the programs' performance against enumerated objectives. Page 13 of your proposal includes a list of the "Outputs" and "Impact" of the program. Since identifying outputs is considerably easier than tracking and describing impacts, I would urge you to describe impacts as clearly as possible in reports to the Robina Foundation and would like to discuss with you how best to do that.

Several comments about the budget:

Board Members would like more detail regarding the calculation of "Program Management Salaries and Benefits for Core Program Staff" for the overall IIGG Program and "Program Management Salaries and Benefits" for the CoC. Do various staff members keep track of their time working on IIGG? Will they for work on the CoC? Could you provide us with the names of the people included in each category and the percentage of the staff person's time applied to the programs?

We noted that the budget for the CoC appears to cover all of the travel costs of the CoC participants. From our perspective, it will be important to get the buy-in of member organizations. Thus, it would be preferable to cover the total costs for the first year, cover half of the costs the second year, and eliminate the costs the third year, unless there is a hardship case

requiring payment of travel expenses. This seems feasible given the organizations scheduled to participate in the CoC. There may be a different method to accomplish this, but weening participants off total reliance on CFR seems important. We should discuss this further so that we can agree on the appropriate adjustment to the IIGG budget.

With respect to Robina support for the Online Video project, the Board approved funding for the first two years of the project outlined in your proposal. This would total \$696,555 in direct costs plus indirect costs of 15%. We trust that this is sufficient funding to buy the necessary equipment and begin training CFR staff on the effective use of the equipment and that CFR or others would provide funding in subsequent years. To finalize the grant, we would like CFR to confirm that additional funding will be available as necessary so that the project can be completed as contemplated.

At the Board Meeting, it was decided that quarterly grant reports are no longer necessary. That should please both of you, as well as Farah and others who work on the reports! The Board would like written reports every six months rather than every three months. One of those reports will be the annual report. In addition, the Board hopes to visit CFR every other year. I will get in touch with you as soon as I have worked out a more specific schedule for the reports and visits.

Please let me know how you would like to follow up on our comments and feedback. I look forward to hearing from you, but I do want you to know that I will be out of the country from September 12 to September 29. It should not be a problem if our follow up discussions take place in October.

Warm regards,
Penny

Penny A. Hunt
Executive Director
Robina Foundation

Email from James Lindsay to Penny Hunt

September 9, 2011

Dear Penny,

Thank you again for the news about the Robina Board's decision to fund CFR's Online Video project. We are very excited to expand and upgrade our video offerings, and my colleagues who are leading the effort are already fast at work. I can assure you that CFR will find the funding necessary to complete the project as contemplated. I am convinced that online videos have the potential to transform what we do.

One thing I did want to double check is the amount of the Online Video grant. By my calculation the \$695,555 figure includes indirect costs.

You ask a very good question about the direction we are headed with the Council of Councils. "Steer" was a poor choice of words. The CoC's purpose is as you describe it—to serve as a forum for the exchange of ideas on pressing global issues and challenges. Any CFR effort to dominate or script the conversation wouldn't work in any event. CoC members want to air their views and concerns, not just hear CFR's. Indeed, we are creating the CoC precisely because IIGG's efforts have made it clear that it is imperative to get opinion leaders from established and rising powers engaged in a sustained and genuine dialogue about pressing global challenges.

The CoC at its heart is a network rather than a hierarchy, so it will be light on a formal governance structure, at least at the start. CFR will be the CoC's institutional home in the sense that we are taking on the logistical obligations of organizing the annual meeting and developing the infrastructure capabilities (e.g., videoconferencing and wikis) that will be critical to enabling the CoC network to flourish. The CoC might develop a formal governance structure in the future. In keeping with our desire that all CoC members have a stake in the network, we think that any formal structure should emerge organically rather than be determined by CFR at the outset.

We are currently developing the agenda for the first annual meeting next March. (As I mentioned in my last email, we would be delighted to have Robina Board members join us for the conversation.) The selection of specific topics will be based on our discussions with member organizations about what issues they would like to discuss. To help frame the discussions and to ensure that CoC members are fully engaged in the effort, each institution will be responsible for preparing a five-page background paper on one topic. The distribution of topics across organizations will be decided in consultation with CoC members and done so that each topic has roughly the same number of "required" background papers. The organizations that have responsibility for producing a background paper on a topic will also be responsible for leading the initial discussion at the session devoted to that topic. We will encourage member organizations to provide background papers on topics other than the one they are formally responsible for because we know that organizations can have good ideas on more than one topic. All the background papers will be posted on the private, password-protected electronic network we are creating and that all member organizations have access to. (I can get you details on what this system, called Basecamp, is capable of. I am new to it, but based on my initial poking around it looks to be a powerful tool for facilitating collaboration.)

The CoC will have some tangible products, the most notable being the summary report of the annual meeting. The private electronic network will provide CoC members with great flexibility to post and share all written work they produce in response to the annual conference as well as to continue and expand their conversations in a virtual world long after the annual conference ends. We will work in our logistical support role to encourage CoC members to use the capabilities we are creating to develop additional initiatives based around regional or thematic concerns. Given the reception we have received from our initial proposal to create a CoC, we are confident that the members are eager to take up the challenge. These efforts will likely be driven by subsets of the CoC membership—not all topics will have equal appeal to all members—and they should produce more specialized products such as reports and articles. Our ultimate goal is to stimulate

a robust conversation across a wide range of think tanks who can share what they know and then take what they hear and learn back to their own foreign policy elites and decision-makers.

With respect to your question about IIGG program staffing, the proposed core program staff consists of a director (Stewart), an assistant director (Farah Thaler), three research associates (Isabella Bennett, Ryan Kaminski, and Emma Welch), and a visiting fellow on a one-year rotational term. Farah, Isabella, Ryan, and the visiting fellow would spend 100 percent of their time on IIGG activities. Emma devotes 50 percent of her time to IIGG work and 50 percent to another CFR project, and she tracks her time spent on each project. Stewart is the only IIGG core staff member who allocates time to the CoC initiative. The CoC program management staff consists of Caroline McCall, senior advisor to the president, and Michaela Frisbie, a research associate. Both will dedicate 50 percent of their staff time to the CoC initiative. They also track their time.

The Robina Board's suggestion that we step down support for travel expenses in year two and essentially eliminate them in year three makes sense to us. We agree that it would help to retain a line item in years three, four, and five to cover potential hardship travel cases. We would propose earmarking \$10,000 in each of those years for that purpose. One thing I should add because the proposal does not make this clear, CFR is proposing to pay the coach travel costs of one person per organization. Each member delegation to the annual conference can have up to three members, and many of the CoC members have indicated that they will send full delegations. So we are getting buy-in from participant organizations from the start.

I hope this information answers the questions that you and the Robina Board had. We would, of course, be happy to revise the proposal or the budgets if that is necessary.

Again, we deeply appreciate the consideration and support that the Robina Board has given to our proposals.

Email to Jim Lindsay from PAH re CFR

September 11, 2011

Dear Jim,

Thank you very much for your thoughtful response to my recent email. As I indicated, I am leaving for Africa on Monday and will return on September 29. Before I leave, I want to acknowledge and confirm the information you've provided.

We appreciate your clarification concerning the focus and approach of CFR as the "institutional home" of the CoC. It sounds like you are taking steps to assure that CoC members will air their views and concerns, not only in the development of the agenda, but also in the material on the topics selected and the Council's discussion of the topics. Use of the password-protected electronic network should work well.

I don't think we need further information concerning IIGG program staffing, but I plan to re-visit this after my return. Your suggestion concerning travel budgets for the CoC seem appropriate.

You need not revise the proposal to reflect the stepping down of travel expenses, but I would appreciate a revised budget that reflects that change.

You are correct about the total funding for two years of support for the Online Video Production project. The Robina Foundation will provide \$419,750 for Year 1 and \$276,805 for Year 2 based on your budget. I don't believe we discussed when this funding should be available. What timing works best for CFR? (We may choose to delay the first payment until after January 1, but I would like to understand the best timing for you.)

I think that covers the various items. I leave Monday afternoon about 1:00, so could provide further guidance in the morning if that would be helpful. Nancy will be available while I'm gone and will be able to get in touch with me if needed.

Warm regards,

Penny

Email to PAH from Jim Lindsay of CFR

September 12, 2011

Hi Penny,

Attached are two PDF files. One is a stand-alone revision of the IIGG Phase Two budget request that reflects the step down in proposed funding for travel related to the Council of Councils initiative. The other PDF is the revised budget included at the end of the original proposal.

I consulted with CFR's video people about the timing of the start of the Online Video project. As you might imagine, they are eager to move forward as soon as possible on the equipment purchases and training. They were wondering if it would be possible to start the grant on October 1, even if the first payment isn't made until January 2012.

Best,

Jim

**Council on Foreign Relations
International Institutions and Global Governance Program Budget**

	Total	Year 1	Year 2	Year 3	Year 4	Year 5
Program Management						
Program Management Salaries and Benefits						
Core Program Staff	\$ 2,479,725	\$ 476,500	\$ 486,030	\$ 495,751	\$ 505,666	\$ 515,779
Affiliated CFR Fellows and Staff	\$ 2,378,246	\$ 457,000	\$ 466,140	\$ 475,463	\$ 484,972	\$ 494,671
Research Support and Materials	\$ 61,772	\$ 11,870	\$ 12,107	\$ 12,350	\$ 12,597	\$ 12,848
Travel	\$ 377,707	\$ 72,580	\$ 74,031	\$ 75,512	\$ 77,022	\$ 78,562
Database and Equipment Fees	\$ 42,217	\$ 8,230	\$ 8,335	\$ 8,441	\$ 8,550	\$ 8,661
Sub-total Program Management	\$ 5,339,667	\$ 1,026,180	\$ 1,046,643	\$ 1,067,516	\$ 1,088,806	\$ 1,110,522
Multimedia/Digital						
Global Governance Monitors, Scorecards, regionalism maps, and other interactive projects	\$ 626,671	\$ 120,420	\$ 122,828	\$ 125,285	\$ 127,791	\$ 130,346
Sub-total Multimedia/Digital	\$ 626,671	\$ 120,420	\$ 122,828	\$ 125,285	\$ 127,791	\$ 130,346
Council of Councils Program						
Program Management Salaries and Benefits	\$ 536,406	\$ 103,075	\$ 105,137	\$ 107,239	\$ 109,384	\$ 111,572
Pre-Conference Working Papers (6 papers)	\$ 326,049	\$ 62,751	\$ 63,956	\$ 65,185	\$ 66,439	\$ 67,718
Annual Conference Costs	\$ 217,008	\$ 41,700	\$ 42,534	\$ 43,385	\$ 44,252	\$ 45,137
Travel (25 participants)	\$ 160,125	\$ 86,750	\$ 43,375	\$ 10,000	\$ 10,000	\$ 10,000
Editorial Review (6 publications per year)	\$ 48,918	\$ 9,400	\$ 9,588	\$ 9,780	\$ 9,975	\$ 10,175
Rapporteur Reports	\$ 77,224	\$ 15,000	\$ 15,220	\$ 15,442	\$ 15,667	\$ 15,895
CFR Domestic Outreach	\$ 34,607	\$ 6,650	\$ 6,783	\$ 6,919	\$ 7,057	\$ 7,198
Sub-total Council of Councils	\$ 1,400,338	\$ 325,326	\$ 286,593	\$ 257,950	\$ 262,775	\$ 267,694
Events						
International Meeting (1 per year)	\$ 440,990	\$ 84,740	\$ 86,435	\$ 88,163	\$ 89,927	\$ 91,725
Annual Symposium	\$ 235,837	\$ 45,318	\$ 46,224	\$ 47,149	\$ 48,092	\$ 49,054
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Indirect Costs @15%	\$ 1,344,177	\$ 266,951	\$ 265,392	\$ 265,431	\$ 270,577	\$ 275,826
TOTAL PROGRAM COSTS	\$ 10,305,356	\$ 2,046,627	\$ 2,034,671	\$ 2,034,971	\$ 2,074,424	\$ 2,114,664

Project Name	Organization	City	State	Amt.
Black Cinema House Live/Work	Rebuild Foundation, NFP	Chicago	IL	\$125,000
Artspace PS 109	Artspace Projects, Inc.	New York	NY	\$1,000,000
Artspace Hawaii	Artspace Projects, Inc.	Honolulu	HI	\$300,000
Sugar Hill Arts District	University Cultural Center Association	Detroit	MI	\$900,000
MOCAD	Museum of Contemporary Art Detroit	Detroit	MI	\$350,000
Live Arts Contemporary PAC	Philadelphia Live Arts Festival & Philly Fringe	Philadelphia	PA	\$350,000
Gore Park	1st ACT Silicon Valley	San Jose	CA	\$500,000
PICA	Portland Institute for Contemporary Art	Portland	OR	\$200,000
Wing Luke	Wing Luke Museum of the Asian Pacific American Experience	Seattle	WA	\$100,000
New Town Square	Performing Arts Center Trust, Inc., (PACT) d/b/a the Adrienne Arsht Center for the Performing Arts of Miami-Dade County	Miami	FL	\$300,000
Art & Culture Temporum	Office of Planning, Government of the District of Columbia	Washington	DC	\$250,000
ZERO1 Garage	Zero1: The Art and Technology Network	San Jose	CA	\$500,000
Trey McIntyre Project	Trey McIntyre Project	Boise	ID	\$450,000
MiKE	Greater Milwaukee Committee	Milwaukee	WI	\$500,000
SpringBoard	ArtWorks Cincinnati	Cincinnati	OH	\$150,000
Whirligig Project	Vollis Simpson Whirligig Project	Wilson	NC	\$500,000
FAB Lab	TechTown	Detroit	MI	\$80,000
Farm/Art dtour	Wormfarm Institute	Reedsburg	WI	\$100,000
Swarm Street	Central Indiana Community Foundation	Indianapolis	IN	\$250,000
GOOD Ideas for Cities	GOOD	Los Angeles	CA	\$85,000
Irrigate	Springboard for the Arts	St. Paul	MN	\$750,000

ArtPlace Round One Projects

The Platform	Watts House Project	Los Angeles	CA	\$370,000
Creative Work Fund	The Creative Work Fund, a program of the Walter and Elise Haas Fund	San Francisco	CA	\$183,000
Queens Art Express	Queens Council on the Arts	New York	NY	\$100,000
Art & Ag Project	YoloArts	Yolo County	CA	\$63,100
Home & Place	Houston Grand Opera	Houston	TX	\$250,000
Red Cloud Indian School	The Heritage Center at Red Cloud Indian School	Pine Ridge	ND	\$110,000
Spaceworks	Mayor's Fund to Advance New York City	New York	NY	\$500,000
5M Project	Intersection for the Arts	San Francisco	CA	\$777,000
The Ground Floor	Berkeley Repertory Theatre	Berkeley	CA	\$750,000
NOLA Choice	Mayor's Office of Cultural Economy, City of New Orleans	New Orleans	LA	\$100,000
Creative Assets Map	The Reinvestment Fund	Philadelphia	PA	\$250,000
Vibrancy Indicators		Portland	OR	\$147,050
Gateway Cities	MassINC	Boston	MA	\$125,000
LPO	Louisiana Philharmonic Orchestra	New Orleans	LA	153,500

The Private Client Reserve of U.S. Bank

INVESTMENT POLICY STATEMENT

For

Robina Foundation

Prepared by

Jerry Anderson, Senior Vice President
Jon Gennaro, Senior Portfolio Manager
Joe Hinderer, Senior Vice President
Tim Towle, Vice President

August 23, 2011



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I. Foundation Mandate and Investment Management

A. Foundation Mandate

The Robina Foundation ("the foundation") was created out of the ~~X~~ James H. Binger Estate on June 9, 2004 and under the bylaws of the foundation, it was established primarily to provide for the following non-profit institutions: (a) Abbott Northwestern Hospital; (b) the Council on Foreign Relations; (c) the University of Minnesota Law School; and (d) Yale University. When making distributions in support of the foundation's charitable objectives, the board is asked to consider the following principles: (a) encouragement of innovation and creativity; (b) emphasis on forward-thinking projects and initiatives; (c) emphasis on major projects and initiatives; and (d) methods of proceeding. James H. Binger believed that the board would be able to achieve the foundation's charitable goals within approximately 20 years of his death (November 3, 2004).

TC will
change

The directors have named U.S. Bank ("the manager") as their agent to provide investment management and certain administrative services to the trust. U.S. Bank also provides banking services to the foundation. The directors also hired Michael Sullivan ("the consultant") as investment consultant to assist with the development of investment strategy. After consultation with the board, the manager and consultant developed an investment plan to distribute all of the foundation assets to the beneficiaries as directed by the board by 2025, just slightly beyond the time horizon set forth by the founder.

This investment policy statement was developed with deliberate consideration of the standards set forth in the Prudent Investor Act. Essentially, this Act requires that the board invest and manage the foundation portfolio as a prudent investor would, by considering the purposes, terms, distribution requirements and other circumstances of the foundation. In satisfying this standard, the board shall exercise reasonable care, skill and caution.

B. Investment Management

Investment Strategy

The investment strategy is designed to fulfill the unique philanthropic vision of James H. Binger by maximizing the distributions to the named non-profit organizations and other charities over the approximate 15 year life of the foundation, without taking excessive risk. The strategy is based on a portfolio segregation concept that aligns distribution objectives and time horizon with the investment risks of the segregated portfolio.

The foundation's portfolio will initially be organized in three distinct investment pools that have different investment guidelines in terms of their objectives, time horizon and risk allocations. The first pool will be dedicated to funding the foundation's current year distribution and operating expenses over a rolling one year investment horizon. As a result, investment risks will be minimized through cash and cash equivalent investments. The second pool is also designed to meet distribution and operating expense needs beyond the next year, on a rolling four year basis. Given the short to medium term horizon and need for capital stability, this pool will be conservatively managed through a four year U.S. Treasury bond ladder. The final pool or "market portfolio" will be managed for medium to longer term distribution objectives and is expected to deliver modest growth to the collective foundation portfolio.

Management of the three investment pools will be dynamic and very tightly integrated as assets are completely distributed over the 15 year life of the foundation. As time passes and the investment horizon dissipates, risk tolerance will also decay and investment risk exposures in the portfolio will be reduced. These changes will be reflected in the foundation's overall asset allocation plan which is initially characterized as a conservatively balanced approach. As the foundation approaches expected final distribution and termination in 2025, the market portfolio will decrease in proportion to the Treasury ladder until the ladder eventually comprises the entire portfolio.

From a rebalancing perspective, the three pool design provides flexibility in terms of managing market risks and smoothing the impact of volatility on the foundation's portfolio value and associated distributions. During years with normal market performance, components of the market portfolio will be strategically liquidated to make grants and pay operating expenses of the foundation. In such years, cash from maturing bonds in the Treasury ladder will be reinvested in the Treasury ladder. However, in years when the market portfolio has significantly declined in value and/or is subject to higher than normal market volatility, grants and operating expenses will be made from the Treasury ladder as obligations mature or are liquidated - if deemed prudent given market conditions. In severe markets, the manager and consultant may recommend no re-allocations from the market portfolio in order to allow additional time for recovery in asset values.

Investment Philosophy

Capital Markets – Over long time horizons, capital markets are generally efficient and economic developments are the primary determinants of long-term investment returns. However, over shorter time periods, markets may be influenced by investor psychology and exogenous factors (e.g., natural disasters, wars, political upheaval).

Asset Allocation – Asset allocation is the single largest contributor to long-term investment returns. Because it is very difficult to predict with any certainty the short-term return of a given asset class, more effort will be devoted to managing the long-term (“strategic”) allocation, than the short-term (“tactical”) allocation of the portfolio. Given the foundation's finite investment horizon and the natural decline in risk appetite over time, the foundation's strategic allocation plan will be adjusted accordingly.

Portfolio Construction – Efficient markets imply that active management has a low probability to add value after management expenses and other costs. More efficient markets call for passive styles of investments. Efficiency varies by market and where attractive opportunities to add value through active management exist, active styles should be employed.

Market Timing – Market timing involves moving in and out of various asset classes (e.g., stocks and cash). Such attempts at timing typically decrease the likelihood of achieving the return objective. Thus the portfolio will generally remain fully invested in a manner consistent with the target strategic asset allocation for the foundation.

Tax Efficiency – Given that the foundation is expected to be subject only to relatively low excise taxes on its net investment income, tax efficiency of investments will not be a major consideration.

II. Investment Objectives

A. Investment Return

Investment Objective - Across all three investment pools including cash, the Treasury ladder and market portfolio, the collective investment objective can be described as conservative balanced managed for modest longer term growth of capital with modest current income. The return expectations are based upon risk premiums for the respective asset classes above the current risk free rate over a ten year market cycle.

Annual Return Expectations – The initial pre-tax annualized returns of 6.8% are expected as set forth in the summary provided at Section VII (page 10). As the foundation approaches expected final distribution and termination in 2025, the expected annual aggregate return is expected to gradually decrease as a larger portion of the total portfolio will be invested in U.S. Treasury obligations vs. the diversified market portfolio.

B. Risk

Investment Risk Tolerance – As stated above, the board has a conservative balanced investment objective for the foundation. The board has a slightly below average risk tolerance, consistent with the foundation's 15-year time horizon, expected charitable distributions and the board's desire to maximize such distributions without taking on a very high level of risk. As the investment horizon dissipates, risk tolerance will also decline and investment risk exposures in the portfolio will be reduced.

Portfolio Volatility – The board is aware of and comfortable with the moderate volatility associated with a conservative balanced investment objective for the foundation portfolio. Specifically, the trustees are willing to accept the expected annualized standard deviation of 10.9% (Section VII - page 10) in exchange for modest long-term appreciation potential.

III. Investment Constraints

A. Investment Horizon

As explained in Section I above, the foundation is expected to continue for approximately 15 years until 2025 or until the foundation assets are depleted by distributions made consistent with its charitable mission.

B. Liquidity Requirements

Distribution Funding – The foundation will reserve one year of distributions and operating expenses in the cash pool on a rolling one year basis. Beyond initial funding, the cash pool will be funded with principal from maturing bonds of the Treasury ladder. It is anticipated that beneficiary distributions will range between \$8-\$12 million per annum and that other annual cash needs for operating expenses and excise taxes will total approximately 2% of foundation assets.

The board has discretion to distribute trust income and/or principal to the primary beneficiaries, but may also make distributions to other non-profit organizations consistent with the mission of the foundation. As a private foundation, it is required to distribute annually its minimum investment return for each tax year, which generally equals five percent of the foundation's net investment assets. It is anticipated that the \$8-\$12 million of targeted annual distributions will be substantially higher than required by federal tax law.

Illiquid Investments - Given the foundation's approximately 15 year time horizon, the board does not want private equity funds or other investments with long and/or undefined investment and liquidity time horizons. The board recognizes that some alternative strategies which are appropriate for the foundation have liquidity restrictions. However, the board does not want the foundation to make investments with expected lock up periods of more than one year.

C. Legal & Regulatory

As noted in Section I above, the foundation is a Minnesota non-profit corporation governed by an independent board of directors. Investment activity is subject to the standards set forth in the Prudent Investor Act. Essentially, this Act requires that the board invest and manage the foundation portfolio as a prudent investor would, by considering the purposes, terms, distribution requirements and other circumstances of the foundation. In satisfying this standard, the board shall exercise reasonable care, skill and caution.

D. Taxes

The foundation is a Section 501(c)(3) non-profit corporation taxed as a private foundation for federal and state income tax purposes. Consequently, the foundation is subject to excise taxes on its net investment income and may be subject to additional taxes for failure to make minimum required distributions, for self-dealing transactions or other restricted activities. Such additional taxes are not expected to have a material impact on the portfolio or the investment strategy.

IV. Other Investment Guidelines

A. Strategic Portfolio Allocation

Section VII (at page 10) of this policy statement summarizes the target strategic asset allocation, together with the permissible allocation ranges for each asset class. The allocation is intended to achieve the board's long-term investment objectives for the foundation that are set forth in Sections I, II and III above.

B. Asset Class Considerations and Portfolio Construction

1. **Cash** – Cash reserves will be maintained to support operating expenses and near term distributions in an amount up to one year of anticipated cash needs.
2. **U.S. Treasury Obligations** – The portfolio will include an allocation to U.S. Treasuries that is intended to add stability and safety to the portfolio and to provide a source of distribution funding in times when it would not be prudent to liquidate some or all of the market portfolio. A passive ladder of U.S. Treasury obligations will be used to fulfill this allocation.
3. **Other Bonds** – In addition to the Treasury ladder, the market portfolio will include other types of bonds. These investments are intended to enhance diversification and return potential while reducing portfolio volatility. Such long only bond investments may include, but are not limited to foreign bonds, investment grade and high yield corporate and mortgage backed bonds. These bond investments could be actively or passively managed through exchange traded funds or mutual funds.
4. **Domestic and International Developed Large Cap Equities** – Large cap equity markets, both domestic and foreign developed are highly efficient and long only active management is unlikely to add value after fees. As a result, the portfolio will invest passively in domestic and other developed market large cap equities using index mutual funds or exchange traded funds.
5. **Small Cap and Emerging Market Equities** – Domestic and international small cap equity markets, as well as emerging equity markets, are less efficient and offer attractive opportunities to add value through long only active management. The foundation will invest through mutual funds that offer consistent, competitive risk-adjusted returns and stability of management style.
6. **Real Estate** – Real assets like real estate or commodities can add attractive diversification and inflation hedge benefits to the foundation portfolio. The foundation may invest in public and private commercial real estate in both domestic and/or international markets. Investments will likely be active based on core styles that may be accessed through mutual funds or private placements.
7. **Commodities** – A blend of enhanced index and more active styles of commodity investments will be employed. All styles are intended to deliver broad exposure to the entire commodity complex. The active styles will include elements of long/short styles in order to enhance diversification and mitigate commodity market risk.
8. **Alternative Equity and Fixed Income Strategies** – Long/short and access based fixed income and equity managers will be utilized to enhance portfolio diversification and to add an important source of return potential from highly active investment management.

V. Performance Evaluation

A. Frequency

The portfolio performance shall be reviewed quarterly, while the investment policy, asset allocation and overall investment strategy shall be reviewed annually.

B. Performance Data

The quarterly reports shall include market value and trailing investment returns for each major component of the portfolio. The respective manager's performance shall be compared to relevant benchmark indices and a suitable peer universe. For some alternative investment strategies, reporting of investment performance may substantially lag that provided by long only investment solutions.

C. Manager Performance

Generally managers shall be given sufficient time (typically a full market cycle) to determine whether they meet the expectations established by the board and U.S. Bank as investment advisor. However, managers who substantially under perform their benchmarks or their peers for a full year may be placed under review if there is no reasonable explanation for the underperformance.

VI. Strategic Asset Allocation

A. Strategic vs. Tactical Allocation

The long-term or “strategic” allocation is the most significant factor in long-term investment performance. Strategic allocation is based upon long-term (10 years or more) capital market expectations for the various asset classes in the portfolio.

The strategic asset allocation is not expected to change dramatically over any short-term period. From an investment perspective, there must be a substantial change in return expectations between asset classes before recommending a strategic policy shift. However, occasionally, “tactical” (short term) changes may be an appropriate response to certain market conditions or exogenous events.

B. Changes to Strategic Allocation

As noted in Section V (page 8), we will review the investment policy each year. Upon review, the following circumstances will warrant reconsideration of the investment policy and the strategic investment asset allocation.

1. **Different Risk Tolerance** – The policy now assumes that, consistent with the board’s current conservative balanced investment objective for the foundation, the board has moderate tolerance for portfolio volatility. If this tolerance changes, it may require a revised long-term allocation strategy.
2. **Different Return Objective** – The board currently has a conservative balanced objective and seeks substantial modest appreciation with modest volatility. Changes in anticipated foundation distribution requirements or desire for capital appreciation may require a revised long-term allocation strategy.
3. **Different Capital Market Expectations** – Long-term (10 or more years) capital market expectations underlie the strategic asset allocation. Significant changes in projected asset class return, volatility or correlation expectations may require a revised long-term allocation strategy.

VII. Asset Allocation Summary

Total Foundation Assets ⁽¹⁾

\$125,000,000

Absolute Return Objective (Pre-Tax)

6.82% Annually

Annual Standard Deviation ⁽²⁾

10.91% Annually

Investment Horizon ⁽³⁾

10 Years

Asset Class	Strategic Asset Allocation		
	Min	Target	Max
Cash or Cash Equivalents			
Money Market or Short Fixed Income		7%	
Total Cash	0%	7%	20%
Fixed Income			
Core Fixed Income		33%	
High Yield Bonds		4%	
Foreign Bonds		2%	
Hedged Fixed Income		9%	
Total Fixed Income	30%	48%	80%
Equity			
U.S. Large Cap Equity		13%	
U.S. Mid Cap Equity		4%	
U.S. Small Cap Equity		2%	
Developed Foreign		12%	
Emerging Foreign		4%	
Private Equity		0%	
Hedged Equity		4%	
Total Equity	34%	39%	64%
Real Estate			
U.S. Listed		0%	
Foreign Listed		3%	
Direct		3%	
Total Real Estate	0%	6%	12%
Commodities			
Commodities		0%	
Total Commodities	0%	0%	10%
Portfolio Total		100%	

Notes:

- (1) The estimated total foundation portfolio of \$125 million includes all three primary investment pools: (a) short-term cash reserves; (b) Treasury ladder; and (c) the diversified market portfolio. Please note that the asset allocation, absolute return, standard deviation and time horizon parameters summarized on this page reflect only the diversified market component of the total foundation portfolio.
- (2) Standard deviation is a common measure of risk and represents the variability of returns around a mean (average) outcome. The higher the level of standard deviation, the more variability there is in the band of possible investment outcomes. Using this statistic as a measure of risk, two-thirds of the time the annual investment returns from the above asset allocation will be the absolute return target, plus or minus the standard deviation.
- (3) The ten year time horizon reflects the expectation that the diversified market portfolio will be depleted four years before the expected termination of the foundation in 2025.

VIII. Board Approval

The current Board members of the Robina Foundation, hereby approve of this investment policy statement, which we understand is based upon the objectives of the foundation set forth in its bylaws and relevant fiduciary investment standards.

Signed: _____
Thomas M. Crosby, Jr., Chair & Treasurer

Dated: _____

PERSONAL & CONFIDENTIAL

Nancy Gilberg, Administrative Consultant

Robina Foundation

4900 IDS Center, 80 South 8th Street

Minneapolis, MN 55402

**ROBINA FOUNDATION
ASSETS AND GRANTS**

Q/E DATE	ASSETS	GRANTS (cumulative)	GRANTS (outstanding commitments)
12/31/07	\$149,839,012.57	\$350,000	\$ 0
12/31/08	128,359,302.03	7,028,535	17,507,864
12/31/09	127,065,750.39	14,719,093	9,947,881
03/31/10	126,595,324.27	14,719,093	9,947,881
06/30/10	123,001,620.97	15,719,093	8,947,881
09/30/10	121,856,212.63	20,549,431	10,067,543
12/31/10	128,007,811.51	22,922,663	7,694,311
03/31/11	128,482,893.73	22,922,663	16,944,311
06/30/11	128,031,543.16	24,422,663	15,444,311
09/30/11	125,106,894	30,208,267	23,229,046 (1)

(1) Includes commitments of \$10,305,357 (over 5 years) to CFR's IIGG Phase II and \$276,805 (2012) for CFR's Online Video Project; \$893,457 (2012) to U of M LaPPS final payment, \$7,503,427 (over 5 years) for U of M Institute of Criminal Law & Justice program, and \$1,250,000 (over 5 years) to U of M Scholarship program; and \$3,000,000 (over 3 years) to Yale Law School Human Rights II program.

ROBINA FOUNDATION ASSETS DETAIL

*USbank Checking, USbank Investment Account, TIFF Account, Estate of Jim Binger, IRS Refund (a constant number based on recent estimates)

Assets	12/31/07	12/31/08	12/31/09
USbank Checking	\$28,607.85	\$39,292.02	\$3,299,000.81
USbank Investment	28,068,147.99	21,523,747.18	30,793,370.96
TIFF	8,587,802.83	6,356,616.51	8,183,916.75
Estate of Jim Binger	96,165,289.90	83,450,482.32	67,800,297.87
IRS Refund	16,989,164.00 (1) (2)	16,989,164.00	16,989,164.00
Total	\$149,839,012.57	\$128,359,302.03	\$127,065,750.39

	03/31/10	06/30/10	09/30/10
USbank Checking	\$3,260,931.19	\$2,211,528.66	\$5,338,375.00
USbank Investment	30,990,610.24	31,231,745.96	23,575,643.46
TIFF	8,441,421.21	8,058,254.83	8,792,014.78
Estate of Jim Binger	66,913,197.63	64,510,927.52	67,161,015.39
IRS Refund	16,989,164.00	16,989,164.00	16,989,164.00
Total	\$126,595,324.27	\$123,001,620.97	\$121,856,212.63

	12/31/10	03/31/11	06/30/11
USbank Checking	5,279,343.30	3,969,261.41	3,899,548.61
USbank Investment	21,160,516.65	70,072,133.88	79,068,499.17
TIFF	9,262,202.25	Closed – Funds wired to USbank	-0-
Estate of Jim Binger	82,985,461.31	45,121,210.44	35,743,207.38
IRS Refund	9,320,288.00 (3)	9,320,288.00	9,320,288.00
Total	\$128,007,811.51	\$128,482,893.73	\$128,031,543.16

	09/30/11	12/31/11	03/31/12
USbank Checking	3,242,279		
USbank Investment	79,623,780		
Estate of Jim Binger	30,618,655		
IRS Refund	11,622,180 (4)		
Total	\$125,106,894		

- (1) Estimated info from Peggy Quinn of McDermott.
- (2) This figure includes both a refund from the IRS and amounts payable by the Binger Marital Trust to the Binger Estate because such Trust owes money to the IRS which money is subtracted by the IRS from monies otherwise payable to the Estate.
- (3) Updated info from Peggy Quinn of McDermott.
- (4) As of 10/24/11 from Peggy Quinn, this is the lowest probable amount. The expected amount is \$12,445,745.



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

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Y ST01

**THE PRIVATE CLIENT RESERVE
Business Statement**

Account Number: [REDACTED]

Statement Period:

Sep 1, 2011

through

Sep 30, 2011

Page 1 of 5



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ROBINA FOUNDATION

80 S 8TH ST STE 4900

MINNEAPOLIS MN 55402-2226



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Account Number [REDACTED]

Account Summary

	# Items	\$		\$
Beginning Balance on Sep 1		3,331,930.32	Interest Paid this Year	9,047.06
Other Deposits	1	404.38	Number of Days in Statement Period	30
Other Withdrawals	1	2,900.00		
Checks Paid	19	87,156.20		
Ending Balance on Sep 30, 2011		3,242,278.50		

Other Deposits

Date	Description of Transaction	Ref Number	Amount
Sep 30	Interest Paid	3000003686	\$ 404.38
	Total Other Deposits		\$ 404.38

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Sep 9	Electronic Withdrawal From IRS		\$ 2,900.00
	Total Other Withdrawals		\$ 2,900.00

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
[REDACTED]	Sep 26	[REDACTED]	3,000.00	[REDACTED]	Sep 8	[REDACTED]	254.62
[REDACTED]	Sep 8	[REDACTED]	896.09	[REDACTED]	Sep 12	[REDACTED]	493.55
[REDACTED]	Sep 1	[REDACTED]	7,500.00	[REDACTED]	Sep 8	[REDACTED]	152.65
[REDACTED]	Sep 19	[REDACTED]	7,500.00	[REDACTED]	Sep 8	[REDACTED]	6,800.00
[REDACTED]	Sep 6	[REDACTED]	5,000.00	[REDACTED]	Sep 16	[REDACTED]	15,000.00
[REDACTED]	Sep 6	[REDACTED]	7,500.00	[REDACTED]	Sep 12	[REDACTED]	3,236.05
[REDACTED]	Sep 8	[REDACTED]	7,500.00	[REDACTED]	Sep 12	[REDACTED]	56.32
[REDACTED]	Sep 6	[REDACTED]	969.92	[REDACTED]	Sep 22	[REDACTED]	12,500.00
[REDACTED]	Sep 8	[REDACTED]	2,520.00	[REDACTED]	Sep 30	[REDACTED]	6,250.00
[REDACTED]	Sep 9	[REDACTED]	27.00				

* Gap in check sequence

Conventional Checks Paid (19) \$ 87,156.20

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Sep 1	3,324,430.32	Sep 12	3,286,124.12	Sep 22	3,251,124.12
Sep 6	3,310,960.40	Sep 16	3,271,124.12	Sep 26	3,248,124.12
Sep 8	3,292,837.04	Sep 19	3,263,624.12	Sep 30	3,242,278.50
Sep 9	3,289,910.04				

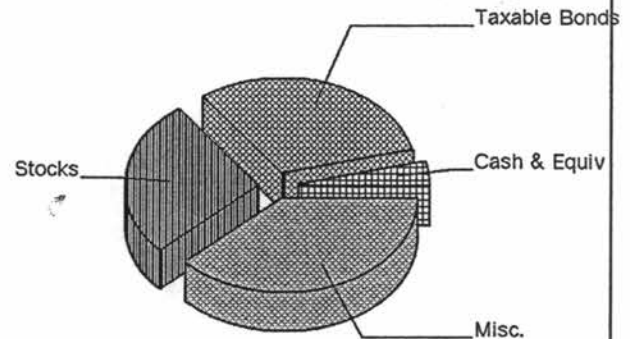
Balances only appear for days reflecting change.



This statement is for the period from
September 1, 2011 to September 30, 2011

ASSET SUMMARY AS OF 09/30/11

Assets	Current Period Market Value	% of Total	Est Annual Income
Cash & Equivalents	951,123.77	1.20	2,377.81
Taxable Bonds	25,085,722.36	31.50	995,263.80
Stocks	22,251,641.26	27.90	533,054.76
Miscellaneous	31,335,292.35	39.40	.00
Total Market Value	\$79,623,779.74	100.00	\$1,530,696.37



YOUR INVESTMENT OBJECTIVE IS ALL FIXED/NON
TAXABLE

MARKET VALUE SUMMARY

	Current Period 09/01/11 to 09/30/11	Year-to-Date 01/01/11 to 09/30/11
Beginning Market Value	\$77,153,464.79	\$21,160,516.65
Taxable Interest	77,511.62	558,323.45
Taxable Dividends	24,428.98	229,819.90
Fees and Expenses	- 30,109.44	- 144,903.28
Cash Receipts	38,565.00	59,516,966.95
Cash Disbursements	- 5,800,854.00	- 7,443,718.04
Long Term Gains/Losses		- 9,158.95
Short Term Gains/Losses		- 23,442.28
Change in Investment Value	- 3,464,227.21	- 5,845,624.66
Assets Received	11,625,000.00	11,625,000.00
Ending Market Value	\$79,623,779.74	\$79,623,779.74

Current Residuary Assets on Hand (as of September 30, 2011)

Cash and Short Term¹

	<u>Market</u>
James H. Binger Revocable Trust [REDACTED]	\$ 5,526,531.99
James H. Binger Revocable Trust - Income Account [REDACTED]	7,230,756.33
Estate of James H. Binger [REDACTED]	15,293,671.56
Estate of James H. Binger - Income Account [REDACTED]	449,126.61
Total Cash and Short Term:	\$ 28,500,086.49

Tartan I LP (as of 09/30/2011)

	<u>Total Market</u>	<u>% Owned</u>	<u>JHB Trust</u>	
Tartan I LP - Scotch I	90,839.76	43.4%	39,424.46	
Tartan I LP - ScotchGard	89,936.29	33.3%	29,948.78	
Tartan I LP - Post It	77,177.13	19.8%	15,281.07	
Total:	257,953.18		84,654.31	\$ 84,654.31 (Liquidation Value)

Other Assets:

James H. Binger Revocable Trust [REDACTED]		
Tomsten Inc.	125,001.00	
301 Clifton	272,000.00	
MN Community Dev. Bond	-	
Jason McLean Prom. Note	50,000.00	
Venture Capital	1,184,802.00	
Eridon	60,000	
Loring Pasta Bar	66,576	
Myfitlife Inc.	275,000	
Project Apple	-	
Raymedica Inc.	535	
Total:	2,033,914.00	\$ 2,033,914.00

TOTAL ASSETS FOR DISTRIBUTION FOR TAXES AND EXPENSES AND ROBINA:

\$ 30,618,654.80

Note: Distributions to date total \$90.52MM (an interim distribution of \$27MM was made on 10/4/2007, of \$20MM on 3/25/2009, and of \$38.295MM on 3/3/11. Additionally, venture capital distributions were made of \$1.34MM on 7/11/2011 and of \$3.88MM on 7/14/2011.)

Note: Robert Pennell devise of \$584,575.34 on 1/22/09

¹Cash and Short Term Values as of 9.30.11



ROBINA FOUNDATION

Quarterly Financial Report September 30, 2011

Prepared by:

Michael Sullivan

Nicole Klein

Mission Statement

The Robina Foundation, a Minnesota-based private grantmaking foundation, seeks to positively impact critical social issues by encouraging innovation and financially supporting transformative projects of its four institutional partners. These partners, selected by the Foundation's founder, James H. Binger, are:

Abbott Northwestern Hospital, Minneapolis, MN; The Council on Foreign Relations, New York, NY;
University of Minnesota Law School, Minneapolis, MN; and Yale University, New Haven, CT.

(<http://www.robinafoundation.org/index.php>)

The Robina Foundation
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Phone: 612-333-2313
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EXECUTIVE SUMMARY

Quarter 3, 2011

The report includes:

- Detail of USBANK's market portfolio
- Graphic representations of sources of capital and asset allocation
- Changes in these during the recent quarter
- Detailed spreadsheets of sources of capital and asset allocation
- Current and targeted portfolio allocations, and
- My observations and recommendations.

Observations and Recommendations:

- The board needs to determine the payout schedule for the grantees: 15 year, 10 year, or lump sum.
- Until then, we will maintain a higher cash position (no or low return) due to an assumption of a 12.5 year payout.
- We have moved during the recent quarter to reduce cash and increase the market – or third – portfolio.
- We have yet to invest in the US Government - or second – portfolio, but have increased US Corporate Bonds (higher return, higher risk).
- Nonetheless, I recommend we commence our laddered Treasury portfolio as the corporate bonds mature or are otherwise sold and proceeds become available for reinvestment.
- * • Finally, we need to ESTIMATE the timing of the grants for 2012 so we can optimize the investment strategy.

EXECUTIVE FINANCIAL SUMMARY

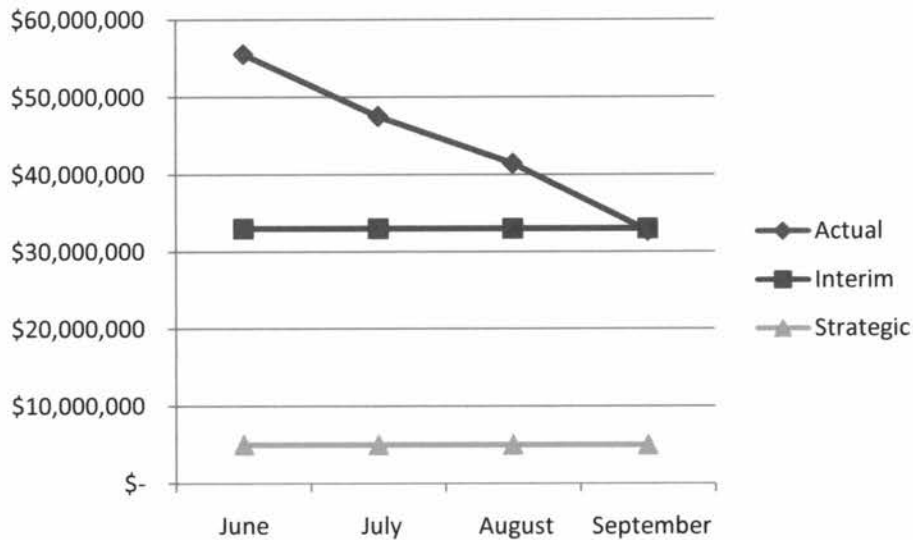
	June 30, 2011	September 30, 2011	Percent Change
Cash	\$55,531,673	\$32,693,488	-41%
US Gov't Bonds	0	0	0
Market Portfolio	63,179,584	80,791,223	27%
IRS Refund	9,320,288	11,662,189	25%
Total	\$128,031,545	\$125,146,891	-2%

US BANK FINANCIAL SUMMARY

US Bank	June 30, 2011	September 30, 2011	% Change
Cash/MM	\$23,232,807	\$951,124	-96%
US Gov't Bonds	0	0	-
US non-Gov't Bonds	20,008,869	15,334,835	-3%
High Yield Bonds	2,299,021	2,629,708	18%
Hedge Bonds	10,082,092	9,898,589	-2%
US & non-US Equities	15,343,713	22,251,641	45%
Hedge Equities	5,011,295	5,013,089	-
Private Equities	0	11,625,000	-
Real Estate	1,327,867	4,798,615	261%
Commodities	1,762,835	2,975,186	69%
Total	\$79,068,499	\$79,623,779	1%

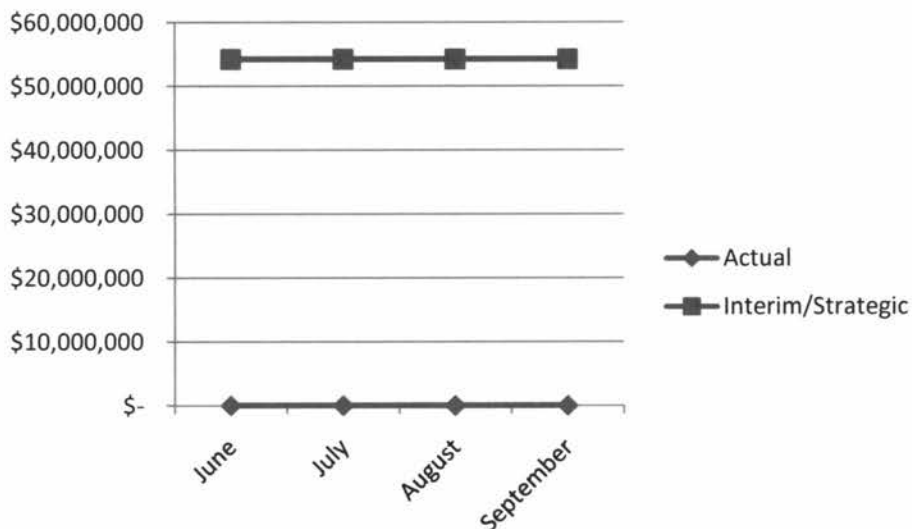
SOURCES OF ASSETS

FIGURE 1: TOTAL CASH



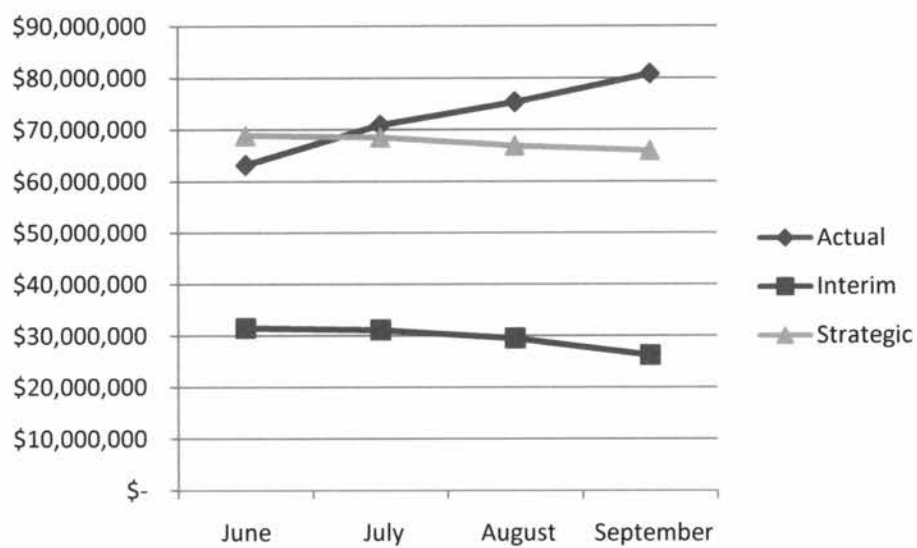
- Accounts in Cash: JHB Cash/MM, JHB Income Cash/MM, JHB Revocable Trust, JHB Income Account, US Bank Cash/MM, US Bank Checking
- Interim amount is JHB accounts, checking accounts, rounded \$33M
- Strategic amount is six months in cash or \$5M

FIGURE 2: TOTAL US GOV'T BONDS



- Accounts in Bonds: US Gov't Bonds Only
- Interim and strategic amount is five years of grants or \$54.2M

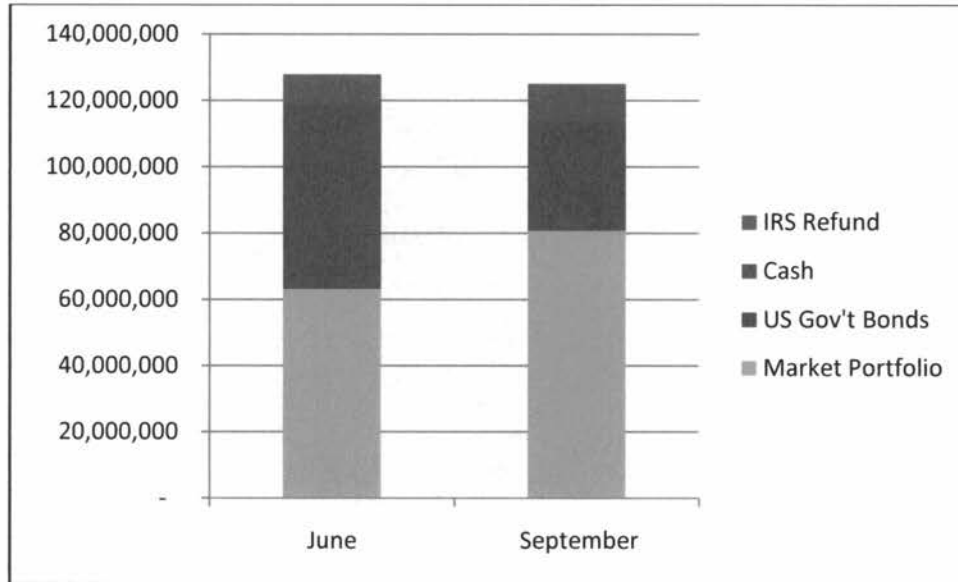
FIGURE 3: TOTAL MARKET PORTFOLIO



- Accounts in Market Portfolio: All other accounts
- Interim target is remaining amount
- Strategic target is remaining amount

STACKED BAR CHART

FIGURE 4: TOTAL SOURCES



SOURCES OF CAPITAL

		6/30/2011	9/30/2011
JP Morgan			
	JHB Cash/MM	\$ 15,355,849	\$ 15,293,671
	JHB-Income Cash/MM	449,126	449,127
	Total	\$ 15,804,975	\$ 15,742,798
Revocable Trust			
	JHB Revocable Trust	\$ 5,365,466	\$ 5,526,532
	JHB Income Account	7,228,877	7,230,756
	Tartan I LP	95,872	84,654
	Total	\$ 12,690,215	\$ 12,690,215
Other Securities			
	Venture Capital	\$ 6,398,908	\$ 1,184,802
	All Other Securities	849,112	849,112
	Total	\$ 7,248,020	\$ 7,248,020
	Total Estate of JHB	\$ 35,743,210	\$ 30,618,654

Continued on next page...

		6/30/2011	9/30/2011
US Bank			
Cash/MM	Total Cash/MM	\$ 23,232,807	\$ 951,124
Bonds			
US Gov't		\$ -	\$ -
US non-Gov't	Corporate Issues	16,395,050	15,334,835
	Ontario Province	162,468	162,305
	Bp Capital Plc	737,205	742,154
	Total Capital Sa	521,770	530,805
	NuVeen Heigh Income Bond Fd Cl I	2,192,376	2,629,708
	Total non- Gov't	20,008,869	19,399,807
High Yield	Barclays Bank Plc	526,805	512,515
	Ontario Province	226,883	225,717
	T Rowe Price Intl Bond Fund	1,545,333	1,972,496
	Total High Yield	2,299,021	2,710,728
Hedge	Gam Absolute Return Bond Fund	3,109,083	3,087,532
	Gca Credit Opportunities Offshore	3,893,014	3,881,166
	Marathon Credit Opportunity Fund Ltd	3,079,995	2,929,891
	Total Hedge	10,082,092	9,898,589
	Total Bonds	\$ 32,389,982.00	\$ 32,009,124
Equities			
US & non-US	Stock Funds	\$ 15,343,713	\$ 22,251,641
Hedge	Common Sense Offshore Ltd	2,011,295	2,064,466
	Pointer Offshore Ltd	3,000,000	2,948,623
	Total Hedge Equities	5,011,295	5,013,089
Private Equity	Flag Private Equity LP	0	2,500,000
	Flag Venture Partners III LP	0	5,000,000
	Flag Venture Partners IV LP	0	2,125,000
	Pfingsten Partners III LP	0	2,000,000
	Total Private Equities	0	11,625,000
	Total Equities	\$ 20,355,008	\$ 38,889,730

Continued on next page...

		6/30/2011	9/30/2011
Real Estate	IDR Core Equity Re Strategy 2010	\$ 1,327,867	\$ 4,798,615
	Total Real Estate	\$ 1,327,867	\$ 4,798,615
Commodities	Baclays Bank Plc	\$ -	\$ 665,700
	Barclays Bank Plc	726,000	674,475
	Inv Balance Risk Comm Str Y	532,212	826,076
	Oppenheimer Com Str Tr Fd Y	504,623	808,935
	Total Commodities Funds	1,762,835	2,975,186
	Total Commodities	\$ 1,762,835	\$ 2,975,186
	US Bank Total	\$ 79,068,499	\$ 79,623,779
	US Bank Checking	\$ 3,899,548	\$ 3,242,278
	IRS Refund	\$ 9,320,288	\$ 11,662,180
	Gross Total	128,031,545	\$ 125,146,891

ASSET ALLOCATION REPORT

	9/30/2011					
<i>Cash</i>		Actual %	Interim \$	Int %	Strategic \$	Strat %
JHB Cash/MM	\$ 15,293,671					
JHB-Income Cash/MM	449,127					
JHB Revocable Trust	5,526,532					
JHB Income Account	7,230,756					
US Bank Cash/MM	951,124					
US Bank Checking	3,242,278					
Total Cash/MM	\$ 32,693,488	26%	\$ 33,000,000	26%	\$ 5,000,000	4%
<i>Bonds</i>						
US Gov't Bond	\$ -	0%	\$ 54,200,000	43%	\$ 54,200,000	43%
US non-Gov't Bond	19,399,807					
non-US Bond	2,710,728					
Hedge Bond	9,898,589					
Total Bonds	32,009,124					
<i>Equities</i>						
Tartan I LP	84,654					
Venture Capital	1,184,802					
All Other Securities	849,112					
US & non-US	22,251,641					
Hedge Equity	5,013,089					
Private Equity	11,625,000					
Total Equities	41,008,298					
Total Real Estate	4,798,615					
Total Commodities	2,975,186					
Market Portfolio	\$ 80,791,223	65%	\$ 26,284,711	21%	\$ 65,946,891	53%
IRS Refund	\$ 11,662,180	9%	\$ 11,662,180	9%	\$ -	0%
Gross Total	\$ 125,146,891		\$ 125,146,891		\$ 125,146,891	

DATE: October 26, 2011
FROM: Tom Crosby
TO: Board of Directors
SUBJECT: **IRS STATUS REPORT**

On Monday I had a report from Peggy Quinn at the McDermott office in Chicago. It appears that a settlement is within reach. In accepting a settlement, Robina has two decisions to make: is the estate settlement with the IRS in its best interests and what is the appropriate settlement with the family Marital Trust?

Framing the questions is complicated:

1. Throughout the estate administration there have been, in effect, two entities: the Marital Trust at approximately \$800 million and Jim's personal estate at approximately \$200 million [Robina has the estate tax returns so we know these figures – but they should be kept confidential].
2. The estate tax return was filed in 2005 with the Marital Trust paying a substantial tax to both the IRS and to the State of Minnesota. Because virtually all of Jim's estate went to a foundation, little, if any, tax was paid by his part of the estate. The settlement with Jane and the return of monies by her to the estate resulted in a substantial refund: her "gift" from Jim was initially treated for tax purposes as a gift with a gift tax being paid so that the refund was a combination of gift and estate tax in a rather complicated equation.
3. Both the Marital Trust and the Estate had issues with the IRS on the return: blockage discount on 3M stock; partnership discounts, apartment values, legal fee deductions, etc. All of those issues have been settled with the IRS with the Marital Trust owing approximately \$5.6 million, including interest, to the IRS. The Foundation owes nothing and is entitled to a refund.
4. Much of the money due from the IRS to the Foundation has been paid by the IRS but approximately \$13 million remains to be paid.
5. Problem Number 1: The IRS views the estate/Robina and the Marital Trust as a single entity, i.e. only one decedent, Jim. As a result, the IRS nets out the amounts payable to the IRS by the Marital Trust and payable by the IRS to the Foundation – as well as paying interest only on the net amount. As a result, the Marital Trust needs to pay the Foundation amounts it would otherwise have paid to the IRS to make the Foundation whole.
6. Problem Number 2: Were the Marital Trust to have paid directly to the IRS, interest on amounts owing would have been deductible as an estate administration expense. Because it is deductible, the taxable estate is less resulting in a lesser estate tax. The law is, at best, cloudy on whether interest reimbursement payable to Robina is a deductible administration expense. The Marital Trust says it is and the IRS says it is not. This issue is the only one outstanding with the IRS.
7. The issue defined in 6 above is the one upon which settlement with the IRS is near. It is probable that the parties will agree that 50% of the interest is deductible. As noted above, there is little law on this topic because of the unique facts: a large taxable Marital Trust and a nonprofit residual with large dollars. McDermott recommends settling at the 50% level.

8. Problem Number 3: Assuming a 50% settlement with the IRS, the Marital Trust will not be able to deduct the full amount of interest from the taxable estate and will, as a result, pay more estate tax – and the estate tax rate is considerably higher than the interest rate. The family is taking the position that they are willing to reimburse the foundation for their IRS deficiencies and interest provided that the total amount paid to the Foundation will not be more than that they would have paid to the IRS will all interest deductible as an administration expense. Under this scenario, were all interest deductible, the foundation would receive the same amount that it would have were it dealing with the IRS by itself. But with 50% of the interest deductible, some of what would have been interest payable to the foundation will be paid to the IRS by the Marital Trust as estate tax reducing, on their theory, the amount available to be payable to the foundation.
9. The “cost” to the Foundation of all of the above, assuming a 50% settlement with the IRS and accepting the position of the Marital Trust would be \$627,102. The Foundation’s total receipts (payments by the Marital Trust and final IRS payments) would be \$12,445,745. We have been carrying this figure at \$9.3 million in our financial reports for the last few quarters. To put the matter in perspective, were the interest 100% deductible, the amount would have been \$13,072,847; 0% deductible, \$11,622,179.

Back to our two decisions:

- a. I told Peggy Quinn that we would accept a 50% settlement with the IRS. As noted, she recommended it. Further, it gives finality to many issues and stops the considerable legal and administrative fees we continue to pay to Chicago. Litigation including appeals could take years and hundreds of thousands of dollars (her estimate). The law is uncertain which, in my view, makes settlement wise.
- b. I told Peggy that the Robina Board would need to make the decision on a settlement with the Foundation. Part of my reason for doing so is Problem Number 4: I am a trustee of the Marital Trust and would need to excuse myself from any vote. However, on the issues discussed above, I have not been consulted and have indicated that I will excuse myself on decisions on that side as well. Putting aside my conflict, I believe the Foundation should accept the position of the family for several reasons:
- (i) If not settled, Peggy advises us that we would need to sue the Marital Trust for unjust enrichment, i.e. they benefited to our loss from the unique circumstances noted above. Perhaps both should have shared some of the loss. In any event, such a claim would be expensive to pursue, time consuming and messy. It would be pure law as neither side is blaming the other side for any wrongdoing. I do not think the law is clear on this issue either: should the family receive less because of the unique circumstances.
 - (ii) Going way back to the decision to contest Jim’s “gift” to Jane, the nature of the family’s claim was to assert that the June 2004 will was invalid because of undue influence by Jane and because of Jim’s mental incapacity. Were that claim pursued to success, there would have been no Robina because the prior will, which would then have governed, gave virtually all the money to the family.

- (iii) Also, at the time of the suit, the family agreed to pay all legal expenses associated with it subject to reimbursement by the estate if the claim was successful – as it was. Over \$1 million was paid out by and reimbursed to the family. In any event the family took the risk for the ultimate benefit of the Foundation.
- (iv) At no time did the family ever take the position that any of the estate outside of the Marital Trust should be returned to the family except for very small specific bequests.
- (v) Even the worst case number cited above is substantially above the number we have assumed would govern. While not directly relevant to the decision, were the circumstance reversed, we could have a problem, i.e. had we expected a greater number than ultimately paid and set the course of the Foundation on the greater number, we could be criticized for accepting a lower number.
- (vi) Jim died in 2004. In my view it is time to end it all. Well over \$5 million has been spent thus far in legal and administrative expenses. To pursue either of the possible disputes, with the family or with the IRS, could easily eat into (or surpass) the \$627,102 difference between what we will probably get and the maximum, possible amount.

I hope I am clear. As said in law school, it is "wonderfully complex". We can discuss the matter in our meeting in November.

ROBINA FOUNDATION

FRAMEWORK

MISSION: The Robina Foundation seeks to have a positive impact on critical social issues primarily by encouraging innovation and financially supporting transformative projects that will leave a legacy within of its four institutional partners selected by the Foundation's founder, James H. Binger: Abbott Northwestern Hospital, Minneapolis, MN; The Council on Foreign Relations, New York, NY; University of Minnesota Law School, Minneapolis, MN; and Yale University, New Haven, CT.

GOALS:

- Foster the development of new ideas and models that have the potential to transform significantly or improve both the selected institutions and the larger society in which we live.
- Support innovative, forward-thinking, and practical projects designed to have a significant and long-term positive impact on the institutions and on society.
- Spend the Foundation's assets wisely to achieve the best possible impact and leave a unique legacy within Robina Grantees and society.

TIME HORIZON: Robina Foundation is a foundation of limited duration with a time horizon ending not later than December 31, 2025. Earlier termination may result if the Foundation identifies programs that merit larger grants during a shorter period of time to achieve maximum impact.

* **FOUNDATION ASSETS AND GRANTS BUDGET:** The Foundation anticipates that its total assets will equal approximately \$125 million. While the Foundation's annual grants budget will depend on the size of grant proposals approved, - equal expenditures during a 15 year term of the Foundation might result in annual expenditures of approximately \$11 million.

GRANT PROGRAM

2005 - 2006: PLANNING GRANTS

In 2005 and 2006 each of the four institutions identified by James Binger for Foundation funding ("Robina Grantees") received planning grants to assist in the development of proposals for multi-year funding. The University of Minnesota also received funding to support faculty retention and other initiatives at the time of the arrival of the new law school dean.

2008 - 2012: MULTI-YEAR GRANTS

In 2008 the Robina Foundation awarded multi-year grants to each of the Robina Grantees. The grants are approximately equal (~\$6 million to each institution), with Yale's \$6 million grant divided between Yale School of Drama and Yale Law School. In 2010 the Robina Board of Directors agreed to provide an additional year of support at the base level to Yale Law School and Yale School of Drama, the University of Minnesota Law School and the Council on Foreign Relations. During this grant period, the Robina Foundation signaled an interest in human rights and funded several human rights programs at Robina Grantees.

2012 and Beyond

MULTI-YEAR GRANTS

Beginning in 2012, the Robina Foundation will provide major new multi-year grants to Robina Grantees. In order to fulfill the Foundation's Mission and further the Foundation's Goals, the Board of Directors looks for opportunities where Robina Foundation funding can have a positive impact on Robina Grantees and the broader society. The following General Criteria will guide the Board of Directors' consideration of grant proposals:

"Transformative" Projects: The Robina Foundation seeks to fund "transformative projects" that improve both the Robina Grantees and the larger society in which we live, such as:

- Projects that redesign or change the operation of an institution or a program or have the potential to develop new models for the operation of an institution or a program
- Projects that enhance or expand an institution, a program or part of a program in ways that benefit the institution and increase the impact on society
- Projects that approach a problem, an issue or an area in a new way, perhaps building on experience in other areas
- Unique strategies that build on the strengths of an organization while challenging the status quo

Requirements:

- Proposals must be in alignment with an institution's long-range priorities and long-range plans.
- Institutions must be able to articulate realistic goals and clear, realizable benchmarks to be met during the course of the grant.

- Proposals must describe how the institution intends to define and assess success in the short term and the long term. Grants may include funds for a formal evaluation to measure success of the program or project.
- Proposals should describe how the program will be sustained following the term of the Robina Foundation grant.

Grant Size and Duration:

- The Foundation is especially interested in major projects and initiatives.
- Grants will be awarded competitively based on merit and alignment with Robina Foundation's mission and priorities.
- Grants will vary in size and duration, depending on the nature and size of the program.
- Depending on proposals accepted for funding by the Robina Foundation, each Robina Grantee may not receive grants of the same size in a given year or over the course of the Foundation's Grant Program.

not and provide:
Restrictions: The Foundation does not wish to provide:

- General operating support
- Grants for capital projects or endowments

DISCRETIONARY GRANTS FUND

Beginning in 2012, the Robina Foundation will set aside a "discretionary fund" for grants. In addition to the Robina Foundation's major Multi-Year Grants, the Foundation may from time-to-time provide "discretionary" grants, which - Through the implementation of the Discretionary Fund, the Foundation will support its mission by funding:

- Smaller, shorter-term grants to jump-start an important initiative or meet an important need of a Robina Grantee;
- unique, transformative, unforeseen opportunities that may arise from time to time within or without the Robina Grantees. Work outside Robina Grantees that will help Robina Grantees' mature projects achieve maximum impact;
- Ad hoc, unique, unforeseen opportunities deemed appropriate for the Foundation, given the Fdn's mission.

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IMPLEMENTATION STRATEGIES: PROCESS AND TIMETABLE

November - December 2010:

Board Meeting (November 16):

- Discuss Draft General Criteria for Grants
- Review Process and Timetable

Following Board Meeting:

- Provide Robina Grantees with information:

- Foundation's Time Horizon
- Draft General Criteria for Multi-Year Grants and Discretionary Fund
- Proposed Process and Timetable
- Refine General Criteria and Process based on Robina Grantees' feedback
- Discuss Abbott Northwestern Hospital's three potential initiatives

January 2010 - February 2011: Information-gathering sessions with Yale and the University of Minnesota

Purpose:

- Learn more about the strategies, priorities and plans of the institutions through an intense information-gathering session;
- Identify key opportunities to support people or programs with "wind at their back" that could benefit from a multi-year grant from the Robina Foundation;
- Explore options that could be a good fit for the Foundation;
- Refine criteria and process for the Grant Program, as appropriate.

Attendees:

- Robina: Lead Director, Executive Director, other available Directors, selected non-board members, as appropriate
- Robina Grantee: Senior Leadership; leaders of programs that have potential for Robina funding; others as selected by Senior Leadership

February Board Meeting (February 21 - 23 at the Council on Foreign Relations):

- Conduct information-gathering session with Council on Foreign Relations
- Finalize Criteria and Process for Multi-Year Grants and Discretionary Fund based on information-gathering sessions and feedback from Robina Grantees

February - March 2011:

- Continue discussions and/or conduct information-gathering session with Abbott Northwestern Hospital
- Continue discussions with Yale, the University of Minnesota Law School, and the Council on Foreign Relations

April 2011:

Request proposals from Robina Grantees based on Foundation's criteria and previous discussions with Robina Grantees

August 2011 and Beyond:

Robina Board of Directors review and approval of grant proposals for funding beginning in 2012.

ROBINA FOUNDATION MONITORING

Written Reports:

Each year Robina Grantees will submit a ~~brief~~ interim six month report and a ~~longer~~ annual report on work accomplished on initiatives funded by the Robina Foundation.

Site Visits:

- The Board's Lead Director and Executive Director will meet with each Grantee every year.
- The full Robina Board will conduct a site visit with each Robina Grantee every three years.

| Approved by Board of Directors: 2/23/2011; modified 11/15/2011

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Minneapolis, MN 55407-1321
www.allina.com



ALLINA
Hospitals & Clinics

November 1, 2011

Penny Hunt, Executive Director
The Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Penny,

On behalf of the Abbott Northwestern Hospital Foundation and Allina Hospitals & Clinics, I am extremely pleased to submit two proposals for review and consideration by the Robina Foundation. The first of these proposals – 'A Supportive Care Approach for Patients Late in Life: Creating a sustainable model of systematic care to improve the experience of patients, their families, and caregivers' – advances the state of the art in caring for and supporting patients and families who are facing challenging end-of-life experiences. As you know, this is an issue close to my heart personally, and I am excited about the possibility of partnering with the Robina Foundation to transform our approach to late life care. We have revised the proposal submitted earlier this year based upon the helpful critiques of Eric Coleman, MD, and Diane Meier, MD. Included with the revised proposal is a cover memo outlining our changes and responses to their review.

The second proposal – 'Relaxation Response: A self-care intervention to combat burnout among primary care and hospitalist physicians' – enables us to begin to purposefully confront and address the issue of wellbeing among our physicians. The small pilot study allows us to test an individual level intervention for care providers, one that will be complemented by ongoing organizational level interventions. Burnout among our primary care physicians, our medical staff, and our clinicians is reaching critical levels, and we are determined to employ a multi-level approach to decreasing and preventing this phenomenon.

We look forward to hearing the Foundation's recommendations regarding these two proposals. Both of these initiatives bring together a cross-disciplinary team to develop and test models for unique challenges faced by the current healthcare system. Solutions in these spaces will ultimately benefit patient care and enable much needed transformations in the way we partner with patients and families to provide care and improve health.

If you have any questions about these submissions, please do not hesitate to contact me.

Warmly,

Penny Wheeler, MD
Chief Clinical Officer
Allina Hospitals & Clinics

A Supportive Care Approach for Patients Late in Life:
Creating a sustainable model of systematic care to improve the experience of patients,
their families, and caregivers

Eric W. Anderson, MD

Medical Director, Palliative Care, Allina Home and Community Services
Principal Investigator

Sandra Schellinger, RN, MSN, NP-C

Program Development Manager, Advance Care Planning, Allina Home and Community Services
Co- Investigator

Heather R. Britt, MPH, PhD

Senior Research Scientist & Manager, Applied Research, Center for Healthcare Innovation
Co- Investigator

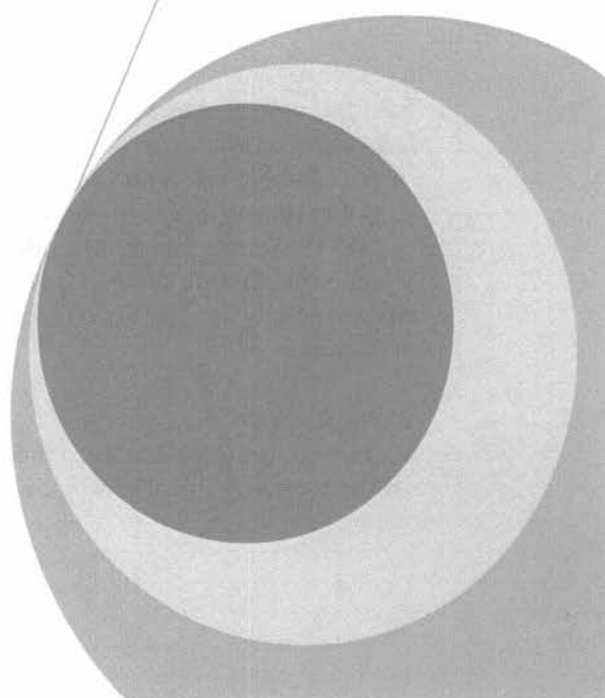
Gayle Mattson, BSN

President, Allina Home and Community Services
Business Leader

Penny Wheeler, MD

Chief Clinical Officer, Allina Hospitals & Clinics
Executive Sponsor

November 2011



Revision and Resubmission of Allina's Late Life Supportive Care Proposal

The Allina Hospitals & Clinics Late Life Supportive Care (LLSC) team is grateful for the opportunity to respond to valuable reviewer feedback of our initial proposal, which was submitted July 2011. We are especially thankful to Diane Meier, MD and Eric Coleman, MD, for their time and sophisticated examination of our proposal. This document, which accompanies our revised proposal, offers a recap of reviewer comments and our response to those comments. We also offer an overview of other modifications made to the initial proposal.

Overview of Approach

The Allina LLSC team has been engaged in a two-month period of review and evaluation of our initial proposal and has worked across the organization to ensure inclusion of key Allina assets in our review and revision. We have also been meeting regularly with the University of Minnesota evaluation team to build relationships and dialogue about needed changes to the LLSC Model. The University of Minnesota team (Christianson, Wholey and White), accompanied by Sandy Schellinger, will visit Gunderson Lutheran in early November to learn more about their approach and current Medicare demonstration project. A visit to the national expert in advance care planning will further inform Allina's LLSC model. Finally, starting in January of 2012, Allina will begin to cover a portion of three key FTEs committed to this work – Eric Anderson, MD, Principal Investigator (50%); Sandy Schellinger, RN, Co-Investigator (75%); and Heather Britt, MPH, PhD, Co-Investigator (40%) so that they can continue development and preparation for the design/build phase of the LLSC Model. Allina's FTE coverage will occur regardless of any external funding and aims to demonstrate the organization's full commitment to enhancing its late life care approach.

Critical Comments from Reviewers & Responses

Drs. Meier and Coleman offered a variety of important feedback about the initial proposal and, based upon their comments, we identified five significant areas requiring proposal revision. Those areas are outlined below:

Attention to Research Oversight

Dr. Meier observed that the team deploying the Late Life Supportive Care Model needed to pay careful attention to data collection for research purposes. She recommended the addition of a team member whose primary responsibility would be the implementation of data collection mechanisms, commitment to data quality, and awareness of data collection burden on patients, caregivers, and the care team.

In response to this concern, we have added a Research Manager to the implementation team. This individual will serve as a peer to the Project Manager, responsible for the design and implementation of data collection efforts, in partnership with the investigator team and University of Minnesota evaluation experts. This FTE will report to Allina's research Co-Investigator and will serve as a liaison between the Allina and University of Minnesota teams, with oversight for the Allina research assistant. Qualifications for the FTE include, minimally, a Master's Degree with professional experience overseeing large data collection efforts and completion of the formative and summative work necessary to develop and implement new data collection tools (e.g., surveys). See page 62 of the revised proposal for inclusion of this resource.

Patient Selection

Dr. Coleman expressed concern that the team needed to carefully consider the issue of patient selection and the tools and algorithms that would be used to identify patients likely to die within the next 6 to 24

months. There are few, if any, useful prognostication tools available for wide use with patients and families. Further, where those tools exist, they are frequently focused on a single condition (e.g., heart failure) and not relevant across conditions and patient types.

In response to this concern, we have assembled an Allina and University of Minnesota team that will design and implement a broad patient selection algorithm using available electronic health record data. This algorithm will yield a pool of patients whose records will be reviewed by a clinical team before referral to the LLSC Model is initiated. The team will include Jon Christianson, PhD, health economist from the University of Minnesota; Jason Haupt, PhD, statistician with Allina's Performance Resource department, and Prasanna Desikan, PhD, computer scientist with Allina's Center for Healthcare Innovation. This team will use both Allina's own mortality data, as well as a feed of mortality data from the Centers for Medicare and Medicaid Services, to identify patients who have died within a certain time period. The team will then extract key data elements from Allina's electronic health record that describe the disease progression, clinical characteristics, and utilization patterns of these individuals for the 24 months prior to their date of death. The following electronic health record data will be included as part of this analysis: patient demographics; current and historical clinical data (inpatient/emergency department admission data and relevant clinical values, clinic data and relevant lab values); diagnosis and problem list; and proxy measures for frailty and functional status. Using a combination of traditional statistical analysis (Haupt), econometrics (Christianson), and data mining techniques (Desikan), the team will develop a parsimonious algorithm that 'predicts' impending (six to 24 months away) death. This algorithm will be used to identify prospective patients for ultimate inclusion in the late life supportive care model. While Phase I of the late life supportive care model development will include a focus on patients facing Alzheimer's, stage III or IV cancer, or heart failure, the algorithm will be developed encompassing all conditions where possible. While the prognostication tool will identify patients for consideration of referrals to the LLSC Model, the decision to initiate the referral will be further predicated upon clinical review of the prospective patient list. See pages 41 and 42 of the revised proposal for inclusion of this component.

Patient Tiering

Dr. Coleman suggested that the team should consider the idea of tiering or risk stratifying patients as they enter into the late life supportive care model to ensure that resources are most efficiently deployed. It appears that his concern is centered on the notion that a standard set of late life supportive care resources (e.g., supportive care case manager, extended interdisciplinary care team, palliative care, hospice services) would be too resource intensive for all patients and would result in potential overutilization.

While the team appreciates this concern, it is clear that development of the model has not matured enough to warrant movement toward the type of patient tiering that Dr. Coleman suggests. We suggest that addressing this type of tiering of patients would be more appropriately positioned as an activity within Phase II of this work. More fitting for Phase I is the idea of tiering patients based upon likelihood to engage with the late life supportive care model. By this, we mean that certain patients and families are more likely to be open to the referral into late life supportive care, while others will likely be resistant to the referral and invitation to participate in this type of care model. Using the above dataset that will be developed for the creation of a patient selection algorithm, we will seek to understand the characteristics of patients that predict likelihood to engage in hospice or palliative care utilization and characteristics that predict likelihood to not engage in these sorts of care services. We will use these characteristic sets to parse patients and families into recruitment groups – those who may be easier to refer and recruit into the model and those who may be more challenging to refer and recruit. We will

then explore the variety of referral and recruitment techniques that may be necessary to encourage and enable patients and families less likely to consider late life supportive care involvement. See page 28 of the revised proposal for inclusion of this component.

Logic Model & Intervention Specifics

Dr. Coleman recognized that the initial proposal lacked an overarching logic model for the LLSC model. He also appropriately described a lack of 'second order' specifics about the intervention plan itself (i.e., the process component of the logic model). His concerns indicated that he was worried there was insufficient detail for the team to be able to execute on the implementation of Phase I as quickly as proposed.

In response to this concern, the internal Allina team, in partnership with the University of Minnesota evaluation team, developed both a logic model for the overall late life supportive care approach, as well as an additional layer (i.e., 'second order') of intervention specifics describing the development and deployment of the model. Coupled with this is a purposeful split of the late life supportive care work into two phases – Phase I focused on a year long design/build phase (2012) and enrollment of patients for a formal pre-post test (2013/2014) and Phase II focused on an expansion of referral sites and conditions. This design/build phase, however, allows for the involvement of 'pilot' patients and families (three to five across each of the primary conditions – Alzheimer's, stage III and IV cancer, and heart failure) that will be instrumental in co-developing the 'third order' intervention specifics necessary for large scale implementation and enrollment of patients in the model during the testing portion of Phase I. See page 23 for the overarching logic model. See page 24 for a high level overview and pages 25 and 26 for a detailed, design/build plan for the LLSC Model.

Business Model

Dr. Coleman reacted to the lack of obvious business model in the proposal. While we included utilization measures in the initial proposal, there was no specific identification of a need for understanding the return on investment of this model and the staffing model questions or scale efficiency questions inherent in this work. Further, there were no specific hypotheses identified related to a business plan. Dr. Coleman's primary concern appeared to be the idea that if the model works, the Robina Foundation may have funded something unsustainable.

In response to these concerns, the Allina team, along with Jon Christianson (health economist) from the University of Minnesota, met with key internal assets at Allina to understand their perspectives on the development of a business model. These assets included Allina's Chief Financial Officer; Director of System Finance; Vice President of Finance for the HomeCare, Hospice & Palliative Care Division; Care Management leadership; and Payer Relations. These conversations yielded the development of a design/build plan for analysis and evaluation of a business model concurrent with the development of the care model. Similar to the approach used to identify and develop an algorithm for patient selection, we will compile a dataset focused on utilization of late life supportive care services (e.g., hospice, palliative care, care management), patient demographics, and patient clinical outcomes. These data will be acquired for patients who have died within a certain time period and again, similar to the above approach, we will examine clinical and utilization patterns for the 24 to 36 months prior to death. Examination of these patterns will yield the data necessary to build a straw business model – an estimation of the expected costs associated with utilization patterns aligned with late life supportive care, coupled with an estimation of the reduced inpatient and other expenses associated with reduction of length of hospital stay in patients who could be transitioned to late life supportive care. Fixed and variable costs will be identified in both estimates, staffing models will be assessed and tiered, and an

estimation of a 'break even' point of patient volume will be examined. The straw business model will be improved and updated over time as data from Phase I enrollment are collected. Further, the straw business model will allow for the Late Life Supportive Care Business Model (including the above membership) to identify when and how conversations with the payer community should be launched to understand the healthcare system impact of the model (especially if the model yields a plausible outcome of a negative impact on the finances of the provider group). See pages 54 of the revised proposal for inclusion of this component.

Additional Proposal Modifications

In addition to the modifications noted above, the internal and University of Minnesota teams have made further changes based upon continued dialogue:

Single Principal Investigator

In an effort to streamline ultimate decision-making for this work, as well as honor the need for the Robina Foundation to have one primary contact related to late life supportive care, Eric Anderson, MD, will serve as the Principal Investigator. In his role, Dr. Anderson will be ultimately accountable for the program development and research and evaluation activities associated with Phases I and II of the project. This change is reflected on page 56 of the revised proposal.

Transitions to Investigator Team

Abbey Sidebottom, MPH, previously identified as an Allina Co-Investigator, has transitioned to a full-time effort focused on another large population demonstration project within the Center for Healthcare Innovation (i.e., the Heart of New Ulm). Because of that transition, Heather Britt, MPH, PhD, will take her place as the Allina Co-Investigator, with a focus on research. Dr. Britt will be accountable for Allina's research and evaluation performance associated with this model. Further, the Research Manager identified above will report to Dr. Britt to ensure high quality data collection systems are in place. These changes are reflected on pages 57 and 62 of the revised proposal.

In addition to this transition, the Allina and University of Minnesota teams have engaged Eric Coleman, MD, as a consultant to the project. Dr. Coleman will serve as a senior advisor to the research and demonstration team, offering input, guidance, and helpful pushback as the team develops and implements the late life supportive care model. We are delighted that Dr. Coleman has agreed to join our team and is excited to participate in furthering this work. This change is reflected on page 57 of the revised proposal.

Scoping and Scaling of Phase I and Phase II

Given the complex nature of the work proposed, the Allina and University of Minnesota teams decided to scale back the Phase I efforts and to scope the work slightly differently. Major changes to the proposal include:

- **Focus on narrowed set of conditions – Alzheimer's, stage III and IV cancer, and heart failure.** These conditions were selected because of the differential nature of the patient populations and the key learnings about model development that are likely to arise through work with each patient and family community. Additional conditions (e.g., COPD, renal failure, other neurodegenerative conditions) will be included in Phase II. These changes are reflected on pages 12 and 13 of the revised proposal.
- **Restriction in referral sites.** In Phase I of the work, the team will focus on patient referrals from Abbott Northwestern Hospital and the two senior care sites – Walker Methodist and Augustana. Inclusion of the primary care team will always be a part of the interdisciplinary work of late life

supportive care, but specific enrollment of patients through primary care office referrals will be transitioned to Phase II. In addition, in Phase II, we will expand the model to other smaller hospitals (e.g., St. Francis Regional Medical Center) who serve an overlapping geography with Abbott Northwestern Hospital. Finally, patient and family self-referral will be enabled in Phase II. These changes are reflected on page 41 of the revised proposal.

- **Design/build period embedded more clearly in Phase I.** Depending on when funding from the Robina Foundation is made available, Allina has already prepared to begin funding its investigator team in the first quarter of 2012 to initiate the design/build work of Phase I. While pilot patients and families will be involved in the 2012 work, enrollment of patients and families necessary to detect the effects of late life supportive care will not begin until 2013 and will extend through 2014. This change is reflected on pages 43 and 44 of the revised proposal.

Expansion of Twin Cities Public Television (TPT) Involvement

While the initial proposal described a nascent partnership with TPT, the Allina team has spent extensive time with the staff at TPT since submission. The revised proposal now describes a more mature partnership with TPT, including an expanded focus on the implementation of listening sessions with a variety of key stakeholders (e.g., patients and families, care teams, public), the development of recruitment and referral materials for use in Phase I enrollment, and broad public dissemination of the experience of Allina in developing the late life supportive care model. The partnership also includes ongoing opportunities for Allina to update the broader community about this work and follows in the footsteps of TPT's recent work with the Honoring Choices movement. These proposal changes are identified on pages 29 and 30 of the revised submission.

Involvement of Abbott Northwestern Hospital Clinical Council

While the initial submission identified an internal advisory committee from across Allina, the internal investigator team, along with Penny Wheeler, MD, has spent time reviewing and updating Allina's clinical leadership on the model and approach. As a result of these discussions, the revised proposal highlights the specific inclusion of members of the Abbott Northwestern Hospital Clinical Council (the clinical leadership team crossing hospitalists and specialists) in this advisory structure. The internal team will also engage in regular updates and dialogues with the Clinical Council as this work moves forward. This change is highlighted on page 17 of the revised proposal.

Modifications to Budget and Justification

The budget and justification have been updated to reflect the above changes.

Phase II Approach and Approximate Budget

The revised proposal focuses on Phase I of this work – this phase will extend from 2012 through 2014. Phase II of this work will be launched in early 2015 and extend through the end of 2017 (three year period). Phase II will allow for the expansion of conditions – inclusion of chronic obstructive pulmonary disorder, renal failure, and additional neurodegenerative conditions, as well as potentially terminal acute events for those patients advanced in age. Phase II will expand referral sites from Abbott Northwestern Hospital and two senior care sites to include another major regional hospital serving the same geographic catchment area as Abbott Northwestern Hospital, primary care clinics serving this area, and patient and family self-referral in this same geography. Essentially Phase II is a scaled up regional test of the Late Life Supportive Care model. Our aim is to enroll 1,500 patients in Phase II of this work. Total estimated cost for Phase II is \$10 million and approximate per year cost is: 2015 -- \$3.8 million, 2016 -- \$4.1 million, and 2017 -- \$2.1 million. Grand total for implementation of both Phases of the Late Life Supportive Care model is approximately \$19.5 million.

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I. Executive Summary

Patients with late life limiting illness and their families are often at a loss when seeking support within the current U.S. healthcare system. Poor understanding of late life supportive care services, which include advance care planning, palliative care and hospice services, combined with a lack of systems to promote referral upon diagnosis, result in poor access to services and leave families with the burden of managing end-of-life care for their loved ones.

Those who receive services enter a profoundly fragmented system in which care coordination is overwhelming—patients with late life limiting illness may interact with as many as 130 physicians across 60 practice settings. The result is duplicative and unnecessary medical procedures and conflicting treatment plans across clinical providers and settings that are part of a health care system that was built to deliver services to acutely ill patients requiring episodic care, not to patients who are chronically and persistently in need of coordinated care.

While clinicians excel at achieving technical outcomes, they lack the skills and tools necessary to engage comfortably and effectively in end-of-life discussions. Without standardized, reliable systems to integrate late life supportive care services into primary care and inpatient settings, patients, families and care providers are at-risk for managing within an environment where care is suboptimal and misaligned with the values and wishes of patients and their families.

With support from Robina Foundation, we aim to shift the present late life supportive care paradigm by demonstrating and testing a comprehensive, systemic approach that is proactive in meeting the unique needs of patients with life limiting illness. The proposed project will assemble existing supportive care services as a unified program; introduce a range of system components designed to address the gaps described above; and integrate these services, systems, processes and tools into the primary and inpatient care settings.

This Late Life Supportive Care (LLSC) model consists of the following system components:

- Tools to support patient referral upon diagnosis of a life limiting illness;
- A comprehensive suite of instruments to assess patient and caregiver: quality of life, stress and symptom burden; functional, physical and mental health status; and experience with the health care system;
- Targeted reassessment, triggered at each clinic visit, if the patient is hospitalized, or with recognized disease progression;
- Comprehensive Supportive Care Plans that build on assessment findings, are integrated into the electronic health record and are continually updated as needs, values and wishes change;
- Education and support tools that foster end-of-life dialogue;
- Shared decision-making serves as a grounding value and sustaining mechanism to engage health and supportive care providers, patients and caregivers in dialogue and decision-making to coordinate care, manage resource needs and continuously align patient preferences with care recommendations;
- Integration of supportive care partners, such as family or spiritual counselors, to respect and recognize that patients' definition of health often goes beyond their physical well-being; and
- Electronic support tools that are integrated into the medical record to systematize late-life supportive care for patients with life limiting illness and clinicians.

Once implemented, the result will be compassionate, comprehensive and reliable late life supportive care services that realize the Triple Aim and other critical outcomes for patients, caregivers and care providers, including:

- Honor patients' and families' end-of-life wishes and goals,
- Maintain the overall quality of life for patients and families,
- Improve the patient and family care experience,
- Control costs of care for patients with life limiting illness,
- Increase access to best practice end-of-life care, and
- Improve job satisfaction of interdisciplinary team members.

This initiative will target a patient population for supportive late life care that includes individuals residing in the seven-county Metro area who are over the age of 65; have a diagnosis of stage III or IV cancer, heart failure, or Alzheimer's; have been identified as having a life expectancy of between 6 months and two years, and are receiving treatment either through Abbott Northwestern Hospital or a partner senior care facility (Walker Methodist or Augustana). This patient population has been selected for the following reasons:

- 1) This initiative aims to improve end-of-life care for patients with ever increasing complex health needs who, in their final years of life, are in need of a well-designed, coordinated system of care.
- 2) The specific disease conditions identified are conditions that are often associated with excessive inpatient stays during the last six months of life; complex medical decisions; significant symptom burden; and complex social, emotional and spiritual needs for patients and caregivers.
- 3) While there are many chronic diseases that might benefit from this approach, focusing on selected conditions will enable the researchers to examine effects within relatively homogeneous patient populations and to contribute to disease-specific literature.

In an approach similar to the 'Care Guides in the Primary Care Clinic' proposal previously funded by the Robina Foundation, a two-phase approach will be used for this effort. In Phase I, the project team will complete design of the model and pilot test the approach at Abbott Northwestern Hospital and two Senior Care Transitions facilities. A pre-post design will be used to evaluate the impact of the pilot, comparing patients with both concurrent and historical controls to examine hospice use and hospice length of service. Additional measures will be examined for change over time in intervention patients and caregivers. These measures include quality of life, stress, symptom burden, health care experience, caregiver health care experience, and additional psychosocial measures. Phase I will also include development of a partnership with Twin Cities Public Television to enhance both the public and internal Allina dialogue around end-of-life. The current proposal focuses on Phase I efforts.

In Phase II, implementation will be extended to one additional metro hospital and regional hospital, as well as to primary care clinic locations. Further, Phase II will involve an expansion of conditions beyond those identified above. The Phase II robust evaluation design will examine the outcomes of hospice use, hospice length of service, inpatient days near the end-of-life, patient and caregiver experience, and psychosocial measures refined in Phase I. Further, cooperative discussions with local payers will be launched to allow for the development of a business model to support late life supportive care. Phase II will also include continued engagement of the metro Twin Cities community in a public dialogue around end-of-life issues and the need for a supportive care approach. Following Phases I and II, a sustainable, system-wide rollout of this model across Allina Hospitals & Clinics will be initiated.

II. Background and Justification

A. Context

In its 2007 *Health for Life, Highest Quality Care* report the American Hospital Association (AHA) defines health care quality as: *individuals getting the exact care they need, when and where they need it—patients do not miss care that is recommended or get treatments that are not* [1]. According to the AHA, when clinicians and health care organizations across the nation are recommending and achieving compliance with rigid treatment guidelines, they perceive high quality health care is occurring.

Health care quality must be redefined for individuals with life-limiting illness who are in the final stage of the care continuum for the following reasons: 1) because their care is complex, they require a greater number of clinicians and care settings; 2) coordination of care is at highest risk of fragmentation; 3) personal values and wishes often conflict with rigid treatment guidelines; and 4) they have an advanced need for physical, emotional and spiritual support.

The healthcare system also needs to employ innovative thinking and practice in an effort to align personal values and wishes with health and supportive care decisions. Today, there is often gross misalignment between these for patients with life limiting illness. While a majority of Americans (70%) indicate a preference to die at home, only 25% actually die at home [2]. Though individuals express they prefer less aggressive care at end-of-life, 27% of all Medicare spending still goes towards 5% of Americans in their last year of life [3]. Only 40% of patients eligible for hospice services—which help patients' realize goals of less aggressive care outside the hospital setting late in life—receive these services and, of those, 33% are not referred until their last eight days of life [4].

Contributing to this misalignment is the fact that the U.S. health care system was built to deliver services to acutely ill patients requiring episodic care, not to patients who are chronically and persistently in need of coordinated care. The more chronic conditions an individual has, the more care providers they see across multiple care settings. A 2009 study found that for every 100 Medicare fee-for-service patients treated, each primary care physician would typically have to coordinate care with 99 physicians across 53 practices. However, physicians who treated patients with more chronic conditions typically had to interact with 134 physicians across 62 practices [5]. This dizzying number of interactions contributes to duplicative and unnecessary medical procedures; conflicting treatment plans; and an increased burden for patients who are ill-equipped to advocate for their wishes, interpret health information or make informed decisions. The Institute of Medicine estimates that half of Americans have difficulty understanding and acting on health information, a trend that may be more pronounced in the medically needy elderly population [6].

Care utilization and pharmacy costs also factor into the need to build an improved care model for this population. Today, individuals with more than one chronic health condition account for 91% of prescriptions filled, 81% of hospital admissions and 76% of physician visits annually [7]. Given the gravity of the need of this population, the American Hospital Association is calling for expanded research focused on exploring new approaches that impact care coordination for individuals with chronic conditions.

Chuck's story illustrates the degree to which the system is failing for patients with life limiting illness. Chuck was 81 years old: a father, a veteran, a man of strong faith. Chuck was an engineer on secret

government projects who loved golfing, fishing and woodworking. He died at home of heart failure, 12 years after a kidney transplant.

In his last year of life, Chuck and his wife, who struggled with memory loss and was wheelchair-bound, faced many challenges, such as:

- Worsening medical problems, including heart failure and kidney transplant rejection
- An emotionally difficult move from their home to assisted living
- Loss of the ability to drive
- Loss of connection with friends from home and church
- Depletion of financial reserves

Due to the worsening of Chuck's heart and kidney failure, the glaring lack of integration in his medical care became evident:

- Stronger medications and hospitalizations were recommended to treat symptoms.
- Visits to specialists, who were focused on episodic care for different organs, resulted in conflicting care plans. Each specialist's recommendations had implications for the others' plan, but there was no primary care physician managing care, explaining his condition or helping navigate choices on behalf of Chuck's overall health, values and wishes.
- Medication adjustments that occurred during hospitalization were not explained to Chuck or integrated into a medical record, resulting in Chuck's primary care physician reversing new orders upon his subsequent visit to the clinic.
- Chuck became gradually weaker from bed rest and began to ask his family and physicians why he would go back to the hospital if it didn't help and, rather than feeling better, he was becoming weaker.
- Chuck began to fall.
- When Chuck's family tried to initiate an end-of-life discussion with his doctors, the response was, "Let's try this new medicine first. Come back in two weeks, and we'll assess its impact."
- MRI scans, endoscopy, and other unhelpful tests were recommended to evaluate Chuck's increasing number of symptoms as his body continued to decline.
- Finally to Chuck and his family's surprise, Chuck's family physician articulated that he was approaching end-of-life, and Chuck died 10 days later.

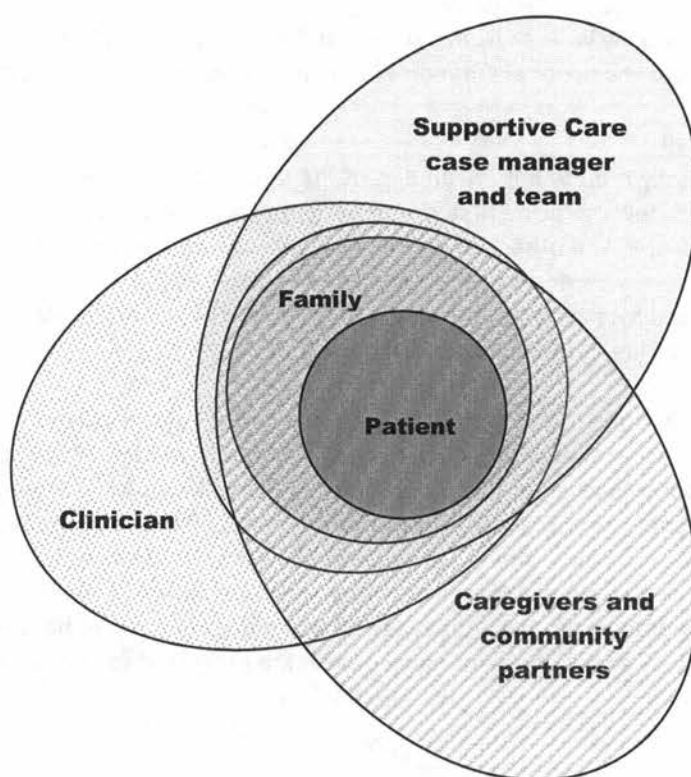
Sadly, Chuck's story is not unique in demonstrating how the current system provides end-of-life care at the crossroads of a crisis, rather than a proactive system of supportive care. Many adults today who are serving as caregivers to parents or other loved one's have a story like Chuck's. At no time in history has this problem been more important to address, particularly as a 2000 RAND Corporation study estimates 133 million Americans—nearly half of the U.S. population – now suffer from at least one chronic condition and nearly half of these individuals have more than one chronic condition. As people age, they develop more chronic conditions; among people age 80 and older, 73 percent have two or more chronic conditions. As baby boomers age, 37 percent more people are projected to have chronic conditions in 2030 than in 2000 [8].

B. Vision

Historically, late life care programs, interventions and research have focused on improving health directives or some other finite aspect of the overall system of supportive care. Still, individuals like Chuck do not get the service they deserve at the most vulnerable time of their lives. We liken such an approach to Chuck's own health care story--where overall health declined as each specialist focused on a disparate body part, but no one assessed, educated and advocated for Chuck holistically.

[As with all large-scale systemic change, true change occurs when the system's disparate parts connect and seamlessly integrate. As Dr. Pham of the Center for Studying Health System Change writes, "Coordination of care involves the integration of care across all of a patient's conditions and needs, across providers and settings, and in accordance with the preferences and capabilities of patients and their families. Coordination involves complex activities that require conscious interactions between providers and between providers and patients" [5].

The LLSC Model will be grounded in the core value of shared decision-making to ensure the system's many stakeholders are engaged to inform its improvement, coordinate care, compassionately align care decisions with patients' values and wishes, and adjust care plans as patients' needs and wishes change. The following figure reflects the stakeholders whose engagement in shared decision-making is critical to the LLSC model's successful design and implementation:



Chuck's values and wishes, which consisted of such joys as interacting with family, parishioners and friends, enjoying the outdoors and attending church, could have been sustained, along with a higher quality of life, until his final days if mechanisms had been in place to accomplish this integrated model of care. Take a moment to imagine Chuck's care in the context of the LLSC model, where the measure of quality health care is redefined as fulfilling patient-defined choices rather than only compliance with rigid treatment guidelines:

- Chuck and his caregiver are referred for advanced care assessment upon diagnosis of a life limiting illness.
- Chuck and his caregiver's quality of life; stress; symptom burden; functional, physical, mental and spiritual health status; experience with the care system and end-of-life wishes are assessed.
- Chuck, his caregivers and clinicians are educated and supported in exploring and understanding treatment options and in maintaining ongoing dialogue on end-of-life issues.
- Chuck and his caregiver are invited regularly to participate in shared decision-making with his health and supportive care partners to reflect on changes in treatment and supportive care plans, discuss referrals, coordinate care, understand diagnosis and prognosis, manage resource needs, align end-of-life values and wishes with treatment decisions, and facilitate difficult conversations and care decisions
- Additional supportive care partners are engaged in the advanced care plan through referrals, such as to social work for financial, insurance and legal concerns; mental health to cope with parent- child role reversal; spiritual care to cope with multiple life losses; and physical therapy to assess falls risk.
- Assessments and plans are integrated into the electronic health record to align care recommendations with Chuck's values and wishes and to facilitate care coordination. Chuck can see his care plan via MyChart, a web-based feature of the electronic record.
- Follow-up assessment is initiated with Chuck's clinic visits, hospital admissions or changes in disease progression, recognizing that, unlike treatment guidelines, Chuck's quality of life measures, values and wishes may change and the care plan will require updates.
- Finally, anticipatory grief and bereavement support is coordinated to help Chuck's wife cope after his death.

C. Review of Current State of Late Life Care Services

Today, advance care planning, palliative care, and hospice are core components of late life supportive care. While currently treated as separate services, this initiative will assemble these late life supportive care services into a unified program, which is integrated into primary and inpatient care to realize maximum impact on the quality of end-of-life experiences for patients, their caregivers and medical providers. Below is a review of each of these current programs' strengths and weaknesses, which inform the intervention approach.

Advance Care Planning (ACP)

For this initiative, Allina has adopted the Respecting Choices model of advanced care planning developed by Gundersen Lutheran. Under this model, an advance care planning conversation takes place between the patient and health care agent with a trained facilitator. The conversation reflects on the goals, values and beliefs of the patient and puts these in the context of health care choices--either for basic planning or tailored common scenarios based on the individual's disease status. Advance care planning also includes documentation and clear communication of those choices among the patient, caregivers, clinicians and supportive care providers.

Advanced care planning (ACP) programs, following the implementation of the Patient Self-Determination Act (1991), have historically focused on promoting and evaluating the impact of health care directives. The assumption has been that if more people were made aware of their rights, completed legal forms that advised on their wishes and appointed proxies—like family members—for care decisions, end-of-life care would line up with their values and wishes [9]. However, achieving the goal of providing patient determined care near the end-of-life has proven much more complex than implementing health care directives and appointing healthcare proxies [10].

A summary of research funded by AHRQ indicates that less than 50% of the severely or terminally ill patients studied had an advance care directive in their medical record and between 65% and 76% of physicians whose patients had an advance directive were not aware it existed. In addition, having a directive did not increase documentation in the medical chart on patient preferences and language in the directives was often not specific enough to provide clear instructions [11]. Since the focus of health care directives is often life-sustaining treatment written in broad language, studies have also shown they do not provide guidance for people with chronic or terminal diseases [12] [13].

Research on appointing proxies indicates the individuals named in the directive were often not present to make decisions or were too emotionally upset to offer guidance [11]. Other research found proxies were not good at predicting the desired choices of the patient and lacked information to serve as decision-makers [14-15]. A recent study of decedents over age 60 documented that substitute decision-makers were needed in approximately 30% of deaths [16]. These findings provide compelling evidence of the need to better prepare and assist proxies for their duties as decision-makers.

Research has also focused on reasons patients and providers avoid end-of-life discussions [17], finding that professionals are uncomfortable and lack appropriate training to initiate complex end-of-life decision-making discussions [18]. Not communicating well with patients about advance care planning may have detrimental effects on patient's and caregivers' mental health [19]. For patients with chronic diseases, much of the literature indicates that patients often do not understand the terminal nature of their disease or prognosis, highlighting the importance of improving communication between providers and patients about end-of-life care.

The Respecting Choices model of advance care planning addresses barriers inherent with advanced directives, including:

- lack of physician awareness of plans,
- lack of documentation of preferences in the medical record,
- poor communication between providers and patients about end-of-life wishes,
- lack of applicability of documented wishes to decisions needed, and
- poor proxy prediction of patient wishes.

In randomized trials, Respecting Choices has been shown to improve proxy knowledge of patient wishes that result in decisions with high levels of agreement with patient desires and reduced decisional conflict among patients [20-23]. Gundersen Lutheran, as a leader in the field of advance care planning, has intentionally set standards related to advance care planning, palliative care and hospice support for patients and families in its community. Approximately 95% of community members have a documented advance care plan. According to the Dartmouth Atlas, Gundersen has one of the lowest costs of care for patients at the end-of-life. It has also documented high compliance with patients' wishes [24]. This process likely has benefits for caregiver well being as well. In an examination of end-of-life planning in cancer patients, one study found patients who did not have end-of-life discussions were more likely to

undergo aggressive care, which was associated with diminished patient quality of life as well as bereavement adjustment for the caregiver [19].

Disease-Specific Advance Care Planning (DS-ACP), a relatively new area of focus within the field, was developed to address many of the weaknesses of current end-of-life planning methods. Also part of the Gundersen Lutheran Respecting Choices model, DS-ACP is designed for patients with chronic progressive illness who have begun to experience a decline in functional status, increased comorbidities, more frequent hospitalizations, or risk for complications that might leave them unable to make their own healthcare decisions. The in-depth planning process includes the patient, an appointed proxy (and other family members) and a trained facilitator. Tailored to the patient's specific disease and potential complications, this patient-centered intervention aims to uncover gaps in understanding, clarify the patient's goals for future medical care and improve communication between all involved parties.

Initial studies have suggested that DS-ACP can improve the experience of patients with chronic conditions. The Respecting Choices DS-ACP model was tested for immediate outcomes in four randomized trials of patient-proxy pairs. Three small studies with patient-proxy pairs among patients with congestive heart failure, end stage renal disease, cardiac surgery and HIV (adolescents only) all found the DS-ACP intervention associated with increased congruence in decision-making between patient and proxy on the statement of treatment preferences, and demonstrated reduced decisional conflict among patients in the DS-ACP group as compared to the standard treatment patients. Two of the studies found a positive association with quality of provider communication [20, 22-23]. A larger trial with 313 patient-proxy pairs with congestive heart failure or end stage renal disease found a significantly higher degree of understanding of patient goals among intervention surrogates [25]. A trial in Australia examined facilitated ACP, which includes the same basic elements as DS-ACP, in elderly patients and their proxies. Among patients who had died, those who had completed the ACP process were much more likely to have their wishes known and adhered to as compared to the usual care group. Family members of ACP participants also had less stress, anxiety and depression compared to those in the usual care group [26].

Allina Hospitals & Clinics recently implemented the DS-ACP model with a focus on heart failure patients and conducted an evaluation of the first two years of implementation [27]. In contrast to prior randomized trials, this study provides an evaluation of DS-ACP in an applied setting. Nearly one-third (31.8%) of the 1,894 heart failure patients referred to DS-ACP during the study period participated. Referral method was associated with participation, with those referred through a medical provider or care coordinator being most likely to participate. This is likely related to their ability to explain the DS-ACP process and what to expect. The study also identified improved documentation of wishes for DS-ACP participants. A chart audit revealed that of those completing the DS-ACP process, 94.3% had a health directive compared to 24.8% of non-completers ($p < .001$). An important distinction that must be made is that the proxies listed in advance directives of patients who completed DS-ACP had participated in extensive conversations about their loved one's preferences and thus were not just available to make decisions but had increased understanding of those decisions. Additionally patients undergoing the DS-ACP process completed additional documentation known as Statement of Treatment Preferences documenting their preferences for specific actions related to situations that are likely given their chronic condition. Of the patients who died by the end of the study period ($n=286$), DS-ACP participants were more likely to have used hospice compared to non-participants (56% vs. 37%, $p = .002$).

The field of advance care planning is improving the methodology for addressing complex needs of patients with advanced chronic illnesses. The Respecting Choices model chosen by Allina has a growing body of evidence to support it as an effective tool to better address end-of-life decision-making. Because the field of advance care planning and especially DS-ACP is still relatively young, health systems are challenged to find the best strategies to integrate these processes into care for people with chronic conditions.

Palliative Care

The purpose of palliative care is to relieve suffering, improve quality of life for patients with advanced illness and provide support for their families, regardless of the state of disease treatment. Palliative care assesses and treats pain and other symptoms, communicates about care goals and provides support for complex medical decision-making. These services typically include practical, psychosocial support, care coordination and bereavement services [33].

Palliative care has been shown to benefit cancer patients, and currently the call is increasing for its application to treat heart failure, renal failure and chronic obstructive pulmonary disease [36-38]. Studies of early palliative care with cancer patients have shown positive outcomes for patients provided with these services. For example, Bakitas et al tested a formal nurse-led palliative care intervention (Project ENABLE) for 322 newly diagnosed cancer patients who all had a prognosis of approximately one year. The intervention included four formal weekly education sessions with a set curriculum and monthly follow-up via phone until the patient died or the study ended. Positive differences were identified for the group provided with palliative care services including: improved quality of life, decreased depression and an indication towards lower symptom intensity over 13 months of follow up [34]. In another randomized trial in which 151 patients with newly diagnosed metastatic non-small cell lung cancer tested an early comprehensive palliative care model in an outpatient setting, results show increased quality of life, less depression, less aggressive treatment and longer survival [35]. Finally, there is some evidence that palliative care is cost effective – a study of three years of data from New York hospitals indicates an average of approximately \$6,900 less in hospital costs for patients receiving palliative care than a group of matched patients who did not receive the care [33].

Palliative care is often constrained by lack of integration into primary care, poor reimbursement, limited public understanding of available late life resources and the overuse of interventions that do not add to quality of life. There is a misperception that palliative care services are only for patients who are actively dying when, in fact, palliative care serves to manage symptoms of people with advanced disease regardless of the stage of illness or treatment. Research indicates palliative care is most effective when integrated early, yet standard care systems often do not provide this integration, with the exception of some comprehensive cancer care models which integrate palliative care at the time of diagnosis along with anti-cancer therapy [21]. Among non-cancer patients, late referrals typically yield inadequate changes in quality of life, which lead patients, families and care providers to doubt its efficacy. Because of these constraints, patients with life-limiting illness too often experience poorly managed pain and symptoms, as well as an incomplete understanding of their wishes.

Hospice

Hospice services focus on caring rather than curing. In most cases, care is provided in the patient's home, but hospice care is also available in hospice centers, hospitals, nursing homes and other long-term care facilities. Hospice integrates palliative care to manage pain and symptoms with other supports for the patient and family. Core hospice services include professional nursing care, personal assistance with activities of daily living, rehabilitation therapies, dietary counseling, psychosocial and spiritual

counseling for both patient and family, training family on how to care for patient, respite care, provision of medications and devices for palliative care and family bereavement services after the patient's death. Hospice services are provided by an interdisciplinary team of nurses, social workers, pastoral counselors, nursing assistants and the patient's primary care provider or a physician directly associated with hospice [4].

Home and community hospice services, shown to markedly improve the experience of patients and their caregivers, are intended to serve those in the last several months of life. It has been shown that patients using hospice have higher quality of life and their lives may be prolonged – by as much as 29 days – compared to terminally ill patients in hospitals [4] [39-42]. These longer lengths of survival were found in four of the six disease categories studied (cardiac heart failure, lung cancer, pancreatic cancer and colon cancer) [43].

Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient and a maximum savings of \$7,000 for those that used the services for over eight weeks. Regardless of primary medical condition, the period associated with achieving maximum savings was 53 – 105 days [44]. However, this time period is longer than the average stay for hospice patients.

As described earlier, despite the benefits of hospice care, a majority of Americans (70%) indicate a preference to die at home, but only 25% actually do die at home [2]. Sadly, of eligible hospice patients, fewer than 40% are served by hospice at the time of death. In addition, the median hospice length of stay is 22 days and over one third of hospice patients receive fewer than eight days of services [22]. Hospice also serves a predominantly (82%) white population [23]. Poor utilization of hospice in the U.S. is thought to be related to demographic factors, misconceptions of financial and eligibility requirements, and difficulty discussing hospice as a treatment option [4]. Lack of awareness of hospice and an inaccurate understanding of one's prognosis are other reasons cited for late or no enrollment in hospice [24].

D. Patient Population Justification

The patient population targeted for this Late Life Supportive Care (LLSC) Model includes individuals over the age of 65 who (1) have a diagnosis of cancer, heart failure or Alzheimer's and (2) have been assessed to have a life expectancy of between six months and two years. Patients will be identified either through an inpatient stay at Abbott Northwestern Hospital (ANW) or by Allina practitioners at one of two skilled nursing facilities served by Allina's Senior Care Transitions program (Walker or Augustana). Patients will be eligible if they have an Allina senior care provider or if they identify a specialist or hospitalist at ANW as their primary physician.

This patient population has been selected for several reasons. First, the program aims to identify patients who have life limiting illness and are within six months to two years of death, which provides the opportunity to improve care coordination and alignment of values and wishes with their care decisions as their condition becomes more complex. Second, the specific disease conditions identified are often associated with excessive inpatient stays during the last six months of life, as well as complex medical decisions, and significant symptom and emotional burden near the end-of-life. Third, these populations are identified as they may be underserved by current advance care planning, palliative care

and hospice programs. A further analysis that provides justification for engaging patients with specific conditions is provided below.

Cancer

While significant progress has been made in cancer treatment, approximately half of all patients with cancer eventually die of their disease, and one-third of cancer deaths happen within six months of diagnosis. Hospice and palliative care have traditionally served predominantly cancer patients; however, these programs are still not integrated well across all cancer care programs [28]. Additionally, integration of advance care planning into cancer care is challenging given that diagnosis is often a shock and is immediately followed by intensive treatment in comparison to the experience of patients with chronic diseases like heart failure who may have more time to live with and understand their disease state.

Heart Failure

Heart failure is the most common cause of hospitalization among adults over age 65 [31]. Heart failure is associated with high mortality and hospitalization rates; physical, emotional and functional impairment; reduced quality of life and increased care giver burden [32-34]. Heart failure is the one heart disease that is currently increasing in prevalence [35-36]. A diagnosis of heart failure does not carry the same impact as a cancer diagnosis, yet the five-year survival rate for heart failure patients has been found to be shorter than that for many cancers [37].

Alzheimer's

End-stage dementia affects almost two million Americans each year. It is estimated that at least half of patients living with end-stage dementia (including Alzheimer's Disease or Vascular Dementia) will die within 6 months of fracturing a hip or developing pneumonia, a rate far higher than that faced by patients who are cognitively intact. Recent studies suggest that patients facing end-stage dementia are in greater need of pain medication and palliative care than they are currently receiving. Common acute events that may not be significant for those not cognitively impaired should be viewed as potential terminal events by physicians and caregivers.

Advance Care Planning in the Target Population

In studies of cancer patients, directive availability and usefulness remains low. A recent review of medical records for 1,186 patients with incurable pancreatic cancer found Advance Directives (AD) in the medical record of only 15% of patients. Of those who did have a directive, 42% had a different person designated as their healthcare proxy in their AD than the individual that appeared as primary "contact person" in the medical record [39]. A study of 75 consecutively admitted patients with cancer found only 41% had an AD [40]. Other studies [41-42] have found low levels of ADs for patients with advanced cancer or patients with terminal illness. The focus of directives is often on life-sustaining treatment and incorporates generic language that may not provide enough guidance for the wide array of decisions facing people with cancer and/or their loved ones. For 125 proxies of advanced cancer patients who had completed ADs, the proxy reported they found the AD to be helpful in decision-making only about half of the time [43].

A review project suggests the pain and delirium often experienced by cancer patients towards the end-of-life can limit the ability to participate in making decisions, thus providing a strong rationale for integrating ACP into oncology care. Also of note is that cancer patients often receive aggressive treatment near the end-of-life, precisely a time when they might benefit from or prefer more comfort oriented care [44]. Most research on ACP indicates the majority of patients will choose to forgo

treatment near the end-of-life, opting instead for palliative care [44]. Interviews with 342 patients, some with advanced cancer, found that more patients would choose to forgo the more invasive long-term treatments, such as mechanical ventilation and long-term feeding tubes [45]. Another study found that older patients with metastatic cancer would choose artificial tube feeding less frequently than physicians use it in their practice [46]. An observational prospective cohort study of terminally ill cancer patients found that having end-of-life discussions was associated with lower rates of ventilation, resuscitation, ICU admission, and with earlier hospice enrollment. The study also found an increased quality of life for both patients and their caregivers when less aggressive treatments were provided. Caregivers of patients who underwent aggressive treatment were more likely to experience mental health problems such as depression and feelings of regret after the patient's death [19]. Given these findings, being aware of and honoring a patient's choices is likely to result in fewer hospitalizations, increased hospice use and better quality of life for oncology patients.

An AHRQ report on the state of advance care planning research indicates there is an unfilled need for ACP services for patients with chronic diseases [11]. The report indicates that most people who die in the U.S. are over age 65, Medicare recipients, and most die from chronic conditions such as heart disease, COPD, diabetes, and renal failure. Because the "trajectory of dying" is so different for people with chronic diseases than with cancer, there is considerable uncertainty about prognosis and when death is likely to occur. Patients with chronic diseases often experience episodes of illness requiring hospitalization followed by periods of recovery. This pattern may repeat and be accompanied by mental and physical ability declines. Additionally, these patients are often not told that their condition is terminal. As patients are hospitalized or reach crisis points in their fluctuating pattern, decisions may need to be made and they may not be able to speak for themselves. As indicated earlier, the standard advance directive is often insufficient to make these decisions [11] and proxies are often unprepared.

Recent literature on the management of heart failure stresses the importance of integrating comprehensive ACP into heart failure treatment, with recognition of ACP as an ongoing process to be updated throughout the disease course. However, barriers to effective advance care planning in this population include the unpredictable disease trajectory of heart failure and provider and patient misperception of disease severity [47].

Palliative Care in the Target Population

Among the disease conditions in the proposed target population, palliative care is best integrated into care for cancer patients. However, even cancer patients may not benefit from palliative care services as much as they could. A study to determine the availability and degree of integration of palliative care services in U.S. cancer centers conducted recently found that National Cancer Institute (NCI) cancer centers were far more likely to have palliative care programs (98%) than non-NCI programs (78%). Less than half of the cancer centers offered palliative care outpatient services. Executives of these centers were generally quite favorable towards increasing palliative care services at these centers but cited low reimbursement as a barrier to improved integration [28].

Treatments for heart failure have extended the lives of these patients but as more patients survive into late-stage heart failure, the burden of pain, dyspnea and other symptoms becomes worse [49]. Depression is also of particular concern among heart failure patients. Depression prevalence has been estimated in heart failure patients to range from 21% to more than 30% and even higher in hospitalized patients. Heart failure patients with depression have worse outcomes, with increased risk for cardiac events, hospitalization and death [47].

shortness of
breath

One key challenge to implementing palliative care for heart failure patients in contrast to cancer patients is the variability of disease progression. While advanced cancer patients have a fairly predictable trajectory of maintaining good functioning until relatively late in their course, the same is not true for patients with advanced heart failure. This unpredictable disease trajectory combined with misconceptions about the philosophy of palliative care result in few referrals for heart failure patients. Integration of palliative care into heart failure care is gaining support. The 2005 update of the American College of Cardiology/ American Heart Association guidelines for Chronic Heart Failure care is the first edition to include recommendations for hospice and palliative care for patients with advanced HF for the first time [36]. These recommendations by professional associations indicate the agreement about unmet needs that could be addressed by a palliative care approach. What is not known, however, is how palliative care impacts patients with heart failure. To date, there is little clinically significant data on the impact of a systematic palliative care model integrated into heart failure care.

An outcomes-based study examined a home-based palliative care model for heart failure patients receiving care at Kaiser Permanente [53]. The study found patients in the home-based palliative care program were more likely to die at home and had lower cost of care. Another study in a primary care setting tested a Comprehensive Care Team intervention that consisted of palliative care team consultations for primary care providers while patients received advance care planning psychosocial support and family care givers received training. The study included 90 patients (50 intervention, 40 control) with advanced heart failure, chronic obstructive pulmonary disease or cancer who had a prognosis of one to five years. At 6 and 12 months, the intervention group had less dyspnea, anxiety, and improved sleep quality and spiritual well being but no change in depression, pain, or quality of life. Recommendations from palliative care providers to address pain and depression were rarely followed by primary care providers, highlighting the need for stronger integration of palliative providers [54].

Hospice Use in the Target Population

While patients with cancer have historically been the predominant population served by hospice, that trend is changing slightly with increases in other diseases. One estimate from 2002 indicates that 65% of cancer deaths received hospice services [55]. However there are still many patients with progressive cancer who might benefit from hospice services but are not referred to hospice. A study of 1517 Stage IV lung cancer (metastatic), found that only half (53%) of patients had discussed hospice with a provider within four-seven months after diagnosis. Patients reporting the most severe pain or dyspnea were no more likely to have discussed hospice than those reporting less severe or no symptoms. The study identified a need for improved communication to address patients' lack of awareness about hospice and misunderstandings about their prognosis [56].

Several studies have documented low use of hospice by patients with heart disease. A study comparing deceased heart failure patients and cancer patients found that heart failure patients were much less likely to enroll in hospice (20.4%) than cancer patients (50.8%)[49]. Among those who did enroll in hospice, the heart failure patients were enrolled for shorter periods of time.

A study examining deaths to people over age 65 in 2002 found an overall utilization rate of hospice to be 29%. More than half of deaths due to malignancies (65%) used hospice while there was lower use for deaths due to heart disease (12%) [55].

Finally, access to end-of-life care, especially hospice, is critical for patients with advanced dementia, although the use of these services has been severely limited.

E. Summary

Families coordinating care for a loved one with life limiting illness often find the task is beyond their capabilities. Confusion about choices, anxiety about the future and anticipatory grief set in long before death as loss of relationships, independence and work identity accumulate. Given these hardships, the customary patient-directed, self-referral to health care services produces unreliable and often deleterious variations in outcomes. Background data support the need and potential to expand access to advance care planning, hospice and palliative care programs and improve their effectiveness.

From Chuck's story, it is also very clear that a new, more comprehensive, patient-defined model of care that builds on these existing programs to create a more compassionate, seamless and supportive system of care holds potential to significantly alter late life care for patients and families.

III. Late Life Supportive Care Stakeholders

Before beginning a detailed description of the Late Life Supportive Care (LLSC) Model, it is important to appreciate the many stakeholders engaged in designing and building the LLSC Model during Phase I.

Patient and Family Advisory Council

A 12-15 member, Patient and Family Advisory Council (PFAC) will inform the design and building of Allina's Late Life Supportive Care (LLSC) model. The specific charge of PFAC includes:

- Providing perspective on the 'ideal' experience and how it differs from their current experience/
- Identifying challenges and barriers to reaching the ideal experience.
- Advising on selection and use of measurement tools.
- Previewing and offering feedback on recruitment materials, tools, and educational materials.
- Serving as a "champion" for late life supportive care.
- Guiding the design-build Phase I of the LLSC Model to ensure readiness for an effective implementation of a well-designed LLSC Model in Phase II.

Project Steering Committee

The LLSC Steering Committee will provide general oversight to the project and lead development of its business model. The Steering committee will include representatives from all participating pilot sites. It will include members of the Investigator team, the Project Manager, at least one Late Life Supportive Care Manager, at least one PCP/hospitalist, at least one specialty provider from Abbott Northwestern, Allina finance executives and key Allina operational leaders. The charge of this group will be to address significant operational, communications and business model issues; provide feedback on successes and failures; explore new directions and strategies; identify compelling feedback and information to share with senior Allina leadership; and serve as a representative body for supportive care partners. Allina's clinical leadership was educated on the LLSC Model. Based on initial engagement, members of Abbott Northwestern Hospital's Clinical Council, which includes the Clinical Leadership Team of hospitalists and specialists, will be actively engaged on the LLSC Steering Committee. The internal team will serve to engage the Abbott Northwestern and Allina Clinical Councils with regular updates and dialogue as the LLSC Model evolves to promote improvement and sustainability.

LLSC Operations Team

The LLSC Operations Team will include the Principal Investigator, Allina Co-Investigator, Project Manager, Study Coordinators and the lead LLSC Manager from each site. It will focus on developing, implementing and improving operational workflows and processes.

Research Team

The LLSC Research Team will advance the research and evaluation of the LLSC Model. It will include the Principal Investigator, Co-Investigators, Project Manager, Study Coordinators and any additional necessary staff from the Allina Center for Healthcare Innovation.

Collaborative Partners

The Honoring Choices Minnesota collaborative is an actively engaged group of late life care leaders from major Minnesota health care provider and payer organizations. Currently, the group is partnering with Twin Cities Public Television (TPT) to host a series of dialogues and public listening circles to better understand the barriers and challenges surrounding end-of-life issues. Absent from these dialogues is the actual care experience of patients, families and their care teams. The LLSC Model will build upon the Honoring Choices partnership with TPT to foster dialogue involving these critical audiences with the

ultimate goal fostering public awareness and dialogue about late and end-of-life choices. This work will also enhance the visibility of the LLSC Model within Allina, across Minnesota and beyond.

IV. Intervention Description

A. Today's Late Life Supportive Care Programs

Existing programs, such as hospice, palliative care and Gunderson Lutheran's Respecting Choices model of Advanced Care Planning, support patients and caregivers in need of late life supportive care. Allina's LLSC Model is informed by these programs, as well as by quality care guidelines, including: 1) the ICSI Palliative Care Guidelines and 2) National Consensus Project Palliative Care and Hospice guidelines.

The National Quality Forum Consensus Report for Preferred Practices for Palliative and Hospice Care Quality [57-58] also underscores the LLSC Model, including its interdisciplinary team support; 24/7 availability of resources and support; proactive advance care planning; shared decision-making; regular assessment of pain and symptoms; regular patient family care conferencing and counseling support; timely referral to end-of-life care; culturally sensitive care and access to interpreter services; anticipatory loss, grief and bereavement support; and access to ethics consultation.

These guidelines and practices, when optimally integrated and standardized within primary care and inpatient settings will accomplish the following:

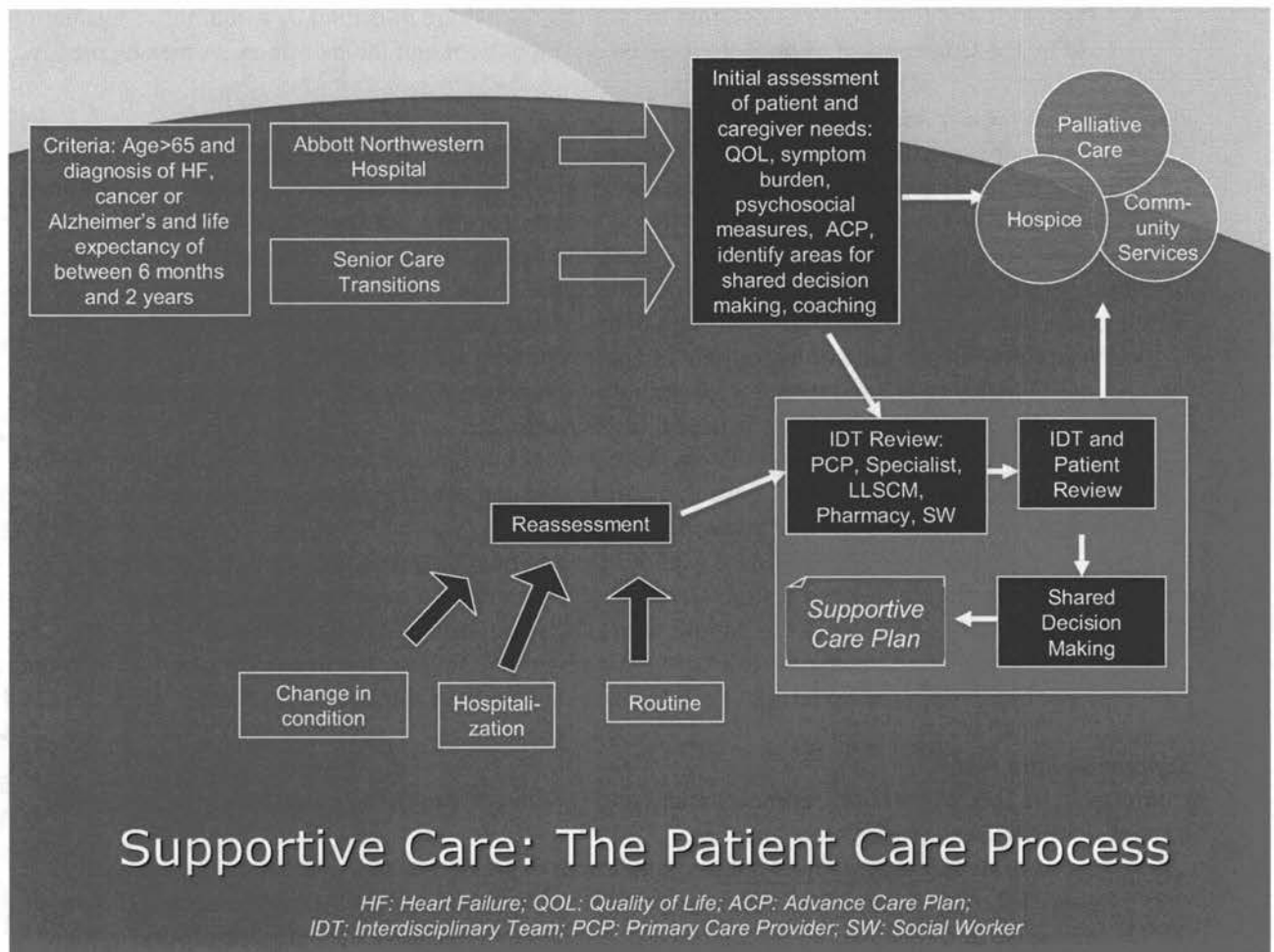
- Identify patients with chronic progressive conditions at the onset of diagnosis
- Focus on the family and caregiver as the unit of care
- Engage comprehensive interdisciplinary care through the dying and bereavement phase
- Support the patient on the care continuum, focusing on care coordination and relief of suffering
- Integrate trained and certified staff that assess and manage complex pain and symptoms
- Integrate communication support to assist with the complex decision-making on disease progression

Sadly, these guidelines and practices have yet to be effectively integrated or standardized, and systems do not exist to ensure services are accessible early and consistently reliable and flexible to adapt as patients' values and wishes change with their condition. In addition, tools presently do not exist to broadly convey patient's values, wishes and choices to clinicians or to support patients, caregivers and clinicians in open discussions about end-of-life decisions. The result is that today's late life supportive care programs remain fragmented and insufficient to meet the needs of patients and caregivers.

B. Tomorrow's Late Life Supportive Care System

With support from the Robina Foundation, Allina aims to shift the present paradigm by demonstrating and testing a comprehensive, systematic Late Life Supportive Care (LLSC) Model that is proactive in meeting the unique needs of patients with life limiting illness as they enter the final stage of the care continuum. The LLSC Model will introduce a full range of components essential to truly address the gaps described above. The following visual illustrates the LLSC Model and its integrated components. Each component is described in greater detail in intervention and research plan sections of this proposal. Key abbreviations in the visual include:

- Late Life Supportive Care Manager (SCCM)
- Interdisciplinary Team (IDT)
- Primary Care Provider (PCP)
- Social Worker (SW)
- Marriage and Family Counselor



Engagement and Referral

The LLSC Model is geared for patients who have a life expectancy of between six months and two years in order to improve care coordination and alignment of values and wishes with care decisions as a patient's condition becomes more complex. LLSC is also geared for patients with conditions requiring complex medical decisions and experiencing significant symptoms and emotional burdens near the end-of-life, which are often associated with excessive inpatient stays and are underserved by current advance care planning, palliative care and hospice programs.

Existing Advanced Care Planning, hospice and palliative care programs that rely primarily on self referral have proven to engage only a small fraction of patients eligible for services and only in their final weeks and months of life. To increase engagement and referral, the LLSC Model will introduce:

- A Patient and Family Advisory Committee and an Interdisciplinary Leadership Team to engage patients, caregivers, families, healthcare leaders and frontline providers in system redesign.
- A public awareness campaign led by Twin Cities Public Television to engage these same audiences across Minnesota in dialogue to re-imagine alternative models of late life care.
- Algorithms that, when integrated with an electronic medical record, systematically identify a defined patient panel based on diagnosis and life stage.
- Processes to further review identified patient panels to discern appropriateness of referrals.

- Processes and tools to invite patients to participate that are informed by a qualitative evaluation led by the University of Minnesota focused on the patient and family's decision-making process.

Patient and Caregiver Assessment

Currently, primary care doctors and chronic disease care navigators assess specific conditions, but not psychosocial or spiritual needs of patients and caregivers. In addition, hospice and palliative care nurses assess caregivers' needs and patients' symptoms at scheduled visits, but there is no systematic reassessment. As a result, as patients' needs, values and wishes change with their health and life stage, previously established care plans and decisions reflected in them are not systematically updated. Per the purple boxes in the visual above, LLSC's system of assessment will address these shortcomings through:

- A comprehensive suite of instruments to assess patient and caregivers'
 - Quality of life; stress; symptom burden; functional, physical, and mental health status; and experience with the health care system.
 - Understanding of their illness, its symptom burden, and exploration of treatment wishes for future care needs based on anticipated complications with illness progression.
 - Family dynamics and goals for living well.
 - Exploration of health care experiences and how they may affect treatment choices.
- Electronic Medical Record system alerts around patient care transitions, which initiate reassessment on behalf of the patient with LLSC's Supportive Care Case Manager.
- Documentation of the Supportive Care Assessment and follow up visit using a smart form in the electronic health record (EHR), which can be evaluated and trended over time.

Supportive Care Plan

Ultimately, the LLSC Model will translate patient and caregivers' expressed needs into comprehensive, patient-centered Supportive Care Plans that:

- Incorporate patients-defined goals to meet their expressed needs, interventions to achieve goals, Interdisciplinary Care Team assignments, referrals to supportive care partners, progress measures and timelines all structured around the eight Palliative Care Domains found in the Clinical Practice Guidelines for Quality Palliative Care.
- Integrate use of Respecting Choices to develop Disease-Specific Advanced Care Plans.
- Are systematically updated upon reassessment to sustain alignment of needs, goals and actions.
- Are assessed using a tool that aligns with the eight Palliative Care Domains, which measures the degree to which patient-defined goals have been met.

Advanced Illness Care and Shared Decision-Making

The LLSC Model will be grounded in the core value of shared decision-making in order to effectively engage health and supportive care providers, patients and caregivers in coordinating care, managing resource needs and continuously aligning patients' expressed needs and goals with care decisions. To enable shared decision-making, the LLSC Model will

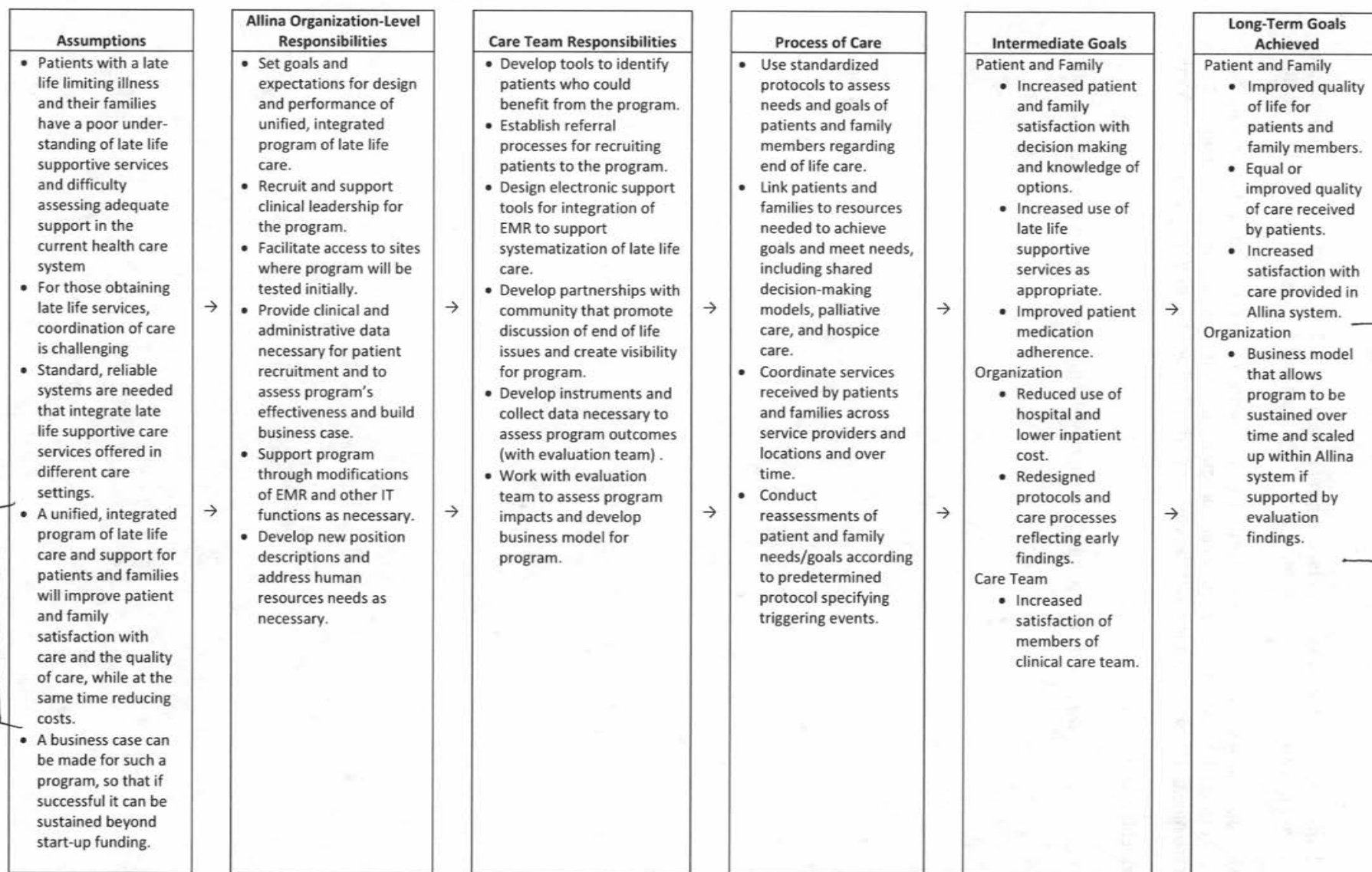
- Establish Interdisciplinary Care Teams (IDT) – IDT membership is comprised of the patient, an appointed family member or caregiver, supportive care case manager (SCCM), primary care provider (PCP), social workers, and counselor with expertise in family counseling.
- Acquire and develop disease-specific and end-of-life decision aids for shared decision-making.
- Establish a second Interdisciplinary Care Team (IDT-2) of external, Supportive Care Partners like spiritual advisors and lawyers to explore needs, assemble resources and fulfill plans in recognition that a patient's definition of health goes beyond physical health.
- Establish an EHR dashboard displaying patients' goals, planned interventions and performance.

- Foster interaction among patients, caregivers, IDT and IDT-2 members through documented Communication Plans, 24-hour nurse access, MyChart and Allina's electronic Patient Portal.

A table in Appendix A visually compares standard **components of the care process** patients and families may expect through traditional supportive care programs like clinic-based care management, hospice-based care navigation, hospice and palliative care and what will be provided through the LLSC Model.

C. Overarching Logic Model

On the following page we include the overarching logic model for the Late Life Supportive Care Model:



LOGIC MODEL: A SUPPORTIVE CARE APPROACH FOR PATIENTS LATE IN LIFE

1. Specific process models can be developed that expand on process of care descriptions for patients with different conditions and at different disease stages or recruitment into the program.

D. Design-Build Plan for the LLSC Model

To accomplish this essential shift in care delivery from a broad “one size fits all” approach to an approach that is founded on patient and family-centered care will require an innovative, detailed design-build plan that will seamlessly integrate into current practices.

The LLSC Model’s detailed plan is presented in the table that follows with long term goals, expected outcomes, short term goals, key tactics and responsibilities. This plan, described in greater detail in the paragraphs that follow, incorporates abbreviations for key roles that will be instrumental in developing and testing the LLSC Model, including:

- Principle Investigator (PI)
- Co-investigator (CO-I)
- Supportive Care Case Manager (SCCM)
- Project Manager (PM)
- Steering Committee (SC)
- Operations Team (OT)
- Research Team (RT)
- Patient and Family Advisory Committee (AC)
- Collaborative Partners
 - Twin Cities Public Television (TPT)

LATE LIFE SUPPORTIVE CARE DESIGN/BUILD PLAN

LONG TERM GOAL: Coordinate care across all conditions, needs, providers and settings in accordance with the preferences of patients and caregivers.

MEASURABLE OUTCOMES

- Increase days in hospice.
- Reduce days in the hospital.
- Align care with goals and wishes.
- Improve patient & caregiver experience of care.
- Improve patient & caregiver quality of life.
- Improve access to care & resources.
- Improve healthcare team engagement.
- Reduce total cost of care.

INTERMEDIATE GOAL	Key Tactics	Milestone	Ongoing Timelines	Responsibilities								
				PI	Co-I	SCC M	PM	S C	O T	RT	A C	Partner
Engagement	Establish LLSC Steering Committee			X	X							
	Hire Project Manager			X	X							
	Establish LLSC Patient/Family Advisory Council			X	X		X					
	Hire Supportive Care Case Managers (SCCM), Study Coordinators and other care team members			X	X		X					
	Establish LLSC and site-based Operations Teams				X							
	Implementation of Training Plan				X		X					
	Interview non-enrollees to identify best practices for engagement						X			X	X	
	Conduct Listening Circles to re-imagine late life care						X				X	TPT
	Develop Visioning Video to spark study enrollment						X	X				TPT
	Produce Documentaries reimagining LLSC, featuring patient stories						X					TPT
	Establish interactive Late Life Supportive Care Model website						X					
Business & Sustainability Model	Analyze LLSC-related utilization & staffing patterns for past 2 years				X				X	X		
	Build sustainable financial model for LLSC based on analysis			X	X			X				
	Engage leaders to inform business model			X	X	X						
Patient Recruitment and Referral	Define predictive characteristics of LLSC patients using EMR			X				X		X		
	Integrate algorithm in EMR to generate LLSC Eligibility Report									X		
	Develop provider referral tools				X				X	X		
	Develop patient referral tools				X				X	X		
	Develop EMR alerts to inform PCPs their patients' will be invited			X						X		
	Develop tool to monitor Supportive Care Plan outcomes			X						X		

INTERMEDIATE GOAL	Key Tactics	Milestone	Timeline	Responsibilities								
				PI	Co-I	SCC M	PM	SC	O T	RT	A C	Partner
Assessment	Develop suite of simple, useful assessment instruments			X		X	X	X		X		
	Conduct initial assessment					X	X					
	Develop reassessment guidelines, process & tools			X	X	X	X			X		
	Use MyChart to distribute assessment results					X	X					
	Use MyChart to engage patients to activate re-assessment					X	X			X		
	Develop tool to monitor Supportive Care Plan outcomes			X	X	X	X				X	
	Develop EMR alerts to activate reassessment			X	X	X	X			X		
Supportive Care Planning	Interdisciplinary Team (IDT) meetings			X	X	X		X	X		X	
	Design & refine Supportive Care Plan toolbox											
	Develop process to integrate PCP input into plan			X	X	X						
	Develop referral & engagement process for supportive partners			X	X	X	X			X		
	Develop tools to link plan to After Visit Summary, Discharge Writer & MyChart			X	X		X			X		
	Develop alerts to inform when Supportive Care Plan is refined			X	X		X					
Shared Decision-Making	Define IDT decision-making roles and processes			X	X	X		X	X			
	Define best practice to engage PCPs & care partners in case review			X	X							
	Develop EMR dashboard displaying patient goals/performance			X	X		X					
	Acquire and develop disease-specific decision aides			X	X					X		
	Assemble tools to facilitate end-of-life discussions			X	X		X		X		X	
	Develop patient/caregiver communication plan			X	X	X					X	
	Enable e-mail among IDT members and patient via Patient Portal					X	X					
	Define access method for 24-hour Supportive Care Team				X							
Dissemination	Establish interactive Late Life Supportive Care Model website						X					
	Article writing and development			X	X			X		X		
	Active members in Coalition for Advanced Care			X	X							

Patient, Family, Caregiver and Provider Engagement

First and foremost, patients, family members, caregivers, care providers, community supportive care partners and Allina executive leaders will be actively engaged in the design and development of the LLSC Model to ensure it meets the needs of patients, caregivers and families; fosters well-being of providers; and is sustainable. Intentional mechanisms to engage stakeholders who are critical to the design and building of the LLSC Model were discussed above and will be discussed more throughout this proposal.

Mechanisms for intentional engagement include:

- Patient Family Advisory Council,
- LLSC Steering Committee, including clinical leaders from the participating provider groups,
- Research Team,
- Operations Team, and
- Supportive Care Case Manager Learning Collaborative.

1. Stakeholder Training Plan

Effective and meaningful engagement will depend on appropriate training to ensure that all participants—from patients to families from primary care practitioners to Allina executive leaders—speak a common language, understand how building a sustainable model for late life supportive care holds potential to transform both care delivery and Allina’s business model and appreciate their unique role and how they can contribute to the success of The LLSC Model. The table below provides an overview of the content area and the expected duration for a comprehensive series of training modules that will prepare everyone involved in this initiative to most effectively design and develop the LLSC Model.

Training Module Titles and Length in Hours					
Supportive Care Overview		Supportive Care Skills & Experience		Disease Specific Skills & Experience	
Supportive Care & its Importance	0.25	Adaptive Leadership	4	Disease Specific Advanced Care	26
Your Role in Supportive Care	0.25	Shared Decision-making	4	Pain and Symptom Management	4
Where to Find Resources	0.25	Family Care Conferencing	1	Allina Orientation & Shadowing	10
Phone and Interpersonal Etiquette	0.25	Interdisciplinary Team Dynamics	1		
		Basic Advanced Care Planning	14		
		Sensitivity Training	1		
		Motivational Coaching	4		
		Art of Sacred Living	4		
		Excellian	10		
HOURS	1	HOURS	43	HOURS	40
Training Delivery Methods					
Staff Meetings/E learning/Video		Lecture, E learning, Role Play and Demonstration			

The learning objective of The Supportive Care Overview modules is to build a shared understanding, language and awareness of the importance of late life supportive care. These modules will serve to promote engagement and teamwork among leaders and frontline staff involved with the LLSC Model, as well as to promote sustainability of late life supportive care. These modules will be delivered across the Allina organization through staff meetings, videos and annual online compliance education.

The learning objective of the Supportive Care Skills and Experience modules is to enable participants—both individually and as a team—to build and demonstrate a shared understanding of the elements of supportive care. Select modules will be adapted for patient and caregiver audiences.

The learning objective of The Disease Specific skills and Experience modules is to enable Supportive Care Case Managers to build and demonstrate competency in core palliative care skills -- pain and symptom management and disease-specific advanced care planning.

Training modules will be combined to meet the unique learning needs of the following audiences:

- Allina, clinic, hospital, and nursing home staff and leaders;
- Patients, caregivers and family members;
- Interdisciplinary team members and volunteer coordinators; and
- Supportive Care Case Managers.

Training Plan for Targeted Participant Groups			
Allina, Clinic, Hospital and Nursing Home Staff and Leaders	Interdisciplinary Team Members (PCP, Social Worker, Counselor, Chaplain, Pharmacist, Volunteer Coordinator	Supportive Care Case Manager	Patients, Caregivers, Family Members
Supportive Care Overview	Supportive Care Overview	Supportive Care Overview	Shared Decision-making
	Supportive Care Skills & Experience	Supportive Care Skills & Experience	Motivational Coaching
		Disease Specific Skills & Experience	

2. Qualitative Evaluation

Intentional engagement of patients, caregivers and families will also occur through a qualitative evaluation conducted by the University of Minnesota. Through this evaluation, information will be gathered on what inspires patients' late life supportive care decisions and what factors most influence patients' decision to seek rather than not seek services. Specifically, the evaluation will determine what characteristics describe patients who are most receptive to LLSC referral, who is best positioned to ask for the patient's enrollment, who should participate when the patient is invited to participate and what materials will best motivate enrollment. Findings from this evaluation will inform processes and materials development during the design Phase I of the LLSC Model. This information will also enable the LLSC team to tier its recruitment and referral efforts around patients who are most open or least resistant to engagement in the LLSC during Phase I.

In addition to this qualitative evaluation, the LLSC team will seek to understand the characteristics of patients that predict likelihood to engage in hospice or palliative care utilization and characteristics that predict likelihood to not engage in these sorts of care services. We will use these characteristics to parse patients and families into recruitment groups – those who may be easier to refer and recruit into the model and those who may be more challenging to refer and recruit. We will then explore the variety of referral and recruitment techniques that may be necessary to encourage and enable patients and families less likely to consider late life supportive care involvement. This process will enable the LLSC team to learn what motivates service utilization based upon unique population characteristics so that, in Phase II, the team can more effectively tier or risk-stratifying patients and focus LLSC resources more efficiently around the unique behaviors and needs of patients.

3. Re-Imagining Late Life Care Dialogue

Success of the LLSC Model will also depend upon broadly engaging audiences within Allina and across Minnesota in dialogue to re-imagine alternative models of late life care with the end goals of increasing enrollment in LLSC given current lack of participation and in late life care programs and to inform the design of the LLSC Model.

LLSC will build upon the ongoing work of "Honoring Choices Minnesota;" the end-of-life care project of Twin Cities Medical Society and Twin Cities Public Television (TPT), **to conduct Listening Circle where participants share their** hopes and concerns as they explore late-life care. This process will shape ongoing public dialogue, as well as patient and provider messaging and education delivered through LLSC materials, videos, documentaries and an interactive website.

Fundamental to engaging patients, caregivers and family members will be regular exposure to thought-provoking Public Television content that sparks public imagination and discussion over an extended period of time. TPT's Honoring Choices team will lead public engagement on behalf of the LLSC Model.

Content design and delivery mechanisms

- *Listening Circles:* LLSC's public engagement will build upon content derived from more than a dozen small group conversations on the hopes and concerns of Minnesotans as they consider late-life care for themselves and their families. Listening Circles will further explore whether hopes and concerns differ among patients and their caregivers and across demographic, cultural and diagnoses-specific groups. Session will be conducted in 2012 at locations throughout the Allina system including: ANW and United hospitals, clinics across Allina's three medical groups and among operations leadership. The Listening Circle findings will enable TPT to identify six to eight "key questions" to guide ongoing public engagement messaging and produce rich online videos that enable users to explore the views of other "Minnesotans like them." Throughout the project, TPT and Allina will identify the need for additional Listening Circles based on new questions or concerns that emerge during the development and testing of the LLSC Model. These conversations will be recorded and distributed online.
- *Visioning Video:* Guided by results of these initial Listening Circles, TPT will collaborate with project leadership to create a "visioning video" designed to assist in explaining the goals of the LLSC Model, the importance of the study and its public engagement efforts. Versions of this "Visioning Video" will be used both to help recruit study participants and to orient new users of the website.
- *Online Interactive Site:* Key, to any public engagement effort is an attractive and engaging website. LLSC's website will serve several functions. It will introduce challenges related to the current model for late-life care, prominently present the "Visioning Video", house several hundred Listening Session video clips allowing users to explore the views of "Minnesotans like them", provide online access to all LLSC Documentaries (described below) and support online interactions related to the study and video content.
- *Pilot Team:* From among the 400-500 patient / caregiver teams recruited for this study, TPT will recruit six, "Pilot Teams" who are willing to allow their discussions and interactions to be recorded for broadcast. Through these interactions, Minnesotans will be allowed to intimately experience and appreciate the hopes and fears of patients, family members and caregivers; see what LLSC participants learn; and observe how patients and caregivers interact in the late life care process..
- *Documentaries:* A core feature of LLSC's public engagement initiative will be six Documentaries created for TPT broadcast every three months from late 2012 through mid 2014, as well as

online distribution. Each of these 30-minute documentaries will reintroduce the basic issues related to late-life care, update Minnesotans on the progress of Pilot Teams and explore one of the "key questions" raised during the initial Listening Circles.

- *Almanac Coverage:* With the release of each of the documentaries, coverage will be offered on the popular, Minnesota institution, "Almanac." "Almanac" segments will explore issues raised in the documentaries, promote statewide broadcast of the documentaries or both.
- *Allied Media:* Throughout the project, TPT will recruit other interested media partners and offer to share media resources. In the past, such media collaborations have included the StarTribune News Pages, StarTribune Editorial Pages, WCCO-Radio, AARP and others.

Patient Recruitment and Referral

Tactics featured in the Design-Build, which focus on developing systems to refer appropriate patients to LLSC upon diagnosis are described in detail under the Research Design and Methods section on -page 38.

Supportive Care Assessment

Once patients are referred to the LLSC program, assessment is initiated. The Supportive Care Assessment embraces The Disease Specific Advance Care planning interview of Gunderson's Respecting Choices Model. The assessment is completed by the Supportive Care Case Manager (SCCM) using active listening and communication skills, motivational interviewing techniques, a representational approach to patient education and adult learning and the seven components of communication and decision-making in the Transitions and Palliative Care Therapy Model (TPCT). The SCCM works with caregiver in cases of patient cognitive impairment, which makes it difficult for patients to complete the measures.

1. Assessment Instruments

Instruments that will be integrated into Late Life Model of Supportive Care assessment include:

- Edmonton Symptom Assessment Scale (ESAS)
- A functional assessment using the palliative performance scoring system
- Perceived stress scale
- SF-36 survey
- A patient experience measure
- A quality of life measure
- Access to resources measures
- Transitions in Care measure TCM-3--*only for patients transferring from a facility*

2. Assessment Visits

The Supportive Care Case Manager (SCCM) meets the patient in the home, clinic or senior care setting. The SCCM conducts the assessment using the number of visits required. The person the patient counts on most for day-to-day care and support (caregiver) and the person the patient has appointed as their living will (proxy) decision-maker are invited to participate, if available. The assessment process includes:

- The SCCM reviews the data collection tools that were mailed to the patient and caregiver and offers guidance to respond to any incomplete questionnaires.
- The SCCM conducts a Disease-Specific Advance Care Planning (ACP) session, which follows the pattern of the standard complex ACP session of the *Respecting Choices* model.
- For patients who complete the advance care planning process with the SCCM:
 - Documents are completed, notarized and copied into the electronic medical record.

- A Provider Order for Life-Sustaining Treatment (POLST) form is completed for patients who are unable cognitively to complete an advance directive or who want one in addition to their advance directive.
- The SSCM assesses the patient and caregivers' quality of life based on findings from the ACP session on patients' values and wishes in regards to future medical treatment and general questions in regards to their present quality of life.
- The SCCM asks patients and caregivers to describe what is most important to them in the weeks or months ahead, which may focus on a medical concern. However, patients and caregivers may be most concerned about other issues, like their living situation or connections to other kinds of support in the community. What seems most important to the patient and caregiver will be written down in a plan that will help guide them, their provider and the Supportive Care team.
- At the end of the visit, the SCCM establishes next steps with both the patient and caregiver.

Supportive Care Plan

The SCCM works to construct a Supportive Care Plan in partnership with each patient and caregiver using the following steps:

- A deck of goal cards is created using salient findings from the assessment results and patient's stated advanced directive and quality of life goals that emerged from discussion.
- SCCM discusses goals with the patient and caregiver to ensure salient points are captured. A similar concept has been employed to document end-of-life wishes [59].
- The patient identifies the three most important goals.
- SCCM lays out a board, with the patient at the center of a pie and each pie wedge conveying a resource category like "My doctor," "Family," "Spiritual support," "Counselor," or "My caregiver." Others are left blank, to be completed.
- The patient (with caregiver) places each goal in the "best spot" on the board, as they begin to shape accountability and the connection between him/herself and the resource.
- Initial plans are made to begin progress toward identified goals.
- Patient goals are transferred to the Supportive Care Plan.
- The process of Interdisciplinary Team (IDT) involvement is described to the patient and arrangements are made to schedule and IDT with the patient and caregiver, as appropriate.
- Processes for how the primary care provider's input is integrated into the plan to align patients' and caregivers' goals and wishes with care recommendations is determined.
- Referrals are identified and secondary, supportive care partners are identified for referrals where goals cannot be met through the IDT.
- The goal cards, board, and written plan are provided to the patient.

Elements of the Supportive Care Plan that build upon Allina's existing care management plans in the Electronic Health Record (EHR), including:

- Patient demographics
- List of all resources providing care and support to patient and family in meeting goals.
 - Primary Care provider
 - Health System Care Team Members
 - Non-Health System Care Team Members
- 24/7 phone number contact and directions on how to access assistance and support with a plan for avoiding re-hospitalization.
- Emergency contact
- Advance Care Plan
 - Health care agent

- AD document type
- Specific treatment preferences and wishes
- Review dates
- List of the top three patient and family centered goals
- List of 1-3 disease-related self management goals

The Supportive Care Plan will also incorporate information not presently in the EHR:

- Health conditions identified by patient and family
- Patient understanding of illness (a. reversible; b. chronic,/incurable; c. end-stage/terminal)
- Resuscitation preferences
- Care preferences (aggressive care – full treatment to live as long as possible; limited intervention – treat reversible conditions and avoid care that will worsen quality of life; comfort care – keep me pain and symptom free so I can have good quality of life for the time I have left)
- Disease-specific self-management tasks like daily weights, Red-Yellow-Green check-ins
- Family and caregiver communication plans
 - IDT meeting follow-up plan, including communication preferences
 - Plans for subsequent visits
 - Date of the next set of assessment surveys
 - How to contact the SCCM or program at any time
- Formal testimony of the patient's commitment to the prioritized goals and action steps

The SCCM is responsible for making referrals to appropriate services involving Interdisciplinary Team (IDT) members and Secondary Care Partners (IDT-2). Where required prior to an IDT meeting, the SCCM initiates action. A list of services coordinated through Allina and supportive care partners and a sample Supportive Care Plan are below.

Service	Agent Providing Service		
	Supportive Care Team	Allina	Non-Allina
Advance Care Planning	✓	✓	
Disease Management	✓	✓	
Diabetic Education		✓	
Family Counseling	✓	✓	✓
Planning for a Change in Living	✓	✓	✓
Palliative Care Consultation	✓		
Creating a Will			✓
Driving Assessment		✓	✓
Neuropsychiatric Assessment		✓	
Referral to Hospice	✓		
Live-in Help			✓
Translator Services		✓	
Medication Coverage	✓		
Respite Care		✓	✓
Home Infusion		✓	✓
Transportation		✓	✓
Medical Coverage, MES, etc.	✓		

Sample SUPPORTIVE CARE PLAN

Domains	Priority Order	Goals	Intervention	Roles					Timeline	Expected Outcome	Progress
				Patient/ Caregiver	SCCM	PCP	IDT- Core	IDT- 2			
Care Process		Since mom can't make decisions, it's important we agree	Hold a family care conference	X	X	X	X				
		I don't want to spend 6 hours in ER again	Plan for contacting Supportive Care team if a problem arises		X						
Physical		I want to sleep through night-not wake in pain.	Change to longer acting pain medicine & increase bedtime dose.	X	X	X	X				
		I want to manage meds, but they're too complicated	Pharmacy consult to evaluate medication and set schedule	X	X	X	X				
		Maintain healthy weight	Install home cardiac monitoring system	X	X		X				
Ethical & Legal		Arrange for my sister to adopt my son.	Referral to legal services		X			X			
Psychological		My wife is anxious-I don't want her to call 911 so often	Refer to family counseling to assist with anxiety management for spouse		X			X			
Cultural		I don't want to die in the family home	Develop plan to transfer to nearby nursing home when condition worsens		X		X				
Spiritual		Attend Easter church	Plan transportation & volunteer companion		X		X	X			
		Want to plan funeral	Chaplain or pastor visit		X			X			
Imminently Dying		I don't want pain at the end	Proactive medical plan for symptom control & hospice referral	X	X	X	X				
Social		Meet buddies Saturday morning.	Arrange transportation & portable oxygen unit.	X	X	X	X				

E. Shared Decision-Making

Approach

Unlike many late life programs, the LLSC Model recognizes that patient's needs, preferences and wishes change as their condition and life stage change. Consequently, the LLSC Model incorporates systems for ongoing reassessment and subsequent realignment of Supportive Care Plans. While assessment and planning occurs through the leadership of a Supportive Care Case Manager, the process of shared decision-making proactively sustains the engagement of patients, caregivers, providers and supportive care partners as the LLSC Model transitions from assessing and planning care to making physical and supportive care choices.

Interdisciplinary Team (IDT)

Shared decision-making is supported through an Interdisciplinary Team (IDT), which will be identified for each patient. IDT membership is comprised of the patient, an appointed family member or caregiver, supportive care case manager (SCCM), primary care provider (PCP), social worker, and counselor with expertise in family counseling. Shared decision-making is a core value that grounds the work of all IDT members, establishing common and continuously evolving knowledge across patients, caregivers, clinicians and supportive care providers. These shared decision-making values, reinforced by decision aids, foster communication that results in health and supportive care decisions that align with patient and caregivers' expressed wishes and values.

IDT members collaborate across the major care domains, fostering communication with patients, caregivers and one another--sometimes as a large group (patient-to-provider) and sometimes as a care team only (provider-to-provider) depending on the issue or need.

<i>Interdisciplinary Team Members</i>	<i>Role</i>
Primary provider (e.g. Allina PCP, Specialist, Allina Senior Care Transitions Provider) -- administers the majority of medical care to the patient	Confirms baseline understanding of illness' progression and prognosis with the patient, family and care team in addition to usual medical care.
Supportive Care Case Manager – primary coordination of team	As the central facilitator of the proposed intervention this role is described in greater detail below.
Counselor – Trained in family therapy and counseling	Identify, assess and support the patient and family through unresolved stressors, e.g. complex decisions, anticipatory grief, changes in family dynamics, roles and responsibilities.
Social Worker – Masters in Social Work. Hospice and Palliative Care experience	Assess psychosocial needs and assist in connecting with resources.

A primary goal of the IDT is to alleviate inadequacies of traditional, ad hoc care teams by using regular electronic, phone and face-to-face communication, facilitated by the SCCM. Decisions will be facilitated by development and acquisition of decision aids, which can be used by IDT members to support patients and caregivers in complex decisions. Efforts of the IDT are focused collectively on meeting best practice palliative care guidelines and the patient and caregivers' expressed goals in their Supportive Care Plan.

The IDT meets every other week to review the patient's case. Clinicians have time allotted to review electronic Supportive Care Plans prior to meetings and are compensated for time spent in care oversight. The SCCM talks with providers who are unable to meet face-to-face, prior to each meeting. Patients and caregivers are invited to participate in the IDT as their case is discussed. As the IDT concludes, the patient's plan of care is amended. Patients and caregivers who did not attend in person are updated electronically, based upon their communication plans.

Participants in IDT meetings review the patient's Supportive Care Plan goals and discuss:

- Who is engaged to reach this goal? Is progress being made?
- Are there other resources internally or externally to support the patient's goals?
- Is the patient on the right medicines? Do they know how to take them? Can they afford them?
- What is likely to happen next? How does the team plan for decline?
- What current and future shared decision-making topics are relevant to patient/family centered goals? Is there a plan to proactively discuss?
- What specific changes are advised to the plan of care?
- Is the patient at risk for readmission? What is the plan to prevent it?
- Have advance care planning, palliative care, and hospice been addressed in a timely fashion?

A week following the IDT, the SCCM contacts the patient and caregiver to review the plan of care, assess progress and identify new resources. The Edmonton Symptom Assessment Scale is repeated. The patient's goal cards are used as the basis for review and modification. The case manager communicates input from the IDT, and brings specific issues back to the IDT or to particular team members for advice.

Supportive Care Partners (IDT-2)

In addition, an extended care team, which could include hospitalists, specialists, pharmacists, palliative care specialists, chaplain, home care, complementary medicine providers, the broader family/friend support system, spiritual advisors and other community resources will be involved as needed.

<i>Supportive Care Partners (IDT-2)</i>	<i>Role</i>
Pharmacist –Pharm D	Assess and recommend changes in medications to simplify dose, schedule, route; reduce adverse interactions and recommend cheaper alternatives.
Chaplain with Hospice and Palliative Care Experience	Provide direct spiritual care support to address spiritual suffering or act as a conduit to the patient and families faith community.
Supportive Care Medical Director – Board Certified in Palliative Medicine	Provide consult to SCCM and PCP with the intent to reduce the burden of the illness.
Clinic team and Nursing home team - staff that will interact with patient and families in the care process.	Common understanding of the supportive care project and direct patients and families to the SC nurse for assistance.
Volunteer Coordinator and volunteers	Coordinates community members to support patients and families where traditional care and support services are not available, i.e. respite.
Community Services and Programs: e.g. home care, custodial care teams	Agree to adopt the supportive care plan and participate as an active member.
Extended IDT members (next door neighbor, apartment manager, home care nurse, care guide)	Interact with and support patient and family as needed.

Patient and Caregiver Communication Plan

Each patient and caregiver will establish a communication plan, indicating when and how to use telephone, e mail, mail and face-to-face visits. Communication will also include direct links to the Supportive Care Plan in MyChart for the patient. The communication plan ensures patients and caregivers receive critical information and maximize efficiency for all members of the care team.

Throughout the course of illness, the SCCM remains in contact with the patient and family. At a minimum, this occurs monthly, but could increase to two or three times per week. The Supportive Care team is available 24 hours a day, seven days a week. At night, a Supportive Care-trained triage RN answers the phone.

To ensure two-way communication occurs between patients, caregivers and the Supportive Care Team,

- The EMR generates a plan document for team members.
- The plan is integrated into the EMR using the clinic After Visit Summary and hospital Discharge writer to promote care coordination.
- The plan is accessible to patients via MyChart.
- The Patient Portal enables electronic communications among patients and team members.

Electronic, Supportive Care Tools

Critical to the success of the LLSC model will be an integrated suite of EHR tools. The design principles that will be employed as these tools are built or updated are outlined below. They will be dependent upon the area and the current capabilities of Allina's electronic health record (Excellian, an Epic product).

Principles:

- The majority of late life supportive care data need to be available at the patient level. Traditionally data in an EHR are available at an encounter or visit level, masking critical information to all care team members at every encounter.
- Regular communication with other members of the care team (i.e., primary care provider, primary specialty provider) about late life care progress should be predictable, reliable, and easy to use. Quarterly updates to all critical members of the IDT will be expected, with additional important updates added as warranted.
- The most current late life care work should be visible, with prior goals and activities archived for easy review, but not front and center distractions competing against current state.
- All LLSC data are patient owned. Patient owned information is part of a two-way dialogue between patient/caregiver and late life supportive care team. Patient/caregiver goals and perceptions, as well as visit and LLSC team encounter information, will be made available to patients electronically (i.e., through Epic's personal health record, MyChart) and in a printed format (i.e., via a modified After Visit Summary).
- Changes to the EHR will align with expectations of meaningful use and will exploit optimal use of the EHR.
- As changes are made to the EHR, Allina will connect with Epic and advance the notion that updates to and changes in late life supportive care tools should be part of future Epic upgrades for all health systems using this EHR product.

EHR tools are required for a variety of purposes, from identification of eligible patients to reporting, to ensure the efficient implementation of the LLSC model.

1. EHR components to be built to enhance this project:

- *Best Practice Alerts:* Alerts will be integrated into the medical record to reliably identify patients eligible for supportive care and to trigger the need for pro-active intervention according to the supportive care plan, i.e. updating advance care plan, hospice consult based up disease progression.
- *Eligibility Report:* At minimum, a Clarity and/or Reporting Workbench Report identifying potentially eligible Abbott Northwestern Hospital and Aspen Bloomington patients will be developed. Parameters of this report will be built upon the patient inclusion/exclusion criteria previously identified. During the design phase, the Research Team will also consider whether best practice alerts might be an option for triggering record review by the study coordinator and the care team.
- *Study Enrollment:* Once patients/caregivers have been informed about the study and invited to participate, the study coordinator or late life care manager will initiative an order to opt a patient in or out, depending upon the enrollment decision by the patient. If patients become unable to participate or unwilling to participate in the study going forward, an inactivate order will be entered. "Late Life Supportive Care Study" will also be added to the patient's problem list.
- *Late Life Supportive Care Team Identification:* Using Epic's care team functionality, the entire late life supportive care team, including members of the patients' circle of concern (e.g., spouse, adult child) will be listed and roles identified so that everyone partnering with the patient is aware of the LLSC.
- *Supportive Care Initial Assessment Visit, Supportive Care Follow up Visit Contact Documentation:* Progress notes, documentation flow sheets, and orders (where required) will be used to document interactions with patients. As noted in the design principles, quarterly updates to care team members (broadly) will be distributed.
- *Cross Continuum-Based Episode of Care:* Initial assessment, IDT team discussions, ongoing supportive care visit documentation will be available at the patient level in an episode of care listed by the usual criteria in chart review and appropriate filtering capabilities.
- *Billing:* Where billing is necessary for services not currently billed for, a revenue cycle component of Epic will be developed and implemented. Research dollars will be used to cover the cost of any services provided through LLSC that are not covered by a payer.
- *Quality Improvement and Outcomes Reporting:* Patient, late life supportive care manager, and Aspen Bloomington PCP level reports will be available to assess performance on goals and wishes, supportive care plan items, and other salient quality and outcome measures. For patients/caregivers, these reports will be embedded in the supportive care plan that is updated and made available during each LLSC interaction. For LLSC managers and PCPs, Clarity reports will be made available.
- *Needs Assessment:* A needs assessment and documentation flow sheet will be developed in order to record all of the relevant measures from the initial needs assessment with the patient and caregiver. This tool will include at minimum information about an advance care plan (beyond Allina's current scanned record of ACP), values and preferences of patient, assessment tool data, and identified shared decision-making opportunities.

F. New Roles & Responsibilities

Like Allina's *Care Guides* Demonstration Project, and consistent with redesign within primary care generally which calls for new roles on care teams focused on care transitions, navigation and support, the LLSC Model will introduce the role of a Supportive Care Case Manager (SCCM). While this position is most like a Palliative Care Case Manager, the SCCM is also charged with leading integration and fostering shared decision-making among primary care providers, an interdisciplinary care team and supportive care partners.

Supportive Care Case Manager (SCCM)

The central facilitator of the proposed intervention will be the SCCM. The SCCM will be a registered nurse with specialized training in case management, disease-specific advance care planning, palliative care and hospice who focuses on (1) assisting patient and family to develop a supportive care plan, (2) providing expert symptom and disease management, (3) providing holistic assessment of patient and families needs, and (4) facilitating care coordination and transitions.

The supportive care intervention will utilize nurse case managers whose fundamental goal will be to support the actualization of goals for patients and their families living with chronic progressive illness by:

- Providing patients with practical guidance, skills, and tools that will assist them to manage their chronic progressive illness and prepare for current and future decisions.
- Assisting patients and family members in overcoming informational, financial, social, emotional, logistical, and motivational barriers to care.
- Giving patients and families a familiar, trusted point-of-contact within the healthcare system.
- Assisting all members of the care team to focus and provide best practice supportive care as identified by patient and family centered goals.

1. Key Activities

- Actively work with patients and families through phone contact, email or in person, to "check in" with patients, assess for disease burden, anticipate and plan for changes based upon known progression of illness, review progress towards goals, and to inquire about any personal situations that may be impeding progress.
- Develop, review and update the Supportive Care Plan at a minimum monthly or more when a patient/family's status changes.
- Communicate with the patient/family before and after primary care encounters to facilitate agenda setting, review the supportive care plan and goals, prepare for current and future shared decision-making experiences and prompt necessary action.
- Facilitate the inpatient experience by: ensuring the supportive care plan is visible to hospitalists, inpatient staff and other caregivers across the care continuum, prompting an inpatient palliative care consult or family care conference, assisting inpatient discharge planning team to facilitate an optimal transition plan, encouraging the patient to discuss the in hospital stay with PCP during clinic follow up.
- Facilitate IDT meetings at least once a month or more when there is a change in status, adjust the supportive care plan, coordinate and communicate updates to the IDT and patient/family. Integrates proactive patient/family care conferencing as status changes.

2. Personal Education, Experience, Background, Attributes and Skills

Bachelors prepared; Current Minnesota Registered Nurse licensure; Minimum 3-5 years nursing experienced required (prefer critical care/oncology/med surg background with a strong knowledge of

pain and symptom management and chronic illness management). Case Management, Hospice, Palliative Care and/or Home Care experienced highly preferred. Certified in Hospice and Palliative Care preferred. Excellent written and verbal communication skills; organized with ability to multi-task; problem solver and critical thinker; creative able to think "outside of the box", ability to proactively plan care; self-directed while working collaboratively with the health care team.

G. Summary

Though good late life supportive care programs exist to build upon, the need to improve services for patients with life limiting illness and their caregivers is clear. The many components of the intervention, by collectively redefining the system of care and integrating this system seamlessly within primary and inpatient care settings will help people like Chuck by redefining the measure of quality health care as fulfilling patient-defined choices rather than only compliance with rigid treatment guidelines:

Compassionate, comprehensive and reliable late life supportive care services will also help care delivery organizations, health and supportive care providers, patients, and caregivers realize the Triple Aim and other critical outcomes, including:

- Honoring patients' and families' end-of-life wishes and goals,
- Maintaining the overall quality of life for patients and families,
- Improving the patient and family care experience,
- Controlling costs of care for patients with life limiting illness,
- Increasing access to best practice end-of-life care, and
- Improving job satisfaction of interdisciplinary team members.

The Research Design and Methods section that follows will describe in detail how these and other outcome measures will be assessed throughout the project to guide effective development of the model and its components and to understand the impacts of this new system of care for patients, caregivers, care providers and health care delivery organizations.

V. Research Design and Methods

A. Overview

In a manner similar to the 'Care Guides in the Primary Care Clinic' proposal previously funded by the Robina Foundation, the research team will employ a two-phase approach for the current effort. During Phase I, the design of the model will be completed and pilot tested at Abbott Northwestern Hospital, and two senior care facilities – Walker Methodist and Augustana Health Care Centers. A pre-post design will be used for evaluating the impact of the pilot, comparing patients with both concurrent and historical controls, where appropriate and feasible. An additional focus will be on testing and refining the set of measures to be employed in Phase II.

Launching the Phase I pilot in an inpatient acute setting, as well as senior care facilities, will offer the opportunity to develop and test the late life supportive care approach with two different types of care teams. The inpatient hospital team includes hospitalists, specialty care physicians, and inpatient care management staff. The senior care facility team includes a senior care provider, nursing staff, and staff from the senior care facility. Developing the model in these two environments where the patient population traditionally accesses healthcare ensures generalizability and a greater likelihood for successful implementation in Phase II.

In Phase I, Twin Cities Public Television will be engaged to extend their late life care dialogues. Researchers will partner with the Honoring Choices collaborative in order to further define and advance the work of healthcare organizations in Minnesota focused on late life care. Finally, internal stakeholders at Allina will be engaged in a listening process and dialogue intended to promote the needed internal culture shift related to late life supportive care.

In Phase II, the researchers will target implementation at an additional urban hospital, a rural hospital, and across all three major medical groups at Allina (i.e., Aspen, Quello, and Allina Medical Clinic). Additional conditions will be added to the focus of the model. A rigorous evaluation design will be applied in this scenario. Further, cooperative discussions will be launched with local payers to allow for the development of a robust business model to advance late life supportive care.

During Phase II, Allina Hospitals & Clinics will also build on the work advanced during Phase I regarding community engagement and dialogue. The researchers will seek to expand the internal dialogue outward, thus furthering public discussion and debate related to late life care issues. Additional potential partners for these public discussions include the University of Minnesota Law School and the University of Minnesota Bioethics Department. By engaging the community in confronting ethical care issues, a balance will be achieved between autonomy and social justice. By continually improving the supportive care model based upon these dialogues, Allina will be well positioned, following Phases I and II, to replicate a sustainable model across Allina Hospitals & Clinics.

B. Sites

The pilot phase of this work will involve an inpatient care setting and two Allina Senior Care Transition sites. Developing and testing this model in different healthcare settings allows the establishment of a referral process and interdisciplinary team care review process in different environments. As previously stated, Phase I of this work will take place at ANW Hospital, Walker Methodist and Augustana Health Care Centers.

Abbott Northwestern Hospital

Abbott Northwestern Hospital (ANW) is the largest tertiary care hospital in the Twin Cities. In 2010, ANW served 27,927 inpatients. Of those, 34 % (9,483) were over age 65, 8 % (2,333) had heart failure (19% of those over age 65) and 12% (3,414) had been diagnosed with COPD (18% of those over age 65), indicating a patient population ideal to this project. ANW staffing includes six interdisciplinary palliative care experts and the hospitalist group at ANW is part of the Allina Medical Clinic.

Senior Care Transitions Sites: Walker Methodist & Augustana Health Care Centers

Allina Senior Care Transitions is a team of 36 nurse practitioners and 15 physicians who provide primary medical care to patients and families in over 120 senior living campuses across the seven county metropolitan area. Several of the senior care physicians provide hospitalist care at ANW hospital and at Allina Primary Care Clinic sites. The Walker Methodist and Augustana Senior Campuses are two of the top five senior living locations for ANW discharges to skilled nursing and assisted living facilities. In the first six months of 2011, 1781 ANW discharges were to a skilled nursing facility.

The Walker Senior Campuses include Walker Methodist Health Care Center (Minneapolis) and Walker Assisted Living sites --- Westwood Ridge (St. Paul), Walker Elder Suites (Edina), Walker Place (Minneapolis), and Walker Plaza (Anoka) --- all located within the seven county metro areas. The Allina Senior Care Transitions team serves an average panel size of 124 patients in these Walker campuses.

Augustana Senior Campuses include four sites located in the seven county metro areas --- Augustana Health Care Center (Minneapolis), Augustana Apple Valley Long Term Care (Apple Valley), Augustana Apple Valley Villa Assisted Living (Apple Valley) and Augustana Hastings Long Term Care (Hastings). The Allina Senior Care Transitions Team serves an average panel size of 105 patients in the Augustana Campuses.

C. Patient Referral & Recruitment

Patients will be recruited through the inpatient and senior care settings. Patient eligibility will be determined uniquely in each of these settings. Recruitment will be completed by study coordinators at each of the two study recruitment venues (one at Abbott Northwestern Hospital (ANW) and one covering both Senior Care Transition sites).

In all of these settings potentially eligible patients will be identified using EHR generated reports created for the project. The reports will identify patients being served by each setting who are age 65 or older, and have a diagnosis of cancer, heart failure, chronic kidney disease, or chronic obstructive pulmonary disease. These lists will then be narrowed to patients who are likely to be within the target life expectancy range (see paragraph below) and subsequently reviewed with providers to confirm eligibility.

One of the major struggles in the deployment of any component of late life supportive care is the prospective identification of patients who are eligible for services far enough in advance of death to make a meaningful difference in their end-of-life experiences. Prognostication tools notoriously underperform, and where they are adequate, they are useful only for narrowed condition sets. In an effort to better understand the utility of electronic health record data to predict a variety of events, Allina has been using traditional statistical tools, as well as more innovative data mining techniques, to risk stratify patients in accordance with claims groupers (e.g., Johns Hopkins' ACG), test prediction of

patient readmissions and prospectively identify ambulatory care sensitive admissions. To date, the algorithms developed through traditional statistical analysis to risk stratify patients using electronic health record have outperformed the ACG approach. Further, the algorithms developed to identify ambulatory care sensitive admissions have high sensitivity and specificity in their prediction.

In an effort to identify patients ~~who are~~ whose life expectancy is predicted to range from 6 months and 2 years, LLSC has assembled an Allina and University of Minnesota team consisting of

- Jon Christianson, PhD, health economist from the University of Minnesota;
- Jason Haupt, PhD, statistician with Allina's Performance Resource department; and
- Prasanna Desikan, PhD, computer scientist with Allina's Center for Healthcare Innovation.

Using a combination of traditional statistical analysis (Haupt), econometrics (Christianson), and data mining techniques (Desikan), the team will design a parsimonious, patient selection algorithm that 'predicts' impending (six to 24 months away) death. Algorithm development will be based on Allina's own mortality data, as well as a feed of mortality data from the Centers for Medicare and Medicaid Services, to identify patients who have died within a certain time period. The team will then extract key data elements from Allina's EHR that describe the disease progression, clinical characteristics, and utilization patterns of these individuals for the 24 months prior to their date of death. The following data will be included as part of this analysis:

- Patient demographics;
- Current and historical clinical data, including inpatient/emergency department admission data and relevant clinical values, clinic data and relevant lab values;
- Diagnosis and problem list; and
- Proxy measures for frailty and functional status.

This algorithm will be used to identify prospective patients for consideration of referral to the LLSC Model. However, final referral decisions will be based upon a clinical review of prospective patients. While Phase I of the late life supportive care model development will include a focus on patients facing Alzheimer's, stage III or IV cancer, or heart failure, the algorithm will be developed encompassing all conditions where possible. It is the intention of the LLSC Model to use prognostication tools that are automated into reports generated based on EHR data. Specific prediction instruments and modeling criteria will be established in the planning phase through a partnership of care providers, researchers and University of Minnesota experts.

Inpatient Recruitment

Potentially eligible patients at ANW will be identified based on a report generated listing patients hospitalized who are age 65 or older, live in the seven county metropolitan area of Minnesota (i.e., the Twin Cities), and who have one of the following chronic diseases: cancer, heart failure, chronic kidney disease, or chronic obstructive pulmonary disease. The study coordinator will apply the selected life expectancy prediction methods. Study coordinators will screen these patients through the EHR with additional information from the current inpatient care team to determine the patient's primary provider. Patients who are identified as having an ANW primary provider who is a specialist in oncology, renal, pulmonary, or cardiology will be eligible. Patients whose primary provider is in the Allina system (i.e. Aspen or Allina Medical Clinic primary care provider or an ANW hospitalist) are also eligible.

The study coordinator will review the patient prognosis with the primary provider (and palliative care provider if currently involved in care) and assess condition and life expectancy for pilot eligibility. The

study coordinator will seek permission from providers for staff to introduce the project to the patient. With agreement from the care team, a supportive care case manager will introduce the project to the patient and patient's family if available in the hospital. Patients will be given written information about the project. Study coordinator or SCCM will contact additional family (adult children/ spouse) after permission is provided by the patient. At this point, the patient and family may consent to participate in the pilot research project, ask for more time to consider or refuse. Patients who agree to participate will have a home visit scheduled. Those who want more time will be contacted later by the SCCM.

Senior Care Transitions Recruitment

Patients being served by Allina's Senior Care Transitions program at Walker Methodist and Augustana Health Care Centers will be recruited through a similar method as the clinics, beginning with a list of potentially eligible patients identified through the EHR. The study coordinator will review potentially eligible patients with the senior care transitions providers to determine which patients have a prognosis in the eligibility range. The provider will then get permission for the study coordinator or SCCM to talk with patients and their family members about the project. The study coordinator or SCCM will make an appointment to introduce the project to the patient and family and provide background information.

D. Research and Evaluation Timeline

The pilot Phase I project will commence in January of 2012 and extend through June of 2014. Phase I will include four major components – Design Refinement & Pre-Work (January 2012 through June 2012), Patient/Caregiver Enrollment (July 2012 through December 2012), Implementation of Late Life Supportive Care Process (beginning with study enrollment and ending in December 2013), and Analysis and Phase II Development (January 2014 through June 2014).

	2012				2013				2014	
Milestone/Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Design Refinement & Pre-Work: January 2012 – June 2012										
Hire Research Manager										
Establish Research Team, continue to meet										
Expert observation of best practice										
Model refinement										
	2012				2013				2014	
Milestone/Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Design Refinement & Pre-Work: January 2012 – June 2012 (continued)										
Final selection and development of outcome measures										
Workflow development for SCCM										
Workflow development for IDT										
Hiring study coordinators										
Overall Operations Team established, meeting										
Institutional Review Board submission and communication										

	2012				2013				2014	
Milestone/Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Patient/Caregiver Enrollment: July 2012 – December 2012										
Identification of eligible patients										
Enrollment of eligible patients										
Implementation of Late Life Supportive Care Process: July 2012 – December 2013										
Initial assessment and pre-data collection										
IDT meetings										
Patient follow-up										
6 month measurement										
12 month measurement										
18 month measurement										
Study closeout										
Analysis and Phase II Development: January 2014 – June 2014										
Analysis										
Development of Phase II model										

E. Evaluation

Framework

The evaluation design for the pilot phase of late life supportive care will include a **process** (implementation) evaluation as well as a quasi-experimental observational **outcome** evaluation.

The **process** evaluation will enable researchers to assess whether the project was developed as intended (e.g., establishing the necessary infrastructure), as well as if it was implemented as intended (e.g., delivering the program as intended to the target audience). The primary purpose of the process evaluation is to allow for meaningful data collection about program development and implementation to enable continued development and improvement to the program. In addition, the process evaluation will enable the researchers to establish the context for interpretation of outcome results. If outcome results indicate success or challenge in a particular measure, it will be critical to contextualize those findings with the process implementation findings. Finally, process evaluation will be important to Phase II in which late life supportive care will be expanded.

The **outcome** evaluation will enable researchers to determine the success of Phase I of the project based upon a variety of outcome measures that are important to patients, caregivers, care team members and the healthcare system. Measures focus on hospice and hospital use, patient goals and wishes honored, patient and caregiver experience with care, patient and caregiver quality of life, access to resources and coordination of care, as well as health care team engagement with practice and total cost of care.

The outcome evaluation uses three different approaches to describe effect based upon the outcome of interest and the setting in which patients are enrolled. For hospice, hospital use and total cost of care, researchers will examine patients enrolled in the intervention at ANW, as well as concurrent (i.e., patients eligible but not enrolled) and historical (i.e., patients eligible in the year prior to the study) comparison patients. Concurrent comparison information will also be gathered for a set of patients at United Hospital, a site comparable to the intervention hospital. For patients enrolled in the senior care

sites, researchers will examine those enrolled in the intervention because comparable controls may not be available. They will explore the possibility of examining senior care transition patients at other sites, but it is uncertain whether this is a viable option.

Goals and wishes honored; patient and caregiver experience with care; patient and caregiver quality of life; access to resources and coordination of care; and health care team engagement with practice are not standardized measures collected through the course of traditional clinical care, therefore changes in perception and self-report of these measures will be collected for enrolled patients, caregivers and health care team members.

Outcome Measures

1. Primary Outcomes

The current proposal seeks primarily to understand the impact of late life supportive care on hospice enrollment and utilization, inpatient hospital stays, and alignment of care with patient goals and wishes. Below each of these outcomes is described in more detail, including the assessment mechanism/tool, comparison population, data collection plan, and subset analysis, where appropriate.

Proportion of patients who die during the 12 month study period enrolled in hospice

- *Assessed via:* Electronic health record
- *Comparison population:* Historical (i.e., previously eligible and died in the previous year) patients at ANW Hospital; concurrent (i.e., currently eligible but not participating or at a comparison site and die during the 12 month study period) patients at ANW Hospital and United Hospital; no comparison population for senior care sites
- *Data collection:* At the point of study initiation, all patients who would have been eligible for the study one year prior to enrollment and died will be identified using Allina's electronic health record. Hospice enrollment for all previously eligible patients will be assessed and a dataset developed reflecting all eligible patients and previous hospice enrollment. Also at the point of study initiation and through the enrollment period, all eligible patients will be identified and similar hospice data will be extracted from Allina's EHR for one year following actual (i.e., for those patients enrolled) and potential (i.e., for those patients eligible but not enrolled) patients.
- *Hypothesis:* The primary hypothesis is that a greater proportion of patients participating in the intervention will enroll in hospice as compared to historical and concurrent controls. The null hypothesis is that patients will enroll at the same or lower rates. This is the primary outcome upon which the sample size for the proposal is built.

Median hospice days (length of service) over the 12 month period study period

- *Assessed via:* Electronic health record
- *Comparison population:* Same as proportion of hospice patients enrolled, with the exception that all eligible patients will be included, not just those who died during the study period
- *Data collection:* Same as proportion of hospice patients enrolled
- *Subset analysis:* Comparison of median hospice days for patients who die during study and patients still living

Median inpatient hospital days over the 12 month study period

- *Assessed via:* Electronic health record
- *Comparison population:* Same as proportion of hospice patients enrolled, again with the above exception

- *Data collection:* Same as proportion of patients enrolled in hospice with a focus on inpatient hospital days
- *Subset analysis:* Comparison of median inpatient hospital days for patients who die during study and patients still living

Patient goals and wishes honored

- *Assessed via:* Development of a specific tool to assess alignment with patient goals and wishes
- *Comparison population:* No comparison population, over time and across condition examination of those enrolled in intervention only
- *Data collection:* At study enrollment, patients will be queried about their individual goals and wishes across the seven palliative care domains. Patient developed goals will be recorded in the electronic health record supportive care plan. Patient-developed goals will be recorded in the electronic health record Supportive Care Plan. Patients may add or retire goals at any time. Periodic assessment (i.e., every three months unless care pattern necessitates more frequent update) of goal progress will be completed by the SCCM. Proportion of goals that are 'met' will be tracked over time for each enrolled patient.
 - Patients will score their satisfaction with goal progress at each encounter, and not less than once a month. If the goal is a caregiver measure, for example, "My caregiver gets six hours of uninterrupted sleep," then both the patient and caregiver will score progress toward the goal.
 - For purposes of analysis, patient-derived goals will be assigned to a palliative care domain by reference to a comprehensive list of domain attributes. An example of the type of tool that will be developed is included below:

Sample Patient Goals and Wishes Statements

Palliative Care Domain	Patient and Family Centered Goals: "I hope or I want..."	How satisfied are you with progress on this goal?				
		Very	Neutral	Not at all		
Process of Care: (goals of care, prognosis, disposition, safety)	"I want the doctors to talk to my daughter after they see me."	5	4	3	2	1
Process of Care: (goals of care, prognosis, disposition, safety)	"I don't want to spend 6 hours in the Emergency Room again."	5	4	3	2	1
Physical: (pain and symptoms)	"I want my back pain to be less than a 5, and I don't want to have to get up in the middle of the night to take a pain pill."	5	4	3	2	1
Psychological	"I want to talk with someone who knows what I'm going through."	5	4	3	2	1
Social	"I am not a burden on my family when I need more care"	5	4	3	2	1
Spiritual, Religious	"I want my family to be okay after I die."	5	4	3	2	1
Cultural	"It is important that I not die here in my son's home."	5	4	3	2	1
Cultural	"I want you to do everything to keep her alive. We cannot stop life-saving therapy."	5	4	3	2	1
End of life Care	"I want to be at home."	5	4	3	2	1
End of life Care	"I don't want any pain at the end. You can just knock me out."	5	4	3	2	1
Advance Care Planning	"I don't think that my family will see things eye to eye. I want them all to agree on decisions."	5	4	3	2	1

2. Secondary Outcomes

In addition to the above primary outcomes, the proposed study will examine patient and caregiver experience with care, patient and caregiver quality of life, access to resources and coordination of care, health care team satisfaction with practice, and total cost of care over 12 month study period

Patient experience with care

- *Assessed via:* Standardized patient experience tool for those in late life care; selection of final tool to be completed during design period; options include: Medical Outcome Study Satisfaction Survey and/or the Palliative Care Outcome scale
- *Comparison population:* No comparison population, pre-post comparison of those enrolled in intervention only
- *Data collection:* At study enrollment (via a mailed packet sent to patient prior to the initial assessment visit), patients will be queried about their current experience with care. Results will be recorded and the assessment will be repeated at 6 months and 12 months into enrollment or when patient is close to death.

Caregiver experience with care

- *Assessed via:* Standardized caregiver experience tool for those supporting a loved one in late life care; selection of final tool to be completed during design period; options include: Medical Outcome Study Satisfaction Survey, After-Death Bereaved Family Member Interview (with obvious modifications), and/or the Palliative Care Outcome scale
- *Comparison population:* No comparison population, over time and across condition examination of those enrolled in intervention only
- *Data collection:* At study enrollment (via a mailed packet sent to caregiver prior to the initial assessment visit), caregivers will be queried about their current experience with care. Results will be recorded and the assessment will be repeated at 6 months and 12 months into enrollment or when patient is close to death.

Patient quality of life

- *Assessed via:* Standard Form-36 (mental: vitality, social functioning, role-emotional, mental health; physical health: physical functioning, role-physical, bodily pain, general health), Perceived Stress Scale, and a standard quality of life tool for patients in late life care; final determinations to be made during the design phase; possible additions include: McGill Quality of Life Questionnaire or the European Organization for Research and Treatment Core Quality of Life Questionnaire version 3.0
- *Comparison population:* Comparison to other published work, and over time and across condition examination of those enrolled in intervention only
- *Data collection:* At study enrollment (via a mailed packet sent to patient prior to the initial assessment visit), patients will be queried about their quality of life. Results will be recorded and the assessment will be repeated at 6 months and 12 months into enrollment or when patient is close to death.

Caregiver quality of life

- *Assessed via:* SF-36 (mental: vitality, social functioning, role-emotional, mental health; physical health: physical functioning, role-physical, bodily pain, general health) and Perceived Stress Scale

- *Comparison population:* No comparison population, pre-post comparison of those enrolled in intervention only
- *Data collection:* At study enrollment (via a mailed packet sent to caregiver prior to the initial assessment visit), caregivers will be queried about their quality of life. Results will be recorded and the assessment will be repeated at 6 months and 12 months into enrollment or when patient is close to death.

Access to resources and coordination of care

- *Assessed via:* Transitions of Care Measures-3 (for patients facing a transition between facilities) and instrument to be developed during design phase
- *Comparison population:* No comparison population, over time and across condition of those enrolled in intervention only
- *Data collection:* At study enrollment (via a mailed packet sent to patient/caregiver prior to the initial assessment visit), patients/caregivers will be queried about their access to resources and coordination of their care. Results will be recorded and the assessment will be repeated at 6 months and 12 months into enrollment or when patient is close to death.

Health care team engagement with practice

- *Assessed via:* Maslach-Burnout Inventory and Areas of Worklife Survey
- *Comparison population:* Health care teams at United Hospital
- *Data collection:* Prior to study enrollment launches, all eligible care team members (i.e., late life supportive care case managers, hospitalist, palliative care and specialist teams at Abbott Northwestern and United Hospital, and senior care teams at Augustana and Walker Methodist) will be surveyed using the assessment tools. Assessments will be repeated 6, 12 and 18 months after enrollment is launched.

Total cost of care over 12 month study period (including total inpatient stay costs)

- *Assessed via:* charge data from electronic health record
- *Comparison population:* Same as proportion of hospice patients enrolled, again with the exception that all eligible patients will be included
- *Data collection:* Same as proportion of patients enrolled in hospice with a focus on inpatient stay costs.
- *Subset analysis:* Comparison of total cost of care for patients who die during study and patients still living

3. Process Measures

The process evaluation will include measures on infrastructure development indicated below. Many of these measures are focused on the completion of tasks to be done in the project planning phase and will be measured in the context of a time line. Qualitative information will also be collected on the satisfaction of providers and clinical staff in the pilot sites with the training and infrastructure development.

Measures Assessing Development of Infrastructure

- Establishment of reliable method to automatically identify (through the EHR) all patients in the target population in order to generate referrals for assessments as well as triggers for re-assessment
- Protocol and instruments finalized for assessment process
- Protocol finalized for interdisciplinary team review process

- Protocol and instruments finalized for shared decision-making process after assessment
- Referral process established and automated into EHR
- Training curriculum established for staff at pilot sites – facilitators, interdisciplinary team members
- Satisfaction of providers and clinical staff with training and infrastructure development

Below is an additional set of measures to be examined in the process evaluation. This phase of the evaluation will focus on measuring implementation of activities relative to goals (to be established) and to continue to identify areas for improvement. These measures generally examine coverage of the intervention (proportion of the eligible target population getting the service) and dosage (percent getting the full late life supportive care program), service delivery efficiency (time to accomplish activities) and patient and provider experience with implementation. Much of the data necessary to assess process measures will be built into the related EHR component. Qualitative data will be collected via methods deemed most appropriate for patients and providers (e.g., key informant interviews, focus groups).

Measures Assessing Program Implementation

- Number of eligible patients identified and referred, proportion of those who are self-referrals
- Degree of engagement of referring clinical team in referral and assessment processes
- Percent of referred patients who complete assessment
 - Percent of these who are completing ACP for first time
- Time from referral to completion of assessment
- Number and percent of patients with Interdisciplinary reviews completed, includes communication of ACP plan to entire care team
- Time from assessment completion to interdisciplinary review
- Number and percent of shared decision-making processes completed
- Number and percent of patients for whom selected action steps are addressed with strategic partners
- Effectiveness of shared decision-making: A good indicator of the decision quality is whether or not the patient and care team follows through with their chosen option
- Documentation of barriers and facilitators to implementation of all program components (referral, assessment, interdisciplinary team review, shared decision-making, working with strategic partners)
- Patient and provider experience measures, perceptions and experiences related to process

4. Data Privacy and Security Assurance

When information collected during the contract visit becomes part of the EHR, these data will become subject to all the privacy, confidentiality, and protection offered by Allina's EHR system which is bound and protected by HIPAA. All Allina EHR data are strictly protected by password-only access, secure data archival practices, and data encryption. Patient data that resides in the EHR will be accessed only by physicians, clinic staff, and care guides, and project investigators will not require access to data on an individually identifiable basis. Data to be analyzed by the investigators of this project will have been stripped of personal identifiers and all analyses will be conducted in aggregate.

5. Sample Size

In order to calculate the appropriate sample size for the proposed pilot, the research team identified two possible primary outcomes – inpatient days in the last six months of life and proportion of patients who died that were enrolled in hospice. Analysis revealed that powering the study to detect a reasonable change in the mean number of inpatient days (anywhere between 0.75 to 2 fewer inpatient days) would require a prohibitively large sample size (see table below).

Considerations on Sample Size – Inpatient Days in Last 6 Months of Life

ANW Data - IP Days in last 6 months of life (Patients who Died in 2010)

Condition	Count	Mean 1	SD of Means
CHF	107	20.35	22.396
Renal Failure	263	16.85	19.11
Cancer	520	14.02	13.54
COPD	40	16.79	11.085

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	8,737	11,008	13,998
1	4,915	6,192	7,874
1.25	3,146	3,963	5,040
1.5	2,185	2,752	3,500
2	1,229	1,548	1,969

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	6,361	8,015	10,192
1	3,578	4,508	5,733
1.25	2,290	2,886	3,669
1.5	1,591	2,004	2,548
2	895	1,127	1,434

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	3,194	4,024	5,117
1	1,797	2,264	2,878
1.25	1,150	1,449	1,842
1.5	799	1,006	1,280
2	450	566	720

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	2,141	2,697	3,430
1	1,204	1,517	1,929
1.25	771	971	1,235
1.5	536	675	858
2	301	380	483

Assumptions

1. Alpha = 0.05, two-tailed
2. SD of means are the same

ANW Data - IP Days in last 6 months of life (All Patients in 2010)

Condition	Count	Mean 1	SD of Means
CHF	640	11.77	14.55
Renal Failure	1659	9.3	13.46
Cancer	2613	7.56	9.92
COPD	246	9.35	10.25

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	3,688	4,646	5,909
1	2,075	2,614	3,324
1.25	1,328	1,673	2,127
1.5	922	1,162	1,478
2	519	654	831

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	3,146	3,976	5,056
1	1,776	2,237	2,844
1.25	1,137	1,432	1,821
1.5	789	994	1,264
2	444	560	711

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	1,715	2,160	2,747
1	965	1,215	1,545
1.25	618	778	989
1.5	429	540	687
2	242	304	387

Detected Change in Mean	Power		
	0.6	0.7	0.8
0.75	1,830	2,306	2,932
1	1,030	1,297	1,650
1.25	659	831	1,056
1.5	458	577	733
2	258	325	413

Assumptions

1. Alpha = 0.05, two-tailed
2. SD of means are the same

Turning instead to powering the study on the proportion of patients enrolled in hospice revealed a more viable alternative for sample size determination. In examining the extant literature around proportion of patients who died who were enrolled in hospice by clinical condition, the researchers evaluated cancer (65%), congestive heart failure (12%) and other conditions. They assessed what sample size would be required to detect a 5%, 10%, 15%, and 20% increase in those proportions. Data from this analysis are included on the following page:

Increase in Proportion Enrolled in Hospice (5 to 20% Increase)

Condition	Proportion 1	% Increase in Proportion 1			
		5%	10%	15%	20%
Cancer	65	68.25	71.50	74.75	78.00
CHF	12	12.60	13.20	13.80	14.40
COPD	30	31.50	33.00	34.50	36.00
Renal Failure	55	57.75	60.50	63.25	66.00

Necessary Sample Size to Detect Above Percentage Increases

Condition	% Increase			
	5%	10%	15%	20%
Cancer	3,365	835	367	204
CHF	47,369	12,170	5,554	3,205
COPD	14,989	3,178	1,737	996
Renal Failure	5,177	1,302	581	327

Assumptions:

1. Alpha = 0.05, two-tailed
2. Power = 0.8

The proposed study is designed to allow for enrollment of all eligible patients identified as being 65 and over, having advanced cancer, COPD or Alzheimer's and in need of late life supportive care. Given this, the largest patient populations available for enrollment are those patients with active cancer; therefore, sample size calculations are based upon cancer patients and a minimum enrollment of those patients.

Based upon wanting to increase the proportion of cancer patients who are enrolled in hospice from a national level of 65% to 78% and seeking a 95% change of detecting this change (2-tailed), the proposed study would require a minimum of 204 cancer patients eligible for hospice. The sample size calculation is based upon a z-test analysis, comparing national prevalence with post-pilot attainment. The research team will seek to enroll up to 250 cancer patients and up to 100 patients in each of the other conditions, bringing intended enrollment to between 400 and 450 patients.

6. Analysis

Primary Outcomes

Proportion of patients enrolled in hospice over the 12 month study period:

After outcome data are examined and cleaned as necessary, a z-test will be performed to determine if the final proportion of enrolled deceased cancer patients who utilized hospice is different from: national proportions, historical comparisons, and concurrent comparisons. Preparations for Phase II of this work will be contingent upon detecting at least a mildly significant (i.e., $p < 0.20$) difference in proportions.

In addition to a basic z-test, where possible and appropriate, a propensity score approach to 'matching' enrolled patients with historical and concurrent non-enrolled patients will be employed to allow for more appropriate analysis of differences in proportions. Where possible, patients will be 'matched' on important clinical characteristics, demographic factors, and prognostication assessment. Z-tests, Chi

square and other appropriate comparisons will be performed after possible matches have been identified (i.e., the construction of an artificial, better 'matched' comparison patient population).

Sub-group analysis will be also performed, not with the aim of demonstrating statistical significance, but with the aim of understanding proportion change in non-cancer patients (i.e., CHF and Alzheimer's patients). Further, subgroup analysis will focus on differences in proportions by: patient cultural background, age group, payer, and supportive care case manager.

Median hospice days over the 12 month period study period:

Median inpatient hospital days over the 12 month study period:

Following a similar analysis plan to the above primary outcome measure, additional outcome data will be examined and cleaned as necessary, and a Mann-Whitney test for median comparison will be performed to assess whether the median hospice days over the 12 month study period and the median inpatient hospital days over the 12 month study period are different from: historical comparisons and concurrent comparisons. Similar propensity score analysis and sub-group analysis will be performed as possible and appropriate.

Patient goals and wishes honored:

Because the development of a patient goals and wishes tool is new for the purposes of the proposed pilot, researchers will examine, clean and describe the distributions and changes in these data over time. Statistical tests will be conducted if appropriate, but the primary purpose of the pilot data collection with this new tool is to understand the data's basic characteristics and to potentially use this information to determine sample size for Phase II of this project.

Secondary Outcomes

Analysis of patient, caregiver and health care team experience data, patient and caregiver quality of life, access to resource and coordination of care measures, as well as qualitative process measures, will be conducted in accordance with the data collection method used. Where data are collected through surveys, descriptive statistics and full response frequencies will be used to understand the experience and quality of life of patients and clinic staff and providers. Where focus groups and key informant interviews are the method, transcribed notes will be reviewed for key themes, key quotes, and messages that will inform Phase II. All quantitative analysis will be performed in Stata 11 and all qualitative analysis will be performed using NVivo 9.0. Again, analysis of secondary outcomes will not be undertaken for purposes of establishing statistical significance, but rather to better understand the successes and challenges of the pilot.

Total cost of care will be examined to determine the total direct cost of the program and its services, as well as to compare costs to historical and concurrent comparison patient care costs. This analysis will provide information about the potential positive economic benefit of late life supportive care in comparison to the customary care provided.

VI. Qualifications and Project Oversight

A. Organizational Qualifications

Overview

Allina is extremely well positioned to be a national leader in late life supportive care services. Given its experience building an infrastructure and implementing a truly integrated model of advance care planning (ACP) that includes: an electronic health record (EHR) component, comprehensive staff training and provision of dedicated resources at a level beyond that of other health systems nationally, Allina has clearly demonstrated its organizational commitment and readiness to reach the goal of providing comprehensive late life supportive care services to its patients and families across its system. While Gundersen Lutheran has focused on rigorous studies to test and refine its ACP method and widespread basic advance care planning in the two counties their system serves in Wisconsin, Allina Hospitals & Clinics is the first large U.S. health system to adopt and spread both the basic and disease specific models of ACP at the system-wide level. In addition, Epic, the vendor for Allina's health record and the largest EHR vendor in the country, has expressed interest in standardizing the EHR component designed and built by Allina.

Advance Care Planning Infrastructure

Starting in 2007, Allina Hospitals & Clinics began implementing a strategic plan for a comprehensive advance care planning process system-wide. As a first step in this process, eight Allina Hospice and Palliative Care Clinicians underwent extensive training in the Respecting Choices model to become certified facilitators of both basic and disease-specific advance care planning discussions. Additionally, Sandra Schellinger, Director of Palliative Care, received certification at the level of national faculty member by Gundersen Lutheran to train new facilitators.

From 2008 to 2010, Allina piloted a model of Disease Specific Advance Care Planning (DS-ACP) for patients with heart failure, chronic obstructive pulmonary disease (COPD) or chronic kidney disease. This process included the development of a Physician's orders for life sustaining treatment (POLST) form and related process to be done within the DS-ACP process or other appropriate clinical contexts. The POLST process was pilot tested with hospice patients in 2009 and then moved system-wide in 2010. The trained facilitators accomplished the following during the time period:

- 2008 - 268 Disease Specific Advance Care Plans for heart failure patients in 2008
- 2009 - 758 DS-ACP for patients with any chronic condition and 200 POLST with Hospice patients
- 2010 - 1,218 Basic Advance Care Plans, 1,803 DS-ACP and 3,329 POLST forms for hospice and nursing home patients.

Based on the experience of the DS-ACP pilot, Allina created a component of the electronic health record (EHR) specific to Advance Care Planning in 2009. This component identifies ACP on the problem list, aids in the referral process through an ambulatory consult order for ACP (either basic or disease specific) and has built in forms using smart and free text to enable facilitators to easily document preferences directly into the EHR in addition to providing easy access to scanned documents such as a health care directive, health care power of attorney, living will and POLST. This documentation can be easily updated as medical conditions and preferences change. Upon completion and implementation of the EHR ACP component, a system-wide training on ACP was launched in early 2010. Training requirements were different based on level of knowledge needed. However, the training was comprehensive enough to ensure that all staff with patient care responsibilities received some basic training. All nurses and physicians received basic advance care planning training that included how to: introduce the concept to

patients, initiate an order in the EHR and view and update information in the EHR component. Social work and palliative care staff received more extensive training. Also more staff received ACP facilitator training. The training was implemented for staff in all inpatient settings followed by a continuing roll-out of ACP education across ambulatory care sites.

Evaluation of our DS-ACP pilot implementation from 2008 – 2009 found 94% of patients participating in DS-ACP had some type of health directive compared to 25% without DS-ACP facilitation. Only those patients undergoing DS-ACP had documentation about their desires and wishes for treatment choices specific to their disease status. Among patients who died during the pilot phase, those who participated in DS-ACP were twice as likely to (56% vs. 37%) receive hospice care. After adjustment for age and recruitment differences between the groups, DS-ACP participants were still over twice as likely to participate in hospice (OR = 2.21, p = 0.003, CI 1.3, 3.7). Additionally, mean length of service (LOS) was 27.5 days longer among DS-ACP participants however this was not statistically significant likely due to a lack of power when examining the subset of patients who died and used hospice [31].

Business Model

As Allina developed and implemented the strategic roll out of basic and disease specific advance care planning, Palliative Care leadership worked collaboratively with payers to explore reimbursement strategies. Specifically, Allina worked with Blue Cross Blue Shield of Minnesota to support its advance care planning efforts over three years and conduct a quasi-experimental evaluation of cost of care for disease-specific advance care planning. This information will help Allina's leadership understand how to evaluate cost of care over the last several years of a person's life. Allina's leadership also established reimbursement for disease-specific advance care planning services with Blue Cross Blue Shield, Health Partners, and UCare. This experience of negotiating reimbursement structures to sustain late life supportive care services demonstrates Allina's interest in ensuring the sustainability of these critical services.

Intentional effort in Phase I will focus on development of the business model behind LLSC to ensure its sustainability after Robina funds are no longer available. The Business Model Development team will include Allina's Chief Financial Officer; Director of System Finance; Vice President of Finance for the HomeCare, Hospice & Palliative Care Division; Care Management leadership; and Payer Relations. In addition, Jon Christianson, health economist from the University of Minnesota, will participate with the team. Using an approach similar to that used to identify and develop an algorithm for patient selection, the LLSC team will compile a dataset focused on utilization of late life supportive care services, such as hospice, palliative care, care management services; patient demographics; and patient clinical outcomes. These data will be acquired for patients who have died within a certain time period. The LLSC team will also examine clinical and utilization patterns for the 24 to 36 months prior to death. Examination of these patterns will yield the data necessary to build a straw business model – an estimation of the expected costs associated with utilization patterns aligned with late life supportive care, coupled with an estimation of the reduced inpatient and other expenses associated with reduction of length of hospital stay in patients who could be transitioned to late life supportive care. Fixed and variable costs will be identified in both estimates, staffing models will be assessed and tiered, and an estimation of a 'break even' point of patient volume will be examined. The straw business model will be improved and updated over time as data from Phase I enrollment are collected. Further, the straw business model will allow for the LLSC Business Model, including the above membership, to identify when and how conversations with the payer community should be launched to understand the healthcare system impact of the model, especially if the model yields a plausible outcome of a negative impact on the finances of the provider group.

Organizational Leadership

Allina's Clinical Leadership Team authorized the development of a key system measure focused on decreasing hospital days in the last 6 months of life across the system. Of particular importance is the fact that this measure is part of every Allina leader's (e.g., hospital Presidents, clinic Managers) performance expectations and a financial incentive is tied to that performance. This measure will ultimately be part of a late life care 'scorecard' or dashboard that includes multiple measures focused on the care that hospitals and Allina medical groups provide to patients and families facing life limiting illness. Finally, in an effort to more tightly link the home and community services segment of Allina (e.g., palliative care, care management, hospice and home care) with the primary care segment of Allina (e.g., Allina Medical Clinic, Aspen Medical Group), all of these business units report to a single senior leader, which has greatly facilitated operational and clinical connections.

Human Capital

Because of Allina's ACP experience, the system has a growing number of staff including nurses and social workers who are certified as advance care planning facilitators. Allina's Division of Home Services offer several levels of hospice and palliative care services as well as Home Care and a Senior Care Transitions program. Home Care includes nurse case managers that visit patients' homes to help manage care needs and may also include visits from other professionals such as physical therapists. Senior Care Transitions is designed to help patients and their families manage medical care in a number of settings including: transitional or short-term care, nursing homes or long-term care and senior residential communities with on-site medical teams. Allina also offers hospice care services in the home, in an inpatient setting and through hospice residential facilities.

Community Leadership

Allina is a member of the Honoring Choices Minnesota -- a collaborative initiative led by Twin Cities Medical Society to better address advance care planning needs. Members of the collaborative include Twin Cities' hospitals, health systems and health care organizations. Allina Hospitals & Clinics was one of the two lead health care organizations in the Honoring Choices Minnesota collaborative when it began in 2009, and the group has continued to add new hospitals and organizations since.

B. Key Personnel

The budget and justification for key personnel and all other project related expenses are included as Appendix A. A description of key personnel is included below and curricula vitae for project personnel are included in Appendix B.

Executive Sponsor: Penny Ann Wheeler, MD, Chief clinical officer, Allina Hospitals & Clinics

Penny Wheeler, MD, chief clinical officer (CCO) of Allina Hospitals & Clinics, leads Allina's clinical quality and improvement agenda by collaborating with medical staffs, the Allina Board of Directors' Physician Governance Council and medical directors. She is responsible for ensuring best-of-practice approaches, ongoing innovation and excellence in care, and supporting the development and retention of effective clinicians. She also leads Allina's clinical service lines, a vehicle for providing consistently exceptional care. In addition, as a board-certified obstetrician/gynecologist, Wheeler has served patients at Women's Health Consultants in Minneapolis. Prior to assuming the position of CCO in June 2006, Wheeler served as president of Abbott Northwestern's medical staff. Additionally, she served on the Allina Hospitals & Clinics Board of Directors, where she led the Quality Committee and was recognized as Minnesota Board Member of the Year for her governance leadership on patient care quality. Dr. Wheeler is an Institute for Healthcare Improvement and Intermountain Health-

trained quality improvement specialist. Dr. Wheeler also serves on the Board Minnesota Community Measures and on the Board of VHA, a national healthcare alliance that connects not-for-profit healthcare organizations, facilitating quality improvement and supply chain efficiencies for its members. Dr. Wheeler is a "triple gopher" having received an undergraduate degree with honors, her medical degree, and her residency training from the University of Minnesota. She has been named as one of the 100 most influential leaders in Minnesota medicine.

Business Leader: Gayle Mattson, BSN, President, Allina Home & Community Services

Gayle Mattson is the President of Allina Home & Community Services that includes hospice, palliative care, advance care planning, care management and geriatric services and is a natural host for this project. She has worked in late life care/palliative care in an executive leadership role for the past eight and a half years providing a strategic vision that has advanced Allina's capacity in this area – she has led the development of Allina's palliative care and advance care planning programs. Under her leadership, Allina Home and Community Services has expanded its hospice program from one location with daily census of 200 patients to three locations with daily census of 475 patients. In addition an eight-bed residential hospice and a second residential hospice are under construction. Ms. Mattson will devote a portion of her time to this work, providing business unit leadership, partnering with the Executive Sponsor in facilitating system-wide communications, and addressing operational barriers and challenges faced by the operations or research teams.

Principal Investigator: Eric W. Anderson, MD, Medical Director, Palliative Care, Allina Home and Community Services

Dr. Anderson has been involved in end-of-life, interdisciplinary care for nearly 30 years. This has included helping start a rural hospice program in the pre-Medicare Hospice Benefit days, serving as a hospice medical director since 1986 and full time palliative medicine since 2001. In his current role as Inpatient Palliative Care Medical Director for Allina Health System's Home and Community Services, Dr. Anderson oversees clinical services that combine home care, hospice, and palliative care programs serving the 19-county area of eastern Minnesota. Overall these programs have a combined daily census of 1,500. In addition to his clinical practice, Dr. Anderson, teaches interdisciplinary palliative care to diverse groups of students at the University of Minnesota School of Health Sciences Center for Spirituality and Healing. Dr. Anderson received his medical training at University of California San Diego and the University of Minnesota. He pursued additional study with Dr. Robert Twycross and the Harvard Program in Palliative Care and Education. He is board certified in both Internal Medicine and Palliative Medicine. Dr. Anderson will devote 50% of his time to the project in the design period and 35% of his time to the project during enrollment, implementation and analysis. He will serve as the clinical lead for the Principal Investigator team and will have authority and accountability around partnerships with primary care and specialty providers, development of the supportive care plan, design of the assessment and re-assessment visits and associated clinical measurements, patient population selection and clinical leadership for Supportive Care Case Managers.

Co Investigator: Sandra E. M. Schellinger, RN, MSN, NP-C, Program Development Manager for Advance Care Planning, Allina Home & Community Services

Sandy Schellinger has over 25 years of nursing experience focusing on the care of patient's and families with chronic progressive illness. Her nursing degrees were obtained at the University of Minnesota and at Metropolitan State University for her Master's of Nursing Science. Sandy is AANP board certified as an Adult Nurse Practitioner. Currently Sandy is the program development manager for advance care planning for the Allina Health System. Sandy provides hospice and palliative care consult for Allina patients and families and is also a National Faculty Member and Instructor for the Respecting Choices:

First Steps and Disease Specific Advance Care Planning Facilitator training. Ms. Schellinger will devote 75% of her time to the project in the design period and 50% of her time to the project during enrollment, implementation and analysis. She will serve as the operational lead for the Principal Investigator team and will have authority and accountability around hiring of Supportive Care Case Managers, staff and care team training and development, creation and implementation of electronic health record tools, and project implementation.

Co- Investigator: Heather Britt, MPH, PhD, Senior Scientific Advisor & Manager, Applied Research Unit Allina Center for Healthcare Innovation

Heather Britt is a behavioral epidemiologist, strategic thinker and implementer, and catalyst for research and innovation at Allina. She leads the Research Consulting Unit and has done so since its inception in late 2008. Dr. Britt was an integral part of the inception and development of the Center for Healthcare Innovation broadly, as well as a key participant in the initial design teams that launched the Heart of New Ulm and the Backyard Initiative. In her current role, Dr. Britt facilitates research agendas and collaboration conversations, participates actively in research teams, and seeks to grow and position the Unit appropriately within the organization. She works across all clinical communities, but has a special interest in the work done by and the potential inherent within the Clinic and Community Division. She has a vested interest in the redesign of primary care and the way in which large systems move towards micro change in a variety of ways. Prior to joining the Center for Healthcare Innovation, Dr. Britt was the Manager of Survey Measurement within the Measurement and Analysis department at Allina. In that role, she facilitated and implemented patient experience and other survey efforts necessary for the organization. Before Allina, Dr. Britt was a Prevention Research Scientist with the Minnesota Department of Education's Safe and Healthy Learners team (the 'Prevention Unit'), following time as a Researcher at the Urban Coalition, a community-based organization focused on research and advocacy with low-income communities and communities of color. Dr. Britt holds a BS in biology from Cornell University, an MPH in health behavior and health education from the University of North Carolina at Chapel Hill and a PhD in epidemiology from the University of Minnesota. She lives in St. Paul, MN and is a huge fan of her two children—Maddy (age 7) and Henry (almost 5).

Consultant, Eric Coleman, MD, MPH, Professor of Medicine with Tenure, University of Colorado Denver

Dr. Coleman is a Professor of Medicine within the Divisions of Health Care Policy and Research and Geriatric Medicine at the University of Colorado Denver. Dr. Coleman is the Director of the Care Transitions Program, aimed at improving quality and safety during times of care "hand-offs". He is also the Executive Director of the Practice Change Fellows Program, designed to build leadership capacity among health care professionals who are responsible for geriatric programs and service lines. As a board-certified geriatrician, Dr. Coleman maintains direct patient care responsibility for older adults in ambulatory, acute, and subacute care settings.

Dr. Coleman's research focuses on: (1) enhancing the role of patients and caregivers in improving the quality of their care transitions across acute and post-acute settings; (2) measuring quality of care transitions from the perspective of patients and caregivers; and (3) implementing system-level quality improvement interventions and (4) using health information technology to promote safe and effective care transitions.

Evaluation Co-Investigator & Health Economist: Jon Christianson, PhD, James A Hamilton Chair of Health Policy and Management, University of Minnesota

Dr. Jon Christianson is an economist and the James A. Hamilton Chair in Health Policy and Management at the University of Minnesota. He has substantial experience evaluating and merging impact and

process data from large-scale organizational redesign efforts. Pertinent to this project, he has published a book on chronic illness models of team care. Dr. Christianson has been a senior investigator on the Robert Wood Johnson Foundation's Community Tracking Study for ten years, and is one of four senior investigators combining and evaluating qualitative and quantitative data for Robert Wood Johnson's Aligning Forces for Quality Initiative. This work included fielding a national consumer survey designed to collect data from individuals with chronic illness regarding interactions with the healthcare system and the degree of their personal involvement in managing their care. Dr. Christianson earned his B.A. in mathematics and economics from St. Olaf College, and his master's and doctoral degrees in economics from the University of Wisconsin, Madison. He will devote 15% of his time for the duration of the project, providing shared oversight with Ms. Sidebottom and Dr. Wholey of the collection and analysis of all process data for the project.

Evaluation Co-Investigator: Doug Wholey, PhD, Professor of Health Policy and Management, University of Minnesota

Dr. Doug Wholey is a professor of Health Policy and Management in the School of Public Health at the University of Minnesota. He is one of the foremost organizational sociologists in the United States and the United Kingdom. Dr. Wholey's current research examines social networks in medical clinics and his expertise more broadly includes healthcare organization and performance. He is a visiting professor at the National Primary Care Research and Development Centre at the University of Manchester, England, where he is contributing to the examination of team integration and patient outcomes in the general practice clinics of England's National Health System. Dr. Wholey is a member of the steering committee for the Center for Chronic Disease Outcomes Research, a VA Health Services Research and Development Center of Excellence. His educational background includes an MBA in management from the University of California, Berkeley, and a PhD in organizational behavior and industrial relations from the Haas Graduate School of Business Administration also at UC-Berkeley. Dr. Wholey's research and expertise will provide a strong foundation for the evaluation of care team evolution and dynamics in this intervention. He will devote 15% of his time for the duration of the project, co-directing the evaluation team with Dr. Christianson and Ms. Sidebottom. Assisting Dr. Wholey in his efforts will be Research Associate Dr. Katie White. Dr. White is also an expert in organizational development and is especially skilled at qualitative data collection, including key informant interviews and focus groups. She has served in this capacity in the Care Guides project and will continue her role with the current initiative. Most importantly, Dr. White will facilitate the Patient and Family Advisory Council.

Other Support

A Project Manager and three site Study Coordinators will be hired to support the design and development of the LLSC Model in partnership with the PI, CO-Investigator, Project Manager, Supportive Care Case Managers and other members of the Operations Team. The Project Manager will devote 100% effort to the project for its duration. Key accountabilities for the Project Manager will include facilitation of operational design and implementation efforts, personnel oversight for Study Coordinators, data quality and integrity and communications and budgeting. The Project Manager will be a skilled leader with substantial experience implementing new, large operational initiatives, broad data collection efforts and overseeing personnel. Site Study Coordinators will be hired to facilitate the patient identification and enrollment process, data collection, data quality and integrity and general implementation troubleshooting. Study Coordinators will need previous clinical site experience with a special focus on this patient population, as well as experience enrolling and tracking patients throughout a research study. A Research Manager will be hired as a peer to the Project Manager, responsible for design and implementation of data collection efforts, and liaison between research and evaluation experts of Allina and University of Minnesota. The Research Manager will report to Allina's research Co-

Investigator, Dr. Heather Britt and will provide supervision to the LLSC research assistant. Qualifications for the Research Manager include a Master's Degree with professional experience overseeing large data collection efforts and completion of the formative and summative work necessary to develop and implement new data collection tools (e.g., surveys). A number of additional individuals from Allina will support the project efforts, including highly skilled members of the Clinical Decision Support team, our electronic health record implementation and reporting teams, data analyst from the Center for Healthcare Innovation, marketing and communications support, as well as Allina's learning and development team.

C. Project Oversight

LLSC Patient and Family Advisory Council (PFAC)

In an effort to develop a late life supportive care model that is grounded in guidance and feedback from patients and families who have or are experiencing life limiting illness, patients and family members will be engaged monthly at project start-up and quarterly thereafter throughout the pilot process in an Advisory Council comprised of 12–15 individuals. ANW Hospital palliative care providers, Allina Home & Community Services senior care team members and primary care providers from Aspen Bloomington will assist in identifying 12-15 patients and/or caregivers for the Council. The project team is enthusiastic about inviting patients and their family members into this process as full partners because the team appreciates that late life supportive care is ultimately about meeting the needs, wishes and values of the patient and his/her caregivers.

LLSC Operations Team

In order to facilitate the operational work of the project, the Operations Team will meet weekly to develop, implement and improve workflows and processes. The team will identify global successes and challenges across sites, opportunities for quality and systems improvement, special issues faced by patients and their caregivers, and extended care team and LLSC team personnel challenges and possible solutions. Members of the Operations Team will include Dr. Anderson and Ms. Schellinger, the Project Manager, Study Coordinators and the lead LLSC Manager from each site.

Research Team

To advance the research and evaluation component of this work, the Research Team will meet weekly at project onset and biweekly following the first month of enrollment. The Research Team will include the Principal Investigators (Dr. Anderson, Ms. Schellinger and Ms. Sidebottom), the Co-Investigators from the University of Minnesota (Drs. Christianson and Wholey), the Project Manager and Study Coordinators and any additional necessary staff from the Center for Healthcare Innovation. While the research team will aim to make research and evaluation decisions in a consensus fashion, the Principal Investigators ultimately have accountability for the project and will make final decisions. Where the Principal Investigators face an operational or clinical question that remains unresolved, Dr. Anderson and Ms. Schellinger will confer with Ms. Mattson and Dr. Wheeler to make a final decision. Where the Principal Investigators face a research or evaluation question that remains unresolved, Ms. Sidebottom will confer with Dr. Christianson to make a final decision.

LLSC Site Teams – Abbott Northwestern and Walker Methodist/Augustana

To enable the daily and weekly operational and care team work at each site, LLSC Site Teams will meet weekly to review and address operational successes and challenges, to discuss patient-specific supportive care plans and to navigate extended care team communications. Each site will have a team comprised of the site Study Coordinator, the LLSC managers from that site, the lead physicians (i.e., PCP, hospitalist, palliative care provider, primary specialty provider leads) and other key staff (e.g., senior nurses, clinic manager). The team will meet for approximately half an hour or less each week to address major issues. Longer monthly meetings will be convened to supplement the weekly sessions as necessary. Where possible, the Project Manager will attend these meetings, especially early in enrollment and implementation, in order to identify global issues that need to be brought forward to the larger Operations Team.

LLSC Manager Learning Collaborative

Throughout Phase I, the Project Manager will convene monthly group meetings with the Late Life Supportive Care Managers. Given the relatively uncharted nature of this work, the LLSC Managers will be provided with training and tools and then unleashed into the living laboratories of Abbott Northwestern Hospital, Aspen Bloomington Clinic and Walker Methodist and Augustana Health Care Centers. It will be critical to provide these individuals with regular opportunities to seek guidance, exchange ideas, discuss challenges and trends, and generally support each other. In conjunction with these meetings, structured continuing education will be provided to keep the LLSC managers abreast of updates in process, resources and broad project goals. While every effort will be made to maintain the unique LLSC Manager – Patient/Caregiver interaction, creating a unified and well-connected body of LLSC Managers will serve to minimize the disruption and reduce patient and caregiver anxiety when substitutions become necessary.

Inpatient Palliative Care Team

The existing, inpatient Palliative Care team is in a unique position to identify patients appropriate for Supportive Care. They can immediately begin delivering key elements of supportive care by providing expert symptom management, clarifying goals of care, and ensuring follow up with complex Advance Care Planning after discharge. Palliative Care recommendations will be incorporated in the supportive care plan. For patients admitted during their enrollment in the LLSC Model, the inpatient team is consulted to see the patient. They address symptoms, goals of care, and advance directives. Palliative Care works with the LLSCM to facilitate the care conference and coordinate care transitions.

Appendices

A. Budget and Budget Justification

Budget Category/Item

					2012	2013	2014	Total
PERSONNEL	Base Salary (Year 1)	% Effort	# FTEs	Staffing Ratio				
Late Life Supportive Care Managers								
Abbott Northwestern Hospital	\$85,000	100%	3	1:25	\$42,500	\$262,650	\$270,530	\$575,680
SCT: Augustana & Walker Methodist	\$85,000	100%	4	1:25	\$42,500	\$350,200	\$360,706	\$753,406
Core Interdisciplinary Team Members								
Social Worker	\$65,000	100%	2	1:70	\$32,500	\$133,900	\$137,917	\$304,317
Marriage & Family Therapist	\$85,000	100%	1	1:80	\$21,250	\$87,550	\$90,177	\$198,977
Primary Care Provider	\$180,000	5%	20		\$45,000	\$185,400	\$190,962	\$421,362
Pharmacist	\$120,000	50%	1	1:240	\$15,000	\$61,800	\$63,654	\$140,454
Chaplain	\$65,000	60%	1	1:80	\$9,750	\$40,170	\$41,375	\$91,295
Palliative Care Medical Director	\$190,000	10%	1		\$4,750	\$19,570	\$20,157	\$44,477
Volunteer Coordinator	\$55,000	50%	1	1:100	\$6,875	\$28,325	\$29,175	\$64,375
Research Team								
PI: Eric Anderson	\$210,000	50%/35%/35%	1		\$105,000	\$75,705	\$38,988	\$219,693
Co-I: Sandy Schellinger	\$115,000	75%/50%/50%	1		\$86,250	\$59,225	\$30,501	\$175,976
Co-I: Heather Britt	\$110,000	40%/30%/50%	1		\$44,000	\$33,990	\$29,175	\$107,165
Project Manager	\$85,000	100%	1		\$85,000	\$87,550	\$45,088	\$217,638
Research Manager	\$85,000	100%	1		\$85,000	\$87,550	\$45,088	\$217,638
Study Coordinator: ANW	\$70,000	100%	1		\$17,500	\$72,100	\$74,263	\$163,863
Study Coordinators: Augustana & Walker Methodist	\$70,000	100%	2		\$35,000	\$144,200	\$148,526	\$327,726
Data Analyst	\$75,000	100%	1		\$56,250	\$77,250	\$79,568	\$213,068
Research Assistant	\$60,000	100%	1		\$30,000	\$61,800	\$63,654	\$155,454
Additional Support Services for Patient								
Care Navigation & Triage						\$60,000	\$40,000	\$100,000
Translation Services					\$5,000	\$30,000	\$15,000	\$50,000
Technical & Analytic Support								
Clinical Decision Support	\$85,000	50%	1		\$42,500	\$21,888		\$64,388
Excellian Support	\$85,000	50%	1		\$42,500	\$21,888		\$64,388
Clarity Reporting	\$85,000	25%	1		\$21,250	\$10,944		\$32,194
Health Informatics Specialist	\$75,000	50%	1		\$37,500	\$19,313		\$56,813
Communications & Marketing	\$75,000	25%	1		\$18,750	\$19,313	\$19,892	\$57,954
Learning & Development					\$104,000			\$104,000
Benefits (29% of all above personnel)					\$300,331	\$595,161	\$531,974	\$1,427,466
University of MN Advisors								
Evaluation/Health Economics: Christianson		20%			\$75,000	\$77,250	\$79,568	\$231,818
Evaluation: Wholey		15%			\$37,500	\$38,625	\$39,784	\$115,909
Evaluation: White		20%			\$31,250	\$32,188	\$33,153	\$96,591
Research Assistant		100%			\$60,000	\$61,800	\$63,654	\$185,454
Consulting Resources								
Eric Coleman, MD, Technical Consultant					\$46,800	\$46,800	\$46,800	\$140,400
Expert Mapping					\$75,000	\$50,000		\$125,000
Clumsy Conversations					\$15,000	\$15,000		\$30,000
Adaptive Practice					\$15,000			\$15,000
Motivational Interviewing/Coaching					\$15,000			\$15,000
Shared Decision Making					\$25,000	\$15,000		\$40,000
Personnel Total					\$1,731,506	\$2,984,102	\$2,629,327	\$7,344,936
ADDITIONAL COSTS								
Per Patient Fund						\$300,000		\$300,000
Clinic Reimbursement for SC Visits	\$112.50/visit					\$90,000		\$90,000
Resource Materials Development					\$75,000			\$75,000
Printing					\$6,000	\$6,000		\$12,000
Patient & Family Advisory Council: Stipends					\$2,250	\$2,250	\$2,250	\$6,750
Training Stipends					\$138,000			\$138,000
Food					\$10,000	\$10,000	\$10,000	\$30,000
Furniture & Equipment					\$54,500			\$54,500
Research Support: IRB + SPA					\$10,000			\$10,000
Home Monitoring, Computer Access						\$100,000		\$100,000
Community Engagement Support - TPT								
Honoring Choices + TPT Partnership					\$314,440	\$753,140	\$216,720	\$1,284,300
Assessment Instruments					\$15,000			\$15,000
Additional Costs Total					\$625,190	\$1,261,390	\$228,970	\$2,115,550
					TOTAL PHASE I COST			\$9,460,486

2012: Design & Build, 2013: Implementation, 2014: Continued Implementation & Analysis

Justification

Personnel

Each key project staff member has been previously identified in the Key Personnel section of the narrative. The budget on the previous page identifies all personnel connected with the project, their base salaries, initial percentage of effort and the number of full time equivalents in each role. Inflation of 3% is applied to Year 2 salaries based on Year 1 and Year 3 salaries based on Year 2. Merit percentages are assigned based on level of support and input required by each staff member.

1. Late Life Supportive Care Managers (\$1,329,086)

For Phase I, 7 Late Life Supportive Care Managers (SCCMs) will be hired, with appropriate assignment based on patient load at each site. SCCMs will provide initial assessments (3-4 hours), coordination of IDT discussions and supportive care plan (0.5 hours), weekly to monthly phone calls (0.5 hours) and a minimum of monthly in-person reassessments (1-2 hours) per patient/caregiver unit per month (totaling approximately 6 hours per month/patient & caregiver unit). These individuals will be hired prior to enrollment launches to allow for training and practice.

2. Core Interdisciplinary Team Members (\$1,265,256)

The volunteer coordinator recruits, trains and coordinates placements in response to requests from patients and families. About 50% of LLSC patients and families will request additional volunteer support. Expected volunteer coordinator productivity per patient while enrolled in LLSC will include one hour for a phone assessment and one hour IDT participation/follow up coordination with community volunteer/documentation totaling 2 hours per patient.

3. Research Team (\$1,798,221)

Dr. Anderson will serve as the Principal Investigator for the duration of the project and Ms. Schellinger and Dr. Britt will serve as Co-Investigators. Dr. Anderson will devote 50% of his time to the project during the design and enrollment period and 35% during the implementation and analysis periods. Ms. Schellinger will devote 75% of her time to the project during the design and enrollment period and 50% during the implementation and analysis periods. Dr. Britt will devote 40% of her time to the project during the design, 30% of her time during the enrollment and implementation period, and 50% of her time during the analysis period.

A full time Project Manager, a Research Manager, as well as three full-time Site Study Coordinators, will be hired to oversee operational implementation of the model, manager research data collection, facilitate recruitment and enrollment and enhance workflow. Finally, a Data Analyst and Research Assistant will support the entire Research Team in their efforts.

4. Additional Support Services for Patient (\$150,000)

Care navigation resources and after hours nurse triage resources are budgeted for patients and their caregivers during enrollment and implementation of the late life supportive care model. Resources are budgeted based on use of these resources by essentially all patients and caregivers, given the nature of illness and late life experiences.

Basic translation services are included for enrollment and implementation. While the Aspen Bloomington Clinic is majority native English speakers, Abbott Northwestern Hospital and the senior care facilities have a greater proportion of patients who are non-Native English speakers needing

translation support. Because all of these services are charged on an hourly utilization basis, we have included a flat fee in the budget in order to accommodate variable usage by patients and caregivers.

5. Technical & Analytic Support (\$379,736)

A variety of technical and analytic staff will support the proposed efforts. The project will involve 50% of an FTE from the Clinical Decision Support team to guide and assist in the design of electronic health record tools. Partnering with this resource will be a 50% FTE from the Excellian team, Allina's electronic health record team. This individual will be responsible for actual coding and other changes to the record, based on the agreed upon design parameters. Another 25% FTE from the Clarity Reporting Team will support the development and implementation of quality and process reports for all staff. Half of a health informatics specialist will be retained to develop the specifications for changes and to lead this work. These resources will be devoted during the design and enrollment period and initially during implementation until all issues with the electronic health record are worked out. Approximately one-quarter of a communications and marketing FTE will be devoted to the project, helping to advance internal and external communication around the effort for the duration of the project. Finally, a flat fee supporting the learning and development team is included. These funds are geared specifically for the three tiers of training that will be developed for individuals participating in this model – Late Life Supportive Care members, Interdisciplinary Team members and other individuals in the clinic, hospital and senior care sites that will be interacting with the project and care teams.

6. Benefits (\$1,427,466)

Benefits for all above personnel are estimated at 29%.

7. University of Minnesota Advisors (\$629,771)

The Research Team will partner with the University of Minnesota for the completion of the research design and the evaluation activities. Drs. Christianson, Wholey and White from the University of Minnesota's School of Public Health will be involved in the effort. Each of these individuals have worked previously with Allina on the care guide project, so they are familiar with the organizational milieu, successes and challenges of the previous project and well prepared to engage in the design and implementation of the Late Life Supportive Care model. Dr. Christianson will serve as the Evaluation Co-Investigator and the Health Economist for the project. He will devote 20% of his time to the project for its duration. Dr. Wholey will serve as the organizational development expert and Dr. White will serve as the qualitative data collection lead, facilitating the Patient and Family Advisory Council, as well as all interviews and focus groups with staff intended to gather process evaluation information. Dr. Wholey will devote 15% of his time to the project for its duration and Dr. White will devote 20% of her time to the project for its duration. Budgeted figures include an appropriate indirect rate for the University of Minnesota. The Research Team is delighted that these faculty from the University of Minnesota have agreed to partner around the Late Life Supportive Care project.

8. Consulting Resources (\$365,400)

Included in the budget are a set of consulting resources designed to complement the full-time and University of Minnesota teams. Outlined below is a brief description of each resource:

- *Eric Coleman, MD:* Dr. Coleman will serve as a senior advisor to the research and demonstration team, offering input, guidance, and helpful pushback as the team develops and implements the late life supportive care model.
- *Expert Mapping:* In order to establish the workflow for the new position of Late Life Supportive Care Managers, as well as the workflow of care team members serving in new roles (i.e., clinic PCPs serving on a late life IDT), funds are set aside to contract with an expert in the

development of workflows through the observation and mapping of expert healthcare team members. Deployment of this 'expert mapping' approach will happen both prior to the initiation of enrollment, as well as ongoing during implementation as models are refined.

- *Clumsy Conversations*: Because there will be a number of new staff working together and a number of current staff working in new ways, as well as increased interactions around end-of-life issues with patients and caregivers, we anticipate a number of awkward conversations will be repeated again and again. To mitigate this and to help the team through these conversations, funds are set aside to contract with an expert in developing methods to work through 'clumsy conversations.' Deployment of this approach will also happen prior to the initiation of enrollment, where expected awkward conversations have been identified, as well as ongoing during implementation.
- *Adaptive Practice*: While Dr. Wheeler will serve as an internal resource around adaptive practice, a small amount of contracting funds are set aside for additional external resources when Dr. Wheeler is not available, especially because adaptive practice training will be part of the on-boarding curriculum for all new staff, in addition to current care team members.
- *Motivational Interviewing/Coaching*: For the care guide initiative, the project team contracted internally with the Institute for Health and Healing for training and expertise around motivational interviewing and coaching. We will use this same model for the current proposal.
- *Shared Decision-Making*: Because shared decision-making, both in a formal sense and an informal sense, will be a part of the current initiative, funds are set aside to contract internally or externally for additional support in training, coaching and mentoring, and development of necessary decision aids.

The total budget for Personnel is \$7,344,936.

Additional Costs

1. Per Patient Fund (\$300,000)

Because not all of the needs of patients and their caregivers will be covered by insurance or usual programs, funds are set aside to cover such needs. These may include home visits, physical or occupational therapy, safety evaluations, transportation and medication. We anticipate half of enrolled patients will need these funds and have budgeted \$3,000 per patient/caregiver unit. We anticipate 100 patients needing support during the study.

2. Clinic Reimbursement for Supportive Care Visits (\$90,000)

Two evaluation and management visits will be reimbursed per patient per provider for unreimbursed care conferencing and to cover the facility fees for the IDT. This cost is estimated at \$112.50 per visit.

3. Resource Materials Development (\$75,000)

Development of resource materials that do not already exist will be required, including content and design creation. A total of \$75,000 is devoted to supporting development of resource materials, especially those materials that cannot be developed solely by project staff.

4. Printing (\$12,000)

Materials for patients and their family members will be printed, including the resource materials noted above, as well as the supportive care plan. Printing costs of \$15 per patient/caregiver is included in year one and in year two.

5. Patient & Family Advisory Council: Stipends (\$6,750)

Stipends to support involvement (\$150/patient or caregiver/year) are included.

6. Training Stipends (\$138,000)

To cover the time of clinic, hospital and senior care team staff who will be participating in training, \$138,000 is included in training stipends during the pre-work period.

7. Food (\$30,000)

To facilitate ongoing conversations between investigators, late life supportive care managers, and other project personnel, as well as at the Patient and Family Advisory Council meetings, funds for food are included. These funds will be devoted specifically to supporting monthly late life supportive care manager learning collaborative meetings, clinic staff project update meetings, investigator gatherings, and project team meetings with external personnel.

8. Furniture & Equipment (\$54,500)

Approximately 17 laptop computers (\$2,500/person), as well as three stationary workstations (\$4,000/person for space and desktop computer), are included to ensure adequate equipment is available all new staff.

9. Research Support: IRB + SPA (\$10,000)

Application fees for Allina's Institutional Review Board and Sponsored Projects Administration are included.

10. Home Monitoring, Computer Access (\$100,000)

We estimate that approximately 50 patients (especially those with heart failure) would benefit from home monitoring and have budgeted \$2,000/patient for these costs.

11. Community Engagement Support (\$1,284,300)

Partnership funds of \$1,284,300 are included for our work with Twin Cities Public Television and Honoring Choices. The specifics of this partnership have been described earlier. Where materials need to be developed and printed, funds are included to cover this expense as well.

12. Assessment Instruments (\$15,000)

Where assessment instruments are not available in the public domain, licensing fees must be paid for administration. Funds are included to cover these costs so that a robust and adequate set of measures can be assessed during the enrollment and implementation periods.

The total for additional costs is \$2,115,550.

The total cost for the Phase I is \$9,460,486.

Estimated cost for Phase II is \$10 million, given a model scaled to a region, larger patient enrollment (n=1,500), and increase in conditions. Approximate per year cost for Phase II: 2015 -- \$3.8 million, 2016 -- \$4.1 million, and 2017 -- \$2.1 million. Grand total cost for implementation of both Phases of the Late Life Supportive Care model is approximately \$19.5 million.

B. Care Process Components of Standard versus Proposed Programs for Patients with Life Limiting Illness

Category	Late Life Supportive Care Model	Traditional Primary Care	Clinic based care management and Care guides	Hospital Based Care Navigation (commonly used for cancer patients)	Palliative Care	Hospice
Enrollment/ Receipt of Services	<i>Intentional capture of a defined patient panel based on diagnosis and life stage. Focus on enrollment early enough for patients and caregivers to experience full potential benefit.</i>	Patient shows up	Patient offered services based on select set of chronic diseases. Referred by primary care provider.	Narrowly provided based on diagnosis or an adverse event.	Dependent on referral by primary provider. Predominantly inpatient. Patients in the target population with CHF, COPD, and kidney disease rarely served by palliative care and cancer patients often referred late.	Dependent on self-, family, or provider referral. Frequently patients are referred late and may not receive full benefit. Patients with some of the target diseases (CHF, COPD, Kidney disease) are frequently not referred at all.
Symptom and Psychosocial Needs Assessment of Patients	<i>Edmonton symptom scale, SF-36, perceived stress scale, quality of life measures, access to resources measures, patient experience measures conducted at baseline and repeated as served.</i>	Presenting complaint gets attention	Needs assessment specific to conditions	No systematic assessment	Symptom assessment at each visit as well as assessment of other psychosocial or spiritual needs.	Symptom assessment at each visit as well as assessment of other psychosocial or spiritual needs.

Category	<i>Late Life Supportive Care Model</i>	Traditional Primary Care	Clinic based care management and Care guides	Hospital Based Care Navigation (commonly used for cancer patients)	Palliative Care	Hospice
Caregiver Needs Assessment	<i>Caregiver needs and caregiver experience with health system assessed at baseline and repeated as served. Caregiver is incorporated into supportive care plan developed.</i>	Not addressed	Not addressed	May make some referrals for specific support (e.g., grief, respite, stress).	Caregiver needs are assessed and referrals made.	Caregiver needs are assessed and referrals made.
Goals of Care/ Care Plan Development	<i>Comprehensive supportive care plan developed that is patient/family centered and based on a comprehensive needs assessment of symptoms, medical diagnosis and psychosocial needs of patient as well as caregiver.</i>	Addressed in an episodic visit based fashion (i.e., after visit summary)	Care guides are focused on addressing a pre-defined set of focused goals related to diseases/ risk factors. Care managers focus on a slightly expanded set of patient goals related to conditions on which they are working.	Care navigator focuses on goals related to specific treatment plan related to diagnosis.	Care plan developed with patient and caregiver during office/ inpatient visit focused on symptom management and addressing spiritual, quality of life needs.	Focused on end-of-life care, symptom management, caregiver needs.
Advance Care Planning	<i>Disease specific advance care planning conducted with all patients and their proxies. Plan and goals reviewed and updated</i>	Focus only on advance directives/ proxies. Generally not	Not an area of focus.	Often not brought up, focus only on advance directives/ proxies. If ACP is	Able to start advance care planning discussions and complete some	Specific components of ACP completed at the time of hospice enrollment.

Category	Late Life Supportive Care Model	Traditional Primary Care	Clinic based care management and Care guides	Hospital Based Care Navigation (commonly used for cancer patients)	Palliative Care	Hospice
	<i>continuously.</i>	brought up in primary care setting.		available in system may refer for facilitated ACP.	documentation. If ACP in system, may refer for facilitated disease-specific/ACP.	
Advanced Illness Care	<i>Provides inter-disciplinary advanced illness care as main focus.</i>	Chance. Some providers do it well.	Not explicitly in the role.	Role coordinates advanced illness care.	Focused on symptom management.	Provides interdisciplinary advanced illness care as main focus.
Accessibility	<i>24-hour RN triage</i>	Appointment desk, after hours call service.	Care guide available during clinic hours. Care manager available during clinic and after hours via RN triage.	Available during specific hours.	Available during inpatient stays, and some outpatient clinic appointments. Initially accessed through primary doctor's referral.	24-hour RN triage
Primary Care Integration	<i>Utilizes the interdisciplinary team (IDT) to unite late life care and primary care team members</i>	n/a	Care guides, providers & managers communicate on disease specific risk factors.	May provide basic connection back to primary care provider.	Physician to physician communication when appropriate.	Select communication between hospice and primary care providers as needed.
Counseling Services	<i>Integrated into holistic assessment and ongoing care as a standard.</i>	Provider referral based upon mental health condition.	No systematic assessment for counseling needs.	No systematic assessment for counseling needs. Referral if resources available	Social workers and chaplains on inpatient palliative care team. Added referrals, as needed.	Integrated into social work and chaplain role of IDT and bereavement counselor at death.

C. Resumes of Allina Project Team Members

Penny Wheeler

3503 Cedar Lake Avenue, Minneapolis MN 55416

612-262-0605

penny.wheeler@allina.com

Skills Summary

Passionate, respected, patient-centered physician leader with 20 years of clinical practice experience, multiple leadership roles, and governance experience, with focus on the science of clinical quality improvement.

Professional Experience

Chief Clinical Officer Allina Hospitals & Clinics, Minneapolis, Minnesota	2006 - Present
Women's Health Consultants Obstetrician/Gynecologist, Board Certified Minneapolis, Minnesota	1998 - Present
Associate Professor of Obstetrics and Gynecology University of Minnesota, Minneapolis, Minnesota	1998 – Present

Administrative Experience

Director, Minnesota Community Measurement Health care quality promotion	2011
Director, National VHA Board Membership Services, Finance Committee	2007- present
Director, Allina Health System Board Chair of the Quality Committee	2002 - 2006
Director, Abbott Northwestern Hospital Board; Quality Committee; Finance Committee; Nominating Committee, Search Committee	1998 – 2002
Medical Staff Leadership, Abbott Northwestern Hospital Past President of the Medical Staff	2002
President of the Medical Staff	2000 – 2002
President-Elect of the Medical Staff	1998-2000
Member, Strategic Visioning Steering Committee Abbott Northwestern Hospital	2001
Chair, Patient Care Committee Abbott Northwestern Hospital	1998 – 2000
Member, Organizational Ethics Committee Abbott Northwestern Hospital Board	1998 – present

Chair, Department of Obstetrics and Gynecology Abbott Northwestern Hospital	1996 -1998
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Vice-Chair, Department of Obstetrics and Gynecology Abbott Northwestern Hospital	1994 – 1996
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Chair, Perinatal Quality Committee Abbott Northwestern Hospital	1992 - 1996
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PROFESSIONAL ORGANIZATIONS:

Member, American College of Obstetrics Gynecology

Member, Hennepin County Medical Association

VOLUNTEER ACTIVITIES:

Medical Service, Common Hope, Guatemala	2002, 2009
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Medical Service, Nicaragua	2000
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Developed volunteer "Pathfinders" program, St. Joseph Home for Children	1997 – 2000
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Eye of the Storm Theater – Board Member	1994 - 1995
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EDUCATION

Intermountain Health Advance Training Program	2010
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Carlson Executive Program	2006 - 2007
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Patient Safety Officer Certification	2006
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St. Thomas Physician Leadership School (Short Course)	2001 - 2002
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University of Minnesota Obstetrics/Gynecology Residency, Minneapolis, MN	1984 – 1988
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University of Minnesota Medical School, Minneapolis, MN	1980 – 1984
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University of Minnesota, Minneapolis, MN, B.A. in Physiology, Honors: Dean's List	1976 - 1980
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AWARDS

Minnesota Director of the Year	2004
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Bruce Lindholm Physician Leadership Award	2004
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Minnesota Top Doctor Recognition	1990 – 2006
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Honors: Raymond Albrecht Award for Outstanding Senior Resident	1988
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GAYLE MATTSON

16807 ISLAND TERRACE, LAKEVILLE, MN 55044

CELL (612) 805-4278 HOME (952) 898-2189

PROFESSIONAL EXPERIENCE

Highly committed, values driven leader with demonstrated ability to establish a shared vision, develop strategy, create culture, engage others, set priorities and deliver results.

Allina Home & Community Services, St. Paul, MN

2003 – Present

President, 2010 - Present

- Led a \$5.1 million dollar residential hospice capital campaign.
- Developed Allina Senior Services Strategy to span care at home, clinics, hospitals, nursing homes and end-of-life.
- Co-Led design of Allina Case Management model.
- Developed Late Life Supportive Care model to serve patients in the last two years of life and their families.

Vice President, 2003 - 2010

- Provided executive leadership to Home Care, Hospice, Palliative Care, Home Oxygen and Medical Equipment, Nursing Home Geriatric Practice, Care Management, Care Navigation Help Desk and Allina Call Center across Allina Hospitals & Clinics, with over 925 employees, 400 volunteers, \$100m revenue.
- Implemented a Skilled Home Care program, building average daily census to 800 over five years.
- Implemented a Care Navigation Help Desk; a one-stop referral resource for health care providers, patients and families seeking home & community services.
- Developed a Palliative Care program
 - Initiated a Palliative Care Consult service for Allina Hospitals and Clinics.
 - Convened Allina-wide Palliative Care Planning Summit, Palliative Care Steering Committee, and Physician Advisory Committee. Developed a two-day Palliative Care course, palliative care reference materials for consumers and clinicians.
- Designed and implemented an Advance Care Planning consult model across Allina.
- Implemented an Electronic Medical Record and Revenue Cycle System for the community division.
- Achieved highest employee engagement scores in the company in 2004 and 2005.
- Created Voice of the Customer system for real-time feedback from patients, families, employees, and community partners.
- Provide performance improvement leadership in Allina Health System, serving as performance improvement faculty for Allina Management Essentials program.

St. Francis Regional Medical Center, Shakopee, MN

1996–2002

COO and Vice President Mission, 2002

- Developed a mission plan.
- Co-lead Healthy Communities Initiative, enlisting forty community leaders to build relationships and develop strategies to meet needs of the underserved.

Interim President, November 2001 – May 2002

- Provided leadership to developing market-based plans in six primary communities.

Vice President Patient Care Services, 1997-2001

- Provided administrative leadership to patient care functions during a period of fifty percent volume growth and significant improvement in patient satisfaction and clinical outcomes.

Manager of Inpatient Services, 1996 – 1997

- Supported move to a new hospital campus.
- Coordinated integration of three patient care units into an integrated inpatient service.

Abbott Northwestern Hospital, Minneapolis, MN

- Nurse Manager, Med/Surg Service, Medicine Clinic and IV Team
- Nurse Manager, Urology/Gastrointestinal
- Assistant Nurse Manager, Urology/Gastrointestinal
- Staff Nurse, Urology/Gastrointestinal

EDUCATION

- Advanced Training Program, Intermountain Health System, Salt Lake City, UT, January – April 2010
- Patient Safety Officer Program, Institute for Healthcare Improvement, Cambridge, MA, September 2006
- Improvement Advisor Professional Development Program, April – October 2005
- Bachelor of Science In Nursing, St. Olaf College, Northfield, MN

COMMUNITY INVOLVEMENT

- Minnesota Intercollegiate Nursing Program Advisory Board Member – 2009 - Present
- Mentor to emerging health care leaders – 2003 - Present

Curriculum Vitae

Eric W. Anderson, MD

Medical Director, Inpatient Palliative Care
Allina Home and Community Services
1055 Westgate Drive, Suite 100
St. Paul, MN 55114
651.635.9173
voicemail: 612.262.7029
pager: 612.654.0743
FAX: 651.628.2999
e-mail: eric.worden.anderson@allina.com

Current Positions:

- Inpatient Palliative Care Medical Director for Allina Health System. Allina Home and Community Services combines home care, hospice, and palliative care programs serving the 19-county area of eastern Minnesota. These programs have a combined daily census of 1500.
- Clinical instructor, Center for Spirituality and Healing, University of Minnesota School of Health Sciences

Clinical Practice: Inpatient Palliative Medicine consultation at United Hospitals.

Education

2001	First graduating class of the Program in Palliative Medicine Education and Practice, Harvard Medical School
1995	Palliative Medicine study with Dr. Robert Twycross at Sir Michael Sobell House, Oxford, UK
1992	Mini-MBA in Health Care Management, St. Thomas University
1981	Internal Medicine Internship and Residency: University of Minnesota, Minneapolis, MN
1978	M.D. Degree: University of California, San Diego, School of Medicine, La Jolla, California
1974	Bachelor of Arts, Molecular Biochemistry and Biophysics: <i>summa cum laude</i> , Yale University, New Haven, Connecticut

Certification

2003	Certification in Hospice and Palliative Medicine
1990	Certification in Geriatric Medicine
1983	New Hampshire Medical License #6722
1981	Diplomate, American Board of Internal Medicine
1979	Minnesota Medical License #24938
1979	Diplomate, National Board of Medical Examiners
1979	DEA # AA9188752

Professional Experience

1989-present	Medical Director of Hospice and then Palliative Care, Allina Home and Community Services
2001-present	Teaching Faculty, Center for Spirituality and Healing, University of Minnesota School of Medicine
2001	Invited lecturer, Jiangsu University, China, and Hokkaido University, Japan
1992 - 2000	Allina Medical Group, Minneapolis, Minnesota, Minneapolis Medical Arts Clinic (site: Edina Medical Clinic)
1985 - 1992	Aspen Medical Group, P.A., St. Paul, Minnesota, Chief of Internal Medicine 1989-1991
1987 - 1991	Clinic Chief, East Lake Street Clinic
1983 - 1985	Associates in Medicine, Claremont, New Hampshire
1984 - 1985	Charter Board Member, Sullivan County Hospice
1981 - 1983	Chief, Primary Care Section, Department of Medicine, Veterans Administration Medical Center, Minneapolis, Minnesota

Other Professional Activities

Activities

- Past Board member, Hospice Minnesota
- Past President, Physicians for Palliative Care, Minnesota Hospice Organization
- Member, American Academy of Hospice and Palliative Medicine

Research Interests

- Implementing a quality of life tool to assess multiple dimensions of suffering in hospice patients
- Creating and teaching a new multidisciplinary rotation in palliative care at the University of Minnesota
- Understanding the experience of hospice patients undergoing radiation therapy
- New models for delivering palliative care in the community

Curriculum Vitae

Sandra E. M. Schellinger, RN MSN NP-C
1055 Westgate Dr. #100
St. Paul, MN 55114

PROFESSIONAL EXPERIENCE

Allina Hospitals and Clinics

1988 to present

Program Development Manager for Advance Care Planning--- Hospice and Palliative Medicine Consultant

2007 to present

Manage the facilitation, development, and growth of Allina's advance care planning standards and program. This includes the standardization of advance care planning facilitator resources, education, training, documentation and process improvement efforts. In addition provides palliative medicine consultation for hospice and palliative care patients and their families.

Director of Palliative Care

2004-2010

Managed the facilitation, development, growth and daily operations of the Allina inpatient and community Palliative Care Program across Allina's various care settings as well as collaborating with the greater metropolitan community. This included recruitment, development of human resource standards, hiring and managing staff/providers; development of the infrastructure/systems for documenting and billing for care; support standard palliative care education and training; development and implementation of policies and procedures

Co-Chair/Principle planning committee member and faculty

2004-2010

Developed, organized and convened an annual two-day palliative care course that provides the knowledge for best practice of palliative care. The interdisciplinary attendees gain and understanding in the provision of palliative care for those with advanced illness or dying patients and their families.

RN Lead Palliative Care Nurse Specialists

2001-2004

Provided palliative care consultation to patients and their families with advanced chronic illness needing pain and symptom management, support with resources, education, care coordination and advanced care planning. Managed and facilitated the development and growth of the Allina Palliative Care Program across the health system care settings as well as the greater metropolitan community.

Hospice Community Representative

1999-2001

Supported to patients and families with terminal illness, assisting with discharge and advanced care planning. Developed and provided end-of- life education and resources to the health system and community.

Hospice RN Case Manager

1988-1999

Provided care and support for patients and their families with terminal illness.

Registered Nurse

1985-1988

Registered Nurse at **Abbott Northwestern Hospital** on cardio renal floor, where provided care for patients with heart disease, heart failure and end stage renal disease.

COMMITTEES

- Steering Committee Member, Institute for Clinical Systems Improvement: Palliative Care Initiative to create standard model and delivery system, Fall 2009-Spring 2011
- Advisory Committee Member, Honoring Choices Minnesota Advisory Committee, Summer 2009 to present

EDUCATION

- Metropolitan State University, School of Nursing, MS in Nursing, May 2008, St. Paul, MN
- University of Minnesota, School of Nursing, BS in Nursing, June 1985, Minneapolis, MN

CERTIFICATION/ADVANCED TRAINING

- Certified Respecting Choices First Steps Advance Care Planning, Facilitator, April 2011
- Respecting Choices National faculty – First Steps Basic Advance Care Planning Instructor, April 2011
- Respecting Choices National Faculty – Disease, Specific Patient-Centered Advance Care Planning Instructor, November 2008
- AANP Certified Adult Nurse Practitioner, July 2008
- Certified Respecting Choices Disease Specific Patient Centered Advance Care Planning Facilitator, July 2007

PUBLICATIONS

Peer reviewed

S Schellinger, AC Sidebottom, LA Briggs. (In Press) Disease Specific Advance Care Planning for Heart Failure Patients: Implementation in a large health system. *Journal of Palliative Medicine*

Non-peer reviewed

S Schellinger, AC Sidebottom, LA Briggs. Disease-specific advance care planning: Conversations emphasize patient preferences and provide clarity. *Oncology Nurse Advisor*, October 2010.

RECENT SPEAKING ENGAGEMENTS

- Understanding a Model for Contracting and Implementing Community-based Palliative Care Services, Stratis Health Rural Palliative Care Initiative, October 2010
- Managing Advanced Illness: From Advance Care Planning to Late in Life Care, American Medical Group: Accountable Care Organizations, October 2010
- Centrally Documenting Advanced Care Planning, EPIC UGM, September 2010
- End-of-life Initiatives in Minnesota: Centralized Documentation for Advanced Care Planning, Minnesota Rural Palliative Care Initiative Outcomes Conference, April 2010
- Evaluation of a Pilot Project to Implement Disease-Specific Advance Care Planning for Heart Failure Patients, 14th Annual Minnesota Health Services Research Conference, March 2010.

Curriculum Vitae

Heather Britt, MPH, PhD, CO-INVESTIGATOR

NAME		POSITION TITLE	
Britt, Heather Rae		Senior Research Scientist & Manager, Applied Research Unit, Center for Healthcare Innovation	
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
Cornell University	B.S.	1993	Biology
University of North Carolina	M.P.H.	1998	Health Behavior/Health Education
University of Minnesota	Ph.D.	2004	Epidemiology

A. Positions and Honors.

Positions and Employment

1993-1994	Membership and Continuing Education Coordinator, National Society of Professional Engineers, Alexandria, VA
1995-1996	Junior Research Analyst, American Academy of Physician Assistants, Alexandria, VA
1996-1998	Graduate Research Assistant, Health Communications Research Laboratory, University of North Carolina School of Public Health, Chapel Hill, NC
1998-2002	Graduate Research Assistant, Alcohol Epidemiology Program, University of Minnesota School of Public Health, Minneapolis, MN
2002-2003	Senior Research Analyst, The Urban Coalition, St. Paul, MN
2004-2005	Prevention Research Scientist, Minnesota Department of Education, Roseville, MN
2006-2008	Manager, Survey Measurement, Performance Measurement & Analysis, Allina Hospitals & Clinics, Minneapolis, MN
2009-Present	Manager, Applied Research Unit, Center for Healthcare Innovation, Allina Hospitals & Clinics, Minneapolis, MN

Other Experience and Professional Memberships

1996-Present	Member, American Public Health Association
1999-2004	Member, American Public Health Association Public Health Student Caucus
2000	Summer Exchange Fellow, Karolinska Institute, Stockholm, Sweden

Honors

1989-1993	Nabisco National Scholar in Agriculture and Life Sciences, Cornell University
1992	Inducted, Mortar Board National Honor Society
1998	Inducted, Delta Omega National Public Health Honorary Society
2001-2002	Pre-Doctoral NIH Training Grant Fellowship in Behavioral Aspects of Cardiovascular Disease

B. Selected peer-reviewed publications (in chronological order).

1. Call, KT, McAlpine, D, **Britt, HR**, Cha, V, Osman, S, Suarez, W, & Beebe, T. Partnering with communities in survey design and implementation. Conference Proceedings—Eighth Conference on Health Survey Research Methods. Feb 2004.
2. **Britt, HR**, Carlin, BP, Toomey, TL, & Wagenaar, AC. Neighborhood-level analysis of the spatial relationship between alcohol outlet density and assaultive violence. Environmental and Ecological Statistics. 2005 Dec;12(4):411-426.
3. **Britt, HR**, Toomey, TL, Dunsmuir, W, & Wagenaar, AC. Propensity for and correlates of alcohol sales to underage youth. Journal of Alcohol and Drug Education. 2006;50(2):25-42.
4. Ackard, DM, Fedio, G, Neumark-Steiner, D, & **Britt, HR**. Factors associated with disordered eating among sexually active adolescent males: Gender and number of sexual partners. Psychosomatic Medicine. 2008;70:232-238.
5. Adair, R, Christianson, J, Wholey, D, White, K, Town, R, Lee, S, **Britt, H**, Lund, P, Lukasewycz, A, & Elumba, D. Care guides: Employing non-clinical laypersons to help primary care teams manage chronic disease. The Journal of Ambulatory Care Management. *Under review*.
6. Boucher, JL, VanWormer, JJ, Touger-Decker, R, **Britt, HR**, & Graham, KJ. Dietary intake of fruits and vegetables is associated with prevalent metabolic syndrome in the Heart of New Ulm project. Journal of the American Dietetic Association. *Under review*.
7. Sidebottom, AC, Collins, B, Kutson, A, Winden, TJ, & **Britt, HR**. Reactions of nurses to the use of electronic health record alert features in an inpatient setting. Computer Informatics and Nursing. *Under review*.
8. VanWormer, JJ, Fyfe-Johnson, AL, Boucher, JL, Johnson, PJ, **Britt, HR**, Thygeson, NM, & Dusek, JA. Stress, physical activity, and obesity are the strongest cross-sectional predictors of workplace productivity loss: Data from the Heart of New Ulm project. Journal of Occupational and Environmental Medicine. *Under review*.
9. VanWormer, JJ, Boucher, JL, Pereira, R, Johnson, PJ, **Britt, HR**, Stephens, CW, & Thygeson, NM. The Heart of New Ulm Project: Using community-based cardiometabolic risk factor screenings in a rural population health improvement initiative. Population Health Management. *Under review*.

C. Research Support.**Ongoing Research Support**

Robina Foundation
Care Guides in the Primary Care Office

Adair (PI)

9/01/2008 – 3/31/2012

This study examines the influence of a non-clinical addition the care team (a 'care guide'), coupled with supported communication between care team members, and a 'care contract' between patients, primary care providers, and care guides, on the chronic disease outcomes of hypertensive, diabetic, and congestive heart failure patients. Phase I is a proof of concept (pilot study, currently ongoing). Phase II is a randomized controlled trial in 4 ambulatory clinics.

Role: Co-Investigator

Completed Research Support

U.S. Department of Education Thomas (PI) 9/01/2004 – 8/31/2007

Safe and Healthy Minnesota Students Dataset Network

This study supported the creation of a unified dataset for all school-based prevention data in Minnesota. The unified dataset is to be used for exploring and answering questions about the effectiveness of prevention programming and the effect of such programming on student behavior and academic performance.

Role: Consultant (formerly Project Director)

U.S. Department of Education Thomas (PI) 9/01/2005 – 8/31/2008

Dropout Prevention, Retention and Graduation Initiative

This study tested a variety of school-based interventions to decrease dropout rates in low-performing schools in Minnesota.

Role: Advisory Board Member (formerly Project Director)

MN Dept. of Health and Human Services Call (PI) 1/1/2003 – 12/31/2003

Healthcare Access Barriers for Minnesota Healthcare Plan Enrollees

This study examined the barriers faced by enrollees in Minnesota's low-income healthcare programs to accessing preventive care.

Role: Research Analyst

MN Council on Crime and Justice Fuentes (PI) 1/1/2004 – 12/31/2004

Racial Disparities among Hispanic/Latino Adolescents in Minnesota's Criminal Justice System

This study examined the disparities that exist in the juvenile justice system in Minnesota—particularly those unique disparities faced by Chicano/Latino adolescents.

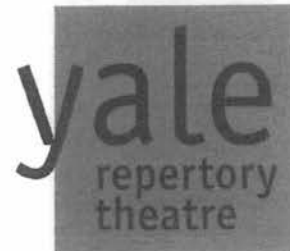
Role: Paid Consultant

D. References

1. American Hospital Association, *Health for Life - Highest Quality Care*. 2007: Washington, DC.
2. Robert Wood Johnson Foundation, *Means to a Better End: A Report on Dying in America Today*. 2002.
3. Lubitz, J.D. and G.F. Riley, *Trends in Medicare payments in the last year of life*. N Engl J Med, 1993. **328**(15): p. 1092-6.
4. Finestone, A.J. and G. Inderwies, *Death and dying in the US: the barriers to the benefits of palliative and hospice care*. Clin Interv Aging, 2008. **3**(3): p. 595-9.
5. Pham, H.H., et al., *Primary care physicians' links to other physicians through Medicare patients: the scope of care coordination*. Ann Intern Med, 2009. **150**(4): p. 236-42.
6. Institute of Medicine, *Health Literacy: A Prescription to End Confusion*. . 2004: Washington, DC.
7. Schoen, C., et al., *U.S. health system performance: a national scorecard*. Health Aff (Millwood), 2006. **25**(6): p. w457-75.
8. Wu SY, G.A., *Projection of chronic illness prevalence and cost inflation*. 2000, RAND
9. McCarthy, E.P., et al., *Dying with cancer: patients' function, symptoms, and care preferences as death approaches*. J Am Geriatr Soc, 2000. **48**(5 Suppl): p. S110-21.
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11. Kass-Bartelmes, L.B., R. Hughes, and M.K. Rutherford, *Advance Care Planning: Preferences for Care at the End-of-life*, in *Research In Action*. 2003, Agency for Healthcare Research and Quality: Rockville, MD.
12. Messinger-Rapport, B.J., E.E. Baum, and M.L. Smith, *Advance care planning: Beyond the living will*. Cleve Clin J Med, 2009. **76**(5): p. 276-85.
13. Lynn, J. and N.E. Goldstein, *Advance care planning for fatal chronic illness: avoiding commonplace errors and unwarranted suffering*. Ann Intern Med, 2003. **138**(10): p. 812-8.
14. Hines, S.C., et al., *Improving advance care planning by accommodating family preferences*. J Palliat Med, 2001. **4**(4): p. 481-9.
15. Uhlmann, R.F., R.A. Pearlman, and K.C. Cain, *Physicians' and spouses' predictions of elderly patients' resuscitation preferences*. J Gerontol, 1988. **43**(5): p. M115-21.
16. Silveira, M.J., S.Y. Kim, and K.M. Langa, *Advance directives and outcomes of surrogate decision-making before death*. N Engl J Med, 2010. **362**(13): p. 1211-8.
17. Larson, D.G. and D.R. Tobin, *End-of-life conversations: evolving practice and theory*. JAMA, 2000. **284**(12): p. 1573-8.
18. Weissman, D.E., et al., *A survey of competencies and concerns in end-of-life care for physician trainees*. J Pain Symptom Manage, 1998. **15**(2): p. 82-90.
19. Wright, A.A., et al., *Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment*. JAMA, 2008. **300**(14): p. 1665-73.
20. Briggs, L.A., et al., *Patient-centered advance care planning in special patient populations: a pilot study*. J Prof Nurs, 2004. **20**(1): p. 47-58.
21. Kirchhoff, K.T., et al., *Effect of a disease-specific planning intervention on surrogate understanding of patient goals for future medical treatment*. J Am Geriatr Soc, 2010. **58**(7): p. 1233-40.
22. Lyon, M.E., et al., *Who will speak for me? Improving end-of-life decision-making for adolescents with HIV and their families*. Pediatrics, 2009. **123**(2): p. e199-206.
23. Song, M.K., et al., *A randomized, controlled trial to improve advance care planning among patients undergoing cardiac surgery*. Med Care, 2005. **43**(10): p. 1049-53.

24. Hammes, B.J., *A Comparative, Retrospective, Observational Study of the Prevalence, Availability, and Specificity of Advance Care Plans in a County that Implemented an Advance Care Planning Microsystem*. J Am Geriatr Soc, 2010. (In Press).
25. Kirchhoff, K.T., et al., *Impact of a Disease-Specific Planning Intervention on Surrogate Understanding of Patient Goals*. Journal of the American Geriatrics Society, In Press.
26. Detering, K.M., et al., *The impact of advance care planning on end-of-life care in elderly patients: randomised controlled trial*. BMJ, 2010. **340**: p. c1345.
27. Schellinger, S., A. Sidebottom, and L. Briggs, *Disease Specific Advance Care Planning for Heart Failure Patients: Implementation in a large health system*. Journal of Palliative Medicine, In Press.
28. Yohannes, A.M., *Palliative care provision for patients with chronic obstructive pulmonary disease*. Health Qual Life Outcomes, 2007. **5**: p. 17.
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49. Setoguchi, S., et al., *Hospice, opiates, and acute care service use among the elderly before death from heart failure or cancer*. Am Heart J, 2010. **160**(1): p. 139-44.
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51. Werb, R., *Palliative care in the treatment of end-stage renal failure*. Prim Care, 2011. **38**(2): p. 299-309.
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54. Rabow, M.W., et al., *The comprehensive care team: a controlled trial of outpatient palliative medicine consultation*. Arch Intern Med, 2004. **164**(1): p. 83-91.
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58. *Health Care Guideline: Palliative Care Third Edition*. November 2009, Institute for Clinical Systems Improvement.
59. Lankarani-Fard, A., et al., *Feasibility of discussing end-of-life care goals with inpatients using a structured, conversational approach: the go wish card game*. J Pain Symptom Manage, 2010. **39**(4): p. 637-43.



JAMES BUNDY,
ARTISTIC DIRECTOR

VICTORIA NOLAN,
MANAGING DIRECTOR

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NEW HAVEN, CT 06520

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August 3, 2011

Ms. Penny A. Hunt
Executive Director
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Penny,

Thank you again for the helpful feedback and questions that you and Peter Karoff provided us on the draft of our proposal. As we discussed on the phone, I am answering a few of your questions here for the purpose of providing background information that may be shared with the trustees.

1. *Non-commissioned Writers in Boot Camp*: We currently assess the intimacy and connection of the group to Yale as one of its great strengths—our writers tell us repeatedly that they feel they have a creative “home” here. We may in the future invite writers whose work we are producing but haven’t commissioned, or writers who are no longer commissioned by Yale—but we expect that their sense of professional attachment here will remain a key criterion for their inclusion in the program.
2. *Production Enhancement Fund*: You read the PEF budget correctly over the life of the ten years, though in the final draft of the proposal we altered the last four years of the budget to reflect consistent projections of spending \$100K per year.

In the original grant, PEF was treated effectively as a separate fund—and we still have \$560K of the original \$600K left, which we anticipate spending between FY2013-18—these are expenditures of funds in escrow, not of the gift funds requested. Thereafter, we estimate PEF expenses of \$100K per year, but we don’t treat them as a separate income line, because we anticipate funding them out of the operating gift and endowment income.

3. *Yale Match and Indirect Costs*: The timing of accumulation of our \$12 million in matching funds is a pretty straight arithmetic progression, based on what we have done and think we can do, as well as on the projected appreciation of those endowment assets already donated. This is slightly more than a 1:2 match, which is quite aggressive for the

School of Drama and Yale Rep. We have raised about \$2 million in operating funds and have \$2.5 million in endowment commitments for the Center over the four years ending in FY2012. We feel the projections are a reasonable continuation of our efforts, but we will also be managing other fundraising priorities, such as financial aid for students and new facilities.

The University's waiver of indirect costs over the decade is also a component of the match, an effective contribution to the Center's work of overhead typically billed to the operating portion of the gift. Because the indirect costs are now calculated at 12%, the waiver generates an additional \$840,000 in operating funds over the decade.

4. The endowment commitments to date: \$1 million testamentary; just over \$500K pledged; and approximately \$1 million committed from previously established endowments supporting playwrights at Yale Rep.

Thank you, again, for the opportunity to address these questions—we would be pleased to answer any others that may arise during the trustees' consideration of the proposal.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "James", with a stylized flourish at the end.

James Bundy

From: Penny Hunt [<mailto:pennhunt@gmail.com>]
Sent: Sunday, October 23, 2011 10:39 PM
To: Bundy, James; Berman, Deborah; Reichenbach, Inge
Cc: Gilberg Nancy
Subject: Robina Foundation / Visit on November 11

Dear James, Deborah and Inge,

Peter, Susan, Kathleen and I are looking forward to our upcoming visit to Yale and time at Yale School of Drama. It will be a bit of a whirlwind tour, but we're currently planning on spending two hours at YSD Friday morning. Inge is working on the final agenda for our visit.

I promised to alert Deborah to the questions Robina Board Members are interested in discussing to assure that our meeting is as productive as possible. At Robina's August meeting, Board Members urged us to explore in detail the proposal as well as alternative scenarios that might permit the development of an endowment for the Center for New Theatre with reduced funding from Robina. Following are questions posed by Board Members for our discussion of the endowment. The questions seek to help us understand better the budget for the Center and the endowment. As you can see, several of the questions require input from Inge or others, as well as from YSD.

1. What is the total cost of the Center and what proportion of that cost are you seeking to cover with an endowment?
2. What is the rationale for that proportional decision?
3. If the proportion is less than 100% of costs, will the effort to secure endowment undercut any annual fundraising that must occur? (We note that the proposal references the need to raise funds for scholarships and building purposes. How will you prioritize and coordinate the various fundraising efforts?)
4. Whatever the proportion, how will the money be invested and managed and what are the earning expectations built into the budget planning?
5. Who are other donors that might be approached for the endowment and what has been their relationship to YSD and the Center?
6. Would an endowment gift from Robina generate any changes, positive or negative, with the administration at Yale?
7. What are the most important concerns that the team at Yale will have if Robina moves ahead with an endowment?
8. What would Yale want from Robina other than the possible grant?

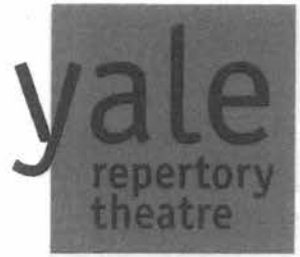
Several other areas of interest:

- We would like to understand the total budget for the School of Drama, especially on the revenue side (i.e. the percentages provided by the various revenue sources). Does Yale subsidize the school with direct or indirect support? if so, is Yale committed to continue that support?
- How would a change in the payment of Robina's grant (e.g. larger earlier payments) affect the budget? You might want to run numbers using several different payment schedules.
- Is there an opportunity to structure all or a portion of Robina's support as a challenge or matching grant?
- We understand that Paula Vogel has taken another position and wonder how her departure will impact YSD and the Center.

I would be happy to talk with you before our visit to assure that we use the time wisely.

Looking forward to seeing you.

Warm regards,
Penny



JAMES BUNDY,
ARTISTIC DIRECTOR

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August 1, 2011

Ms. Penny Hunt
Executive Director
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Penny,

All of us at Yale School of Drama and Yale Repertory Theatre have been inspired by the remarkable generosity and intellectual engagement that the Robina Foundation has brought to its philanthropy at the Center for New Theatre.

It is a particular honor and pleasure, therefore, to forward our proposal for a transformative gift from the Foundation to provide operating and endowment funding for the Center, and to rename it in honor of Yale alumnus James Binger.

This proposal is based on a strategic vision that combines investments in artists; staff expertise; the joyous adventure of producing live theatre; the stability and reputation of a great university; and nimble, responsible management. We know it works, in large part, because you and the trustees have asked us challenging questions and encouraged us to stay open to every new opportunity.

So now, we thank you and the trustees for the opportunity to make this case to you: that a bright future for remarkable playwrights in America is worth a major investment now, and that Yale is precisely the great university to be trusted—and underwritten—as the steward of that mission.

We are deeply grateful for your consideration, and we look forward to any questions or discussion that the proposal engenders.

Sincerely yours,


James Bundy

The James Binger Center for New Theatre: Yale's Vision

The Center for New Theatre at Yale, from its inception, has played a leading role in the American theatre. Established in 2008 through the outstanding support of the Robina Foundation, the Center has made significant investments in emerging and mid-career playwrights: in the past three years, Yale Repertory Theatre (Yale Rep) has entered into more and larger commissioning agreements than any other theatre in the nation. By the end of FY12, the Center will have supported nine new productions of plays and musicals, seven of them from commissioned writers. Of the six produced at this writing, three have already been performed again to critical acclaim at other leading theatres nationwide.

The Center has emerged as a high impact, highly successful venture, leveraging Yale's artistic expertise and institutional capacity for risk-taking. We develop and produce high quality work in collaboration with diverse artists; we promote rapidly—and visibly—the voices and careers of distinctive writers; and we raise the national standard of theatre production through training and the sharing of best practices.

Through the Robina Foundation's early investment, the Center has proven the viability of its operating model. Ensuring the continuation and expansion of this approach has the potential to transform American theatre. Yale now seeks to establish, in partnership with the Robina Foundation, the financial stability that will enable the Center to fire the American theatrical imagination for generations to come. The Center's significant investment in artists, robust production, and rigorous assessment of programs will provide an essential conduit and serve as a model for new theatrical production around the country.

We believe that this endeavor would also provide a fitting tribute to Yale's distinguished alumnus, James Binger. Yale would be honored to commemorate his legacy by creating the James Binger Center for New Theatre.

Background: Mission and Strategy

Through the last half of the 20th century, the United States rode a wave of artistic excitement, civic pride, and economic growth to create significant theatrical institutions nationwide. The resident theatre movement, as it is called, became the creative engine of the art form in America. All but two of the Pulitzer Prizes for Drama between 1969 and 2011 were awarded to plays that began in the regional theatre. Unfortunately, many nonprofit theatres, including some of the largest, have over-committed capital to infrastructure and administration at the expense of artists, and undercapitalized the risks inherent in producing new work, especially with respect to ticket income. As a result, there is intense pressure on theatres to produce familiar, pre-marketed

commodities, and playwrights are driven to write smaller scale work for fewer and fewer characters. The field is distressed.

The mission of the Center for New Theatre is to commission, develop, and produce new work for the stage, cultivating the talents of playwrights and other theatre artists.

Since their founding in 1926 and 1966, respectively, the School of Drama and Yale Rep have championed the development of playwrights and the production of new plays. Taken together, the School and Rep offer a unique combination—a leading training program in partnership with a professional theatre. They have promoted the work and careers of such award-winning playwrights as Christopher Durang '74, Athol Fugard, Richard Greenberg '86, John Guare '63, Amy Herzog '07, David Ives '84, Rolin Jones '04, Tarell Alvin McCraney '07, Lynn Nottage '89, Suzan-Lori Parks, Sarah Ruhl, Wendy Wasserstein '76, and August Wilson, among many others.

Because Yale trains more than just playwrights, the School of Drama and Yale Rep perpetually innovate and model best practices in the production of new theatre in every discipline of the art form. Here, actors, directors, designers, dramaturgs, producers, and managers prepare for leadership internationally. Yale serves as both classroom and laboratory for the theatre arts, launching new contributions from the University to the wider world, just as physicists and computer scientists disseminate new technology.

The strategy for the Center for New Theatre is to support the artistry of playwrights and address the critical needs of the field by providing:

1. *meaningful compensation for writers:* this represents both time to work and a reasonable financial incentive to make live theatre;
2. *artist-centered processes:* the Center manages the order and scale of readings, workshops, residencies, and other events in response to the playwrights' creativity and timing;
3. *significant opportunities for production:* these include musicals and plays with larger casts, at Yale Rep and other leading American theatres, utilizing enhancement funds provided by the Center for non-Yale productions;
4. *multiple venues for interaction:* classes, retreats, readings, workshops, residencies, and productions bring working playwrights and other theatre artists together at every stage of professional development.

This combination of activities leverages several complementary elements—a nexus of training and production; a community of talented artists teaching and learning here; the intellectual curiosity of Southern Connecticut and the New York metropolitan area; Yale's international reputation; and the University's long-term economic stability—to drive the Center's resources

aggressively toward the support of playwrights and our art form. We are confident that our program is a model for energized and exciting theatre programming.

Plans for the Future

Theatre is a plastic and evanescent medium—just as no two performances are identical, no two artists, no two plays, and no two production processes should be treated identically. The early success of the Center for New Theatre stems from our flexible capacity: to tailor each new play's development activity to meet the commissioned writer's specific needs; to provide production opportunities at Yale and beyond; and to prioritize competitive compensation, putting resources directly in the hands of artists.

We anticipate the continuation of current program activities. We seek opportunities to modify, expand, or deepen these activities both in response to the needs of our commissioned artists and in dialogue with current trends and concerns in the field.

Commissions

In the first three years of the Center for New Theatre (FY09-FY11), Yale Rep awarded 22 new commissions and provided developmental support to an additional 10 commissioned projects that were in progress at the time the original gift was received from the Robina Foundation. In all, 35 individual artists (including playwrights, composers, and directors) have received support as commissioned artists through the Center for New Theatre.

We plan to remain the field leader by commissioning 50-70 works in the next decade, with highly competitive compensation: our strategic aims are to attract and retain the most compelling emerging and established writers and to provide them with significant developmental support and meaningful production opportunities. Yale Rep's commission fees now start at \$25,000 and range up to \$50,000 for musicals or other projects with multiple authors. We plan to raise the base fee to \$35,000 by FY22, and we remain committed to commissioning both straight plays and musicals.

Workshop, Retreats, and Residencies

Since 2008, we have conducted 17 workshops and coordinated 9 writing retreats and/or residencies. Workshop activity doubled from FY09 to FY10 and stayed steady in FY11: the number of workshops relates strongly to the number of projects commissioned, so that as more commissioned artists join the roster, we anticipate more developmental activity through the Center. Retreats and residencies have grown rapidly in FY11: our commissioned artists demonstrate significant need for the space and time to concentrate on their writing, outside of their day-to-day responsibilities and schedules.

By far the most popular residency we have created to date is the annual Boot Camp. Each year, three to five commissioned artists are invited to participate with School of Drama playwrights in a week-long intensive retreat in New Haven, led by Paula Vogel, Chair of the Playwriting program and Playwright-in-Residence at Yale Rep. The experience has been widely praised by

for the public. They are called rehearsals rather than “performances” because the focus up to the very end is the developmental process. Every team has made significant and substantial changes to their work between the two open rehearsals, incorporating what they have learned from watching the material as it meets an audience.

In 2009, *POP!*, by Maggie-Kate Coleman and Anna K. Jacobs, went from a workshop at YIMT to a production at Yale Rep, supported by the Center for New Theatre. *POP!* continues its life this summer in production at the Studio Theatre in Washington, DC. The success of this piece, and of YIMT overall, is an example of how a diverse and flexible portfolio serves our mission: we may bring musicals to production through commissioning, and/or through this program. We can also meet and get to know the work of talented musical theatre writers early in their careers, all while giving our students opportunities to participate at a high level in the development of new musicals.

Initially funded through individual gift support, the Institute began as a partnership between the School of Music and the School of Drama. This funding is no longer available, but the School of Drama and Yale Rep see this program as a unique and critical contribution to the field and hope to bring it under the umbrella of Robina Foundation support.

Productions

Since FY09, the Center for New Theatre has underwritten five world premieres at Yale Rep and one world premiere at Lincoln Center’s LCT3, and it has seeded subsequent productions of work premiered by Yale Rep at Berkeley Repertory Theatre, The Public Theater, Theatre for a New Audience (NY), and La Jolla Playhouse. The 2011-12 Yale Rep season includes three world premiere productions. Two are commissioned from the award-winning writers Will Eno and Amy Herzog; the third is by Christina Anderson, a recent graduate of the School of Drama; and all three are supported by the Center.

As more plays move through the pipeline from commission to completed draft, there will be dozens of scripts available for production at Yale Rep and theatres across the country. Just as we maintain flexibility in tailoring each development process, we will seek diverse opportunities to leverage further production of Yale-commissioned plays through the Production Enhancement Fund (PEF). Investments of different sizes from this fund have advanced our playwrights’ work, cemented vital partnerships with our peer theatres, and addressed a range of production problems. For example:

1. PEF subsidized the La Jolla Playhouse presentation of *Notes From Underground* by underwriting advanced video technology, also used for the Theater for a New Audience presentation underwritten by PEF;
2. PEF provided an additional week of rehearsal to the LCT3 production of *On the Levee*;

all writers who have attended; not only does it provide them with creative challenges, new techniques, and aesthetic inspiration, but it also links our commissioned artists closely to the playwriting students at the School of Drama. Boot Camp thrives on a community that could only exist at Yale; writers with considerable experience in the field relish the opportunity to mentor talented students at the School, while students grow more rapidly in the company of their professional role models. The immediacy and closeness of these relationships are key elements in our writers' identification of Yale as their creative home.

Based on the positive feedback from our commissioned artists, we anticipate the expansion of our residency activities in the next three to five years, incorporating two new approaches:

1. A year-long residency in New Haven, including salary and health benefits. A commissioned artist would be invited to spend a year working at Yale Rep and at the School of Drama. For example, the playwright could attend the weekly writers' workshop with the students in the playwriting department, or perhaps teach a section. Over the course of the year, the playwright would be encouraged to work not only on her Yale commission, but all of her writing. If desired, the playwright could request a workshop or reading of any of her plays through the Center for New Theatre.
2. A two-week artist retreat at a rural location to be determined. Boot Camp has demonstrated the value of bringing artists together to encourage dialogue and inspire creativity. A communal retreat combines the advantages of group interaction with the time to focus on individual projects, without any expectation of an immediate public showcase. Commissioned artists would receive travel, housing, and meals. Over time, the retreat could expand to include a company of actors and directors, enabling playwrights to rehearse works-in-progress throughout the retreat period.

Yale Institute for Music Theatre

Musicals are the United States' original contribution to world theatre, but they are notoriously expensive to produce. Thus, early-career composers, lyricists, and book writers are especially challenged to find opportunities to see their work on stage.

Since 2009, the Yale Institute for Music Theatre (YIMT) has supported young composers and authors as they make the transition from their formal studies to the professional world. It is the only music theatre workshop program in the country geared solely towards providing developmental support for these artists during this crucial period in their careers. YIMT is one of the most successful components of our work, dovetailing with Yale's graduate and undergraduate curricula in libretto writing, lyric writing, and composition.

The Institute is submission-based, and to be eligible the authors must have completed their training at a degree-granting institution (undergraduate or graduate) within the last five years. Up to three projects per year are chosen by the Artistic Director, Mark Brokaw, for inclusion, and each receives a two-week full-time workshop on the Yale campus, bringing together a professional company of up to 40 artists and managers including graduate students and undergraduates. At the completion of the two weeks, two "open rehearsals" per project are held

3. PEF funds are expected to subsidize costume construction on David Adjmi's large period piece, *Marie Antoinette*, a Yale commission scheduled for production first at American Repertory Theatre and then at Yale Rep in FY13.

Other potential uses of the PEF include: payments to smaller theatres producing plays that Yale Rep has commissioned but will not produce, and co-productions between Yale and other leading theatres (union rules and significant differences in pay scale generally make it impractical for Yale Rep to collaborate closely with theatres with much smaller budgets). We still do not know how the completion of commissions being written now—and that we will not produce ourselves—may affect PEF expenditures: we anticipate using the \$560,000 remaining from the original PEF grant from FY13-18, and estimate spending an average of \$100,000 per year thereafter.

Management and Accountability

To promote the highest standards of artistry and production over time, Yale's vision includes two forms of evaluation: annual reviews by Center staff and the Dean/Artistic Director, and the creation of an independent committee of distinguished theatre professionals to review the programs of the Center and their relationship to the field every five years, submitting their recommendations to the Dean/Artistic Director, with copies to the President and Provost of Yale.

Annual reviews are already part of the Center's rubric, and the Dean/Artistic Director will continue to report on the Center to the Robina Foundation as requested, as well as to the President and Provost each year. Annual reports are also prepared on endowment funds. In this case, such reports will contain a narrative description of the Center's activities and use of endowment income. They will also provide a financial report with details on the market value of the fund along with the Center's operational expenses. We anticipate that these practices will continue in perpetuity.

The purpose of the five-year review is to provide the Dean/Artistic Director with rigorous program and field evaluations from independent sources, including an overview of endowment expenditures. Conducted by a nationally-distinguished committee comprising leaders in the field of new play commissioning, development, and production, including at least one individual artist, the review will survey the Center's mission, strategy, and programming in the context of future developments in the professional theatre. Our budget reflects travel and expense reimbursement for this team. The committee's report, delivered to the Dean/Artistic Director, President, and Provost, will assess the strengths and weaknesses of the program at that time, with recommendations for enhancements and/or course corrections. We also plan to share meaningful data and findings with the theatres we survey: knowledge disseminated in this effort serves the field broadly.

What happens when RFB is gone?

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Request and Budget Overview

Yale School of Drama and Yale Repertory Theatre respectfully request a transformative gift of \$23 million over ten years to continue and expand the work of the Center for New Theatre in perpetuity. The proposed ten-year gift combines \$7 million in operating funds with \$16 million in endowment.

As a private institution, Yale depends most heavily on philanthropy and tuition income for support of its mission in teaching, research, and public service. We are fortunate that the exceptional generosity of Yale's donors—alumni, foundations, corporations—and a long history of careful and prudent management of the endowment built with those gifts have made Yale into an institution of worldwide renown and global impact. Thus, gifts continue to be the main funding source for new initiatives, and endowment plays a vital role in institutionalizing innovation over the long-term. A gift for endowment is an investment in the future.

Endowment support will make it possible for the Center's long-term impact to become truly transformational by giving it time and opportunity to develop a world-class environment for playwriting. Such a gift will leverage the University's historic strengths: artistic vision, institutional stability, and investment expertise.

The Center's mission and strategic alignment are especially appropriate for endowment support for several reasons including:

1. The Center for New Theatre has an evergreen purpose—it is invested in the future of an enduring art form;
2. Yale has a longstanding competitive advantage both in playwriting and in creating environments in which playwrights succeed;
3. The School and Rep together foster multi-generational collaborations and the dissemination of new art and best practices: we will continue to send both plays and people out into the world.

Benefits to the Center that will accrue from endowment support include:

1. Endowment growth over time will support leadership in artist compensation;
2. Endowment income will flexibly support the mission, allowing us to promote strategic innovations in the commissioning, development, and production of new theatre.

The budget we propose combines energetic investment in near-term work with secure long-term funding, even if specific elements of the program should change in the future.]

The budget also reflects Yale's anticipated efforts to match the Robina Foundation's potential commitment with gifts of over \$4 million in operating and approximately \$8 million in endowment funds from other donors. This new fundraising of \$12 million is an ambitious but achievable goal—as a point of comparison, the Center has secured nearly \$2 million in operating gifts and \$2.5 million in endowment commitments in the past four years. The scope of this matching effort is enhanced by Yale University's exceptional waiver of indirect costs (currently 12%) for the operating portion of the gift, directing an additional \$840,000 into Center activities over the decade.

In sum, the gift structure we seek is a template for promoting the Center's aggressive programming, robust fundraising, long-term financial stability, and artistic potential.

Expected Impact

The theatre, as western culture knows it, is almost three millennia old. We are honored to follow our forebears, delighted to collaborate with our contemporaries, and humbled in the face of what we do not know about the future.

The proposed Robina gift would represent the single largest philanthropic commitment in the history of playwriting. It would immediately call national attention to the opportunities and challenges faced by theatre artists and significantly advance—indeed, permanently alter—the national dialogue among theatre practitioners and philanthropists about individual and institutional priorities.

We believe that this model—meaningful financial and artistic support of playwrights in combination with robust production opportunities and the fostering of community among artists—holds the highest promise for promoting the next great age of American playwriting. We also look forward to the reality that there will be exciting innovations for the Center to embrace in the near and distant future, in order to better achieve that goal.

The Robina Foundation's gift of \$23 million would sustain the extraordinary early impact of the Center for New Theatre; prepare the ground for the theatre artistry of the 21st century; and commemorate in perpetuity the joyful generosity of James Binger—a great man of the American theatre.

Lead Staff

James Bundy is in his tenth year as Dean of Yale School of Drama and Artistic Director of Yale Repertory Theatre. During his tenure Yale Rep has produced more than twenty world, American, and regional premieres, six of which have been honored by the Connecticut Critics Circle with the award for Best Production of the year, and two of which have been Pulitzer Prize finalists. Under Mr. Bundy's leadership, Yale's Center for New Theatre has supported the work of 35 individual artists; and Yale Rep has provided low-cost theatre tickets and classroom visits to thousands of middle and high school students from Greater New Haven through WILL POWER!, an educational program initiated in 2004. Mr. Bundy's directing credits include *The Psychic Life of Savages*, *The Ladies of the Camellias*, *All's Well That Ends Well*, *A Woman of No Importance*, *Death of a Salesman*, and *A Delicate Balance* at Yale Rep, as well as productions at Great Lakes Theater Festival, The Acting Company, California Shakespeare Festival, Alabama Shakespeare Festival, and The Juilliard School Drama Division. He is a recipient of the Connecticut Critics Circle's Tom Killen Award for extraordinary contributions to Connecticut professional theatre in 2007. Mr. Bundy serves on the board of directors of Theatre Communications Group, the national service organization for nonprofit theatre. Previously, he worked as Managing Director of Cornerstone Theater Company, Associate Producing Director of The Acting Company, and Artistic Director of Great Lakes Theater Festival. He is a graduate of Harvard College and Yale School of Drama and trained as an actor at the London Academy of Music and Dramatic Art.

Victoria Nolan is in her 19th year as Managing Director of Yale Repertory Theatre and serves as Deputy Dean of Yale School of Drama. She was previously Managing Director of Indiana Repertory Theatre; Associate Managing Director at Baltimore's CENTERSTAGE; and Managing Director at Ram Island Dance Company in Portland, Maine. She has held various positions at Loeb Drama Center of Harvard University; TAG Foundation, an organization producing Off-Broadway modern dance festivals; and Boston University School for the Arts. Ms. Nolan has been an evaluator for the National Endowment for the Arts, for which she has chaired numerous grant panels, and has served on other panels and foundation review boards including the AT&T Foundation, The Heinz Family Foundation, Lila Wallace-Reader's Digest Fund, and the Metropolitan Life Foundation. She has also served on the Executive Committee of the League of Resident Theatres (LORT) and on numerous negotiating teams for national labor contracts. A Fellow at Yale's Saybrook College, she is the recipient of the Betsy L. Mahaffey Arts Administration Fellowship Award from the State of Connecticut and the Elm/Ivy Award, given jointly by Yale University and the City of New Haven for distinguished service to the community.

Paula Vogel is the Eugene O'Neill Professor (adjunct) of Playwriting and Chair of the Playwriting Department at Yale School of Drama and Playwright-in-Residence at Yale Repertory Theatre. Her play, *How I Learned to Drive*, received the 1998 Pulitzer Prize for Drama, the Lortel Prize, Drama Desk, OBIE, Outer Critics Circle and New York Drama Critics Awards for Best Play. Her other plays include *The Long Christmas Ride Home*, *The Mineola Twins*, *The Baltimore Waltz*, *Hot 'N' Throbbing*, *Desdemona*, *And Baby Makes Seven*, and *The Oldest Profession*. Other awards include the 2010 William Inge Festival Distinguished

the American Theatre Award, the Stephen and Christine Schwarzman Legacy Award for Excellence in Theatre for lifetime achievement and excellence in teaching, the 2004 Award for Literature from the American Academy of Arts and Letters, the Rhode Island Pell Award in the Arts, the Hull-Warriner Award, The Laura Pels Award, the Pew Charitable Trust Senior Award, a Guggenheim, an AT&T New Plays Award, the Fund for New American Plays, the Rockefeller Foundation's Bellagio Center Fellowship, several National Endowment for the Arts Fellowships, the McKnight Fellowship, the Bunting Fellowship, and the Governor's Award for the Arts. She is a fellow of the American Academy of Arts and Sciences, has been a fellow at the MacDowell Colony and Yaddo, and was recently inducted into the College of Fellows of the American Theatre at the Kennedy Center.

Jennifer Kiger is in her seventh year at Yale Rep as Associate Artistic Director and is also director of the new play programs of the Center for New Theatre. Ms. Kiger came to Yale Rep from South Coast Repertory (SCR), where she was Literary Manager from 2000 to 2005 and served as Co-Director of the Pacific Playwrights Festival. She was dramaturg on more than 40 new plays at SCR, including the world premieres of Rolin Jones's *The Intelligent Design of Jenny Chow*, Amy Freed's *The Beard of Avon*, and the West Coast premieres of Sarah Ruhl's *The Clean House* and Nilo Cruz's *Anna in the Tropics*. Prior to that, she served as production dramaturg at American Repertory Theatre, collaborating with Robert Brustein, Robert Woodruff, Liz Diamond, and Kate Whoriskey, and with multi-media director Bob McGrath on stage adaptations of Robert Coover's *Charlie in the House of Rue* and Mac Wellman's *Hypatia*. She has been a dramaturg for The Playwrights' Center of Minneapolis and Boston Theatre Works and a panelist for the National Endowment for the Arts and the California Arts Council. Ms. Kiger completed her training in Dramaturgy at the American Repertory Theatre Institute for Advanced Theatre Training at Harvard University, where she taught courses in acting and dramatic arts.

Amy Boratko is the Literary Manager at Yale Rep and has served as dramaturg on the Yale Rep productions of *Autumn Sonata*, *We Have Always Lived in the Castle*, *Battle of Black and Dogs*, *Compulsion*, *Notes from Underground*, *A Woman of No Importance*, *Eurydice*, and *The Cherry Orchard*. Other dramaturgy credits include *The Time of Your Life*, *The Summer People*, *Romeo and Juliet*, *The War Is Over* (Yale School of Drama), as well as Voice and Vision's ENVISION Retreat at Bard College. She has been a teaching fellow at Yale College and Yale School of Drama and was a managing editor of *Theater* magazine. A graduate of Rice University, she received her MFA in Dramaturgy and Dramatic Criticism from Yale School of Drama.

Mark Brokaw is the Artistic Director of the Yale Institute for Music Theatre. His Broadway directing credits include *Reckless*, *The Constant Wife*, the musical *Cry-Baby*, and *After Miss Julie*. He has also directed many Off-Broadway productions at Playwrights Horizons, Lincoln Center, and the New York Shakespeare Festival, among others. For his direction of Paula Vogel's Pulitzer Prize winning play, *How I Learned to Drive*, Mr. Brokaw won the Drama Desk, OBIE, and Lucille Lortel Awards for Outstanding Director. Regionally, he has directed at the Guthrie Theater, Seattle Repertory Theatre, Long Wharf Theatre, Yale Repertory Theatre, South Coast Repertory, Berkeley Repertory Theatre, Actors Theatre of Louisville, Center Theatre Group, La Jolla Playhouse, the O'Neill Playwrights Conference, and the Sundance Theatre

Festival. He also directed *A Little Night Music* for the Kennedy Center Sondheim Celebration in 2002. Internationally, Mr. Brokaw's work has been seen at London's Donmar Warehouse and Dublin's Gate Theatre. He is an associate artist of the Roundabout Theatre and a graduate of Yale School of Drama.

From: Penny Hunt [<mailto:pennhunt@gmail.com>]
Sent: Monday, July 25, 2011 1:30 PM
To: Bundy, James
Cc: Gilberg Nancy; Berman, Deborah; Reichenbach, Inge; Lyons, Lauragene
Subject: Robina Foundation

Dear James,

Peter and I were pleased to have the opportunity to review a draft of Yale School of Drama's proposal for funding to endow the Center for New Theatre. We were delighted that the proposal was short, but, of course, we have questions and comments that will undoubtedly result in a longer final proposal!

Some of our comments are general in nature; others, as you will see, are fairly detailed. We're particularly sensitive to the fact that the Robina Foundation Board of Directors has resisted endowment grants and believe that this proposal will be the vehicle for a robust discussion of endowment funding. Given that, the proposal will need to sell the Robina Board on the value and appropriateness of endowment funding for Yale School of Drama, Yale and beyond. We are also aware that new Board Members Kathleen Blatz and Susan Berresford don't have the rich history and understanding of the Center that other Board Members have developed over the last several years. That means, we think, that the proposal will need to give a fuller picture of the Center than might otherwise be needed.

Peter and I think the proposal would be strengthened by the addition of the following:

- Information on the mission and vision of the Center and how the strategies employed (commissions, etc.) support that mission and vision.
- Additional discussion of why endowment funding is crucial for Yale. (When Peter, Tom and I met with President Levin in January, Inge spoke forcefully about the importance of endowment funding in the health of Yale. Inge's arguments may be appropriate in this proposal.)
- Additional discussion of why endowment funding would be transformative for YSD and beyond: for example, how endowment funding would permit YSD to operate better (with more certainty and security, better able to plan, try new approaches, etc.), how this grant could spearhead support from others, how this grant could impact playwriting beyond Yale, what will be different/improved.

Your current draft touches on these items, but we think more discussion would be helpful.

Following are more specific comments and questions:

Commissions:

The last sentence of this section seems to provide a "fudge" factor to justify fewer commissions. We would like to understand if you mean that you might go below the 60 - 80 commissions mentioned.

Workshops, etc:

- We understand that only playwrights who have received commissions participate in the Boot Camp. Would it ever make sense to include others?
- Peter and I like the two new approaches you propose to incorporate in the Center. I recall that you and Peter talked about a program that provides artist retreats. How would the YSD retreat compare with the existing program? (I'm not sure you need to put a description of the existing program in your proposal, but it would be good to describe what will distinguish the retreat you propose.)

Yale Institute for Music Theatre:

Since you are proposing that Robina / the Center pick up the funding for the Yale Institute for Music Theatre, the proposal would be strengthened by an explanation of the importance of music theatre to YSD and beyond.

Productions:

- Since the Production Enhancement Fund provides the major outreach beyond Yale, we would like more discussion of the future use of the Production Enhancement Fund -- including estimated numbers of productions supported with the fund. In the future, will you consider including regional theaters beyond the select tier one group you are currently working with?
- My recollection is that the PEF is to be used for plays produced by others. Correct?
- The total budgeted for the Production Enhancement Fund over the 10-year period is \$860,000, including, I believe, \$60,000 from the \$950,000 payment Robina will make this year. Is that correct?

Management and Accountability:

- The composition and role of the "independent committee of experts" need to be fleshed out, including its role with respect to the evaluation.
- The budget includes a line item of \$20,000 in 2017 and \$25,000 in 2022 for "Program Review." Is that the budget for the committee?
- The Board will want to understand how and what will be evaluated. An evaluation every five years seems inadequate, particularly during the early years of the endowment funding. I believe that Inge mentioned that Yale endowment grants often call for periodic evaluations to assure that the endowment purpose is being fulfilled, etc. Other endowment proposals may have more specific language that would be helpful here.

Request and Budget Overview:

- The Robina Board will need to know more about the fundraising efforts Yale will undertake to secure \$4 million in operating and approximately \$8 million in endowment funds to match Robina funding. Based on the budget, it looks like the fundraising effort proposed won't begin (or won't provide funds) until 2016. Is that correct?

- As I mentioned during our conference call, the Board may want to discuss how a challenge grant could be structured in connection with Robina endowment funding.
- Apparently, the Center has \$2.5 million in endowment commitments. I wasn't aware of this and would be interested to learn the circumstances of securing endowment funding, the purpose, etc.

Budget:

- I've mentioned a few budget items above.
- Under Expenses, item 3 is "Current Robina Grant and Enhancement Fund." I'm not sure I understand how that item is calculated. It looks to me as though funding for the Production Enhancement Fund is in addition to the core Robina operating gift, rather than part of it, as has been the case in the past. But I'm not sure.
- Footnote 4 explains that the structure of the proposed grant removes the need for a portion of the grant to be used to pay "indirect expenses" to Yale. I'd like to understand why Yale's treatment of this grant would differ from the treatment of Robina's initial grant.

I think that's it. I apologize for the length of this email and our many questions and comments. We hope our questions and comments will help you continue to develop your proposal. Please feel free to contact me by email or phone if you have questions or concerns.

Warm regards,
Penny

Yale Center for New Theatre Ten-Year Proposed Gift Payment Schedule and Budget

PROPOSED GIFT SCHEDULE			FY2013	FY2014	FY2015	FY2016	FY2017
1. Robina Endowment Gift			1,600,000	1,600,000	1,600,000	1,600,000	1,600,000
2. Robina Operating Gift			1,000,000	950,000	900,000	850,000	750,000
Total Annual Gift			2,600,000	2,550,000	2,500,000	2,450,000	2,350,000

Yale Endowment Match - Fundraising Goal										1,250,000		1,250,000	
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Income ¹	FY2012 Robina Grant Projected	FY2012 Other Sources Projected	FY2012 Center for New Theatre Total	FY2013 Robina Projected	FY2013 Other Sources Projected	FY2013 Center for New Theatre Total	FY2014 Robina Projected	FY2014 Other Sources Projected	FY2014 Center for New Theatre Total	FY2015 Robina Projected	FY2015 Other Sources Projected	FY2015 Center for New Theatre Total	FY2016 Robina Projected	FY2016 Other Sources Projected	FY2016 Center for New Theatre Total	FY2017 Robina Projected	FY2017 Other Sources Projected	FY2017 Center for New Theatre Total
1. Robina Endowment Income ²			-	84,000		84,000	168,600		168,600	254,100		254,100	343,300		343,300	434,800		434,800
2. Robina Operating Support				1,000,000		1,000,000	950,000		950,000	900,000		900,000	850,000		850,000	750,000		750,000
3. Current Robina Grant and Enhancement Fund	950,000		950,000	60,000		60,000	100,000		100,000	100,000		100,000	100,000		100,000	100,000		100,000
4. Match: Non-Robina Endowment Income and Current Use Funds ³		486,400	486,400		494,200	494,200		507,700	507,700		520,400	520,400		587,300	587,300		664,900	664,900
Grand Total Income	950,000	486,400	1,436,400	1,144,000	494,200	1,638,200	1,218,600	507,700	1,726,300	1,254,100	520,400	1,774,500	1,293,300	587,300	1,880,600	1,284,800	664,900	1,949,700
Expenses ¹																		
5. Literary Manager & Artistic Associate Salary & Benefits ⁴	129,800		129,800	154,400		154,400	161,700		161,700	168,400		168,400	175,300		175,300	182,500		182,500
6. Commissions	200,000		200,000	204,000		204,000	208,100		208,100	214,400		214,400	220,900		220,900	227,600		227,600
7. Workshops, Residencies and Retreats	75,000	14,400	89,400	76,500	14,700	91,200	78,000	15,000	93,000	80,300	15,500	95,800	82,700	16,000	98,700	85,200	16,500	101,700
8. Production Expenses	450,200	200,000	650,200	474,100	200,000	674,100	492,300	200,000	692,300	507,200	200,000	707,200	525,400	253,900	779,300	494,800	297,900	792,700
9. Enhancement Support			-	60,000		60,000	100,000		100,000	100,000		100,000	100,000		100,000	100,000		100,000
10. Yale Institute for Music Theatre			-	175,000		175,000	178,500		178,500	183,800		183,800	189,000		189,000	194,700		194,700
11. YSD Playwriting Lecturers ⁴		68,300	68,300		69,700	69,700		73,000	73,000		76,100	76,100		79,200	79,200		82,500	82,500
12. YSD Key Staff Time ⁴		203,700	203,700		209,800	209,800		219,700	219,700		228,800	228,800		238,200	238,200		248,000	248,000
13. Program Review			-			-			-			-			-		20,000	20,000
14. Robina Indirect Costs ⁵	95,000		95,000			-			-			-			-			-
Grand Total Expenses	950,000	486,400	1,436,400	1,144,000	494,200	1,638,200	1,218,600	507,700	1,726,300	1,254,100	520,400	1,774,500	1,293,300	587,300	1,880,600	1,284,800	664,900	1,949,700

Footnotes

¹All numbers rounded to the nearest hundred

²Endowment growth projections are based upon additions to principal and Yale University's long-term-model budget parameters

³Components include Mellon Foundation Grant (expires in FY2015), Center for New Theatre Endowment Income and Foundation and Individual Giving

⁴Yale University projects increases in employee benefits that are higher than the expected rate of inflation

⁵Indirect costs waived by Yale University as part of matching effort

Yale Center for New Theatre Ten-Year Proposed Gift Payment Schedule and Budget

PROPOSED GIFT SCHEDULE		FY2018	FY2019	FY2020	FY2021	FY2022	TOTAL
1. Robina Endowment Gift		1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	16,000,000
2. Robina Operating Gift		650,000	625,000	525,000	425,000	325,000	7,000,000
Total Annual Gift		2,250,000	2,225,000	2,125,000	2,025,000	1,925,000	23,000,000

Yale Endowment Match - Fundraising Goal	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000	7,500,000
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	FY2018 Robina Projected	FY2018 Other Sources Projected	FY2018 Center for New Theatre Total	FY2019 Robina Projected	FY2019 Other Sources Projected	FY2019 Center for New Theatre Total	FY2020 Robina Projected	FY2020 Other Sources Projected	FY2020 Center for New Theatre Total	FY2021 Robina Projected	FY2021 Other Sources Projected	FY2021 Center for New Theatre Total	FY2022 Robina Projected	FY2022 Other Sources Projected	FY2022 Center for New Theatre Total
Income¹															
1. Robina Endowment Income ²	528,340		528,340	623,600		623,600	721,200		721,200	820,800		820,800	922,800		922,800
2. Robina Operating Support	650,000		650,000	625,000		625,000	525,000		525,000	425,000		425,000	325,000		325,000
3. Current Robina Grant and Enhancement Fund	100,000		100,000			-			-			-			-
4. Match: Non-Robina Endowment Income and Current Use Funds ³		744,200	744,200		875,200	875,200		958,400	958,400		1,043,400	1,043,400		1,130,200	1,130,200
Grand Total Income	1,278,340	744,200	2,022,540	1,248,600	875,200	2,123,800	1,246,200	958,400	2,204,600	1,245,800	1,043,400	2,289,200	1,247,800	1,130,200	2,378,000
Expenses¹															
5. Literary Manager & Artistic Associate Salary & Benefits ⁴	190,000		190,000	197,800		197,800	205,900		205,900	214,400		214,400	223,200		223,200
6. Commissions	234,400		234,400	241,200		241,200	248,500		248,500	256,000		256,000	263,700		263,700
7. Workshops, Residencies and Retreats	87,800	17,000	104,800	90,400	17,500	107,900	93,100	18,000	111,100	95,900	18,500	114,400	98,800	19,000	117,800
8. Production Expenses	465,600	383,100	848,700	437,600	474,400	912,000	410,900	542,300	953,200	385,400	611,400	996,800	361,400	656,700	1,018,100
9. Enhancement Support	100,000		100,000	100,000		100,000	100,000		100,000	100,000		100,000	100,000		100,000
10. Yale Institute for Music Theatre	200,540		200,540	206,600		206,600	212,800		212,800	219,100		219,100	225,700		225,700
11. YSD Playwriting Lecturers ⁴		85,900	85,900		89,400	89,400		93,100	93,100		97,000	97,000		101,000	101,000
12. YSD Key Staff Time ⁴		258,200	258,200		268,900	268,900		280,000	280,000		291,500	291,500		303,500	303,500
13. Program Review			-			-			-			-		25,000	25,000
14. Robina Indirect Costs ⁵			-			-			-			-			-
Grand Total Expenses	1,278,340	744,200	2,022,540	1,273,600	850,200	2,123,800	1,271,200	933,400	2,204,600	1,270,800	1,018,400	2,289,200	1,272,800	1,105,200	2,378,000

Footnotes

¹All numbers rounded to the nearest hundred

²Endowment growth projections are based upon additions to principal and Yale University's long-term-model budget parameters

³Components include Mellon Foundation Grant (expires in FY2015), Center for New Theatre Endowment Income and Foundation and Individual Giving

⁴Yale University projects increases in employee benefits that are higher than the expected rate of inflation

⁵Indirect costs waived by Yale University as part of matching effort

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November 3, 2011

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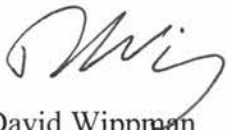
Dear Tom:

I am enclosing a revised description of our Robina Criminal Law and Criminal Justice Institute as well as a schedule of the Institute's planned activities during its first year, for inclusion in the materials going to the Board for its November meeting. After speaking with Penny and Kathleen, it seemed best to let the work of the Institute evolve a bit before making a decision on whether to request additional support for empirical work that might support the Institute's projects.

I am also enclosing a proposal for a new Robina Center for Innovation in Environmental and Energy Law. We have identified possible reviewers for that proposal in an appendix and would, of course, be happy to discuss it with you and other members of the board at any time.

As always, we are deeply grateful for the Foundation's support.

All best regards,



David Wippman
Dean and William S. Pattee Professor of Law

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Enclosures

*Nov 2011 updated
CLCS proposal*

**Proposal to the Robina Foundation
From the University of Minnesota Law School
November 1, 2011**

Robina Institute of Criminal Law and Criminal Justice

American criminal justice systems have become unjust, overly expensive, unnecessarily severe, and too often indifferent to the needs and interests of victims. The Robina Institute aims to play a significant role in national and state efforts to rethink the aims and methods of criminal justice systems and to make them more just, effective, and cost-effective while reducing the collateral damage they do. There are three overriding goals:

- Refashioning of sentencing policies and practices to make them more rational, fair, just, and effective;
- Reduction of racial and ethnic disparities throughout the criminal justice system;
- Revision of criminal laws, procedures, and processes to build criminal justice systems of which Americans can be proud and that do less harm than existing systems.

These goals overlap, as will work in the Institute's three program areas: sentencing law and practice, criminal justice policy, and criminal law theory. Significant reduction in racial disparities in imprisonment (Aim 2) will require refashioning of sentencing policies and practices (Aim 1) and revisions of substantive criminal laws and sentencing legislation (Aim 3). The program areas have distinct emphases, but share overriding goals and will undertake coordinated initiatives in which participants from all three areas are involved.

No single institute can by itself overhaul American criminal justice systems generally or even in Minnesota. Dysfunctional systems that have taken shape over the past 40 years will not be easy to change. Many, including major American foundations, have tried. The Ford Foundation, the Edna McConnell Clark Foundation, the Pew Charitable Trusts, the Annie E. Casey Foundation, and the JEHT Foundation (ultimately a Madoff casualty) each invested substantial sums over considerable periods. Sometimes their efforts fostered major improvements. Sometimes they did not, but much was learned about how systems work and respond to reform efforts.

The Institute's organizers believe that it can spur meaningful improvements in key areas, lay foundations for larger systemic changes, and, working with others, significantly influence the direction of criminal justice policy in America. Doing this requires work at three levels—empirical, doctrinal, and law reform work on sentencing laws and practices; policy-analytic and advocacy work aiming at major changes in legislation and institutional practices; and conceptual and theoretical work on the purposes, goals, and operation of the criminal law and criminal justice institutions.

Sentencing Law and Policy

Large-scale improvements are urgently needed in state and federal sentencing systems. We will work with responsible decision makers in individual states and with law reform organizations to try to catalyze adoption of improvements. We will concentrate on jurisdiction-wide reforms of entire sentencing systems or their important component parts. We will regularly interact with sentencing commissions, judges, and corrections officials in states that have adopted sentencing guidelines. We will work with comparable officials, and legislatures, in states moving toward such an approach. Some systems have succeeded in fostering proportionality of criminal penalties, controlling prison population growth, and reducing racial disparities. Others have failed. Replication of the best American guidelines systems would be a major achievement.

The fruits of this work will, depending on the subject and the target audience, be published as research reports, pamphlets, op-ed articles, and scholarly books and articles. Institute faculty have strong track records in this kind of work as scholars and as effective law reform advocates. Richard Frase is the nation's leading expert on Minnesota's guidelines, and has worked intensively on solutions to racial disparities throughout the criminal justice system. Kevin Reitz's work as Reporter for the *Model Penal Code*'s revised sentencing provisions has influenced states to require "racial impact analyses" in criminal justice policy making. A new *Code* provision on reconsideration of the continuing need for confinement of prisoners serving long sentences was the subject of a recent and admiring *New York Times* editorial. Minnesota's juvenile justice laws were strongly influenced by the work of Barry Feld. Michael Tonry's work as a consultant to the Minnesota, Washington, Pennsylvania, Oregon, and other sentencing guidelines systems importantly influenced the forms those systems took. The initial work will focus on three areas.

Community Penalty Provisions of the Revised Model Penal Code

New *Model Penal Code* provisions will be prepared by Kevin Reitz, as Reporter, and an Advisors Group, and approved by the American Law Institute over the next 2 to 3 years concerning noncustodial penal measures (e.g., conditions of probation, fines, mandatory drug treatment, and community-based punishments), and concerning programs outside prison walls aimed at successful re-entry by released prisoners into community life. The *Code* may encourage states to expand use of promising innovations such as drug and mental health courts, and offer guidance on how to design and fund them. A conference has been organized in early December at which community corrections experts and practitioners from throughout the United States will pool knowledge and experience so that it may be reflected in the next round of drafting. Subsequent work at smaller topical conferences and with consultants will inform development of proposals for specific *Code* provisions. Institute faculty will promote adoption of the *Code*'s new provisions in Minnesota and elsewhere.

Structured Sentencing Systems

In coming months, the Institute will convene responsible government officials and leading scholars of guidelines and other structured sentencing systems to chart ways the Institute can influence policymaking and lawmaking. With the National Association of Sentencing Commissions, we will seek ways to collect and exploit existing knowledge from individual states that can benefit other jurisdictions (a kind of information exchange that does not now exist). The Institute will host a major conference for representatives of all American sentencing

commissions to produce discrete and implementable policy proposals for the improvement of structured sentencing systems. Key issues include the use of actuarial risk assessments in sentencing (probably the most important policy issue of the coming decade) and steps state systems can take to reduce racial disparities in incarceration, and ensure that future lawmaking does not exacerbate this profound and demoralizing problem. Subsequent conferences and consultants' reports on particular topics will generate concrete law reform proposals.

Prospects and Possibilities of Parole

The Institute will generate new research and analyses concerning parole release. Prison release decisions in most states are made mainly by parole boards, but they are among the least visible justice system agencies. American prison growth has been amplified by tightening of parole policies over the last 30 years. We will investigate why some systems have been more vulnerable than have others to explosions in prison populations, and how weaker systems can be improved. We will expose, and propose remedies for, rampant unfairness in probation and parole revocation (the cause of nearly half of commitments to prison). We will explore ways to adapt sentencing guidelines techniques to prison release and revocation processes. We will explore and propose statutory mechanisms that allow correctional agencies to respond responsibly to prison crowding long before unmanageable crises occur (as has happened in California).

Criminal Justice Policy

Criminal justice practitioners and elected public officials, liberals and conservatives alike, are in broad agreement that the criminal justice system is ineffective, costs too much, causes avoidable injustice, and accomplishes too little that is good. For this reason, there has been broad cross-party support in Congress for Senator James Webb's repeated proposals for creation of a national commission on criminal justice reform—support that has been broad, but not deep enough for the proposals to be enacted. Webb's proposals in any case call for congressional appointment of commission members and are highly vulnerable to risks of politicization and stalemate.

A tentative aim of the Institute's work on policy is to organize and operate a privately funded national commission on reinvention of American criminal justice systems. A fallback is a commission on Minnesota's criminal justice system. Reasonable people differ on the potential of such efforts. We believe, on the basis of influential roles played by governmental and private commissions during other times of flux, that there is a good likelihood such a commission can play a constructive and influential role in exposing problems and formulating solutions. We plan to spend several years laying foundations and testing waters, however, before deciding whether to launch a commission or instead to target a small number of problems for focused efforts.

Current Knowledge Concerning Critical Topics

One preliminary but essential precondition to law reform efforts is to establish what is known and knowable about key issues. These include the deterrent and incapacitative effects of custodial and noncustodial sanctions, the effectiveness of rehabilitative programs, the extent and causes of racial and ethnic disparities, the effects and effectiveness of police innovations, the effects and effectiveness of imprisonment, the effects and effectiveness of drug control policies,

and the role of firearms in violent crime. Surveys of current knowledge on these and comparably important subjects have been commissioned from world-leading authorities and will be presented at an April 2012 national conference in Minneapolis, jointly sponsored by the U.S. Department of Justice, on "Crime and Justice in America, 1975-2025." They will be published in *Crime and Justice*, the world's most influential journal on criminal justice topics. A series of seminars will follow on specific topics, attended by practitioners, policy-makers, and scholars, with the aim of reaching agreement about what is known and identifying plausible policy proposals deriving from that knowledge. These in turn will produce published reports, op-eds, and scholarly publications.

Explore the Limits of the Politically Possible

Practitioners and policy makers must be central participants in reform efforts. They know how systems operate. They are key stakeholders. They too are often dissatisfied with current policies and practices and have ideas about changing them. To build relationships and elicit ideas and information, the Institute will convene several series of exploratory policy conferences on particular topics to which Minnesota, national, and sometimes international practitioners and policy makers will be invited. Target groups include judges, prosecutors, and defense counsel; community and institutional corrections officials; legislators and legislative staff; and NGOs and advocacy groups. The aim in each case will be to identify problems and their causes and to explore solutions. The separate sequences of activities will generate written reports on their substantive and strategic implications.

Commission on Reinvention of American Criminal Justice Systems

The task is to identify a nationally prominent, probably recently retired political figure to chair the commission, and to attract 10-12 well-informed, credible members willing to work for 24 months on a critique of the American criminal justice system and a set of visionary but achievable proposals for creation of new approaches of which Americans could be proud. If after two years of exploratory work, the decision is made that creation of a commission is an insufficiently promising approach to influencing policy change, a series of narrower, more closely targeted reform initiatives will be created and carried out. In either case, comprehensive media, dissemination, and publication strategies will be developed and carried out, targeted on specific audiences and goals, both during developmental processes and after recommendations for change have been agreed.

Criminal Law Theory

Criminal law theory, largely moribund in the United States since the 1960s, is becoming the most active and prestigious criminal law specialty in American law schools. The overriding task is to rethink and gain a clearer understanding of the aims the criminal law should serve in a modern democracy that values liberty and respects difference, the principles that should underlie its operations, and the functions it can and should be expected to perform. Only by engaging with first principles will real progress be made in rethinking, reinvigorating, and reforming the criminal law. In the first instance much of our work will result in publication of scholarly books and articles. In the longer term our aim is to influence statutory and administrative agency

changes by means of concrete law reform proposals, indirectly through American Law Institute processes and directly by working with law reform organizations in particular jurisdictions.

The *Model Penal Code* (1962), on which many states' codes are based, is showing its age. Its substantive criminal law provisions are obsolete, but have never been revised. Nearly 40 states revised their criminal codes to incorporate *Code* provisions in various ways. The *Code* was premised on a vision of criminal law, as a mechanism for preventing social harm through rehabilitation of offenders, which is at odds with the realities of contemporary American criminal justice and with contemporary views about the purposes of the criminal law. If justice systems are to be transformed, a criminal law that addresses the needs of the twenty-first century will be a key element. The aim of the Institute's work on criminal law theory is to lay bare the defective foundations of modern criminal laws and show the way to building new ones. There will be three main initial lines of work.

Criminalization; the Scope of the Criminal Law

The original *Code* covered the traditional core areas of criminal law—primarily offenses against people and property and inchoate crimes related to them. It did not cover other areas of criminal law that impinged on many people's lives, such as the wide array of offenses concerned with illegal drugs. The scope of the criminal law has since expanded further, especially in creation of offenses concerned with prevention of risk and regulation of governmental and business activity. These areas require careful scrutiny and analysis. We will begin with drug offenses—committed in one form or another by many citizens—that have made drug offenders large proportions of court dockets and prison populations, and are a major cause of racial disparities.

Sexual Offenses

The *Model Penal Code*'s treatment of sexual offenses was based on prevailing social attitudes of the 1950s. The provisions on rape and related offenses are widely agreed to be in need of revision, in the light of changing understandings of sexual assault and gendered violence. The American Law Institute is initiating a project to revise and update this part of the *Code*. The Institute is well-placed to make a substantial contribution to this effort by providing a forum for close, systematic, and cumulative considerations of reform proposals and subsequently by formulating concrete proposals for American Law Institute consideration.

Criminal Procedure

Criminal procedure has traditionally not been the subject of sustained normative analyses. There are few analyses of the moral and ethical dimensions of key elements of criminal procedures and processes such as investigation, plea bargaining, and pre-trial and trial procedure. The vast majority of criminal cases, for example, do not go to trial, but are dealt with through plea negotiations, a system fraught with dangers of assembly line justice, inadequate legal representation, misrepresentation, coercion, and unjust punishments; many, however, believe the criminal justice system could not function without it. Yet many other countries' legal systems do get along without it. Can we do without plea bargaining; or can we so improve the practice so that it becomes both morally acceptable and tolerably efficient? The work in this line of activity will take on a series of procedure and process issues. The fruits of the work will be published in the first instance in scholarly books and articles.

Robina Institute of Criminal Law and Criminal Justice

Year 1 Activities: 2011-2012

This summary describes activities planned during the first 12-15 months of the Institute's operation. No doubt there will be others. Many of the activities listed are envisioned as foundational, as necessary first steps aiming at setting long-term program plans and ambitions.

November 11-12, 2011 Rethinking Criminal Law and Criminal Justice

A two-part meeting to launch the Institute and to engage with people within and beyond the academic community who will have an interest in and be able to contribute to the Institute's work—

- On November 11, a large meeting (75-100 people) will hear presentations on the Institute and each of its three research streams, and discuss ideas for its future work. The audience will consist of faculty from the University of Minnesota and other area colleges and universities, scholars from elsewhere in the US with substantial expertise in criminal law and criminal justice, and a wide range of Minnesota judges, prosecutors, lawyers, legislators, and corrections officials.
- A smaller group will meet on November 12 for more intensive discussions, building on the prior day's presentations and discussions, about the Institute's agenda of work. This meeting will introduce the Institute to the wider world, initiate contacts that will be useful in its work, and garner further ideas for the work it might do.

November 8-15, 2011 Robina Distinguished Visiting Professor

Professor Julian Roberts (Oxford), one of the world's leading authorities on both sentencing policy and public attitudes, knowledge, and beliefs concerning crime and punishment, will spend a week at the Law School as the Robina Distinguished Visiting Professor. He will participate in informal meetings with faculty and students, and lead a seminar for University of Minnesota students and faculty.

December 2-3, 2011 Model Penal Code: Sentencing Beyond Prison Walls

The *Model Penal Code: Sentencing* project is roughly half completed, with two large installments (called "Tentative Drafts") approved by the American Law Institute in 2007 and 2011. Work to date has focused on the institutional building blocks of a model sentencing system, with emphases on prison sentences, prison populations, and racial and ethnic disparities in imprisonment.

Coming next are a host of subjects relating to (1) probation and post-release supervision; (2) the array of intermediate sanctions including restitution, fines, and forfeitures; (3) specialized

sentencing or diversion alternatives, including programs for substance-abusing offenders (drug courts), the mentally ill (mental health courts), and cases that may be appropriate for restorative justice alternatives; and (4) reentry policies including measures to soften the cumulative impact of collateral consequences of conviction. These programs and practices affect millions of lives each year. The U.S. has 5 million people on probation or parole on any given day, and tens of millions of ex-offenders who struggle with the lifelong challenge of reintegrating into the law-abiding community. The opportunities for positive change are vast; the majority of states are badly deficient in how their current laws are arranged.

In early December, the Institute will host a 2-day conference of 25-30 informed policymakers and academics to help chart future directions of the *Code*. There will be a focused agenda of critical policy issues concerning which changes by state governments are needed. There is a single overarching question. What should an enlightened criminal code say about these subjects, based on knowledge, experience, and informed aspiration for coming decades? The enterprise is far from merely academic. The original *Model Penal Code* was adopted in whole or in part by the legislatures of 40 states. The new *Code* will receive the serious attention of lawmakers, policymakers, and scholars nationwide and in many other countries.

January 19-20, 2012 Criminalization

A joint workshop, jointly supported by the Institute, the University of Uppsala, and the UK Arts and Humanities Research Council, will be held in Uppsala, Sweden on *Criminalization* (the principles that should determine the scope and structure of the criminal law). This work builds on a major, long-term UK-based project led by Antony Duff, and follows other workshops held in Britain, Canada, Germany, Sweden, and Norway. It will help build relationships between the Institute and scholars working on criminal law reform in Europe.

February/March 2012 Meeting of Sentencing Commission/Guidelines States

One principal undertaking of work in the Institute's sentencing law and policy program area is to provide direct consultation and assistance to the approximately 25 states that have created permanent sentencing commissions (as Minnesota has done—and was first to do), adopted sentencing guidelines (Minnesota was again in the vanguard), or both. One role we envision is for the Institute to create a repository for state-specific data and research, which seldom comes to the attention of policymakers in other states, and to launch projects that encourage state governments to compare their systems with those of other states confronting similar problems. For example, approximately half of sentencing guidelines states have parole boards that are powerful decision makers in prison cases. The Institute may initiate a project to gather such states together for intensive exploration of common issues. Such targeted, multi-jurisdiction reform activity is rarely performed by anyone today.

In the early spring, the Institute will host a meeting of responsible officials and academics who participate in policy development for commission/guidelines systems. The aim is to chart out strategies to maximize the usefulness of the Institute's work in state-by-state lawmaking processes, recruit contacts and collaborators within particular states, and identify discrete projects that the Institute can undertake during its start-up period. We are tentatively planning (in

partnership with the Minnesota Sentencing Guidelines Commission) to host the annual meeting of the National Association of Sentencing Commissions in the first year available on the NASC calendar. We foresee a very large gathering, including a contingent of Minnesota legislators, sentencing commissioners, judges, practitioners, and other policy makers. A small infusion of the Institute's resources will ensure a more substantive meeting than NASC could otherwise organize, provide needed support for the Minnesota Commission within its home state, and solidify the Institute's relationships with important state officials nationwide. (The Institute will set an internal goal to organize such a conference at regular intervals, subject to NASC's cooperation, every 4 or 5 years.)

February/March 2012 Explaining Declining Crime Rates

A series of conferences will be held in the United States and Europe on analysis of crime rates in Western countries (they appear to be declining in all developed Western countries—and many in Eastern Europe and South America) and on explanations for declining patterns. The explanation is not severe punishments, high imprisonment rates, or tougher policing. Those policies characterize the United States but not most other countries. The first conference, jointly funded and sponsored by the Netherlands Science Foundation crime research institute, the Netherlands Institute for the Study of Crime and Law Enforcement, will be held in Bologna, Italy, and will examine the historical, econometric, and epidemiological literatures on crime rate trends in order to reach agreement on exactly where agreements and disagreements lie. Subsequent conferences will test theories and explanations for what appear to be extraordinary similarities in trends.

March/April 2012 Criminal Law Theory Planning Meetings

Two one-day meetings will be held during March and April to develop concrete long-term plans for initiatives on criminal law theory. Each will bring together a small group of leading experts to plan the first two projects on criminal law theory: on drugs and the criminal law, and on sexual assault. Each meeting will produce a firm plan for its project, which will be put into effect in the following year. Each project will produce a set of scholarly papers for publication either as a volume or in a special issue of a journal, and a report aimed at a wider audience; one task for the planning meetings will be to consider how best to engage with and reach out to that wider audience, including policy makers and legislators.

April 12-19, 2012 Robina Distinguished Visiting Professor

Professor Nicola Lacey (Oxford), one of the world's foremost theorists of the criminal law, will spend a week at the Law School as the Robina Distinguished Visiting Professor: apart from informal meetings with faculty and students, and at least one seminar with students, she will play a central role in the workshop on criminal responsibility (see below), and present a seminar for faculty from the Law School and other departments in the University.

April 13-14, 2012 Criminal Responsibility and its History

This workshop will focus partly on some of Nicola Lacey's recent work, and on other recent, historically informed, work on criminal responsibility. Its guiding question will be: why should contemporary theorists working on the principles and grounds of criminal responsibility attend to the historical development of conceptions and doctrines of responsibility in the criminal law, and

in other areas of law? We will aim to publish papers from the workshop in a special issue of a journal.

April 25-28, 2012 Robina Criminal Justice Conference: Crime and Justice in America, 1975-2025

This will be the first annual Robina Criminal Justice Conference. One preliminary but essential precondition to law reform efforts is to establish what is known and knowable about the operation of criminal justice systems. Surveys of current knowledge have been commissioned from world-leading authorities on the deterrent and incapacitative effects of custodial and noncustodial sanctions, the effectiveness of rehabilitative programs, the extent and causes of racial disparities, the effects and effectiveness of police innovations, the effects and effectiveness of imprisonment, the effects and effectiveness of drug control policies, the role of firearms in violent crime, and comparably important subjects. Public lectures based on them will be presented at an April 2012 national conference in Minneapolis, partly funded by the U.S. Department of Justice, on "Crime and Justice in America, 1975-2025." The papers will be discussed and criticized in closer detail at a small following meeting of the writers and comparably well-qualified subject matter experts. They will be published in *Crime and Justice—A Review of Research*, the world's most influential journal on criminal justice topics.

A series of smaller seminars will follow in the fall of 2012 on specific topics, attended by practitioners, policy-makers, and scholars, with the aim of reaching agreement about what is known and identifying plausible policy proposals deriving from that knowledge.

May 4-5, 2012 The Presumption of Innocence in Contemporary Criminal Law

This workshop follows on one on the same general theme to be held in Aberdeen, Scotland (led by Antony Duff and funded by the UK Modern Law Review) in February. The presumption that citizens are innocent of criminal wrongdoing until proved guilty by due process was traditionally taken to be a cornerstone of our criminal law, but has come under increasing pressure, and has been subject to serious erosion, in recent years. The workshop will bring together experts from within and outside the US to discuss the role that the presumption should play in a contemporary system of criminal law; this will also help us to get clearer about the purposes that a contemporary system of criminal law should serve. Revised versions of papers from this workshop (along with papers from the related workshop being in Aberdeen) will be published as a volume or in a special issue of a journal.

May/June Model Penal Code: Sentencing, Fairness of Process

In early summer, the Institute will hold a second meeting of lawmakers, practitioners, and academics to help lay out an agenda for future drafting in the *Model Penal Code: Sentencing* project. The subject matters and the experts invited, however, will be entirely different from the December sessions. In June, the focus will be fundamental questions of fairness of process throughout the many segments of the sentencing system.

In most states, basic legal safeguards of “due process” largely evaporate at sentencing, and matters become even worse afterward, as important decisions having to do with probation and parole revocations and prison release dates (e.g., the calculation of good time or earned time, and parole release decisions), are made through informal processes—with low visibility, no fixed rules, poorly qualified decision makers, little or no opportunity for the defendant to tell his side of the story, unregulated opportunities for crime victims to influence outcomes, and no meaningful opportunity for review of adverse decisions. Coming drafts of the *Model Penal Code* will seek to renovate U.S. practices in all these areas. There is much for improvement. Other Western nations perform these tasks better than do most American states. Within the U.S., a handful of states have adopted successful procedural reforms that may be exported to other jurisdictions.

Better process will help advance important substantive policy objectives. For instance, the *Code* will promote the policy that decision makers in the sentencing system may impose punishment only for crimes of which defendants have been convicted. Current American law allows sentencing courts and later correctional authorities to mete out punishment based on what they believe an offender “really” did—not limited by the terms of the actual conviction. In most states and the federal system, government officials are free to sanction people for offenses of which they have been acquitted. Most Western legal systems regard these practices as violations of basic human rights; many Americans have no idea that their legal institutions operate in this way. The *Model Penal Code* project is an ideal platform to spotlight such issues, and encourage state legislators to consider better laws.

Summer/Fall 2012 Meeting of Parole Release Jurisdictions

The Institute will organize a pilot meeting of officials and practitioners from states that continue to use parole boards as final arbiters of the lengths of prison sentences. The goal is to forge an ongoing set of relationships with parole-release states, in the hope that they can participate in and benefit from the work of the Institute in the coming years. The jurisdictions included in this effort will be mostly different from those embraced in the Institute’s sentencing commission-guidelines work (a few guidelines states have retained parole release discretion). States that continue to use discretionary prison release have been neglected by researchers and reform organizations. Nevertheless, they are a majority of U.S. jurisdictions. One of the founding goals of the Institute is to catalyze a new field of study and reform activity focused on so-called “indeterminate sentencing systems.” The distress of the parole-release states in present-day America cannot be overstated. These have been the states that have experienced the greatest prison explosions over the past 30 years, and now have the highest prison rates in the country (and in the world).

The opportunities to contribute importantly, in collaboration with others, to development of better public policies are huge. We have secured a firm expression of interest from Vanderbilt Law School, and preliminary signals from Stanford University Law School, that they would like to partner with us in the development of research and programming addressed to indeterminate systems. Ultimately our goal is to gain a foothold in the policy debate and ongoing evolution of

parole-release states similar to the relationships Institute faculty now enjoy with the sentencing commission states. The 2012 pilot meeting will explore the best strategies for doing so.

September 2012 Robina Distinguished Visiting Professor

Professor Andrew Ashworth (Oxford), the pre-eminent British criminal law scholar, will be the Institute's Fall 2012 Robina Distinguished Visiting Professor. During his visit, we will organize a workshop on the theme of the major UK-based research project in which he is currently engaged, on *Preventive Justice* (the ways in which the classical model of criminal law, as an institution that is primarily reactive in its operations, is being transformed in the search for more effective ways of preventing and pre-empting crime). His collaborator in that project, Professor Lucia Zedner (Oxford) will also participate in the workshop, which will enable US researchers to engage more closely with European perspectives on this important dimension of contemporary criminal policy. We will publish papers from the workshop in a special journal issue. Professor Ashworth will also present seminars for faculty and students, and engage informally with the Institute's members and associates.

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August 10, 2011

Penny Hunt
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Dear Penny,

Many thanks for giving us an opportunity to comment on Professor Jeffrey Fagan's, Judge Diana Murphy's, and President Thomas W. Ross's reviews of the Law School's proposal. We are heartened by their positive assessments and grateful for their suggestions and cautions. In this note, I reiterate one of their core assertions and respond to a number of their suggestions concerning timelines, start-ups, benchmarks, and subject-matter emphasis.

The core assertion, and also the fundamental premise of our proposal, is that, in Ross's words, "there has been a dearth of attention given to critical criminal justice policy issues in the last quarter century." This has led to historically unprecedented imprisonment rates, breathtakingly severe punishments, and massive racial and ethnic disparities. It has also led to a policy environment that is largely impervious to influence by evidence, and to atrophy in the intellectual capital available to catalyze and support development of rational and cost-effective public policies. The Law School's proposal aims to assist in addressing both policy problems and structural conditions that have led to them. Although we readily acknowledge Judge Murphy's observation that sentencing has multiple purposes, we do believe that the severity of American punishment policies and the numbers of people in confinement are among the problems to be addressed.

Ross particularly emphasizes time lines and start-up. Concerning the first, he urges realism about logistical issues of organization, hiring, and project initiation. Concerning the second, he urges that great and early attention be paid to marketing the institute and, in his words, getting the word out to criminal justice leaders that the institute exists and intends to be a player.

We've given a great deal of consideration to these issues and intend to hit the ground running. Plans for space and facilities have been made. Michael Smith, the former and long-time director of New York's Vera Institute of Justice, the nation's most influential criminal justice policy institute, has agreed to become executive director. Zachary Hoskins, a first-rate young criminal law theorist, has agreed to become the institute's first full-time research fellow. We are hard at work on recruitment of additional criminal law faculty. Planning is under way for an October brainstorming conference of leading scholars to fine-tune the criminal law theory agenda and strategy. Planning is also under way for a public inaugural conference of state and national scholars and practitioners in November 2011 to promote the institute and to solicit views and

advice on its aims and ambitions. Planning is underway for a first Robina Annual Conference in April 2012 on "American Criminal Justice, 1975-2025." Matching funding for that conference has been promised by the U.S. Department of Justice. More generally, working closely with Michael Smith when he comes on board, we will develop and implement a marketing strategy. We do not underestimate the challenges Ross raises but we are working hard to anticipate and overcome them.

We've wrestled with benchmarks, the third general issue raised. The major difficulty is that policy processes are complex, contingent, and often shaped by ideological and partisan political considerations. It would be unrealistic for us to identify changes in policy and practice we hope to influence in specific ways by specific dates. It doesn't work that way. More importantly, significant changes require involvement and a sense of ownership by practitioners and elected officials, including particularly judges, prosecutors, and legislators. Development of ideas and proposals requires formation of partnerships whose composition necessarily will influence what is proposed. This is one of the ways we intend to work.

An alternative benchmarking system would focus on processes and outputs—people hired, conferences held, books and articles published. We plan, of course, regularly to report on these things but worry that benchmarking in this way could degenerate into bean counting. We don't want that, partly because it would create pressure to set work agendas too quickly in stone. That is why we plan to convene the early consultative conferences described above and others on sentencing law and practice and on criminal justice policy. To be effective the institute will need to have objectives and planned program activities, but it will also need to be able to respond to opportunities and problems as they arise. As a result, the proposed budget sets out broad spending categories, as Judge Murphy noted, rather than detailed sub- and sub-sub budget lines. Our proposal is that the Foundation invite the Law School by year's end to prepare short reports setting out milestones—primarily outputs and processes—for the first 24 months in some detail for the three program areas (theory, practice, policy) and, in lesser detail, setting out more substantive aspirational goals for the following three years. 1/ *

Fagan's and Murphy's reviews raise a considerable number of suggestions about substantive focus, activities, and expansion in disciplinary and substantive focus. We will be happy to address all of them in detail in person or in writing. For this letter briefer comment seems appropriate. Some issues raised, such as emphasis on issues of ethnicity, race, and gender, administrative law, and legislation are integral components of current plans about which perhaps we should have elaborated more fully in the proposal. Feld, Frase, Reitz, and Tonry have written about all these subjects—including distinctive experiences of Hispanics—and equally importantly have worked extensively with administrative agencies and legislatures on sentencing and correctional subjects. A few of Fagan's suggestions, for example, concerning empirical research, are unrealistic. Ambitious empirical research is very expensive, and beyond the scope of the funds available. More importantly, the comparative advantages of the Law School's senior criminal law faculty are in the three areas identified—theory, practice, and policy—and not in original empirical research. Choices of emphasis needed to be made and that seemed a straightforward one.

To Penny Hunt
August 10, 2011
Page 3 of 3

I've tried to address what seemed to us those of the reviewers' observations that the Foundation would find of greatest salience. We will be happy to address any of these subjects, or others, in greater detail and in whatever form would be most helpful to the Foundation.

All best regards,

A handwritten signature in black ink, appearing to be 'DW' or 'Wippman'.

David Wippman
Dean and William S. Pattee Professor of Law

jj

Relaxation Response: A self-care intervention to combat burnout among primary care and hospitalist physicians

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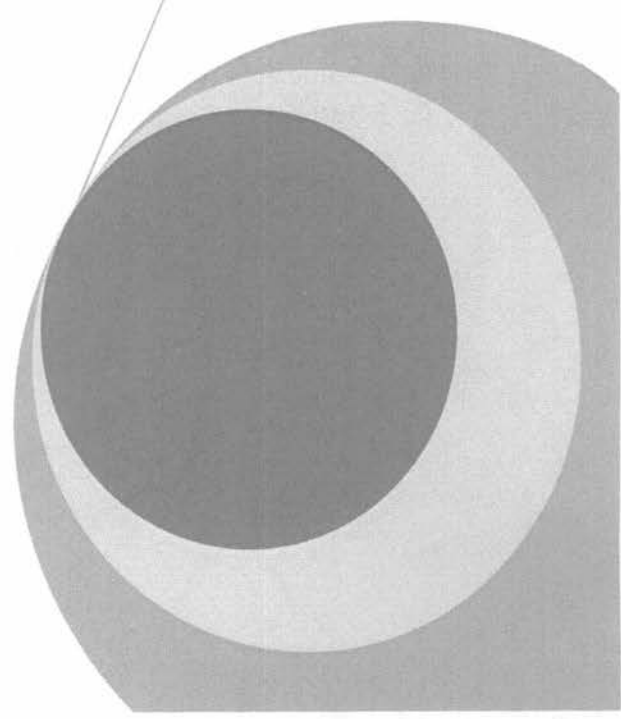


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I. Executive Summary

Increasing job demands and the pace of change and innovation within primary care are affecting physicians' relationship with their work, their wellbeing and ultimately can lead to a condition known as burnout.¹⁻³ In order to deliver high quality, safe and effective care for patients and populations in a sustained manner, healthcare organizations need to ensure the wellbeing of all care providers.¹ National trends indicate a declining overall wellbeing among health care providers, thus threatening the delivery of the Triple Aim. Further, burnout is correlated with several other important trends impacting the effective delivery of care including increasing rates of early retirements or exits from medical professions, a ceiling effect on patient experience, and low levels of provider engagement with clinic and system-level initiatives.⁴

Burnout is defined as the state of emotional exhaustion, depersonalization or cynicism, and reduced self-efficacy.^{2, 3, 5} For physicians, its correlation with depression,⁶ diminished engagement,⁷ employee satisfaction,⁷ increased rates of suicide,⁸ medical errors,⁹⁻¹³ reductions in patient satisfaction, high employee turnover,¹⁴ and premature retirements,¹⁴ are well documented. The incidence of burnout among primary care professionals has been estimated to range from thirty to seventy percent, presenting a substantial challenge to the work lives of physicians.¹ These estimates^{1, 10-12, 15} were primarily obtained from physicians in training programs (i.e. residents and fellows), rather than physicians in a more general practice setting. The burnout phenomenon merits both further study and the development of effective ameliorative interventions for the health care practice setting.

Because initial emphasis within burnout research focused on the individual, many of the early intervention strategies focused solely on stress reduction and personal improvement techniques by deploying individual self-care or coping skills training. Later, led by industrial psychology, a better understanding of burnout and its causes emerged, highlighting the importance of institutional intervention strategies.³ For most healthcare organizations this was manifest as work process and/or practice model changes. Recent research has emphasized the increased power of combining both individual and organizational practices.^{16, 17}

We propose, with the support of the Robina Foundation, testing a self-care intervention with physicians in hospital and primary care settings. This intervention – Relaxation Response – is one in which Allina has a positive previous experience in employing for the reduction of stress, depression and anxiety in patients. Testing a self-care intervention offers an appropriate complement to the organizational interventions to reduce burnout, in which Allina is currently engaged.

II. Background and Justification

A. Significance

Wellbeing is an expansive phenomenon that is often difficult to define⁶. Studies defining wellbeing include elements of work life, physical health, spirituality, family integrity and financial security as its components. Burnout, which will provide the focus for this proposal, relates specifically to the work life construct of wellbeing. Increasing job demands and the pace of change and innovation in primary care are affecting physicians' relationship with their work, affecting their wellbeing and resulting in a condition known as burnout.^{3, 18, 19} Burnout is defined as the state of emotional exhaustion, cynicism, and reduced self-efficacy.^{3, 5, 19} Burnout is hypothesized to result from a mismatch between an individual and the job they are performing—it is fundamentally a result of the relationship between an individual and their work.^{3, 5, 8, 19-21}

Incidence of Burnout and its Consequences

The incidence of burnout among primary care professionals has been estimated through several empirical studies and ranges from thirty to seventy percent.¹⁸ These estimates^{11, 18, 22-25} were primarily conducted among resident physicians in training programs, pointing to a lack of measurement of burnout in more general practice settings where the work environment, demands, processes and availability of mentors differ. In the Spring 2011, Allina Hospitals & Clinics surveyed its physicians using questions from standardized instruments and found the incidence of burnout was ninety percent among physicians.

Consequences of Burnout for Physicians

For physicians, correlation of burnout with depression,²⁶ diminished engagement,²⁷ and employee satisfaction,²⁷ increased rates of suicide,²⁸ substance abuse,^{29, 30} and medical errors,^{9, 11, 25, 31} reduced patient satisfaction,³² increased employee turnover,³³ and premature retirement³³ has been well documented.

Professionally, physicians rarely report a problem or ask for help⁴ given a strong and well-known culture of silence and issue avoidance. The personal fear of asking for assistance or the collegial fear of confronting a distressed associate is multiplied by the professional fear of license restrictions or limitations placed on the ability to practice medicine.⁴

Physician family life is also affected by burnout. The earliest descriptions of burnout identified distancing from families as an early and significant component of burnout.³⁴ Recent work has confirmed that the long work hours, stressful case loads and complex emotional and intellectual problems compound family dysfunction and increase friction in marriage and family life.^{18, 35, 36} The skills necessary to foster and nourish healthier relationships, both familial and professional, are not included in medical education and are not easily learned in a busy career.³⁶

Maslach has demonstrated how several negative behaviors occur when workers struggle with burnout, including short temper, snapping at co-workers and social withdrawal. These behaviors can become contagious within work groups, thereby contributing to even more burnout for self and partners.^{3, 5} As these behavior patterns become more widespread, physicians become more isolated from colleagues and more distanced from collegial support. In turn, an impaired or burned out physician is less available to provide collegial support to others. Finally, in a vicious cycle, there is a relative workload increase for the remaining partners, contributing to increased stress on all involved.¹³

Consequences of Burnout for Healthcare Organizations

Beyond human consequences, there are significant costs of burnout for healthcare organizations.

In fact, a report from Europe estimated that in 2002, work-related stress disorders resulted in 20 billion Euros in organizational expenses.¹⁷ Additional costs occur as physicians are quitting medicine, changing specialties or changing careers.³⁷ A 2009 report by the Physicians Foundation found 49% of family physicians want to quit within three years, 45% would quit immediately and 60% would not recommend medicine as a career.^{12, 25} Between 1998 and 2008, the average hours per week worked by physicians declined from 55 to 51 hours.¹⁶ A recent report in JAMA suggests decreasing hours worked per week for physician by these 4 hours is the equivalent of losing 36,000 physicians over the course of a decade.¹⁶ At an average recruitment cost ranging from \$65,000 (estimated 2009 Allina costs) to \$300,000 or more per physician,³⁸⁻⁴⁰ any efforts to improve the wellness and work life that retains physicians has the potential to reduce organizational expense. Moreover, the implication of potential workforce reductions is not inconsequential for health care delivery systems where physician supply is already insufficient to meet increasing demand.

Simultaneously, an emphasis on care and business model redesign focusing on Triple Aim outcomes has become widespread. Redesign impacts physician burnout. Efforts to correlate system redesign and financial performance with effects on burnout are sparse in the literature, but they are present and significant. Group Health of Puget Sound reported a \$10.30 per member per month savings (approaching a 1.5:1 ratio of savings to investment) with a major redesign of a single clinic using a medical home model. At the same time, there was a measureable decrease in physician burnout and a measureable and sustained improvement in patient experience.⁴¹ Another system redesign effort from Legacy Health System recognized an improvement in burnout as it improved cost and performance measures.³⁸ These findings establish an argument for further investigation of the financial benefits of attending to physician burnout while transforming health and healthcare.

Consequences of Burnout for Patients

A growing body of research, while inconclusive, has also begun to associate physician stress and burnout with multiple adverse consequences for patients— including decreased accessibility (as a function of physician turnover, retirement and decreased hours worked), diminished patient satisfaction, suboptimal outcomes and increased errors in care. The MEMO (Minimizing Error, Maximizing Outcomes) Study demonstrated the direct impact of organizational structure and

function on the stress of physicians and resultant burnout,⁴² but it has also produced conflicting evidence about the direct impact of burnout on care quality. Linzer and colleagues found an inconsistent association between care quality and physician burnout, implying that physicians may act as a “buffer between adverse work conditions and patient care.”¹⁵ A confounding variable however, is that both physicians and patients believe that burnout in physicians contributes to increased errors¹ and Shanafelt and colleagues have demonstrated an association between surgeon burnout and major medical errors.¹¹ Likewise, several studies have shown a decrease in care quality and an increase in unethical actions by residents in training when burnout scores escalate.³⁷ Clearly, more work needs to be done in this area to understand the clinical implications of provider burnout on patients.

B. Vision

Health care providers are facing unprecedented changes as the state of the U.S. primary care system is approaching crisis levels.^{43,44} A Robert Wood Johnson Foundation study found, for every 100 Medicare patients treated, each primary care physician would need to coordinate care with 99 physicians across 53 care settings. For the physician working with today’s average panel of 2,300 patients, it takes an estimated 18 hours a day to provide all required evidence-based chronic and preventive care.⁴⁵ Furthermore, physicians will continue to be challenged to meet the growing needs of patients as:

- people live longer, increasing complexity of their conditions and care needs
- baby boomers age and enter their years of greatest health care utilization
- lifestyle choices result in earlier onset of many chronic diseases
- the primary care workforce continues to shrink
- resources are compromised by today’s recession
- Healthcare reform is projected to add upwards of 40 million previously uninsured people to the patient population.⁴⁵

Together, these pressures have sparked the call for healthcare reform in which there is a necessary realignment of the system to focus on realizing the Triple Aim of better health, better health care accessibility and improved affordability. Any realignment of this system to realize true healthcare reform requires a strong primary care system as the foundation. As healthcare organizations strive to achieve and sustain Triple Aim outcomes for patients and populations, success depends on their capacity to ensure the wellbeing of care providers.¹⁸ As a result, the incidence and consequence of burnout among physicians in the healthcare practice setting is warranted. Likewise, there is a need for expanded development, testing, and estimation of interventions than can prevent or reduce burnout and its effects on practicing physicians.

As the largest employer of primary care physicians in Minnesota, Allina appreciates the complexity and importance of managing in a way that positively engages physicians. Allina recognizes that addressing burnout is critical to ensuring its capacity to succeed in a transformed healthcare environment. To build capacity in this arena, Allina is intentionally

exploring self-care interventions to enable physicians to lead in this time of change and is implementing organizational changes that strengthen rather than deplete physician capacity.

C. Review of Burnout Interventions

Historically, burnout interventions have focused solely on the individual and specifically on stress reduction and personal improvement techniques like self-care or coping skills training. More recently, with the emergence of industrial psychology, a better understanding of burnout and its causes emerged that highlighted the importance of organizational intervention strategies.³ Consequently, healthcare organizations developed interventions that focused on work process or practice model changes. Recent research has emphasized the increased power of combining both individual and organizational practices^{17, 20} to achieve the most significant results.

Weiner queried over 300 primary care physicians on personal wellness practices and found similar themes led to increased personal happiness and psychosocial wellbeing, including: work/life balance; religion/spirituality; self-care activities, such as reading, exercise, vacations, meditation; and relationships.⁴⁶ Allo suggests attending to the “Terrible Too’s:” too much stress, too much work, too much paperwork, too little sleep and too little remuneration² and offers exhortations to avoid cynicism through reading, conference attendance and support groups.⁴⁷ All studies recognize the need for physicians to be mindful about their own physical and mental health. The most recent interventions have begun to focus on more structured self-care programs, such as resiliency training,⁴⁸ mindfulness and narrative practices,⁴⁹⁻⁵¹ approaches to enhance meaning in work,^{24, 50, 51} and intentional efforts to introduce concepts of personal wellbeing into the medical education curriculum at both the medical school and residency levels.^{7, 30, 52}

III. Intervention

A. Overview

In 1974, Dr. Herbert Benson first described a coordinated physiological response that is characterized by diminished oxygen consumption, heart rate, respiratory rate, and blood pressure, in association with *a state of wellbeing*. This physiologic state was subsequently defined as the “Relaxation Response”⁵³ and hypothesized to oppose the physiological changes caused by stress that, if unchecked, can lead to adverse mood changes and physical reactions. Interventions to elicit the Relaxation Response have been proven to diminish the stress response and improve wellbeing in patients with anxiety and depression. These interventions involve two fundamental elements:

- repetition of a sound, word, phrase, or muscular activity
- disregard of everyday thoughts when they occur. A variety of mind/body techniques, such as meditation, imagery, deep breathing exercises, tai chi, and yoga, have proven effective at eliciting the Relaxation Response.

B. Relaxation Response

With support from Robina Foundation, a structured Relaxation Response intervention will be tested for its efficacy in moderating burnout among practicing physicians. Relaxation Response was selected as the first self-care intervention to be tested because of Allina’s experience with Relaxation Response for patient stress and anxiety; the ease of program delivery, which is considered a critical factor for physician engagement; and demonstrated positive outcomes for patients that we hypothesize will translate to physicians.

Relaxation Response will be delivered through eight weekly training sessions during regularly scheduled physician meetings. Sessions will be facilitated by a trained provider who has been delivering Relaxation Response to patients as part of randomized control trials for five years. The following provides a brief overview of the structure of the sessions:

- **Session One** will last one hour and will offer an overview of stress and the Relaxation Response, how to elicit the Relaxation Response and a guided relaxation experience. These sessions will also provide for a review of physicians’ home activity logs. **Sessions Two through Eight** will each last 30 minutes. Content will consist of a guided relaxation experience, which will introduce participants to silent repetition of a word, sound or phrase they select for association with the disregard of everyday thoughts.
- **Daily, Self-Directed Sessions** last twenty minutes and are designed to complement weekly sessions. Self-directed sessions integrate CD-based lessons designed to elicit the Relaxation Response and incorporate repetition taught in the weekly sessions. The CD introduces a relaxation sequence to help elicit the Relaxation Response, including key elements like breath awareness, body scan and use of a focus word, while ignoring intrusive thoughts.

C. Demonstration Sites

An important feature of any intervention designed to positively impact physician burnout is that the intervention be designed in a manner that does not add stress to the work environment. Consequently, Relaxation Response will be brought to participating physicians rather than expecting participants to travel to the training. Given this approach, demonstration sites for the initial intervention will be selected from two physician populations:

- Hospitalists- Abbott Northwestern Hospital (ANW) was an early adopter of the medical practice model that employs physicians who are solely dedicated to managing the acute care needs of inpatients. Allina currently employs approximately 60 physicians at ANW to provide this service. The work schedules of Hospitalist physicians include long stretches of hospital availability alternating with shorter periods of personal time.
- Primary Care Physicians- Allina Hospitals and Clinics has over 60 primary care clinics throughout Minnesota and western Wisconsin. These clinics range in size from 6 to more than 70 providers. Physicians in these settings have a more traditional schedule with regular, consistent office hours. Negotiations are currently underway to identify and select a pilot outpatient clinic for which Abbott Northwestern is the tertiary referral center of choice.

IV. Evaluation

A. Evaluation Aims

The specific aims of this research project are to:

1. Evaluate the efficacy of a novel self-care intervention, the Relaxation Response, designed to improve the ability of physicians to cope with the relative levels of “mismatch” between their desires and the demands of the workplace, specifically that of Workload, Control and Fairness, thus reducing burnout .
2. Determine the resulting changes in the productivity of Physicians (Relative Value Units), the Quality of Care delivered (Minnesota Community Measures) and the Patient Experience (Patient Satisfaction scores).

B. Evaluation Design

The research design chosen to measure and evaluate the specific aims is a field study evaluation of the Relaxation Response intervention, which includes several waves of data collection from survey responses and abstraction of administrative data from the Electronic Medical Record (EMR) and other billing and operational systems. The foundation of the evaluation approach is a pre/post design consisting of pre-test and post-test measurement of physicians participating in the Relaxation Response training intervention. As described earlier, two physician groups will participate in the study, the Abbott Northwestern Hospitalist service, and a primary care clinic in the AMC for which Abbott Northwestern is the tertiary referral center of choice. All physicians in both practice groups will be invited to complete the surveys at each time period, detailed below. All physicians will be invited to participate in the intervention. We expect a subset to agree to the training intervention and complete the program.

While there are methodological limitations of an invited, non-randomized intervention, we feel it is appropriate for a pilot study of this type for several reasons. First, this is a novel intervention to deploy in the physician population. Such individual interventions are likely to be quite sensitive to individual preferences for self-care techniques, although this preference is difficult to predict from the existing literature. Such a pilot study will yield more accurate profiles of those who select into such an intervention. Second, this method is simple to deploy and will yield the baseline effect measures that can guide further deployment and more rigorous testing; essentially this is a simple, economical and efficient means to understand the potential of this intervention to have an effect on burnout.

In order to mitigate the selection bias associated with a non-randomized pre-post research design, we will employ several strategies. First, data collection will include several covariates (e.g. gender, age, tenure, and specialty) that are hypothesized to be predictive of “selection”

into the treatment. To the extent that this hypothesis is supported, we will instrument for selection bias in an attempt to refine the estimates of the treatment effect of the intervention. Second, the pre and post survey (and administrative data) measures will be collected on all members of the two practices in which the interventions are offered. The availability of responses from non-participating physicians will allow us to measure the overall burnout trajectory, and further adjust the intervention (treatment) group effect, commensurate with the overall levels of burnout existing in the practice environments. Lastly, covariates afford the opportunity for post-hoc matching of respondents and participants to further control for selection biases among the pilot study participants.

Following Maslach & Leiter's^{3, 8, 19-21} empirical work on burnout, the team will utilize the full Maslach Burnout Inventory (MBI)¹⁹ to assess the incidence and severity of burnout. The advantage of using the full MBI versus a simple screen is the ability to assess both the acuity of burnout and identify the specific dimensions. The team will also use the Areas of Worklife Scale (AWS)^{8, 20, 21} to better understand the dimensions of an individual's work and determine the presence of mismatches and ultimately the degree of burnout. AWS assesses the six aspects of worklife and how each contributes to burnout. By measuring six dimensions of work (AWS) along with assessing an individual's burnout (MBI), this research will help us to better understand the determinants of burnout affected by this intervention.

C. Measurement Strategy

Burnout and its Antecedents

The measurement strategy for this project will consist of a three-wave data collection effort including surveying of physicians for burnout and its antecedents (Areas of Worklife) and abstraction of data from the electronic health record for the corresponding time period. Baseline measures will be assessed two weeks prior to the initiation of the intervention, combined with two post-test measurements at 12 weeks and 6 months after initiation of the intervention. Physicians will be asked to complete a survey containing the full MBI and AWS battery, as well as other important control/covariates. A copy of the proposed survey instrument is included as Appendix A to this proposal.

Productivity and Quality

Productivity will be assessed based on the work relative value unit (wRVU) produced by physicians in the pilot study, as reported in standard administrative productivity reports used by practice and clinic management. wRVUs are not without their limitations, but represent an industry standard measure of productivity, and more importantly, represent the core productivity measure for revenue generation and management of physician productivity within Allina, and most Integrated Delivery Systems nationally.

Quality & Patient Experience

Quality will be assessed by pre- and post- evaluations of corresponding metrics for the setting (i.e. Inpatient hospitalists and Outpatient Primary Care). The team will utilize CMS core measures for inpatient quality delivered by the hospitalists service and the Minnesota

Community Measures of Improvement in clinical quality goals for outpatient primary care. Patient experience will be assessed for inpatients with the CAHPS measures and CG-CAHPS for outpatient primary care.

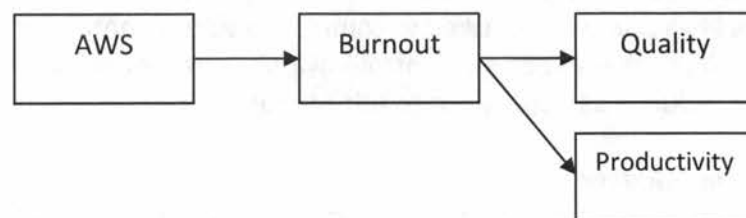
D. Analysis Plan

For each wave of data, researchers will first compute descriptive statistics to establish baseline incidence and severity of burnout, and relative levels of all six AWS dimensions. This activity allows for comparison of the intervention physician sample to other burnout assessments that have already been conducted within Allina, and provides baseline measures from which to assess changes attributable to the intervention.

The background level of burnout trajectory will be computed allowing the researchers to identify the effect of the Relaxation Response intervention independent of the natural course of burnout among providers. This is an important component of the analytic plan because it allows the effect of the intervention to be demonstrated, even in the face of accelerating burnout among the physicians enrolling in the pilot. The hypothesized effect of the intervention is reduction in burnout. This technique allows detection of a similar effect, that of a reduction in the trajectory of burnout. This added flexibility ensures that background trajectory does not mask the effect of the intervention.

The basic conceptual framework linking the key measures for this evaluation is given below in Figure 1. Areas of Worklife (AWS) drive Burnout, which, the researchers hypothesize, in turn affects Quality of Care and Productivity. This conceptual framework will guide the analysis and assessment of the intervention.

Figure 1: Conceptual Framework



At the conclusion of the 12 week, and 6 month follow up interval, specific aims 1 and 2 will be addressed by testing the following hypotheses:

Hypothesis 1: Relaxation Response is an effective intervention in reducing the incidence and severity of Burnout, and its components, from Baseline levels, among physicians receiving the Relaxation Response training intervention.

The intervention is hypothesized to moderate the relationship between AWS and Burnout by improving physician's ability to cope with the demands of their workplace, defined by AWS. This increased coping ability is hypothesized to reduce burnout after the intervention has been completed. Referring to Figure 1 above, this effect would change the path from AWS to Burnout.

Hypothesis 2: Physicians reporting lower levels of Burnout have higher Productivity and Quality measures.

Tests for the above hypotheses will be evaluation using Mediated-Moderation^{54, 55} techniques employed using Stata 12 software. Such methods allow for both the test of the conceptual framework for Burnout and its antecedents, as well as the test for the intervention effect, simultaneously.

V. Project Management and Oversight

A. Project Workplan and Timeline

	2012				2013					
Milestone/Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Implementation of Relaxation Response: July 2012 – December 2013										
Establish Steering Committee and meet regularly.										
Hire project manager										
Establish Intervention Team And meet regularly.										
Train Intervention Team on wellbeing										
Adapt intervention model.										
Plan for advancing wellbeing culture										
Enroll providers										
Deliver Relaxation Response Intervention										
Evaluation: January 2012 – June 2012										
Complete subcontracts and hiring										
Establish Research Team And meet regularly.										
Refine study design and measures										
Submit to Institutional Review Board										
Provider follow-up										
12 week measurement										
6 month measurement										
Analyze data										
Study closeout										
Milestone/Key Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Analysis and Publication of Results: January 2014 – June 2014										
Paper writing and development										
Development of Phase II model										

B. Project Oversight

Project Steering Committee

A Project Steering Committee has been established. Committee members will:

- Provide perspective to shape wellbeing interventions and physician burnout research
- Identify challenges and barriers
- Advise to enrich physician engagement and use of measurement tools

- Preview and offer feedback on recruitment and educational materials; and
- Engage directly with other Allina providers and leaders to “champion” this work.

Evaluation Team

To advance evaluation, this team will meet weekly at project onset and biweekly following the first month of enrollment. The team will include the Principal Investigator, Co-Investigator, consultant Dr. Michael Leiter, and the Project Manager. While the team will aim to make research and evaluation decisions in a consensus fashion, the Principal Investigator ultimately has accountability for the project and will make final decisions. Where the Principal Investigator faces an operational or evaluation question that remains unresolved, he will confer with Drs Penny Wheeler and Rod Christensen to make a final decision.

Intervention Team

In order to facilitate the operational work of the project, the Intervention Team will meet weekly to develop, implement and improve workflows and processes. The team will identify global successes and challenges across sites, opportunities for improvement, challenges experienced by participants, and possible solutions. Members of the Operations Team will include Dr. Spinelli, Dr. Christensen, the Project Manager, and the Relaxation Response Facilitator.

C. Key Personnel

The budget and justification for key personnel and all other project related expenses are included in Appendix B. A description of key personnel is included below and curricula vitae for Allina personnel are included in Appendix C.

Executive Sponsor: Penny Wheeler, MD, Chief Clinical Officer, Allina Hospitals & Clinics

As Chief Clinical Officer, Dr. Wheeler leads Allina’s efforts to explore new care delivery approaches designed to realize Triple Aim outcomes and transform Allina’s care model for the future. In this capacity, Dr. Wheeler is engaged with the Center for Healthcare Innovation, a team focused on fostering innovation throughout Allina to achieve improved health, patient experience, affordability and provider wellbeing.

Business Leader: Rod Christensen, MD, Chief Medical Officer, Allina Medical Clinics

Dr. Christensen will devote a portion of his time to this work, providing business unit leadership, partnering with the Executive Sponsor in facilitating system-wide communications, and addressing operational barriers and challenges faced by the intervention or research teams.

Principal Investigator: William Spinelli, MD, Family Medicine Physician, Allina Medical Clinics and Physician Wellbeing Fellow, Allina Center for Healthcare Innovation

William M. Spinelli, MD, MPA has practiced Family Medicine and lived in Hastings, MN, for 30 years. In addition, he has held positions in Organizational Leadership, Quality Improvement and Medical Management. He was a founding member of the Institute for Clinical Systems

Improvement Guideline Planning Team and the Minnesota chapter of the Physicians for a National Health Plan. Recently, his interests have focused on questions of late career transitions, physician burnout and enhanced community engagement. In 2008, he received a Bush Foundation Fellowship to explore these topics and currently is pursuing research and intervention strategies related to physician wellbeing and burnout as a Fellow at the Allina Center for Healthcare Innovation. His community engagement work has included development and facilitation of *Encore Transitions*, a program to assist University of Minnesota faculty and staff plan for the post-retirement stage of their lives; facilitating vital community conversations via the Archibald Bush Foundation's InCommons initiative; participation in the Institute for Healthcare Integrity sponsored by the Center for Courage and Renewal; delivery of volunteer medical services through regional, national and international programs; and community citizenship activities including political activism, local school volunteering and advocacy programs.

Dr. Spinelli will devote 15% of his time leading all aspects of the project, including the Intervention Team in partnership with the Project Manager and consultants and the Research Team in partnership with the Co-PI, consultants and other research experts. As a primary care leader within the Allina Medical Clinics, Dr. Spinelli will also spearhead the Project Steering Committee, which will consist of medical group leaders with capacity to advance physician wellbeing interventions, research and systematic improvement throughout the project and beyond.

Co- Investigator: Sean Gregory, MBA, Fellow, Center for Healthcare Innovation

Sean Gregory is a doctoral candidate in the Division of Health Policy & Management at the University of Minnesota, School of Public Health. His research focuses on the determinants of Integrated Delivery System performance, strategies for physician integration, and decision science applications in health care. These research emphases are a direct result of applied problems that he encountered in practice at both a large national health insurer and an Integrated Delivery System. Prior to pursuing his doctoral studies full time, Sean was responsible for Planning and Business Development for the University of Minnesota Amplatz Children's Hospital and the University of Minnesota Medical Center Mother's & Children's Service Line, academic medical centers part of the Fairview Health System in Minneapolis, MN. Sean's health care experience also includes executive roles at UnitedHealth Group where he served as Vice President of Marketing and Business Development for UnitedHealthcare's commercial markets. In addition, he held leadership positions at Dun & Bradstreet, a financial information services provider. Sean received his Masters of Business Administration and Bachelors of Science in Marketing, Summa Cum Laude, from The Florida State University in Tallahassee, FL. Mr. Gregory will be the research and evaluation lead for the Principal Investigator. He will work 15% time, partnering with Dr. Spinelli to lead the evaluation design, process and outcome measure definition; data collection; data quality, integrity and analysis; and publications.

Consultant: Michael Leiter, PhD, Owner , Michael Leiter Consulting; Research Chair, Occupational Health & Wellbeing, Acadia University

Dr. Michael Leiter is Founder of Michael Leiter & Associates and the Canadian Centre for Organizational Research & Development. He has worked extensively with organizations around the world to address issues of workplace health. For more than two decades, he has researched burnout and methods to banish it. Over the years, Dr. Leiter has worked closely with a host of researchers, including Dr. Christine Maslach, creator of the Maslach Burnout Inventory (MBI), and most recently, with Dr. Arnold Bakker on work engagement. With Maslach, Leiter published the books *Banishing Burnout* and *The Truth about Burnout*, in addition to coining the term “work engagement” as the antithesis to burnout. With Bakker, Leiter is also about to release his newest book, *Work Engagement*. Leiter is a desired speaker at international conferences on worklife and is now consulting with organizations that want to improve. He is excited to offer his newest program, Civility, Respect, and Engagement at Work (CREW), through work with the Veterans Health Administration (VHA) - the largest integrated health care system in the U.S. - Dr. Leiter has been featured in *Psychology Today*, *New York Magazine*, *Men's Health*, *Reader's Digest*, and the *Canadian HR Reporter*, among others. In addition to being the guest on several CBC Radio programs, Dr. Leiter and Dr. Maslach were featured on *The Today Show* for their groundbreaking work on job burnout.

Other Support

A Project Manager will be hired to support roll-out and implementation of the Relaxation Response intervention, as well as research and evaluation on the intervention. The Project Manager will devote 25% effort to the project for its duration. Key accountabilities will include facilitation of operational and implementation efforts; data collection and integrity; and project scheduling, communications and budgeting. The Project Manager will be a skilled leader with substantial experience implementing new, operational initiatives, broad data collection efforts and overseeing personnel.

D. Organizational Capacity

Allina Hospitals & Clinics is one of the largest, private, integrated health care delivery organizations in the United States and cares for patients through all phases of life and health care situations and offers a full range of core patient services - preventive, chronic, acute and end-of-life care. Its 23,500 employees serve communities throughout Minnesota and western Wisconsin, annually providing 1 million outpatient visits through its 11 hospitals; 3.8 million visits through its more than 90 clinics; nearly 250,000 emergency room visits; 54,000 surgeries; 23,500 births; 200,000 home care and hospice visits; 52,000 ambulance transports; 183,000 oxygen and medical equipment orders; 805,000 community pharmacy prescriptions and 8.7 million lab tests.

Its organizational breadth and depth, integrated care delivery model, nationally recognized electronic medical record system, strategic commitment to prevent rather than just treat disease, and presence within a highly innovative healthcare market position Allina as a next generation leader in transforming health and healthcare. Allina launched the Center for

Healthcare Innovation in 2008 to harness its capacity to explore new ways to improve care outcomes, affordability and service for patients and communities.

The Center currently supports many ongoing research studies and demonstration programs in partnership with Allina hospitals, clinics, integrated service units and communities. The Center also engages Allina practitioners and front-line staff in real-world studies and demonstration programs with direct applications to care, and continuously explores new ways to translate advances to the patient's bedside and community more quickly and effectively. Our strengths in patient care translate to strengths in research.

APPENDIX

A. Budget and Budget Justification

	Base Salary (Year 1)	% Effort	2012	2013
PERSONNEL SALARIES				
<u>Research Team</u>				
PI: Dr. Bill Spinelli	\$200,000	0.2	\$40,000	\$40,000
Co-I: Sean Gregory	\$125,000	0.15	\$18,750	\$18,750
Research Team Total			\$58,750	\$58,750
<u>Intervention Team</u>				
Project Manager	\$70,000	0.2	\$14,000	\$7,000
Relaxation Response			\$13,500	
Intervention Team Total			\$27,500	\$7,000
TOTAL SALARIES			\$86,250	\$65,750
TOTAL BENEFITS	29% of salaries		\$25,013	\$19,068
TOTAL SALARIES AND BENEFITS			\$111,263	\$84,818

SUBCONTRACTS				
Dr. Michael Leiter			\$7,500	\$10,000
TOTAL SUBCONTRACTS				

OTHER DIRECT COSTS				
Assessment Instruments			\$2,500	\$2,500
Food			\$2,000	
TOTAL OTHER DIRECT COSTS			\$12,000	\$12,500
TOTAL DIRECT COSTS			\$123,263	\$97,318

Budget Justification

Personnel

Each key project staff member has been previously identified in the Key Personnel section of the narrative. The budget on the previous page identifies all personnel connected with the project, their base salaries, initial percentage of effort and the number of full time equivalents in each role.

Research Team (\$117,500): Dr. Spinelli will serve as the Principal Investigator, leading intervention and research throughout the duration of the project. Dr. Spinelli will devote 20% time to the project. Doctoral candidate, Sean Gregory, the Co-Investigator, will devote 15% from the start-up research design through the data analysis and dissemination periods.

Intervention Team (\$34,500): In year one, a 20 percent Project Manager, Stacey Ferguson, will oversee operational implementation of the demonstration project, facilitate participation and enhance workflow. Her time will drop to 10 percent in year two.

Benefits (\$44,080): Benefits for all above personnel are estimated at 29%.

The total budget for Salaries and Benefits is \$196,080.

Subcontractors

Dr. Michael Leiter (\$17,500): In addition, nationally reputed expert in the field of physician wellbeing, Dr. Michael Leiter, will also serve as a subcontractor to this project.

Other Direct Costs

Food (\$2,000): Funds for food are included for meetings involving training of participating physicians and clinic leadership, meetings of the Project Steering Committee and other ongoing project meetings involving investigators, physicians, and other project personnel.

Assessment Instruments (\$5,000): Where assessment instruments are not available in the public domain, licensing fees must be paid for administration. Funds are included to cover these costs so that a robust and adequate set of measures can be assessed during the enrollment and implementation periods.

Grand total cost for both research and demonstration is \$220,580.

B. Resumes of Project Team Members

William M. Spinelli, MD, MPA

1350 Rosemary Court 651.437.1338 H
Hastings, MN 55033 651.357.3533 M

william.spinelli@allina.com

wmspin@gmail.com

Education and Training

- University of Minnesota, Minneapolis, MN, MPA, 2010
- Medical University of South Carolina, Charleston, SC, MD, 1976
- Wofford College, Spartanburg, SC, BS Chemistry 1972, Magna Cum Laude
- Penn State University Medical Center, Hershey, PA, Family Practice Resident 1979-1981, Chief Resident 1980-1981
- University of Louisville Affiliated Hospitals, Louisville, KY, Family Practice Internship 1976-1977

Awards

- Phi Beta Kappa, 1972
- Archibald Bush Foundation Medical Fellowship, 2008

Employment

- Allina Hospitals and Clinics, 1994-Present
- River Valley Clinic (RVC), Hastings, MN, 1981-1994
- United States Public Health Service, Indian Health Service, Winnebago, NE, 1977-1979

Board and License Certification

- American Board of Family Practice (ABFP) 1981
- Recertification 1987, 1993, 2000, 2006
- MN 026468
- WI 24337
- DEA AS 1319119

Hospital Appointments

- Regina Medical Center (RMC), Hastings, MN: Active
- United Hospital, St. Paul, MN: Courtesy
- Children's Hospital, St. Paul, MN: Courtesy

Professional Memberships

- MN-1, Disaster Medical Assistance Team (DMAT), DHHS, 2007-Present
- Minnesota Medical Association (MMA) 1981 – 2000, 2010-Present
- American Academy of Family Practice (AAFP), 1981 – Present
- Minnesota Academy of Family Practice (MAFP), 1981 – Present

PROFESSIONAL ACTIVITIES

LEADERSHIP

Allina

- Distinguished Fellow, Center for Healthcare Innovation, Allina Hospitals & Clinics, 2011-Present
- Member, Allina Medical Clinic Clinical Practice Council, 2005
- Vice-chair, 1/2006-9/2006
- Chair, 10/2006-Present
- Vice-President, Chief Medical Officer, Allina Medical Clinic, 1997-1998
- Allina Clinical Quality Workgroup 1996-1997
- Allina Automated Medical Record Steering Committee, 1996-1998
- Allina Gap Analysis Workgroup, Clinical Care Improvement, 1996
- Allina Performance Indicator Team 1995
- Director, Allina Group Practice Organization (GPO) Board, 1994-1995
- GPO Customer Service Planning Team 1994-1995
- Chair, GPO Board Subcommittee Quality Improvement, 1994
- Medical Director, Allina Medical Group East Region, 1993-1997
- HealthSpan Integrated Practice Network Managed Care Subcommittee, 1993

River Valley Clinic (RVC)

- Medical Director for Quality Improvement, RVC 1990-1993
- Chair, RVC Medical Practices Committee 1989-1993
- Director, River Valley Clinic (RVC) Board 1987-1994
- Director, RVC Utilization Review 1987-1993

Regina Medical Center (RMC)

- Chair, RMC Peer Review Committee, 1998-2000, 2002-2003
- Ex-Officio Member, RMC Board of Directors, 2002 – 2003
- Interim Chief Medical Officer, RMC, 2003
- Member, RMC Performance Improvement Committee, 2002 – 2005
- Chief of Staff, RMC, 2002–2003
- Vice-Chair, Medical Staff, RMC, 1982-1984
- Chair, Respiratory Therapy Committee, RMC, 1984-1986

Quality Improvement

- HealthSpan Quality Workgroup 1993
- Co-chair, RVC Quality Improvement Council, 1992-1993
- Blue Plus Quality Improvement Committee, 1992-1994
- HealthPartners Quality Improvement Committee, 1992-1998
- Facilitator, RVC Urgent Care Team, 1992
- Facilitator, RVC Utilization Management Team, 1993
- Facilitator, RVC Compensation Review Team, 1992-1993
- Facilitator, RMC, Clinical Pathway Development Team, 1993

Other Leadership Roles

- Member, Minnesota Medical Association Physician Wellness Taskforce, 2010-2011
- Organizing Member, Minnesota Physicians for a National Health Plan, 2007-2009
- Medical Advisor, Dakota County Technical College CMA Program, 2003 – 2011
- Medical Director, Augustana Healthcare Center, Hastings 2003 – 2006
- HealthPartners Medical Board of Governors, 1995-1998
- Group Practice Improvement Network, 1994-1998
- Health Care Planning Committee, Institute for Clinical Systems Improvement, (ICSI), 1993-1998
- Guideline Planning Team, ICSI, 1992

COMMUNITY ENGAGEMENT

- Medical Advisor, Humphrey School of Public Affairs, University of Minnesota, International Fellows Program, 2009-Present
- Homeless Connect, 2009
- Team Member, MN-1 DMAT, 2007-present
- Member, Hastings Democracy Project, 2007-2009
- Junior Achievement, Classroom Volunteer, 2000-2004
- Medical Volunteer, Global Volunteers, Quito, Ecuador, 2005
- Volunteer, Relay for Life (American Cancer Society), Hastings, MN, 1994-Present
- Mentor, At Risk Youth Program, Hastings Middle School, 1994-96
- School District 200 Space Needs Advisory Committee, 1993
- Hastings Preventive Health Initiative Steering Committee, 1993
- Volunteer Coach, Hastings Boys Traveling Basketball, 1991-1993
- Dakota Citizens Forum, 1989-1991
Chair, Communications Committee, 1989
- Planning Committee for School District 200 Early Childhood and Family Education Program, 1983, Parent Member, 1984

PROFESSIONAL DEVELOPMENT

- Circle of Trust, Facilitator Preparation 2011-2012
 - Reflective Conversations 2010-2011
 - Healing the Heart of Democracy Webinar, Host and Facilitator, 2011
- Art of Hosting, Facilitator Training 2011
 - Bush Fellows Gathering, 2011
 - Citizens Solution, Minnesota Budget Crisis, 2011
- Quality Improvement Facilitator training 1992
- Deming Four Day Seminar 1993
- Systems Thinking in Action 1993-1996

PRESENTATIONS

- "Burnout Prevention Strategies," Minnesota Medical Association, Minneapolis, MN, 2011
- "Positive Aging," Encore Transitions, University of Minnesota, 2010, 2011
- "Authentic Leadership," Encore Transitions, University of Minnesota, 2010
- "Proposal for an African Forum," University of Minnesota, 2009
- "Cooperating for Health: Reducing the Costs for Minnesota's Underinsured," University of Minnesota, 2009
- "International Medical Volunteering", AAUW, Hastings, 2006
- "Patient Safety," RMC CME Presentation, 2002
- "Clinical Pharmacy in a Primary Care Clinic," Building the Coalition, Health Systems Pharmacy Fellowship Program, Minneapolis, 1997
- "Managed Care Principles," Mason City Medical Group, Minneapolis, 1996
- "Managed Care from a Clinician's Perspective," Medical Staff/Board of Directors Meeting Hutchinson, MN, 1993
- "Quality Improvement at RVC," Blue Plus Annual Quality Improvement Conference, Minneapolis, 1991

PUBLICATIONS

- *Shhh... We Have A Secret*, Metro Doctors, 5/2011

Sean Gregory, MBA

PO Box 3698

grego233@umn.edu

Minneapolis, MN 55403

202-4296

(612)

CURRENT APPOINTMENTS

University of Minnesota, Twin Cities

Minneapolis, MN

School of Public Health, Division of Health Policy & Management

Doctoral Candidate, Health Services Research, Policy, & Administration expected 8/12

Graduate Instructor, Division of Health Policy & Management 5/11 - current
Masters of Health Administration (MHA) Program

Allina Hospitals & Clinics

Minneapolis, MN

Center for Healthcare Innovation

Fellow, Provider Wellbeing Research Program 5/11 - current

EDUCATION

University of Minnesota, Twin Cities

Minneapolis, MN

School of Public Health, Division of Health Policy & Management

PhD., Health Services Research, Policy, & Administration expected 8/12
Concentration: Health Organizations and Management Science
Supporting Program: Health Decision Science

Fellow, National Research Service Award (NRSA) 9/10 – 8/11
United States Department of Health and Human Services
Centers for Medicare and Medicaid Services - Agency for Health Research & Quality

Research Assistant 10/09 – 5/11
Division of Health Policy & Management

Masters of Science, Health Services Research, Policy and Administration expected 5/12
Concentration: Health Organizations and Management Science

The Florida State University

Tallahassee, FL

College of Business

Masters of Business Administration 5/99
Marketing Management Concentration

- PUBLICATIONS** Gregory, BT, Moates, KN, Gregory, ST, (2011) "An exploration of perspective taking as an antecedent of transformational leadership behavior", *Leadership & Organization Development Journal*, Vol. 32 Iss: 8, pp.807 - 816
- Sainfort, F, Kuntz, K, Gregory, S, Butler, M, Taylor, B, Kulasingham, S, & Kane, R. *"Adding Decision Models to Systematic Reviews: Informing a Framework for Deciding When and How to Do So"* *Medical Decision Making* (in press)
- Kuntz, K, Sainfort, F, Butler, M, Taylor, B, Kulasingham, S, Gregory, ST, & Kane, R. "Deciding When and How a Decision Model Should be Added to a Systematic Review: A Proposed Framework" *Medical Decision Making* (in press)
- Gregory, ST, Kuntz, K & Kharbanda, A. "Estimating Life Expectancy Gains and Cost-Effectiveness from the Integration of a Risk Stratification Decision Rule and a Staged US/CT Imaging Protocol for Diagnosis of Appendicitis in Children" (submitting 11/1/2011)
- Gregory, BT, **Osmonbekov, T, Gregory, S, & Carr, J.** *"Abusive Supervision and Organizational Citizenship Behaviors: An Examination of Potential Boundary Conditions"* (under review)
- Gregory, Sean, *"Intelligent Agent Applications in Marketing"*, Honors Thesis, The Florida State University Honors Program, May 1998.
- CONFERENCE** *"Abusive Supervision and Organizational Citizenship Behaviors: An Examination of Potential*
- PUBLICATIONS** *Boundary Conditions"*. Southwest Academy of Management, Dallas, TX; March 4-7, 2010.
- CONFERENCE** *"Touchdown or Fumble: Communication between Hospitalists and Community Pediatricians*
- PRESENTATIONS** *Post-Discharge"* National Association of Children's Hospitals and Related Institutions, Annual Forum. San Diego, CA; March 8-11, 2010.
- "Improvements in Discharge Communication at University of Minnesota Amplatz Children's Hospital"* Institute for Health Care Improvement, National Forum December 2009; Orlando, FL.
- Awarded Student Scholarship to attend conference and participate in student and professional tracks.

Gregory, S. *"Consumer Driven Healthcare: Solutions for Savannah"*
Savannah Business & Trade Expo, October 12, 2006; Savannah, GA.

Gregory, S. *"Risk Management Perspectives for U.S. Telecoms"*, D&B
Telecommunications Solutions,
Fall 2003 TNSTelecoms Users Summit, September 2003; San Francisco, CA.

- GRANTS** *Decision and Simulation Modeling in Systematic Reviews*
Agency for Healthcare Research and Quality (AHRQ) - Effective Health Care
Program
Contract No. HHSA 290-2007-10064 - Task Order No. 8; PRISM Order No.
HHSA29032003T
\$450,000; 7591700 9-K72PE7P 25505
Role: Junior Scientist / Research Assistant (October 2009 – August 2010)
- INVITED PRESENTATIONS** *"Service Line Development and Financial Management"*
University of Minnesota Masters of Health Administration Program, Spring 2010;
Fall 2010
- WORKING PAPERS** *"Burnout among Employed Physicians at a Large Integrated Delivery System"*

*"Primary Care Referrals within Integrated Delivery System: A Social Network
Perspective"*
- TEACHING** *"Health Care Finance I"* ; 3cr; Graduate – Masters of Healthcare Administration –
Executive Program University of Minnesota, School of Public Health; Division of
Health Policy & Management Summer 2011, Spring 2012

"Health Care Finance II" ; 3cr; Graduate – Masters of Healthcare Administration
– Executive Program University of Minnesota, School of Public Health; Division of
Health Policy & Management Fall 2011

"Management Accounting for Health Care"; 3cr; Graduate – Masters of
Healthcare Administration – Full Time On campus & Executive Program,
University of Minnesota, School of Public Health; Division of Health Policy &
Management
Fall 2011, Spring 2012

"Principles of Marketing"; 4cr, Undergraduate
Metropolitan State University, Minneapolis MN
Spring 2010, Fall 2010

"Business to Business Market Segmentation & Strategy"; 3cr, Graduate

The Florida State University MBA program,
Spring Semesters 2003, 2004, 2005.

ORGANIZATIONS	AcademyHealth Student Member	9/09 - current
	Academy of Management Student member	3/10 – current
	Southwest Academy of Management Student Member	3/10 – current
	American College of Healthcare Executives <i>Affiliate Member, FACHE expected Summer 2010</i>	11/05 - current
HONORS	Outstanding MBA Student	5/99
	Florida State University Academic Leadership Award	5/98
	Beta Gamma Sigma , International Business Honors Society	5/98
	Pi Kappa Phi Honors Society	9/97
	Seminole Torchbearer Campus Leadership Award	9/97

PROFESSIONAL EXPERIENCE

Marketing, Strategy and Business Development Executive

Strategic executive with well developed leadership skills to successfully perform and execute in complex, cross-functional environments. Demonstrated ability to grow businesses in both new and mature markets, as well as managing organic and acquisition-related growth. Strong understanding of the health systems/hospital and payor industry and its impact on the larger health care system, and needs assessments of employers and patients.

- Led marketing and business development for a division, serving large, self-funded employers at a Fortune 20 company working closely with C-level executives.
- Developed annual strategic marketing plan to meet and exceed revenue, membership (unit) and operating income targets for division, operating in all 50 states and 130+ local markets.
- Created and launched new market positioning and value propositions for B2B segments articulating clear differentiation versus national and local competition.
- Promoted UnitedHealth Premium, the market-leading quality and transparency program to employers, consumers, physicians and hospitals in 130+ markets nationally.
- Grew P&L from \$5MM to \$55MM, 22% CAGR, and a 40% operating margin.
- Led regional sales teams to division leading revenue growth in excess of 22% YOY.

Fairview Health Services

Minneapolis, MN

2/09 – 5/11

University of Minnesota Medical Center

University of Minnesota *Amplatz* Children's Hospital

Consultant, Service Line Planning & Business Development

2/09 – 6/10

- Lead, facilitate and manage the strategic and tactical planning process to support the growth of service lines and programs at UMMC, UMACH and for select service lines across the Fairview system.
- Partner with the university Academic Health Center, and physicians and administrative leadership groups across multiple service lines/programs to develop clear strategic priorities and to develop detailed tactical plans to meet growth objectives.
- Planning and Business Development across adult and pediatric service lines and programs.
- Facilitate a joint clinical enterprise planning process with Fairview Health Services (integrated delivery system), UMMC/UMACH (academic medical centers), UM Physicians (faculty multi-specialty group practice) and University of Minnesota Academic Health Center (medical school).

UnitedHealth Group, Inc.

Minnetonka, MN

11/05 – 2/09

Vice President, Marketing, UnitedHealthcare National Accounts

Edina, MN

5/08 – 2/09

- Partner with division CEO, sales leadership, product, sales training, and UnitedHealth Group cross-segment executives to drive overall business results in priority markets for division, serving large, self-funded governments and private employers.
- Conduct ongoing assessment of markets, customers, influencers, and competitors to determine differentiated value proposition and key opportunities.
- Develop strategic plan to drive top line revenue growth and manage pipeline to achieve targeted customer acquisition and retention through a complex, non-captive distribution channel.
- Increase awareness, preference and purchase of national accounts products and services as well as increasing customer retention via disciplined sales and marketing programs and pricing actions.

Vice President, Marketing & Business Development

Commercial Markets Group (CMG), UnitedHealthcare

Edina, MN

1/06 – 5/08

- Lead commercial marketing, strategy and business development teams for Small Business, Key Accounts, Public Sector and Ancillary to deliver high impact programs and campaigns that exceed membership, revenue, retention and gross margin goals for a \$41.0 billion division of UnitedHealth Group.

- Develop and implement national launch process coordinating activities from product marketing, brand management, and in-house/external agencies. Increased capacity on marketing teams and redeployed 15% of spending from process waste to program dollars.
- Launch a new value proposition, and train sales force to describe capabilities to reduce claims expenditure through efficient utilization of the highest quality clinical programs.

Vice President, Market & Business Development, Key Accounts
11/05 – 1/06

Edina, MN

- Created and lead strategy and business development efforts for the middle market channel, Key Accounts (100 to 5,000 employees covered) business segment.
- Introduced industry segmentation to focus acquisition efforts and customize sales program for target industries. Analyzed customer and quote databases to identify highest potential industry segments, including size, profitability, recent sales success and market share.

Dun & Bradstreet Corporation (D&B)
11/00 – 11/05

Short Hills, NJ

Assistant Vice President, Sales
9/04 – 11/05

Atlanta, GA

- Lead \$22.3MM Southeast U.S. region for Sales & Marketing Solutions focusing on Fortune 100 firms in retail, telecommunications and transportation/logistics.
- Developed solutions for Fortune 100 firms to execute sales and marketing programs for B2B marketplace, specifically for small and medium size segments.
- Delivered division leading revenue growth in excess of annual targets.
- CY04 24.8% growth over prior year; YTD05 27.2% growth over prior year
- Managed high performance team of eight Principal Consultants with average quarterly quota achievement of 105%, and an average YTD quota achievement of 104%.
- Implemented return on investment measurement programs to demonstrate customers' return on marketing programs and initiatives, and reviewed quarterly with client executives.

Managing Director, US Telecommunications Solutions
4/01 – 9/04

Atlanta, GA

- Grew \$55MM US telecommunications industry revenue across three D&B business units, resulting in a 22% average annual growth rate from 4/01 – 9/04.
- Managed industry marketing and business development program with four sales channels; including telesales, premise-based middle market, and global/major representing 35 sales professionals.
- Created customized business-to-business solutions and new products for the telecommunications clients contributing \$10MM in revenue during FY02 – FY04.

- D&B Telecom Demand Estimators - Results: \$3.5MM in CY01 revenue, \$8.1MM '04 revenue
- D&B Telecom Data Integration - Results: \$3MM in CY02 revenue, \$7.3MM '04 revenue
- Established "Best Practices" for utilization of D&B products and services and present recommendations quarterly to sales channels and top 15 customers.

Principal Consultant, Information Warehouse Solutions
11/00 – 4/01

Atlanta, GA

- Telecommunications sales specialists with clients in the eastern US territory.
- Developed business plan for telecommunications industry that detailed \$10MM in revenue from new products and partnerships, and 20% organic growth per year.

AT&T (formerly BellSouth Corporation)
5/98 – 2/00

Atlanta, GA

Manager, Marketing Research & Intelligence Team Lead

- Managed team of four market research analysts and coordinated market/customer analysis projects including interface with internal clients, design of analysis, setting and monitoring deadlines, and final delivery.
- Directed the analysis of billing systems and marketing data warehouse. Integrated primary research studies and secondary data resources into analysis and reports.

INDUSTRY	B2B Market Segmentation for Small Business (2-100 Employees)
	U.S. Health Insurance Market
RESEARCH	B2B Market Segmentation for Middle Market (100-1000 employees)
	U.S. Health Insurance Market
	Product Introduction and Naming Study
	U.S. Health Insurance Market
	B2B Market Segmentation
	U.S. Telecommunications Market
	B2B Customer Satisfaction
	U.S. Telecommunications Market
	Market Demand Volumetric and Propensity Study
	U.S. B2B Telecommunications Market

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**Proposal to the Robina Foundation
From the University of Minnesota Law School
November 1, 2011**

The Robina Center for Innovation in Environmental and Energy Law

1. Executive Summary

2. Full Proposal

- Need for the Center
- Center's Mission
- Center's Core Activities
- Center's Organizational Structure
- Outcome Measures
- Center's Future Path

- Appendix A: Current Expansion of University of Minnesota Law School Environmental & Energy Law Program
- Appendix B: Personnel for the Center's Projects
- Appendix C: Description of Top-Ranked Environmental Law Programs
- Appendix D: Potential Reviewers

3. Draft Budget

**Proposal to the Robina Foundation
From the University of Minnesota Law School
November 1, 2011**

The Robina Center for Innovation in Environmental and Energy Law

Executive Summary

The creation of the Robina Center for Innovation in Environmental and Energy Law will enable the University of Minnesota Law School to serve as a national and international leader in the critical transformations needed in energy and environmental law and policy in the coming decades. Environmental and energy law and policy are in crisis and the University of Minnesota Law School in collaboration with leading environmental and energy scholars from multiple disciplines and public policy partners is uniquely positioned to foster needed changes.

The Need for the Center: Our local, state, national, and international approaches to environmental and energy problems are failing. These failures have four primary dimensions, which our Center plans to address through policy-oriented projects. First, we do not have the legal, institutional, or physical infrastructure needed to transition to cleaner energy sources. Second, we do not have effective governance strategies for complex, multi-level problems that predominate at the intersection of environmental and energy law. Third, the relevant law results in low-income communities of color bearing the environmental burdens of our energy and other industries without reaping the benefits of clean, low-cost energy or open space. Fourth, many U.S. metropolitan areas lack effective regional approaches to land-use, power, and transportation and suffer from dysfunctional dynamics between core cities and their suburbs and exurbs. The University of Minnesota Law School's legal and interdisciplinary expertise and demonstrated capacity to influence policy make it uniquely positioned to address these issues in the critical Midwestern region, nationally, and internationally. Based on extensive research on top environmental law programs in the United States (described in Appendix C), we have developed a model for the Center that will learn from those programs, collaborate with them, and in the process, maximize our impact.

Center's Mission: The Center for Innovation in Environmental and Energy Law will foster interdisciplinary collaborations among faculty, students, practitioners, and public policy partners to advance needed transformations in environmental and energy law and society.

Center's Core Activities: Through four projects aimed at maximum policy impact, this Center will advance cutting-edge strategies for ① transitioning to cleaner energy infrastructure; ② reforming broken governance approaches; ③ addressing unequal distribution of climate, environmental, and energy harms and benefits; and ④ making urban areas more sustainable. It will maximize the impact of these projects through collaborative relationships with academics,

practitioners, and policymakers; complementary annual workshops; bi-annual conferences; and student and faculty opportunities.

Center's Organizational Structure: The Center will be led by a faculty director, with the support of project team leaders, other environmental and energy faculty, a communications and programming manager, designated environmental and energy GIS experts, a designated support staff member, a post-graduate fellow, student fellows and interns, and an advisory board. The faculty director will monitor the progress of all four projects and suggest collaborative opportunities; oversee the hiring and supervision of the Center staff; work with the Communications and Programming Manager to coordinate events, outreach, and publicity; and regularly assess whether the Center is meeting its benchmarks and take steps to ensure appropriate progress.

Outcome Measures: The Center will evaluate its progress through institutional development goals, research goals, policy impact goals, and fundraising goals. It will assess progress in each of these areas on an ongoing basis, with more formal annual reviews to ensure that goals are being met and to adjust goals to maximize policy impact. With respect to policy impact, the Center will begin in year one to take steps to have its proposals adopted and to inform debates over treaties, legislation, and other regulation in the areas of its projects' initiatives.

Proposal to the Robina Foundation
From the University of Minnesota Law School
November 1, 2011

The Robina Center for Innovation in Environmental and Energy Law

Full Proposal

The University of Minnesota Law School will establish the Robina Center for Innovation in Environmental and Energy Law for an initial period of five years, and will apply for additional funding based on the performance of the Center during its first three years. This proposal outlines: (1) the need for the Center; (2) the Center's mission; (3) the Center's core activities; (4) the Center's organizational structure; (5) the Center's outcome measures; and (6) the Center's future path.

1. The Need for the Center

Our approach to environmental and energy problems is failing in many key areas. We cannot upgrade our aging energy grid because we lack adequate federal legislation and inter-state cooperation. As a result, we are unable to transport the huge supply of wind energy from the Midwestern plains to where it is needed. The Obama Administration's national program to integrate regulation of fuel efficiency (energy law) and vehicle emissions (environmental law) represents one of the few instances in which these interrelated areas of law have been brought together. In the aftermath of the BP *Deepwater Horizon* oil spill, over 40% of the collected oil spill waste was disposed of in municipal and county landfills of low-income communities of color, despite stated recognition of environmental justice concerns, due in part to exemptions for oil companies in how they store waste and to the unequal siting of environmental hazards.

These failures have four primary dimensions which our Center plans to address through policy-oriented projects. First, we do not have the legal, institutional, or physical infrastructure needed to transition to cleaner energy sources. Second, we do not have effective governance strategies for complex, multi-level problems that predominate at the intersection of environmental and energy law. Third, the relevant law results in low-income communities of color bearing the environmental burdens of our energy and other industries without reaping the benefits of clean, low-cost energy or open space. Fourth, many U.S. metropolitan areas lack effective regional approaches to land-use, power, and transportation and suffer from dysfunctional dynamics between core cities and their suburbs and exurbs.

Our hope for a clean energy future relies upon solving these problems, but U.S. law schools are troublingly unprepared to help us do so. Few top law schools have a well-developed tradition of teaching, scholarship, and policy work in environmental and energy law. Until very recently, energy law has been confined primarily to oil, gas, and coal, and a set of legal regimes designed to encourage fossil fuel production and consumption. The laws affecting clean energy

development have taken a back seat and law schools are just beginning to seek faculty with expertise in this area. Moreover, as described in more depth in Appendix C, while most top 25 law schools have decided they need at least one faculty member in environmental law, very few have comprehensive environmental law programs and no law school in the Midwest is currently ranked in the top ten for environmental law. Vermont Law School (a private, stand-alone law school) and Lewis and Clark Law School in Oregon, both rated at least a tier below the University of Minnesota Law School in overall *U.S. News & World Report* rankings, have consistently traded off the top two spots in the environmental law rankings law for many years. U.C. Berkeley School of Law and Stanford Law School are the only top 25 law schools with environmental programs ranked in the top ten. (Appendix C provides further background on other top environmental law programs.)

These gaps create an opportunity for the University of Minnesota Law School, which not only has a strong core environmental and energy law group, but is located within one of the leading universities in the United States for studying environmental and energy issues and has a strong tradition of interdisciplinary interchange. With support from the Robina Foundation, the University of Minnesota Law School can provide truly unrivaled educational opportunities and policy impact in this field, playing a leadership role at local, state, regional and national levels. Our four proposed projects will take on these challenges and change the way in which they are approached in the United States. In pursuing these projects, the Center will work collaboratively with other leading academics, practitioners, and policymakers to learn from what has already been done and maximize its impact.

2. Center's Mission

The Center for Innovation in Environmental and Energy Law will foster interdisciplinary collaborations among faculty, students, practitioners and policymakers to advance needed transformations in environmental and energy law and society. The Center will aim to produce legal and regulatory changes leading to cleaner energy infrastructure, more effective governance approaches, fairer approaches to environment and energy, and more sustainable metropolitan regions.

In pursuing this mission, the Center will focus on:

- *developing new policy pathways* to replace and complement business as usual approaches to environmental and energy problems;
- *crafting multi-level institutional structures and regulatory solutions* which encompass the myriad of local, state, regional, national, and international governmental and nongovernmental actors that create the problems and must be part of the solutions;
- *encouraging dialogue* among scholars, practitioners, and policy makers to integrate legal scholarship into real-world solutions;
- *driving significant policy changes* to help avert the looming environmental and energy crises facing this country and the world.

3. Center's Core Activities

The Center's work for the first five years will focus on four intertwined projects designed to create conceptual innovation and legal change. The work on those projects will be complemented by conferences and workshops, student opportunities, faculty development, and engagement with practitioners and policy makers. The Center Director, a core tenure-track environmental and energy law faculty member, will coordinate these efforts to ensure that they build upon each other synergistically and maximize impact. The Director will monitor the progress of all four projects and suggest collaborative opportunities; oversee the hiring and supervision of the Center staff; work with the Communications and Programming Manager to coordinate events, outreach, and publicity; and regularly assess whether the Center is meeting its benchmarks and take steps to ensure adequate progress. As described in more depth in Appendix C, we have created this approach to the Center's activities based on extensive evaluation of what has been effective in top-ranked environmental law programs nationally and we plan to reach out to the top-ranked programs with strengths in the areas of our projects to maximize the Center's policy impact. Osofsky, a tenured law faculty member, has committed to serving as the inaugural Center Director.

a. Projects with Policy Impacts

We have selected the projects described below because they address the four critical failures of environmental and energy law we identified and because the law school and university have a depth of expertise in these areas. These problems and their solutions overlap, as will work in the Center's four projects. For example, developing a more effective legal framework for clean energy infrastructure (project 1) requires rethinking governance approaches (project 2) and a sensitivity to justice and climate change concerns (project 3). This process will often involve the local level and metropolitan regional approaches to sustainability (project 4). The projects have distinct emphases, but share the overriding aim of addressing inadequate current approaches to environmental and energy problems in this country. Although each project's particular policy initiatives are listed separately, each will endeavor to collaborate whenever possible to improve their effectiveness and impact.

For each of these projects, the team leader will assemble a team, develop collaborative research projects with specific publication goals, and connect that research into local, state, national, and international on-the-ground policy reforms. The team leaders will assess progress, recalibrate, and expand the project networks annually; in collaboration with the Center Director, they will work to achieve synergies among the projects to maximize their collective impact. By the end of the first three years, each project will have policy-oriented publications and demonstrated policy impacts. *

(1) Clean Energy Infrastructure Project (led by Klass).

(a) The Problem

The Clean Energy Infrastructure Project will work to create the legal, institutional and policy developments needed to support a transition to cleaner

energy sources in response to the first core problem we identified. At the core of this transition is a physical infrastructure challenge. Environmental and energy federalism creates challenges for planning large-scale coordinated energy infrastructure because of the primacy of state law in this area and the difficulty states have had working together on projects than cross state lines, such as interstate power lines, and allocating costs for such lines. This coordination problem has led to a lack of transmission lines to transport wind power, challenges in deploying demand response policies, and difficulties integrating new clean resources into regional electricity markets. This affects our ability to harness cheaply renewable energy, store carbon, and support more sustainable consumer choices. Our current legal and policy structures make developing this physical infrastructure difficult. Although Congress has encouraged states to work together to overcome these problems, states have so far failed on their own to cede authority to regional organizations that could overcome these barriers and Congress has not been willing to step in and transfer state authority to either federal agencies or regional organizations to address the issues.

(b) What the Center Will Do

To address these legal and policy challenges regarding clean energy infrastructure, the Center will likely pursue the following initiatives:

- Working with MISO (the federally approved regional transmission organization for the upper Midwest) to examine the role of wind and transmission planning efforts across the Midwest, by integrating state laws and regional planning efforts and propose additional ways of incorporating more wind energy into the regional transmission grid.
- Collaborating with public utilities, state public utilities commissions, and the Great Plains Institute to explore the technology and policy map for electric power transmission, distribution and energy storage and energy efficiency technologies, to understand where laws and policy can be used to shape a more efficient, clean energy electric power grid and propose ways to translate the new technology into renewable energy-driven policy.
- Working with MISO, public utilities, and wind generators to understand how MISO rules and procedures affect wind curtailment and dispatch compared to other regions and propose new MISO rules and procedures based on the best approaches in other parts of the country.
- Collaborating with state public utility commissions and public utilities to examine how demand response and energy efficiency is integrated into electric system operation and propose new ways for utilities and consumers to use these principles to reduce energy demand.

- Study energy stakeholder perceptions of clean energy and energy efficiency technologies throughout the Midwest to help state public utility commissions and public utilities create clean energy and energy efficiency programs that stakeholders can support.
- Study the value of energy storage technologies within the MISO and other electricity regions in order to create energy storage opportunities which will increase the value and reliability of renewable energy in the grid.

(c) How The Center Will Influence Public Policy

The University of Minnesota is already becoming known as a center for exciting theoretical and policy developments on the current energy issues of the day, namely energy efficiency, renewable energy, clean coal technology, and the appropriate role of litigation in forwarding this agenda. Professors Klass, the team leader, and already-committed interdisciplinary collaborators, such as Professors Klink and Wilson, have engaged in cutting-edge research on these issues. These three members of our group, in collaboration with other core environmental and energy faculty with expertise in this area and relevant efforts by the other three projects, will take the initial steps in crafting this project and building its team.

Specifically, the Clean Energy Infrastructure Project will build from these professors' already substantial efforts in this field (described in Appendix B) to craft new interdisciplinary models for advancing cleaner energy in the context of emerging science, leverage the expertise of national and international experts, and work with our students and with policymakers and practitioners at local, state, and national levels to implement these changes. The team will add other similarly influential scholars at the University of Minnesota and around the country and world to maximize its impact and will work with state public utility commissions, regional independent service operators and regional transmission operators, such as the Midwest Independent Service Operator ("MISO"), federal energy agencies such as FERC and the Department of Energy, and industry and nonprofit stakeholders, such as public utilities and the Great Plains Institute.

(2) Environmental and Energy Governance (led by Karkkainen).

(a) The Problem

This project will address the second problem that we identified with a focus on reforming domestic and international water law approaches. Many of our most daunting environmental and energy challenges cross jurisdictional boundaries, involve multiple levels of governance (e.g., local, state, regional, national, international), or both. Natural systems do not respect the artificial territorial and jurisdictional boundaries of governments, whether at the local, state, or national levels, and the same is true of many human-created systems

like the energy grid, regional energy markets, and metropolitan land use systems. Given their complexity, multi-scalarity, and multi-dimensionality, environmental and energy problems may also require coordinated action by multiple *levels* of government, as well as by non-governmental actors in the private and not-for-profit sectors. Much of the time, our legal, political, and policy-making institutions respond ineffectively to such trans-jurisdictional, multi-scalar, and multi-dimensional problems. With no single institution well-positioned to solve the problem, it may simply fall between the cracks; or it may be addressed partially and inadequately by one or more well-intentioned institutional actors; or it may be addressed by multiple parties in a piecemeal, sometimes duplicative, sometimes conflicting, but rarely well-coordinated fashion. Less frequently, we manage to stitch together orchestrated institutional responses, usually by creating an *ad hoc* (and often informal) multi-party, multi-layered governance mechanism. This project will aim to develop more effective approaches to governance in the context of water that can be used as a model in other critical environmental and energy law areas.

While making progress in addressing the substantive aspects of environmental and energy policy, our faculty is unique in that we are also deeply engaged in addressing questions of *governance*: At the most basic level, what is governance? How does it differ from and where does it coincide with government? When governance goes beyond the bounds of government, what forms does it take? How might we better craft, and better maintain and operate, the multi-party and multi-level governance structures that (so often) appear to be necessary to address complex environmental and energy problems? What are the most successful models of multi-party hybrid governance and, of those, which are most easily replicated in parallel situations, and which are most easily adapted to analogous situations? And finally, what legal and policy changes are needed to spawn the creation and successful operation of effective governance institutions, vested with sufficient authority and flexibility to solve hard problems by coordinating the responses of the various actors whose participation is essential, yet clothed with legitimacy, procedural regularity, transparency, and accountability?

(b) What the Center Will Do

To address these governance challenges, the Center will likely pursue the following initiatives:

- Examine the design and implementation of the European Union's Water Framework Directive, Groundwater Directive, and Marine Strategy Directive as possible models of framework legislation for sustainable governance of surface water, groundwater, and marine resources at subnational, national, and transboundary scales, and publish comparative "lessons learned" analyses and policy white papers for

officials at U.S. EPA, the Department of the Interior, National Marine Fisheries Service, Army Corps of Engineers, Environment Canada, state- and provincial-level administrative agencies (departments of natural resources and environmental protection), and municipalities involved in various aspects of water resource management.

- Integrate lessons learned from the EU experience with recommendations for policy reform advanced in the 2009 Minnesota Water Sustainability Framework in drafting specific legislative proposals to reform the State of Minnesota's approach to sustainable water resources management.
- Publish scholarly articles and policy white papers on recommendations for federal framework legislation for sustainable multi-party governance of major interstate river systems, including the Columbia, Colorado, Missouri, Mississippi, and Ohio.
- Develop policy white papers for the International Joint Commission (IJC)—the independent binational commission which oversees implementation of the U.S.-Canada Boundary Waters Treaty governing all transnational waters along our northern border—in advance of its next Advice to the Governments of Canada and the United States on revisions to the Great Lakes Water Quality Agreement, focusing on mechanisms to better integrate water resource and fisheries/wildlife management with environmental protection and ecosystem restoration efforts in the Great Lakes Basin. This project will also examine and distill “lessons learned” from parallel efforts in the Baltic Sea basin

(c) How the Center Will Influence Public Policy

Professors Karkkainen, Scott, and Michanek (described in more depth in Appendix C) are among the leading experts on the Water Framework Directive which, combined with the expertise of Karkkainen and other U.S.-based collaborators on U.S. water law and policy, positions our team uniquely well to identify, distill, and translate the most successful and replicable elements of the EU water governance model into the legal and institutional landscape of the United States through specific proposals for legislation and regulatory changes within existing statutory frameworks. Professor Swackhamer, in her capacity as project manager for the legislatively mandated Minnesota Water Sustainability Framework initiative, together with Research Fellow Enzler and Professor Karkkainen, who served as co-chair and member, respectively, of the Water Sustainability Framework policy committee, have close relationships with key state legislators, state Department of Natural Resources and Pollution Control Agency officials, and members of the governor's staff who are presently seeking input on proposals

to overhaul Minnesota's water law and policy. Professor Swackhamer, in her capacity as IJC Science Advisory Board chair, and Professor Karkkainen, who has undertaken a number of previous research projects on behalf of the IJC, have extensive contacts with IJC commissioners and staff, and will continue to provide input to IJC officials both through ongoing informal contacts as well as through more formal publication of white papers and policy memoranda on critical issues in management and governance of transboundary water bodies.

(3) Climate, Energy, and Environmental Justice (led by Osofsky).

(a) The Problem

The project will address the third problem that we identified: existing environmental and energy law help to structure and reinforce problematic inequality in our society. Low-income communities of color in the United States and abroad face more environmental hazards and have less access to clean, affordable energy and parks and recreation. Environmental justice efforts have lagged twenty years behind the environmental and civil and human rights movements. Efforts to address the way in which segregation reinforces unequal distribution of energy resources, which in turn reinforces segregation, are even more nascent.

The problem of climate change presents a particularly troubling confluence of these inequities. Developed and rapidly developing countries produce the bulk of the world's greenhouse gas emissions, while poor countries and island states face its worst initial impacts with a limited ability to adapt. International negotiations show little sign of producing an agreement that would limit emissions adequately to prevent major climate change, and scientists and policymakers increasingly are turning to the high risk strategy of geoengineering—intervening in the climate system to try to reverse climate change—to address this problem. Moreover, because emissions largely come from fossil fuel consumption to meet energy and transportation needs, mitigating greenhouse gases is deeply intertwined with the broader problems of environmental and energy injustice and the difficulties of regulating transnational corporate behavior. Each piece of these companies is generally incorporated in a different country, with much subcontracting to other companies that span the world, making effective regulation of the whole nearly impossible. For example, eleven companies in addition to British Petroleum, itself a multinational corporation, had ties to the *Deepwater Horizon* rig and drilling site where the spill took place.

(b) What the Center Will Do

To address these environmental justice challenges, the Center will likely pursue the following initiatives:

- Develop proposals to reform the United Nations Framework Convention on Climate Change process to make it more inclusive and participatory, with a particular focus on how to include agreements between cities, states, and provinces in the international process; to help needs assessment involve groups with shared interests across national borders; and to strengthen the voices of those likeliest to suffer severe harm from rising sea levels, coastal storms, drought, flooding, crop failure, vector-borne diseases, and other expected adverse effects of climate change.
- Propose a functional governance regime for climate change geo-engineering which harmonizes the wide range of applicable international law and addresses justice and risk concerns.
- Develop proposed reforms of law and regulatory approaches applicable to oil spills to prevent the unequal disposal of oil spill waste in municipal landfills of low-income communities of color that took place in the aftermath of the BP *Deepwater Horizon* oil spill; to ensure adequate tracking of demographic data relevant to assessing justice concerns; to provide fuller implementation of agency environmental justice commitments; and to allow for greater citizen involvement through mechanisms like the citizens councils implemented in Alaska after the Exxon Valdez spill.
- Conduct research on the extent to which federal, state, and local clean energy incentive funding reaches low-income communities of color and on models for preventing energy segregation by bringing efficient and renewable energy to those communities.
- Work with the Minnesota Pollution Control Agency (MPCA), the Minnesota Public Utility Commission (PUC), and the Great Plains Institute to implement proactive efforts to support the state's efforts on climate change, such as through bolstering its Greenstep Cities program and through PUC action. Assess efforts by small suburban cities, such as the Twin Cities suburbs participating in the Greenstep Cities program, to address climate change, and the role that suburban action does and could play in this and other metro regions.
- Identify, analyze, and promote the diffusion of the most successful and replicable models of community-based climate change adaptation planning and plan implementation. Work with local government officials, such as Beth Mercer Taylor of the Twin Cities and Eric Garcetti of Los Angeles, to implement these models.

(c) How the Center Will Influence Public Policy

Team members, who are described in more depth in Appendix C, will present proposals for reform of the United Nations Framework Convention on Climate Change process to ICLEI, the leading international coalition of cities working on climate change; to the Club of 20 regions, a leading international coalition of states and regions working on climate change; and to the Alliance of Small Island States. The project will similarly present proposals on climate change geo-engineering to the Intergovernmental Panel on Climate Change (IPCC) (Osofsky has relationships with a number of IPCC contributors) and the U.S. climate change policy team (Osofsky has relationships with a number of current and former administration officials). The project will work with national agencies (such as the U.S. Environmental Protection Agency, Department of Energy, Coast Guard, and Department of the Interior) to implement proposed reforms on oil spill management. (Osofsky has relationships with a number of relevant officials and former officials, as well as with the former Executive Director of the Commission on the BP Deepwater Horizon Oil Spill and offshore drilling and the former chairman of the State of Alaska Oil Spill Commission's Legal Task Force created in the aftermath of the Exxon Valdez spill). The project will work with national, state, and local government officials to establish pilot projects to ensure low-income communities benefit appropriately from energy incentive funding and renewable energy. Team members will also work with the Minnesota Pollution Control Agency (MPCA), the Minnesota Public Utility Commission (PUC), and the Great Plains Institute to implement proactive efforts to support the state's efforts on climate change, such as through bolstering its Greenstep Cities program and through PUC action. The project will work with state, regional, and local government officials, such as Beth Mercer Taylor of the Twin Cities and Eric Garcetti of Los Angeles, to implement its proposed models for augmenting suburban efforts to address climate change and for promoting local adaptation planning.

(4) Sustainable Regions and Communities Project (led by Orfield).

(a) The Problem

This project will address the fourth problem that we identified, the lack of effective regional approaches to achieving sustainability. Most American metropolitan areas have dozens or even hundreds of local governments with land use planning powers. The competition between these local governments for property or other local taxes dramatically worsens sprawl, fiscal inequality, and social and racial segregation. It also causes new job locations to move further from the central business district (CBD) and become de-clustered into thousands of separate locations. This also dramatically increases sprawl and the vehicle miles travel (VMT) by individuals and businesses. The inefficient status quo of land use and governance wastes energy, pollutes the air, warms the atmosphere, threatens water resources and sensitive natural areas, increases

social and racial segregation, and inhibits coordinated regional economic development.

This project will address the efforts of state, regional and local governments to undertake sustainable and orderly economic development. Such efforts promote coordinated land use, tax, and economic development policies among local governments with land use planning powers in order to: 1) protect the environment; 2) maximize scarce infrastructure resources; 3) reform counterproductive local fiscal and public finance practices; 4) strengthen, intensify, and diversify existing centers of employment; 5) reduce barriers to life-cycle and affordable housing types; and 5) reduce vehicle miles travelled and transportation congestion. These principles, central to sustainable development and coordinated growth management, build cleaner, more economically competitive, and socially resilient regions. Sustainable, coordinated growth management provides a powerful platform for innovations to reduce air pollution, mitigate greenhouse gas emissions, protect water in rivers, lakes, streams and aquifers, preserve sensitive natural areas and areas of bio-diversity, establish more sustainable approaches to land use and transportation, and otherwise support the state, regional and local government reforms necessary for a transition to cleaner energy and reduce climate change.

(b) What the Center Will Do

To address these challenges, the Center will likely pursue the following initiatives:

- Cooperative efforts with the Twin Cities Metropolitan Council and other state agencies to update the Council's development plans and regulations in ways designed to strengthen the region's sustainability.
- Update prior work on the threats to sensitive natural areas created by development patterns in the Twin Cities to incorporate recent trends.
- Work with national agencies (such as the Department of Housing and Urban Development, the Environmental Protection Agency, and the Department of Transportation on a variety of initiatives (including housing, climate change, energy, transit, land use planning and regional governance)) under the Obama Administration's Sustainable Communities Initiative. (Orfield was a member of President Obama's transition team on urban and metropolitan policy and is already active on these issues).
- Work with local organizations in New Jersey—a state with longstanding disputes about cities' exclusionary land use regulations and with resulting efforts to foster regional-level planning—on proposed land

use, property tax, and affordable housing laws designed to promote sustainable development in already developed areas.

- Interact with European scholars and European Union officials to analyze and share innovations in regional governance and environmental regulation designed to promote sustainability in U.S. and European metropolitan areas.
- Nurture emerging relationships in China, with, for instance, the Chengdu Municipal government (population 14 million), which is currently developing a master land use plan for coordinated environmental, transportation and fiscal policy.

(c) How the Center Will Influence Public Policy

No metropolitan region is better positioned than the Twin Cities to develop successful prototypes for the policies, legal arrangements, and governance mechanisms that will be necessary to achieve these goals. Regional governance institutions are already partially in place here, and the State of Minnesota and the region's municipalities have long regarded themselves as incubators of progressive policy innovation. Metropolitan regions of the future will need to strengthen their economies, make state and local taxation and spending more efficient and coordinated, while at the same time consuming less energy and natural resources, producing lower emissions of carbon and conventional pollutants, and adapting the built and the natural environment to potentially disruptive climate change. Many of the technologies that will be needed are already available; the critical need now is to design the appropriate mix of laws, policies, incentives, and regional-scale governance mechanisms to usher in that transition. These projects will address these needs in collaboration with local officials in Minnesota and elsewhere, national agency heads, and officials in the European Union and China.

b. Conferences and Workshops

To support the project collaborations and their connection to ongoing policy, the Center will host annual interdisciplinary works-in-progress workshops and a bi-annual major conference (this would take place in the second and fourth years of this first five-year grant).

- **Robina Annual Interdisciplinary Workshop:** The Center's annual two day workshop will serve as an important annual event for supporting collaboration with partner scholars and policymakers that will maximize policy impacts. We plan to include key environmental and energy faculty from the four project groups at the University of Minnesota and at other leading universities around the country and world, as well as business, governmental, and non-profit leaders who we have targeted as partners for developing and implementing the Center's initiatives. These workshops will build on an inaugural workshop that we have planned in spring 2012, entitled "New Directions in

Environmental and Energy Law, Policy, and Geography.” It will feature sessions on each of the four subject areas that will serve as the Center’s primary focus and help to jump start the Center’s launch in 2012–13. To support the 2012 workshop, we already have received \$5000 in funding from the Consortium on Law and Values in Health, Environment & the Life Sciences and an additional \$3000 from Professor Klass’s fellowship with the Institute on the Environment. We have applied for an additional \$3000 from the Institute on the Environment’s Mini-Grant program. We will endeavor to obtain similar complementary funding for the proposed workshops under the Center.

• **Robina Bi-Annual Interdisciplinary Conferences:** We plan to pair the workshops with a major bi-annual interdisciplinary conference of around 150-200 people in the second and fourth years of the Robina grant. The conferences would build out of our collaborative research, with sessions focusing on each of the four interrelated areas that are our substantive focus and on cross-cutting themes that run across each of these projects. The conference will provide an important opportunity for us to showcase and gain feedback on our joint research work, learn from related work of others, build new collaborations with scholars and policymakers, and highlight the University of Minnesota as a leader on these issues. As discussed in more detail below, we anticipate having leading scholarly organizations in law, public policy, business, and social sciences co-sponsor the conference, which will help attendance, visibility, and impact. The conference will create needed two-way communication between scholars and policymakers on potential innovation and next steps needed to refine and implement the Center’s initiatives.

We anticipate that these workshops and conferences will result in more collaborative research outputs with significant policy benefits, which might potentially include an edited volume or designated journal issue, blogs, webinars, live streaming of events, and podcasts. Because all of the scholars involved are working on cutting-edge policy questions, these new synergies have the potential to improve the quality of each scholar’s work and help them craft collective strategies that would not otherwise have arisen. We also plan to tie those scholarly exchanges in with regular meetings with local, state, national, and international practitioners and policymakers to disseminate the knowledge produced and ensure that our work has relevance beyond the academy. We anticipate that these conferences will serve as a springboard for the policy change that is the aim of these projects.

c. Student Opportunities

While the creation of a Center would help us recruit and support students, we think additional funds for students to work on our projects would both help the projects succeed in their policy impacts and provide knowledge transfer needed to prepare the next generation of policymakers, practitioners, and academics to face these challenges.

Robina Energy and Environmental Joint Degree Fellows: We would like to have specific scholarships designated to give \$20,000 a year to four joint degree fellows each year. One fellow would work in each of the four projects, providing research and

* outreach support. This money would also allow us to be the national leader for students to gain the interdisciplinary background needed to address environmental and energy challenges most effectively while providing an alternative to those considering supplementing a J.D. with an LL.M. in environmental law (something that most top environmental law schools offer). We will be a national innovator by marketing the value of enhancing a J.D. not with additional environmental law courses, but with engineering, science, policy, or technology courses that will give our students breadth and flexibility and an experience in cutting-edge policymaking that will help our society.

• **Robina Environmental and Energy Law Summer Internships:** We would like to create environmental and energy law summer internships to support the efforts of the four projects. This funding will allow our environmental and energy law students and recent graduates to take challenging, non-funded positions in the projects or in related public interest and public service sector—in the United States and internationally—that will increase the impact of the four projects while building their professional skills, contacts, and marketability.

• **Environmental and Energy Law Capstone Course Speakers:** Our capstone course works with leading policymakers on the issues that are the focus of the four projects. Funding for ten to fifteen of our collaborating policymakers and academics to visit the school and serve as guest speakers in these policy-oriented courses would both enhance the learning experience in the course and assist our goals of translating our projects into transformational change.

d. Faculty Research and Teaching Development

Our goal is not simply to catch up to other top programs, but to exceed them in order to provide the change that is needed in our society. We want to fill the leadership gap, especially in the Midwest, on critical environmental and energy issues. In order to do that, we propose:

• **Funding to hire a junior doctrinal person and a junior clinical person in environmental and energy law.** These hires would not only rejuvenate our program—it is important to have new scholars to complement our mid-level and senior ones—but bring us to a level of core faculty strength in this area which exceeds that of other top law schools. We would focus on hiring that would complement our existing strengths with a particular emphasis on the policy aims of the four projects. A doctrinal hire will increase our research capacity and policy impact in our projects; we will target a scholar that complements existing faculty strengths. A clinical hire—the first in the environmental and energy area—would supplement the University of Minnesota's other clinical efforts and the innovative environmental and energy capstones by providing additional opportunities to influence policy through teaching and practice-oriented scholarship.

• **Five additional adjunct lines.** Hiring five new adjunct professors in addition to a new junior hire (assuming a successful chair hire this year) would allow us bring our course offerings to the level of or exceeding those of Vermont Law School and Lewis and Clark

Law School (and beyond other top law schools). It also will allow us to expose students to leading practitioners and help us develop the Center's connections to the law and policy community further, which will help with implementation of our policy goals.

e. Communications and Web Resources

In an increasingly on-line dominated world, the Center's internet presence and email, Facebook, and Twitter communications will be critical. Beyond having a designated website, the Center plans to use electronic resources to maximize its impact while minimizing its carbon footprint. We will hire staff who have technological competence in these communications technologies and GIS to achieve these goals. The Center will include a greater range of speakers at lower cost by using remote participation technology (Osofsky has in the past run conferences with over fifty percent remote participants, for example). It will use blog posts (Osofsky is a blogger on three prominent blogs, including one for environmental law professors) and listserves, such as environmental and property law professor ones, to publicize its activities and encourage input and network building. It also will maintain databases and webinars to broaden its reach.

4. Center's Organizational Structure

The Center will be based in the University of Minnesota Law School. A Center Director drawn from the tenure-track environmental and energy faculty will lead the Center in its activities, and coordinate interactions among the four projects. Its personnel will include:

- **Faculty director.** The director will be drawn from core tenure stream environmental and energy law faculty and will serve a two year, renewable term to provide continuity for the program. The Director will monitor the progress of the projects; suggest collaborative opportunities among the projects and externally; oversee hiring and supervision of Center staff; work with the Communications and Programming Manager to coordinate events, outreach, and publicity; and regularly assess whether the Center is meeting its benchmarks and take steps to ensure adequate progress. The faculty director will receive a 3-credit teaching load reduction and \$15,000 salary stipend to support taking on additional duties while having time to teach and write effectively. Osofsky will serve as the Center's inaugural director.

- **Core tenure stream and adjunct environmental and energy law faculty members** (Klass, Karkkainen, Orfield, Osofsky, potential chair-level hire, and new junior and clinical hires). The core faculty members are committed to leadership within the Center, participating in its research projects, and building curricular offerings. Adjunct professors, who are often leading practitioners, will teach within environmental and energy law courses and will be encouraged to become involved in the Center's activities.

- **Communications and programming manager.** This new staff hire would provide logistical support to the Center's operations. This person will help to organize programming and outreach, and to ensure that the Center's communication through traditional and new media is effective in maximizing its policy impact.

• **Designated energy and environmental support staff member.** A new staff hire would provide administrative support for the Center's activities. The hire would emphasize someone with strong computer and internet skills given the Center's goal of relying on innovative technology.

• **Designated energy and environmental GIS experts.** New staff hires with expertise in GIS would help the projects enhance their policy impacts by mapping the problems and proposed solutions more effectively. No other law school in the country is doing this kind of mapping, and it can critically illuminate these problems. We plan to hire one lead GIS expert who will supervise a team of two part-time graduate student assistants.

• **Other members of the University of Minnesota law faculty with intersecting interests.** Beyond core environmental and energy law faculty, numerous members of the law faculty have intersecting research and teaching interests. Those faculty members include: John Borrows, Ann Burkhart, Daniel Gifford, Michele Goodwin, Jennie Green, Ralph Hall, Kristin Hickman, Fred Morrison, Ruth Okediji, Gregory Shaffer, David Weissbrodt, and Susan Wolf.

• **University of Minnesota faculty from other departments serving as team members on Center Projects.** The core environmental and energy faculty members are already actively collaborating with scholars in other professional schools, the social sciences, and the sciences. They also are actively involved in the Institute on the Environment (Klass and Osofsky are Fellows and Karkkainen is an Associate Fellow) and the Consortium on Law and Values in Health, the Life Sciences & the Environment (Osofsky is an associate director). Our proposal designated those collaborators as likely team members.

• **Robina Center for Innovation in Environmental and Energy Law Post-Graduate Fellow.** This two-year fellowship will generally be given to a recent law school graduate with an interest in environmental or energy law scholarship and/or policy. The fellow will further develop the program, teach in the program, support students, and receive research support and mentoring.

• **Four Robina Center for Innovation in Environmental and Energy Law Joint Degree Fellows.** These fellows will all be joint degree students in law and another discipline who are focusing their education and research on environmental and energy topics. They will work with the research teams, with assignments based on their interests, and help support the programs of the Center.

• **An advisory board composed of leading scholars, practitioners, and policymakers.** The advisory board will meet annually to discuss the progress of the Center and make suggestions. Individual board members will be involved in projects of the Center and help with fundraising.

5. Outcome Measures

The Center will evaluate its progress through institutional development goals, research goals, policy impact goals, and fundraising goals. For each of these goals, the director will assess progress on an ongoing basis, with a formal annual review that includes a refining of the goals.

Institutional Development Goals. These goals will focus on developing and maintaining the Center's institutional core.

- **Designate Faculty Center Director.** The faculty director for the first two years will be Professor Hari Osofsky. The director will work with core environmental and energy law faculty to designate the second director by the end of year one so that there can be an effective transition.
- **Make Faculty and Staff Hires.** In the first year of the Center, we will conduct searches for the faculty and staff hires.
- **Select Post-Graduate Fellow, Joint Degree Fellows, Scholarship Awardees, and Funding Awardees.** In the first year, the Center will select fellows that will begin either that year or in year two. It will also select scholarship and funding awardees for either that year or year two.
- **Convene Workshops and Conferences.** In year one, we will hold a workshop and plan the year two workshop and conference that will provide critical policy outreach.
- **Establish Website.** In year one, we will establish a Center website and begin innovative communications strategies.
- **Create Network.** In year one, we will create an initial network of collaborators within the University of Minnesota, at other universities, and within the policy and practice communities.

Research Goals. These goals will focus on ensuring a steady stream of excellent and well-publicized research and publications.

- **Identify Team Leaders and Members.** We have already designated team leaders and likely team members. In year one, the team leaders will constitute their research teams and begin work.
- **Project Research and Policy Goals.** In year one, each project will establish clear collaborative research and policy goals and a work-plan for achieving them.
- **Publications.** By year two, all three projects will submit initial research work for publication.

- **Presentations.** Starting in year one, team members will begin presenting their research projects at scholarly conferences and to policy-makers.

- **Dissemination.** Beginning with the launch of the projects in year one, the Center will continuously disseminate news and updates to raise the profile of its work and build its network.

Policy Impact. These goals will focus on translating the Center's work into needed law and policy change.

- **Identify Key Leaders.** In year one, we will designate leaders in government, non-profits, corporations, and foundations that we will target to become involved with the Center. We anticipate building on the strong relationships all of the team leaders have in these sectors of the policy community.

- **Advisory Board.** In year one, we will invite some of these leaders, as well as top academics, to join our advisory board.

- **Community Outreach.** Beginning in year one, we will hold regular sessions at the university and at law firms, non-profits, government offices, and community centers to increase our practical understanding, involve key players, and lay the groundwork for impact.

- **Involvement in Law and Policy Design.** Starting in year one, team members will build on existing involvements in efforts to redesign policy with a focus on maximizing impact. They will target opportunities for adopting Center proposals and informing the debate that produces treaties, legislation, and other regulation in the initiatives highlighted in the project descriptions.

Fundraising Goals. These goals will focus on the Center's transition to long-term financial sustainability.

- **Identify Potential Funders.** In year one, we will explore promising governmental, corporate, and foundation donors and begin building relationships.

- **Grant Applications.** In year one, each research project will begin applying for targeted grant funding to support its research goals.

- **Benchmarking.** Beginning in year one, we will look at how successful environmental and energy law centers maintain their funding and explore which of these models might work at the University of Minnesota.

- **Transition Planning.** Starting in year three, we will begin to create a plan for completing a transition to other sources of funding by the end of year ten.

6. Center's Future Path

The Center plans to pursue its mission during its first five years by advancing collaborative, interdisciplinary research; emphasizing these themes in our conferences and workshops; highlighting them in doctrinal and capstone courses; and targeting key policymakers and practitioners. While other schools have focused on one of these areas, we think that the combination of the four will make us a clear national leader on the most important environmental and energy law issues facing society today. Our program brings together energy innovation, governance, social justice, and the role of local-regional entities in a unique fashion, and with the Robina Foundation's assistance could help provide the building blocks for a better future in which we use resources more sustainably.

At the end of this five year period, we plan to ask for an additional five years of expansion and transition funding from the Robina Foundation, which we will aim to complement with funding from other sources. In the second five years, we envision adding doctrinal and clinical faculty, new research and policy endeavors, additional degree opportunities, and more support for students, faculty, and interdisciplinary funding. After five years, the Center may also reach a point of development at which a designated administrator should supplement the faculty director.

By the end of ten years, we envision the Center as self-sustaining through University of Minnesota and external funding and a major national and international leader in supporting innovative thinking and legal change. While we recognize that our plan is ambitious for a fledgling environmental and energy law program, we are committed to realizing this vision and rapidly transforming our law school into a leading place for constructive change. The severity of the current energy and environmental problems and the need for our region to join in more effectively makes this ambition critical to securing the future of all of our children, grandchildren, and the generations to come.

Appendix A: Current Expansion of University of Minnesota Law School Environmental & Energy Law Program

Current efforts to expand the University of Minnesota Law School's program in environmental and energy law provides a strong base for the Center. With the addition of Professor Hari Osofsky to the faculty in this past academic year, we now have four core tenured faculty members in this field. All are nationally and internationally recognized scholars engaged in interdisciplinary collaboration and active in policy innovation. We also are in the process of a search for a senior chair-level hire in environmental and energy law, which, if successful, would bring us to five core environmental and energy law faculty by the 2012-13 academic year. Like other top environmental law schools, we also have a number of other tenure stream faculty members whose scholarship and teaching intersects with environmental and energy law and a dedicated team of prominent and very well-qualified adjuncts from the local practice community.

With these faculty resources in place, our program in environmental and energy law is blossoming. We have recently developed a series of innovative course offerings, such as new capstone courses and seminars in brownfields development, climate change and clean energy, environmental justice and the BP *Deepwater Horizon* oil spill, renewable energy, and sustainability (including both urban land use planning and energy), with more planned for next year. The addition of a new tenured faculty member and these new courses has allowed us to propose a concentration in environmental and energy law, which was approved by the Board of Regents and launched in the 2011-12 academic year. We have an active student Environmental Law Society and students participate every year in a national environmental law moot court. Students also can combine a masters or Ph.D. degree in environmental science, engineering, or public policy and can participate in the active interdisciplinary program at the university's Institute on the Environment.

In addition, we have been working to enhance interdisciplinary collaboration at the University of Minnesota. Three law school faculty members have been appointed as Fellows at the University of Minnesota's Institute on the Environment. In spring 2011, we initiated monthly lunch meetings of environmental and energy scholars in the professional schools and social sciences to provide a foundation for greater collaboration. In 2011-12, we will hold a first annual spring works-in-progress workshop for scholars doing interdisciplinary environmental and energy work in law, public policy, and geography relevant to our Center's four projects. We would like to complement these efforts with a conference on new frontiers in energy problem-solving in 2012-13. We are currently working to fund all three of these initiatives and anticipate that they will be in place by the end of this academic year.

Appendix B: Personnel for the Center's Projects

1. Personnel for Clean Energy Infrastructure Project

Professor Klass, the team leader, and already committed interdisciplinary collaborators like Professors Klink and Wilson, have engaged in cutting-edge research on these issues. In pursuing these projects, we anticipate inviting Massoud Amin from Electrical and Computer Engineering to serve as an additional interdisciplinary team member, and Kevin Jones at Vermont Law School (the top-ranked environmental law school in the country that is also exploring these issues), Seth Blumsack from Penn State, Dalia Patino and Lincon Pratson from Duke, Paulina Jaramillo from Carnegie Mellon, and Joshua Fershee of the University of North Dakota (located in a neighboring state that serves as a source of energy for Minnesota and that has major wind potential) as external team members. Collaborations with the Great Plains Institute, Midwest Governor's Association, and others will be part of this effort into policy change.

These projects build on the faculty's extensive expertise in these areas. All three of the core project faculty members have engaged in synergistic groundbreaking work at the nexus of energy production and use, encompassing energy efficiency, renewable energy, electric power transmission, and carbon capture and sequestration. Professor Klink, a leading scholar on climate science, has considered the ways in which wind turbines (and their expansion) fit into current and future efforts to address climate change. She is considering the impacts of annual wind variability like El Nino on wind resources and exploring the potential of new wind turbine technologies in both Minnesota and the Dakotas. Likewise, Professor Klass's work on exploring the role of historic property rights in current efforts by states to create wind easements, solar easements, and other property rights in renewable resources is obtaining significant recognition in the field. Professor Wilson's (Humphrey School of Public Affairs) National Science Foundation (NSF)-funded work on state level differences on energy technology policy and deployment has examined media and key stakeholder perceptions of wind energy and Carbon Capture and Sequestration ("CCS"). Professor Klass has also explored the difficulty states have encountered in enacting innovative programs to increase energy efficiency of buildings and appliances because federal law currently "preempts" or prohibits any standards that exceed current federal standards. Beyond the scholarly recognition of her work, lawmakers and government lawyers in Colorado have been working with their members of Congress to revise the federal standards in the manner Professor Klass has proposed.

Klass and Wilson have also collaborated on research exploring the role of clean coal technology, known as Carbon Capture and Sequestration ("CCS"), which would capture, transport, inject, and store millions of tons of CO₂ from coal fired power plants deeper than a kilometer underground for hundreds to thousands of years. Professor Klass and Professor Wilson have become among the leading legal and policy experts on CCS, particularly with regard to tort liability and compensation associated with the potential re-release of CO₂ into the atmosphere after sequestration, and with regard to the need to determine who, if anyone, owns the property rights in the subsurface in which the CO₂ will be stored. This work has been cited and relied upon not only by academics but by President Obama's recent task force on CCS development,

other federal policymakers, and states attempting to get a jump on regulating CO2 storage within their jurisdictions prior to the enactment of federal regulation.

Additionally, Klass, Klink, Osofsky, and Wilson are collaborating, together with Professor Massoud Amin, Seth Blumsack and others to launch an initiative to address legal and policy challenges to regional electricity markets and interregional electric power transmission as they relate to the *Smart Grid*, defined broadly as the complex mix of integrated technologies focused on energy production, storage, transmission, distribution, and use. The prior work by these professors and their prior collaborations and impacts on federal, state, and local policymakers position them perfectly to undertake the cutting-edge work the Clean Energy Infrastructure Project encompasses.

2. Personnel for the Environmental and Energy Governance Project

Professor Karkkainen (team leader) Professor Alfred Marcus of the Carlson School of Management, Professor Deborah Swackhamer of the Humphrey Institute and the University of Minnesota Water Resources Center, and Research Fellow Sherry Enzler of the University's Department of Forest Resources have engaged aspects of these governance questions, and they will play critical roles in our group's interdisciplinary collaboration on them. In addition to Professors Karkkainen, Marcus, and Swackhamer and Research Fellow Enzler, we anticipate inviting Professors Alejandro Camacho at the University of California-Irvine, J.B. Ruhl at Vanderbilt University, Joanne Scott at University College London (UK), Jan Darpo and Gabriel Michanek at Uppsala University (Sweden), Ann Carlson at UCLA, William Buzbee at Emory University, Robert Percival at the University of Maryland, and Kenneth Abbot at Arizona State University as external collaborative team members. This collaboration will allow the core team members, together with additional interdisciplinary and external collaborators, to examine the interactions of governance arrangements with substantive environmental policy more fully.

Professor Karkkainen is a globally recognized leading scholar on the use of hybrid multi-party, multi-scalar new governance approaches to engage complex environmental problems more effectively, in both domestic settings and at transboundary scales. His work produces both innovative theory and practical, on-the-ground strategies that have helped policymakers trying to solve problems like Great Lakes ecosystem restoration, adaptive management of aquatic and terrestrial ecosystems, and sustainable management of forest resources Professor Marcus is a leading expert on corporate social responsibility, environmental management systems, and how businesses respond to both conventional and innovative regulatory designs and governance mechanisms. An environmental chemist whose professional work focuses on freshwater ecosystems, Professor Swackhamer is deeply engaged on the practice side of new environmental governance as chair of the U.S. EPA's Chartered Science Advisory Board, chair of the International Joint Commission (U.S.-Canada) Science Advisory Board, and program manager for the Minnesota Water Sustainability Framework initiative. With degrees in law, public policy, and natural resource management, Sherry Enzler's work combines social movement theory with insights from legal scholarship to explore the role of litigation as a catalyst for the emergence of new environmental governance arrangements in such disparate settings as California's Mono Lake and Florida's Everglades.

3. Personnel for Climate, Energy, and Environmental Justice Project

This Project, led by Osofsky, will include Professors Helga Leitner and Eric Sheppard (geography) and Professor David Lipset (anthropology) as confirmed interdisciplinary collaborators at the University of Minnesota. Rebecca Hardin at the University of Michigan, Sheila Foster at Fordham University, Maxine Burkett at University of Hawaii, Alice Kaswan at San Francisco University, Carmen Gonzalez at Seattle University, Deepa Badrinaraya at Chapman University, and Albert Lin at UC Davis University are likely external team members.

Osofsky and the other collaborators are leading commentators on these issues who have translated their scholarship into policy impacts directly relevant to these projects. Osofsky's advocacy work has included assisting with the Inuit Circumpolar Conference's petition on climate change to the Inter-American Commission on Human Rights. Her class on Environmental Justice and the BP *Deepwater Horizon* Oil Spill made a submission to the National Commission on the BP *Deepwater Horizon* Oil Spill and Offshore Drilling for its consideration in the preparation of its report. Her environmental justice classes have also helped to prepare Earthjustice's annual submissions to the U.N. Human Rights Commission on environmental rights. In addition, Osofsky has taught classes assisting the Western Environmental Law Center and the Southern Environmental Law Center with their climate change litigation strategy and helping the University of Minnesota and the Phillips Community with their renewable energy efforts. Her current Climate Change and Clean Energy Capstone course is working with the Minnesota Public Utilities Commission, Minnesota Pollution Control Agency, and Great Plains Institute with enhancing state renewable energy efforts; the National Regulatory Research Institute with microgrid development; and the American Wind Energy Association on elevator standards for wind towers. Osofsky is president-elect of the Association for Law, Property, and Society and a member of the Executive Council of the American Society of International Law; she served as co-chair of the American Society of International Law's 2010 Annual Meeting and is drafting the climate change section of the Society's benchbook for judges. She also is a member of the International Law Association's Committee on the Legal Principles of Climate Change, which is preparing a report on legal efforts to address climate change; the Executive Committee of the American Association of Law School's Section on Property; and the Board of Governors of the Society of American Law Teachers (SALT).

Confirmed interdisciplinary collaborators Professors Leitner and Sheppard have made significant contributions toward developing a more inclusive conception of governance. They have examined the role of community participation and of social movements in shaping governance norms, asking: How does and how can civil society shape legal, political and administrative norms? A common trope of sustainability is that it is supposed to be strengthened by a more radically democratic polity, and these professors have considered what that would mean in both conceptual and practical terms. Leitner and Sheppard also have completed related research documenting the nature of and causes behind environmental inequity and injustice in the Twin Cities, working also with Phillips Neighborhood in Minneapolis on environmental issues faced by its residents and initiatives taken by them. Confirmed collaborator Professor Lipset is cultural anthropologist who has worked on the north coast of Papua New Guinea since 1981 among the

Murik Lakes people who are a fishery-dependent society which has been devastated by rising sea-levels and coastal erosion. Lipset's current work focuses on the climate justice implications of the damage done to their environment and the prospect of resettlement they are facing.

4. Personnel for Sustainable Regions and Communities Project

Orfield will serve as team leader of this project. As an elected official, Professor Orfield co-authored (with then Representative Pawlenty) the Metropolitan Reorganization Act of 1994, the Comprehensive Choice Housing Act, and dozens of other bills and amendments to the land use planning act which helped make the Met Council of the Twin Cities one of most legally significant regional governments in the United States. Steve Manson and John Adams of Geography, Ed Goetz, Yingling Fan of Humphrey School of Public Policy, Michael Oaks of Public Health and Steve Ruggles of the Minnesota Population Center might be interdisciplinary collaborators. Bruce Katz, Anthony Downs and Ross Hammond of the Brookings Institution, Douglas Massey and Hendrik Hartog of Princeton, Gerry Frug, Alan Altschuler, Gerald Kayden, and David Barron of Harvard, Richard Briffault and Susan Sturm of Columbia, Dolores Hayden of Yale, George Kaplan of Michigan, Reid Ewing of Maryland and Sharon Pfeifer of the Minnesota Department of Natural Resources might be external team members.

Orfield and his collaborators are leading experts in this area who have had a major policy impact. Orfield is the director of the Law School's new center on Law and Metropolitan Policy (which will be a joint program with the Brookings Institution, Centre national de la recherche scientifique (CNRS), and potentially the International Association for China Planning (IACP). Orfield's many policy reports, completed at the request of local and regional governments in thirty U.S. metropolitan areas, have resulted in legal or regulatory changes that support coordinated planning activities across the country. For example, his work with the Commercial Club of Chicago and Chicago Metropolitan was influential in the restructuring of the Chicago area metropolitan planning organization, in the passage of the suburban affordable housing bill authored by then State Senator Obama, as well as changes in the state school finance law, and to state laws protecting open space. All of these are necessary pieces of the local government framework to deal with energy and the environment. Orfield has received core funding support from the Ford Foundation since 1998 and over his career has personally raised over ten million dollars in private funding to support scholarly research and public education. This year his scholarly work has been showcased in two PBS nationally televised documentaries: 1) "Suburban America: Problems & Promise"; and 2) "The New Metropolis." Manson and Adams are some of the best applied urban geographers in the United States. Goetz and Fan are leaders in urban planning and applied theory with expertise in metropolitan area planning. Oaks is a social epidemiologist with an expertise in the effect of neighborhood and regional planning on human health and Ruggles manages one or four census designated population and demographic centers in the United States.

Appendix C: Description of Top-Ranked Environmental Law Programs

In creating our plan for the Robina Center for Innovation in Environmental and Energy Law, we have engaged in a comprehensive assessment of the top ten U.S. environmental law programs, as ranked by *US News and World Report*. We examined each individual program in depth and also drew from the experience of our inaugural director, Professor Osofsky, who taught in both Vermont Law School and the University of Oregon School of Law's leading programs.

Our aim in this assessment is two-fold. First, we want to learn from what top programs do well, both in administrative structure and substantive achievements. Second, we want to maximize the added value that our program and center can provide, both as a focal point for research and teaching in a leading university and as a catalyst for major policy change.

We learned the following things from the approaches of top-ranked programs that we used in formulating this proposal:

- * No top-ranked program is equipped to address the critical Midwestern region in their approaches to environmental and energy law issues. All of these programs are based on coasts, and their initiatives reflect their geographic location. The University of Minnesota Law School has an opportunity to fill a major gap and to collaborate with top programs on the coasts with synergistic expertise.
- * Policy impacts of each individual program are limited by lack of collaboration among them. While leading programs set up collaborations across disciplines and with public policymakers and practitioners, they rarely collaborate extensively with one another. Our model of creating research partners in other leading law schools will help to close this gap.
- * The three top programs in the country are at schools ranked well below the University of Minnesota Law School and have achieved their ranking by developing the most extensive programs in the country. Leading research universities, such as UC Berkeley and Stanford, and other strong public universities—the University of Colorado, Florida State University, the University of Maryland, and the University of Oregon—are able to contribute and achieve top ten rankings with less investment by focusing on their interdisciplinary strengths. Our proposed expansion of our program and development of our center follows this model in its initial five years. We aim in the long-run to pair the level of programming of the top three programs with the University of Minnesota's capacity as a leading research university with major strengths university-wide in environment and energy.
- * Establishing a center with a faculty director supported by administrators creates a critical focal point for leading environmental law programs to achieve their research, teaching and policy goals. Our proposed administrative structure follows this model.

• Environmental programs maximize their impact by creating areas of specialization based in faculty interests and strengths. Our proposed projects follow this model, with a particular emphasis on areas where we believe we can maximize our policy impacts based on our past achievements.

The table below summarizes the top-ranked programs and their key characteristics:

School Name, Location, and Overall Rank ¹	Key Characteristics of Program
1. Vermont Law School, South Royalton, VT (Ranked #117 Overall)	• Administrative Structure: Environmental Law Center with Faculty Director and additional administrators; Institute for Energy and Environment; Environmental Tax Policy Institute; Land Use Institute; U.S.-China Partnership for Environmental Law; Center for Agriculture and Food Systems; Water and Justice Program; Climate Legacy Initiative • Academic Opportunities and Programs: Master of Environmental Law and Policy; LLM in Environmental Law; Certificate in Energy Law; Environmental and Natural Resources Clinic; Land Use Clinic; Colloquium on Environmental Law; <i>Vermont Journal of Environmental Law</i>
2. Lewis & Clark College School of Law, Portland, OR (Ranked #67 Overall)	• Administrative Structure: Environmental and Natural Resources Law Program with administrative associate director; Natural Resources Law Institute with annual research fellow, distinguished faculty visitor, and visiting scholars • Academic Opportunities and Programs: LLM in Environmental Law; Joint JD/LLM in Environmental Law; Certificate in Environmental and Natural Resources Law; Clinics through Pacific Environmental Advocacy Center, International Environmental Law Project, Center for Animal Law Studies; <i>Environmental Law and Animal Law Review</i>
3. Pace University Law School, White Plains, NY (Ranked #117 Overall)	• Administrative Structure: Environmental Law Program with administrative director; Center for Environmental Legal Studies with faculty directors; Brazil-American Institute for Law and the Environment; Kheel Center for the Resolution of Environmental Interest Disputes; Pace Land Use Law Center; Pace Energy and Environment Center; Science, Technology, and Policy Center • Academic Opportunities and Programs: LLM in Environmental Law; Certificate in Environmental Law; Pace Environmental Litigation Clinic; Pace Academy for the Environment; hosts National Environmental Law Moot Court Competition
4. U.C. Berkeley School of Law, Berkeley, CA (Ranked #9 Overall)	• Administrative Structure: Center for Law, Energy, and the Environment with faculty directors and administrative executive director; Initiatives in Energy Policy, Climate Change, Sustainable Communities, and Water • Academic Opportunities and Programs: Environmental Law Program with LLM and JD Certificates; Energy and CleanTech Law Program with LLM and JD Certificates; <i>Ecology Law Quarterly</i>
5. University of Colorado Boulder Law School, Boulder, CO (Ranked #47 Overall)	• Administrative Structure: Center for Energy and Environmental Security with faculty director; Natural Resources Law Center with faculty director • Academic Opportunities and Programs: LLM in Natural Resources Law; Graduate Energy Certificate Program; Interdisciplinary Graduate Certificate Program in Environment, Policy, and Society; Natural Resources Clinic; <i>Colorado Journal of International Environmental Law and Policy</i>

¹ From 2011 U.S. News and World Report rankings.

6. Florida State University College of Law, Tallahassee, FL (Ranked #50 Overall)	• Administrative Structure: Environmental Law and Land Use Program with Associate Dean • Academic Opportunities and Programs: LLM in Environmental Law and Policy, Certificate in Environmental and Land Use Law, <i>Journal of Land Use & Environmental Law</i>
7. University of Maryland School of Law, Baltimore, MD (Ranked #42 Overall)	• Administrative Structure: Environmental Law Program with faculty director • Academic Opportunities and Programs: LLM in Environmental Law; Concentration in Environmental Law; Environmental Law Clinic
8 (tie). Stanford Law School, Stanford, CA (Ranked #3 Overall)	• Administrative Structure: Environmental and Natural Resources Law & Policy Program with administrative director • Academic Opportunities and Programs: Environment and Energy Workshop; <i>Stanford Environmental Law Journal</i>
8 (tie). Tulane University School of Law, New Orleans, LA (Ranked #47 Overall)	• Administrative Structure: Tulane Institute for Water Resources Law & Policy with administrative director • Academic Opportunities and Programs: LLM in Energy & Environment; Concentration in Environmental Law; Environmental Law Summit; Environmental Law Clinic; <i>Tulane Environmental Law Journal</i>
8 (tie). University of Oregon School of Law, Eugene, OR (Ranked #79 Overall)	• Administrative Structure: Environmental and Natural Resources Law Program with faculty director and administrative managing director with projects in conservation trust; energy law and policy; Native environmental sovereignty; oceans, coasts, and watersheds; and sustainable land use • Academic Opportunities and Programs: LLM in Environmental Law; Statement of Completion in Environmental and Natural Resources Law; Environmental Law Clinic; <i>Journal of Environmental Law and Litigation</i>

Appendix D: Potential Reviewers

- Ellen Anderson, Chair, Minnesota Public Utility Commission
- Carl Bauer, Associate Professor & Director of Graduate Studies, School of Geography and Development
- Daniel Farber, Sho Sato Professor of Law; Director, Environmental Law Program; Faculty Director, Center for Law, Energy, and Environment, U.C. Berkeley School of Law
- Rebecca Hardin, Associate Professor, School of Natural Resources and Environment, University of Michigan
- Rolf Nordstrom, Executive Director, Great Plains Institute
- J.B. Ruhl, David Daniels Allen Distinguished Chair in Law, Vanderbilt Law School

ROBINA Center for Innovation in Environmental and Energy Law

	Year 1 FY 2013	Year 2 FY 2014	Year 3 FY 2015	Year 4 FY 2016	Year 5 FY 2017	TOTAL
PROGRAM ACTIVITIES						
<i>Research Streams</i>						
Clean Energy Infrastructure (A. Klass)	25,000	25,750	26,523	27,318	28,138	132,728
Environment and Energy Governance (B. Karkkainen)	25,000	25,750	26,523	27,318	28,138	132,728
Climate, Energy and Environmental Justice (H. Osofsky)	25,000	25,750	26,523	27,318	28,138	132,728
Sustainable Localities (M. Orfield)	25,000	25,750	26,523	27,318	28,138	132,728
Annual Robina Interdisciplinary Workshop	26,750	27,553	28,379	29,230	30,107	142,019
Robina Bi-Annual Interdisciplinary Conference		60,000		60,000		120,000
Environment and Energy Law Capstone Speakers	15,000	15,450	15,914	16,391	16,883	79,637
Target of Opportunity Research Funds	20,000	30,000	30,000	30,000	20,000	130,000
Communications/Program Support	15,000	15,450	15,914	16,391	16,883	79,637
Subtotal Program Activities	176,750	251,453	196,296	261,285	196,424	1,082,207
FACULTY DEVELOPMENT						
Director (30% time plus \$15,000)	95,220	98,077	101,019	104,049	107,171	505,536
New Junior Level Faculty		189,000	194,670	200,510	206,525	790,706
Clinical Faculty Position			194,670	200,510	206,525	601,706
5 Adjunct Faculty	15,000	15,450	15,914	16,391	16,883	79,637
Subtotal Faculty Development	110,220	302,527	506,272	521,461	537,104	1,977,584
STUDENT OPPORTUNITIES						
Energy and Environment Joint Degree Scholarships (20/yr)	80,000	80,000	80,000	80,000	80,000	400,000
Post Graduate Fellowship		80,000	82,400	84,872	87,418	334,690
Energy and Environment Summer Internships (5)	25,000	25,000	25,000	25,000	25,000	125,000
Subtotal Student Opportunities	105,000	185,000	187,400	189,872	192,418	859,690

ADMINISTRATION AND FACILITIES

Board of Advisors	1,000	1,030	1,061	1,093	1,126	5,309
Communications and Programming Manager	84,000	86,520	89,116	91,789	94,543	445,967
GIS Lead Technician	70,000	72,100	74,263	76,491	78,786	371,640
2 - 50% Graduate GIS Research Assistants	60,000	61,800	63,654	65,564	67,531	318,548
Administrative Assistant	56,000	57,680	59,410	61,193	63,028	297,312
Subtotal Administration and Facilities	271,000	279,130	287,504	296,129	305,013	1,438,776

ANNUAL BUDGET	662,970	1,018,109	1,177,472	1,268,747	1,230,959	5,358,257
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**TRANSFORMING UNDERGRADUATE SCIENCE TEACHING
AT YALE**

**PREPARED FOR THE
ROBINA FOUNDATION**

SEPTEMBER 2011

Yale

Transforming Undergraduate Science Teaching at Yale University

Introduction-The Need for Change

Yale University shares the national problem of the loss of undergraduate students who indicate an intent to major in a scientific discipline upon entrance to college and then fail to graduate with a science degree. Yale has developed a plan to combat this phenomenon known as "melt," by transforming the gateway, the University's curricular introduction to science that undergraduates must successfully navigate early in their careers in order to continue on a scientific trajectory. We believe, with key support from the Robina Foundation, that the changes we envision and describe below will increase significantly the pipeline of science students throughout Yale College and the numbers of graduates with a science degree.

The plans for transforming undergraduate science education are multi-dimensional, leveraging the latest research on how students learn. To attract and retain students in the sciences, we aim to design and implement novel approaches to the building blocks of the curriculum as a first step – redesigning the introductory lecture, providing greater opportunities to take inquiry based courses, i.e, courses that allow students to produce original work and often include field work and research, and training the current and future generations of teachers in an entirely new pedagogy for science. Assessment of the impacts and outcomes of these changes on both students and faculty is an integral part of the plan for it is only when we have altered students' expectations of their faculty, convinced faculty of the efficacy and effectiveness of the new pedagogy, and witnessed the expansion of the plan throughout the sciences that we will know we have succeeded.

Redesigning the Introductory Lecture

Introductory science courses at universities such as Yale serve as the portals that connect undergraduates to frontiers in research and scientific ways of thinking. Teaching practices, however, have not changed in correspondence with advances in scientific research and so the gateway through which most students pass is antiquated and misrepresents the interdisciplinary, collaborative, evidence-based culture of science. Traditional introductory lecture courses too often devolve into collections of facts to be memorized. The unfortunate consequence is that many students become lost and discouraged by the tedium of memorization and lack of apparent relevance of the material. Yale is fortunate to have among its faculty, Professor Jo Handelsman, founding director of the Center for Scientific Teaching at Yale, and the author of a book on point, Scientific Teaching. The Center's goal is to induce a revolution in how undergraduate science is taught by training cohorts of teachers in the methods of "scientific teaching," an evidence-based approach to teaching college-level science formulated by Professor Handelsman. The pedagogical principles underlying scientific teaching are active learning, assessment and diversity.¹ All are aimed at bringing to teaching the same critical thinking, rigor, creativity and spirit of experimentation that define scientific research.

What is
the Center
doing now?

¹ Active learning is a process in which students are actively engaged in learning rather than listening and taking notes. By way of example, it includes group problem solving activities, journal article discussions, and in-class questions with electronic audience response systems. Assessment tools provide regular checkpoints and measures of achievement and let the students determine whether they are on track. As a result, learning becomes a process of reflection and analysis with specific markers of achievement rather than simply an end point and a grade. Finally, good science necessitates teamwork typified by members with different approaches, experiences and ways of

Yale is prepared to challenge the existing format for science lecture courses by harnessing the power of scientific teaching. In a plan that will quickly impact several hundred students, Yale proposes to redesign two of its large introductory lecture courses, one in biology (typical enrollment of 130 students in 10 sections) and one in chemistry (typical enrollment of 200 students in 15 sections). Plans include pairing faculty members with postdoctoral fellows who will all participate in training at the Center. Expert instructors will guide the Yale team by sharing and demonstrating tested approaches to classroom teaching and assessment. Under the guidance of Professor Handelsman, the teams will design sections for a new, two-semester introductory curriculum in biology and chemistry during the academic year 2012-2013. Implementation of the new courses will take place during the following academic year. The new courses will be offered in parallel with other standard introductory courses as an alternative class fulfilling the requirements of the major. Once we assess student learning and the new courses' success, we hope to be able to phase out the existing introductory courses and replace them with the new courses. 7

Expanding Inquiry Based Courses

Inquiry based learning is another demonstrated successful approach to attracting and retaining undergraduates in the sciences. This learning requires students to play an active role in science coursework, engaging them through the opportunity to produce original work and ideas over which they exert intellectual control. Yale's unique example of such a course is the Rainforest Expedition and Laboratory (REAL), designed by Professor Scott Strobel. The central premise of REAL is that the discovery of biological diversity is an accessible and highly engaging paradigm for novice scientists to make original observations about the natural world. This program is focused on students collecting and identifying plant endophytes from a tropical rainforest in Ecuador. These organisms have a demonstrated but underexplored potential to produce a trove of novel products that await discovery and utilization. In addition, all regions of the earth, from deserts to rainforests, harbor distinct and exceptional microbial diversity, making the project accessible to a wide variety of educational programs.

REAL is presently supported by the Howard Hughes Medical Institute through the academic year 2013-2014. It has become one of Yale's most popular science courses, taught by an award-winning instructor. It has won national accolades and we consider it to be a signature course in Yale's science curriculum. Given its importance and popularity, we are requesting support from the Robina Foundation that will guarantee the continuation of REAL through 2016-2017.

As well, Yale seeks to adapt the principles of Professor Strobel's course to the design of two new inquiry based courses. Already, Yale faculty members have many ideas for these new courses, ranging from designing appropriate technologies aimed at solving problems in the developing world to fostering students' observational skills through biodiversity fieldwork. We are requesting support from Robina for one course that will travel internationally and for another that will include domestic travel. Among the possibilities is a course that will utilize the Yale Myers Forest, a Yale-owned property which covers 7,840 acres (12.2 sq. mi.) in the northeast corner of Connecticut. This is one of Connecticut's most remote forest areas, populated by

thinking. Research has demonstrated that heterogeneous groups are more creative than homogenous groups. Innovation and collaboration are hallmarks of science and thus advancement in science necessitates diversity.

numerous small ponds and wetland areas and provides an unparalleled opportunity for undergraduates to experience field work both first hand and close to home. Because of the wide interest, Yale plans to hold an internal competition to select the strongest courses for moving forward.

Assessment

Assessment is a critical component of the plan, designed to measure impact and outcomes on the students who participate in the redesigned curriculum and on the faculty members who have been trained at the Center. Assessment will be conducted by the Graduate Teaching Center at Yale, which has personnel trained and experienced in evaluation of educational techniques. For the undergraduates, we will examine the impact of the lectures and inquiry based courses on student's learning. Evidence suggests that many more students will experience "deep learning" – significant shifts in how they understand and are motivated toward science. We will also examine specific instructional strategies and collect data on the learning they are designed to produce. Finally, we will measure retention rates in the sciences. For the faculty, we will assess the degree to which their teaching philosophies and practices based upon the components of scientific teaching are adopted and will also measure changes in faculty attitudes towards the concepts of scientific teaching. For the latter, the process will include comparing statements written before and after the training program, responding to survey questions, and rating individual faculty's ability to develop active learning strategies, employ assessments and foster inclusive classrooms.

Sustainability

Yale is eager for the opportunity to transform scientific teaching and believes that the impact and outcomes will be sustainable. The plan enjoys the full support of University leadership. Through the redesigned lectures and increased opportunities for inquiry based learning, we expect to attract and retain many more students in the sciences, thereby increasing Yale's desirability among the world's top students as a destination for the study of undergraduate science. Student demand will drive further change. The opportunity for faculty and postdoctoral fellows to improve upon teaching skills has the potential to seed enormous changes throughout the science curriculum, among other faculty members, and among other institutions. Equipping a faculty member with innovative techniques that drive student success has the potential to impact on many more courses than those described in this proposal and sending these cohorts of postdoctoral fellows to assume faculty positions at our colleague institutions will seed change throughout the country and even the world.

The Request

Yale is grateful to the Robina Foundation for its consideration of this proposal and respectfully requests that the Foundation consider support in the amount of \$5 million over 5 years. We believe that this support will enable Yale to alter completely the undergraduate experience of introductory biology and chemistry while expanding exciting opportunities for first hand research and discovery. Coupled with the corresponding sea change in pedagogy, we fully expect that this will be the beginning of a new era in science teaching. We would be honored to partner with the Robina Foundation in this transformative endeavor.

YALE UNIVERSITY
TRANSFORMING UNDERGRADUATE SCIENCE TEACHING
(5-Year Budget)
Prepared for the Robina Foundation

	Inflation Factor	Year 1		Year 2		Year 3		Year 4		Year 5		Total Robina Request	Total Yale Contributions
	1.03	2012-2013		2013-2014		2014-2015		2015-2016		2016-2017			
Lecture Course Redesign		Robina Request	Yale Contribution	Robina Request	Yale Contribution	Robina Request	Yale Contribution	Robina Request	Yale Contribution	Robina Request	Yale Contribution		
Introductory Biology (6 sections)													
Faculty summer salary - six positions	1 month base salary plus fringe = 20,000	120,000	-	-	-	-	-	-	-	-	-	-	-
Faculty salary relief - six positions	Relief time salary plus fringe = 20,000	-	120,000	-	-	-	-	-	-	-	-	-	-
Summer training - 6 post docs, 6 faculty	Class fee \$1667 each = 20,000	20,000	-	-	-	-	-	-	-	-	-	-	-
Postdoctoral Fellows (6, dropping to 2 in yrs 3, 4 & 5) - Stipends @ 50% FTE	Stipend @ 45,000 *50% * 6 or *2	135,000	-	139,050	-	47,693	-	49,124	-	50,597	-	-	-
Fellows Fringe Benefits	Fringe @ 14,400 *50% * 6 or *2	43,200	-	44,496	-	15,262	-	15,720	-	16,191	-	-	-
Laboratory		-	-	-	100,000	-	103,000	-	106,090	-	109,273	-	-
Introductory Biology Total		318,200	120,000	183,546	100,000	62,954	103,000	64,843	106,090	66,788	109,273	696,332	538,363
Introductory Chemistry													
Faculty summer salary - six positions	1 month base salary plus fringe = 20,000	120,000	-	-	-	-	-	-	-	-	-	-	-
Faculty salary relief - six positions	Relief time salary plus fringe = 20,000	-	120,000	-	-	-	-	-	-	-	-	-	-
Summer training (6 post dos/6 faculty)	Class fee \$1667 each = 20,000	20,000	-	-	-	-	-	-	-	-	-	-	-
Postdoctoral Fellows (6, dropping to 2 in yrs 3, 4 & 5) - Stipends @ 50% FTE	Stipend @ 45,000 *50% * 6 or *2	135,000	-	139,050	-	47,693	-	49,124	-	50,597	-	-	-
Fellows Fringe Benefits	Fringe @ 14,400 *50% * 6 or *2	43,200	-	44,496	-	15,262	-	15,720	-	16,191	-	-	-
Laboratory		-	-	-	100,000	-	103,000	-	106,090	-	109,273	-	-
Introductory Chemistry Total		318,200	120,000	183,546	100,000	62,954	103,000	64,843	106,090	66,788	109,273	696,332	538,363
REAL Continuation Total			-	-	-	250,000	-	250,000	-	250,000	-	750,000	-
Expansion of Inquiry Based Courses													
Domestic (1 course)													
Faculty Summer Salary - one position	1 month base salary plus fringe = 20,000	20,000	-	-	-	-	-	-	-	-	-	-	-
Postdoctoral fellow (1) - Stipends @ 50% FTE	Stipend @ 45,000 *50%	22,500	-	23,175	-	23,870	-	24,586	-	25,324	-	-	-
Fellows Fringe Benefits	Fringe @ 32% = 14,400 *50%	7,200	-	7,416	-	7,638	-	7,868	-	8,104	-	-	-
Travel		25,000	-	25,750	-	26,523	-	27,318	-	28,138	-	-	-
Summer Laboratory		-	-	-	25,000	-	25,750	-	26,523	-	27,318	-	-
International (1 Course)													
Faculty summer salary - one position	1 month base salary plus fringe = 20,000	20,000	-	-	-	-	-	-	-	-	-	-	-
Postdoctoral fellow (1) - Stipends @ 50% FTE	Stipend @ 45,000 *50%	22,500	-	23,175	-	23,870	-	24,586	-	25,324	-	-	-
Fellows Fringe Benefits	Fringe @ 32% = 14,400 *50%	7,200	-	7,416	-	7,638	-	7,868	-	8,104	-	-	-
Travel		70,000	-	72,100	-	74,263	-	76,491	-	78,786	-	-	-
Summer Laboratory		-	-	-	25,000	-	25,750	-	26,523	-	27,318	-	-

YALE UNIVERSITY
TRANSFORMING UNDERGRADUATE SCIENCE TEACHING
(5-Year Budget)
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Expansion of Inquiry Based Courses Total		194,400	-	159,032	50,000	163,803	51,500	168,717	53,045	173,779	54,636	859,731	209,181
Assessment (no inflation factor) Total		100,000	-	100,000	-	100,000	-	100,000	-	100,000	-	500,000	-
Administration													
Program Manager	1 M&P FTE Salary + Fringe (ballpark)	120,000	-	123,600	-	127,308	-	131,127	-	135,061	-		
Assistant	1 C level C&T FTE Salary + Fringe (ballpark)	60,000	-	61,800	-	63,654	-	65,564	-	67,531	-		
Administration Total		180,000	-	185,400	-	190,962	-	196,691	-	202,592	-	955,644	-
Total Total		1,110,800	240,000	811,524	250,000	830,674	257,500	845,094	265,225	859,947	273,182	4,458,039	1,285,907
Indirect Costs @ 12%		133,296	28,800	97,383	30,000	99,681	30,900	101,411	31,827	103,194	32,782	534,965	154,309
Unrecovered Indirect Costs @ 29.8%		-	402,538	-	316,334	-	324,276	-	330,875	-	337,672	-	1,711,696
Grand Total		1,244,096	671,338	908,907	596,334	930,355	612,676	946,505	627,927	963,141	643,636	4,993,003	3,151,911



Yale Law School

KATHERINE R. NORTON
Associate Director of Development

October 27, 2011

* Mentorships
* Alumni Weekend
* Student Panels
* Human Rights Chart
* Website
* Pathway

Penny A. Hunt
Executive Director
The Robina Foundation
4900 IDS Center, 80 South 8th Street
Minneapolis, MN 55402

Dear Penny,

I hope that you have had a good fall. We are looking forward to the Board's visit on November 11th. Below, please find a semi-annual update about our activities in the current academic year, as well as our upcoming plans.

Robina Human Rights JD Scholarships: In academic year 2011-12, we are providing Robina Foundation JD Scholarships to eleven students interested in human rights. The average scholarship amount provided to students is \$23,200. The largest scholarship is \$33,675, and the smallest is \$7,875.

Kirby Simon Summer Human Rights Fellowships, Supported by the Robina Foundation: In summer 2011, we provided summer human rights fellowships to 41 students working in organizations and offices ranging from the Supreme Court of India to the Uganda Rural Fund to the Lawyers for Human Rights in South Africa. The average combined stipend and travel funding provided to each student was \$4,963.

Robina Foundation Post-Graduate Fellows: As we mentioned in our April 2011 report, we have chosen the following six individuals to be the 2011-12 Robina Foundation Post-Graduate Fellows: Amanda Aikman '08 JD; Michelle Argueta '11 JD (2009 Summer Human Rights Fellow); Clark Gard '09 JD (2008-09 Robina JD Scholar); Nadia Lambek '10 JD (2008 and 2009 Summer Human Rights Fellow); Elizabeth Nielsen '11 JD (2009 Summer Human Rights Fellow); and Catherine Rivkin '11 JD (2009 Summer Human Rights Fellow).

Amanda Aikman will spend a year working at the International Labor Organization in Geneva in the unit that focuses on forced labor. Michelle Argueta is splitting the year between the Appeals Chamber of the International Criminal Tribunal for Rwanda and the Office of the Prosecutor of the International Criminal Tribunal for the Former Yugoslavia. Clark Gard is spending a half year clerking for Chief Justice Sandile Ngcobo of the Constitutional Court of South Africa. Nadia Lambek is working as an assistant to the United Nations Special Rapporteur on the Right to Food. Elizabeth Nielsen will spend a half year working at the Office of the Prosecutor at the International Criminal Tribunal for the Former Yugoslavia. Catherine Rivkin is spending the year clerking for Judge Theodor Meron of the Appeals Chamber of the International Criminal Tribunals for the Former Yugoslavia and for Rwanda.

Robina Foundation Visiting Human Rights Fellows: As noted in our April 2011 report, a number of outstanding scholars and practitioners are joining us this year as Robina Visiting Human Rights Fellows. Their names are Or Bassok '07 LLM, Eugene Garver, Samuel Moyn (who, in addition to being a Robina Visiting Human Rights Fellow, is the Irving S. Ribicoff Visiting Professor of Law), and Luke Norris '11 JD. Lucas Guttentag has also rejoined us during the fall semester as a Robina Fellow. They are spending time at the Law School teaching courses, conducting research, and leading workshops on human rights topics. Below are their brief biographies and activities.

Samuel Moyn's area of research focuses on the history of human rights and modern European intellectual history – with special interests in France and Germany, political and legal thought, historical and critical theory, and Jewish studies. Professor Moyn will be in residence during the spring 2012 semester and will teach classes on International Human Rights and Conservatism.

Or Bassok was the winner of the 2009 Israeli Law and Society first prize for research by a young scholar. As a Robina Fellow, Or will compile and edit a book of original essays written by various scholars on the status of human rights in the year 2025. Or was selected as a Robina Fellow specifically to carry out this book project of the Schell Center. In Or's words, "Human rights are so dominant in current western culture that they seem a natural part of the world. Yet human-rights talk emerged only during the 1970s. The discourse of rights may thus change considerably in the coming decades. Developments such as the rise of cosmopolitanism or the spread of internet-based social networks raise many new and important questions regarding the future content and status of human rights." The book project is

designed to explore some of these important questions. Or is also writing his JSD dissertation.

Eugene Garver is Regents Professor of Philosophy and Professor Emeritus at Saint John's University in Collegeville, Minnesota, as well as an adjunct professor in the department of philosophy at the University of Minnesota. His books include *Confronting Aristotle's Ethics: Ancient and Modern Morality* and the forthcoming *Living Well and Living Together: Aristotle's Politics*. He will teach a class at Yale Law School on Persuasion and Politics.

Luke Norris is conducting academic research on workers and human rights. In the coming year, he will develop a paper that will consider the advancement of the evolving regime of corporate codes of conduct in the developing world – both their promise and limitations. He is also finishing a project on the evolution of workers' rights in the United States during the New Deal.

Lucas Guttentag was the founding national director of the Immigrants' Rights Project of the American Civil Liberties Union Foundation. He is also a lecturer at the University of California, Berkeley (Boalt Hall) School of Law. Lucas specializes in immigration law and, policy and individual rights and was a recipient of the Robina Visiting Human Rights Fellowship in 2009-10 and 2010-11. Lucas has joined us during the fall semester to teach Immigration Law, Policy and Constitutional Rights, and Advanced Immigration and Migration Topics. He will also continue to lead the Immigration Theory and Practice Workshop Series, which he initiated at the Law School in 2009.

Robina Coordinator: Katherine (Katy) Lawder will continue in her position as the Robina Human Rights Fellowship Coordinator. In this capacity, she will continue to be responsible for coordinating the day-to-day activities of the Robina Initiative, organizing lectures, panels and other events involving Robina JD Scholars and fellows; refining and implementing assessment tools in order to continue to evaluate the Initiative's impact; using the newly-developed human rights database to reach out to and connect students with alumni of the Law School who were involved in various aspects of the human rights program; and collaborating with the Schell Center's Director Jim Silk to conduct further outreach to students and programs at other parts of the University and to increase their interaction with the Law School's human rights program.

Related Activities: Several other programs and events have been planned and initiated as a result of the interactions between Robina-associated fellows and students. Returning Robina summer human rights fellows will talk about their experiences on two student panels this fall and another this spring. In the first panel, fellows will share insights from their summer experiences to introduce the first-year law students to the variety of opportunities the summer human rights fellowships provide. In the second panel, students will discuss the legal, ethical and personal issues their work at a variety of international criminal-justice issues raised. At a third panel in the spring, fellows will lead a discussion of a specific human rights issue on which their summer work focused (possibly issues related to migration or to women's rights).

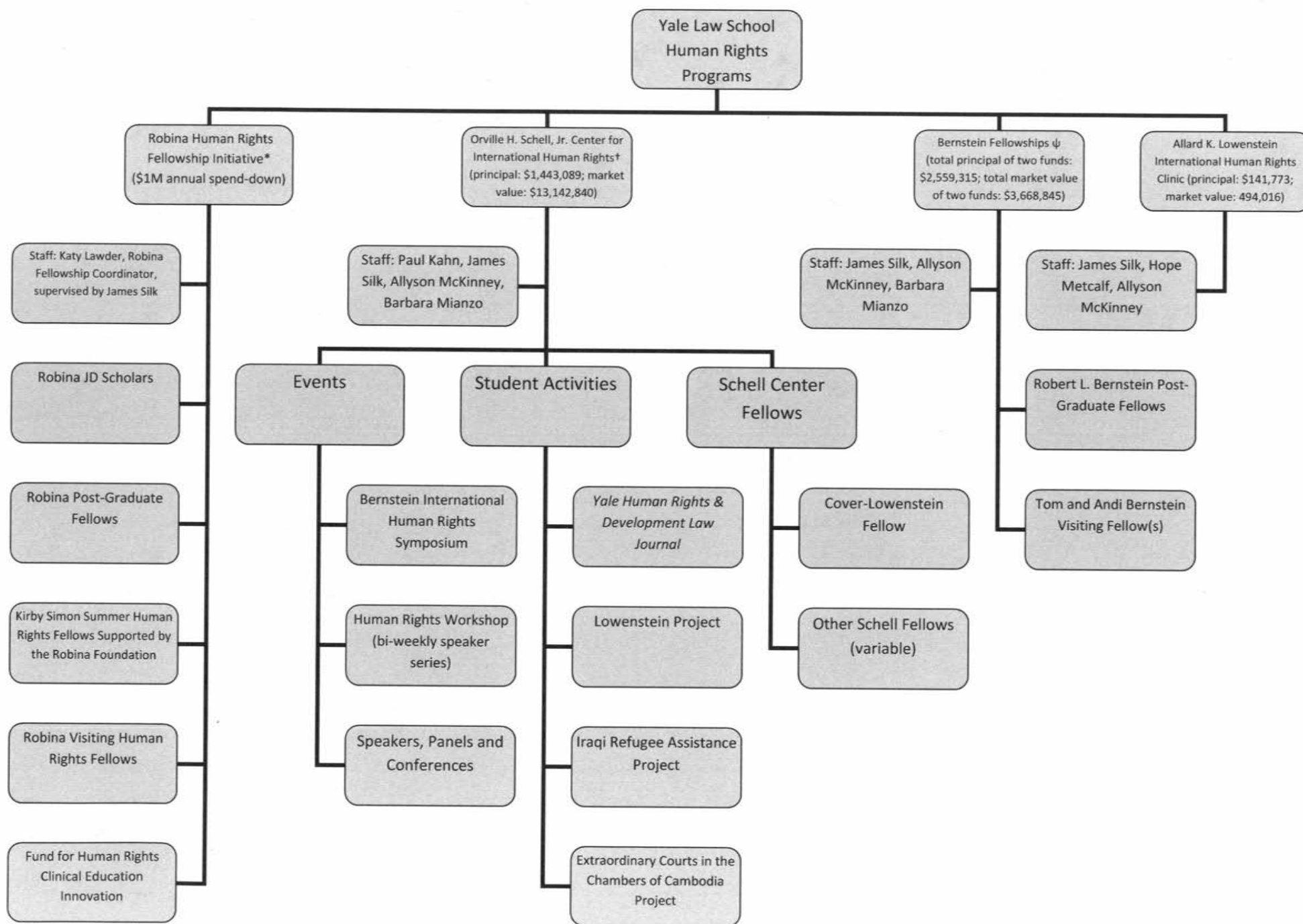
* In addition, in September, the Law School hosted a reception for returning summer human rights fellows to share with each other the challenges and lessons of their summer experiences. Jim Silk is working with the Schell Center student directors and an undergraduate assistant to develop a group of Law School students involved in human rights to serve as mentors to Yale College students interested in pursuing careers in human rights. Jim and one of last year's Robina Fellows, Daniel Bonilla, from Colombia, are planning an April conference on the benefits and problems of academic collaboration, including clinical cooperation, between law schools of the Global North and the Global South. The conference takes off from a paper that Daniel completed during his period of residence at the Law School last spring as a Robina Fellow. Finally, the Schell Center is working closely with the Law School Office of Alumni Affairs on preparations for the upcoming Alumni Weekend 2011, this year titled "Human Rights in a Turbulent World." Using the database Katy Lawder has created, the Schell Center sent e-mail invitations to more than 800 graduates who, because of their involvement in various human rights activities during their time at the Law School, might be particularly interested in the Alumni Weekend panels and in the opportunity to interact with students and fellow graduates. To that end, the Schell Center is sponsoring an open house during the weekend. The Schell Center has also organized a panel of students to speak to attendees about the importance of their varied human rights activities during law school. One of these panelists was a Robina JD scholar in 2010 and all four are former summer human rights fellows.

I hope that this brief report provides a helpful overview of the Robina Human Rights Fellowship Initiative and the important support it is providing for students and human rights leaders. We are ever grateful for your investment, and I look forward to your upcoming visit.

Best regards,

Kate Norton

Components of the Yale Law School Human Rights Programs



POSSIBLE SPEAKERS FOR FEBRUARY 2012 MEETING

Futurist

Institute for the Future: based in Palo Alto. Three focus areas for members: "Ten-Year Forecast," "Health Horizons," "Technology Horizons." Executive Director is Marina Gorbis, who is a frequent speaker on future organizational, technology, and social issues. (Schroeder)

Health (including future of health care)

Arnold Milstein: Arnold Milstein, MD, MPH □ Philip R. Lee Institute for Health Policy Studies, UCSF □ Professor of Medicine and Director □ Clinical Excellence Research Center, Stanford University □ Medical Director, Pacific Business Group on Health

Dr. Milstein is the Medical Director of the Pacific Business Group on Health (PBGH) and the U.S. Health Care Thought Leader at Mercer Health & Benefits. PBGH is the largest employer health care purchasing coalition in the U.S.

He co-founded both the Leapfrog Group and the Consumer-Purchaser Disclosure Project. He heads performance measurement activities for both initiatives and is a MedPAC Commissioner. Previously a Rosenthal Lecturer at the Institute of Medicine, the New England Journal of Medicine's series on employer sponsored health insurance described him as a "pioneer" in efforts to advance quality of care. In 2004 and 2005, he was selected for the highest annual award of World-at-Work, the largest global organization of human resource managers, and of the National Business Group on Health (NBGH). The NBGH award cited nationally recognized innovation and implementation success in health care cost reduction and quality gains. In 2006 he was elected to the Institute of Medicine of the National Academy of Sciences.

He was educated at Harvard (BA-Economics), Tufts (MD) and (UC-Berkeley MPH-Health Services Evaluation and Planning). formerly of Mercer and now at Stanford; does a lot of speaking about the future of health care (as does Steve S.) (Schroeder)

Ian Morrison: formerly of the Institute for the Future; author and futurist; an internationally known consultant and speaker specializing in long-term forecasting and planning with particular emphasis on health care and the changing business environment. He combines research and consulting skills with

an incisive Scottish wit to help public and private organizations plan their longer term future (Schroeder)

* **Michael Bordofsky:** End-of-life care. Palliative physician in Santa Barbara (Karoff)

Stephen Hosea: physician; community leader in AIDS care (Karoff)

? **Drew Altman:** PhD; health policy and philanthropy; President & CEO, Kaiser Family Foundation (based in Menlo Park, CA) (Karoff)

* **Steve Pantilat:** runs the Palliative Care Center at UCSF; just named a Community Health Leader by the Irvine Foundation; Professor of Clinical Medicine in the Department of Medicine at UCSF; founding Director of the Palliative Care Service, an interdisciplinary palliative care consultation service and of the Comfort Care Suites, a 2-bed inpatient palliative care unit. Steve is the President-elect, a member of the Board of Directors, and the former Chair of the Ethics committee for the Society of Hospitalist Medicine. Steve is a full-time faculty member in the Program in Medical Ethics at UCSF and serves on the Moffitt-Long Ethics Committee. Steve's research focuses on improving end-of-life care in hospitals and on palliative care education. Steve has published widely in the areas of hospitalist care, inpatient-outpatient physician communication, and palliative care. Steve is the Director of the UCSF Palliative Care Leadership Center, one of 6 prestigious programs funded by the Robert Wood Johnson Foundation to teach teams from hospitals across the country how to establish palliative care programs in their institutions. Steve, along with colleagues at UCSF, is a co-editor of an ongoing series in JAMA focused on improving end-of-life care titled "Perspectives on Care at the Close of Life."

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James Robinson: PhD, MPH; the Kaiser Permanente Professor of Health Economics; Director, Berkeley Center for Health Technology; teaches at UC Berkeley. Writes frequently in Health Affairs on the cost of care and health policy generally. (<http://hpm.berkeley.edu/robinson.html>) (Blatz)

Jeff Goldsmith: President of Health Futures, Inc; Associate Professor of Public Health Sciences at the University of Virginia. Interests include: biotechnology, health policy, international health systems, and the future of health services. Really engaging speaker; takes more of a general policy orientation, as opposed to the economic perspective Robinson often uses. (<http://www.healthfutures.net/p-lt.php>) (Blatz)

Mark Hall: Fred D & Elizabeth L. Turnage Professor of Law at Wake Forest University. On the research faculty at Wake Forest's Medical School. Policy

thinker who works in law, economics and bioethics.
(<http://law.wfu.edu/faculty/profile/hallma/>) (Blatz)

International Affairs

Benjamin Jerry Cohen (Jerry): Political Science dept at UCSB; one of the world's leading experts on currency; specialist in international political economy; most recent book is *The Future of Global Currency: The Euro Versus the Dollar* (Karoff)

Richard Falk: Political Science at UCSB; "about as knowledgeable as they come regarding the UN, though his role as UN rapporteur for Palestine is highly controversial" (Karoff)

Mark Juergensmeyer: Political Science at UCSB; could talk about the war on terrorism, the threat of terror post-bin Laden and post-Arab spring. MARK JUERGENSMEYER is director of the Orfalea Center for Global and International Studies, professor of sociology, and affiliate professor of religious studies at the University of California, Santa Barbara. He is an expert on religious violence, conflict resolution and South Asian religion and politics, and has published more than three hundred articles and twenty books, including *Religion in Global Civil Society* (editor, Oxford University Press 2005) and *Global Religions: An Introduction* (editor, Oxford University Press 2003). His widely-read *Terror in the Mind of God: The Global Rise of Religious Violence* (University of California Press, revised edition 2003), is based on interviews with religious activists around the world--including individuals convicted of the 1993 World Trade Center bombing, leaders of Hamas, and abortion clinic bombers in the United States--and was listed by the Washington Post and the Los Angeles Times as one of the best nonfiction books of the year.

Alison Brysk: Global and International Studies at UCSB; areas of study: human rights, international relations, civil society, Latin American politics. (Karoff)

Jan Nedeerveen Pieterse: Global Studies at UCSB; Mellichamp Professor of global studies and sociology in the Global and International Studies Program at the University of California, Santa Barbara. Specializes in globalization, development studies and cultural studies; currently focuses on new trends in twenty-first century globalization and the implications of economic crisis. (Karoff)

Lisa Hajjar: Sociology at UCSB; work in human rights as well as the Israel/Palestine conflict (from a pro-Palestine perspective). Her areas of expertise include sociology of law, law and society, international and global studies, and political sociology. Her research interests include human rights, international law, torture, war and conflict. Her first book, *Courting Conflict: The Israeli Military Court System in the West Bank and Gaza* (University of California Press, 2005), is a sociological study of law and conflict in Israel/Palestine. She is currently working on a book about anti-torture lawyering in the United States in the post-9/11 period. (Karoff)

Criminal Justice

* (**Roger Warren:** former President of the National Center for State Courts; very knowledgeable about California and about reform of the sentencing around the country by virtue of his involvement with the Pew Foundation. (from Kevin Burke via Blatz)

Ideas from Kevin Burke:

- US Supreme Court upheld the federal court ruling that essentially found massive 8th Amendment violations in the California prison system. At one point California had more African Americans in prisons and jails than in colleges and universities. "Policy" decision has led to the enormous fiscal crisis the state faces. California is a case study on how not to do it. Burke would be willing to find the name to attach to the idea of having a speaker on this issue.
- Ask Ron George for ideas.

California judge Tom knows: discuss the view of the criminal justice system from the bench or another aspect of the criminal justice system.

**Robina Foundation
2012 Board Meeting Dates**

DATE	PLACE/TIME
February 13-15, 2012 (Mon, Tues, Wed) (Valentine's Day – February 14) Santa Barbara, California	California Monday, February 13 – 6:30 p.m. Dinner (PST) Tuesday, February 14 – 8 a.m. – 4 p.m.(PST) Dinner at the Karoff's home 6 p.m. (PST) Wednesday, February 15 – 8:00 a.m. to 12 noon (PST)
May 15, 2012 (Tuesday) Conference Call	10:00 a.m. to 12 noon (CDT)
July 30 – August 1, 2012 (Mon, Tues, Wed) Annual Meeting Minneapolis, Minnesota	Minneapolis, MN Monday, July 30 – 6:00 p.m. Dinner (CDT) Tuesday, July 31 – 8 a.m. to 4 p.m. (CDT) Wednesday, August 1 – 8 a.m. to 12 noon (CDT)
November 13, 2012 (Tuesday) Conference Call	10:00 a.m. to 12 noon (CST)

Calendar for year 2012 (United States)

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July 30 - Aug 1
Annual Meeting

Holidays and Observances:

Jan 1 New Year's Day	May 28 Memorial Day	Nov 11 Veterans Day
Jan 2 'New Year's Day' observed	Jun 17 Father's Day	Nov 12 'Veterans Day' observed
Jan 16 Martin Luther King Day	Jul 4 Independence Day	Nov 22 Thanksgiving Day
Feb 14 Valentine's Day	Sep 3 Labor Day	Dec 24 Christmas Eve
Feb 20 Presidents' Day	Oct 8 Columbus Day (Most regions)	Dec 25 Christmas Day
Apr 8 Easter Sunday	Oct 31 Halloween	
May 13 Mother's Day	Nov 6 Election Day	

ROBINA FOUNDATION

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December 20, 2011

Richard N. Haass, President
Council on Foreign Relations
58 East 68th Street
New York, NY 10021

DELIVERY BY EMAIL

Dear President Haass:

I am writing to confirm news I have discussed with Jim Lindsay and Stewart Patrick, but which I failed to communicate clearly to them and to you: the Board of Directors of the Robina Foundation has approved a five-year grant to the Council on Foreign Relations to support Phase II of the International Institutions and Global Governance (IIGG) program as described in CFR's proposal to the Robina Foundation dated August 1, 2011, with a revised budget provided by Jim on September 12, 2011.

The grant for Phase II of the IIGG program totals \$10,305,357, with payments scheduled as follows: \$2,046,627 payable in 2012; \$2,034,671 payable in 2013; \$2,034,971 payable in 2014; \$2,074,424 payable in 2015; \$2,114,664 payable in 2016, subject to CFR's submission of six-month and annual reports describing the work of the IIGG program.

Our plans call for submission of your six-month report on this grant for consideration by the Robina Board of Directors at its February Board Meetings, with submission of your annual reports for discussion at the Foundation's July meetings. We will work with Jim and Stewart on the content of those reports, and we will provide specific dates for submission of the reports. We will, of course, be in more frequent communication.

Needless to say, I hope, the Robina Board appreciates CFR's thoughtful, thorough implementation of this initiative, which was confirmed by the recent outside review. We are particularly interested in the launch of the Council of Councils. Several Board Members hope to join you in Washington for the March meetings.

Warm regards and my best for a healthy, happy, productive 2012,

Penny Hunt
Executive Director
Robina Foundation

C: James Lindsay
Stewart Patrick
Nancy Gilbert

Consulting Agreement

Consultant Services

Indigo Consulting, Inc. (principal: Michael F. Sullivan), hereafter "Consultant", agrees to furnish the Robina Foundation the following services from March 31 to December 31st 2011, and annually thereafter.

Description of Services

The services to be provided include:

1. Provide overview and commentary on Investment Policy Statement, and on the implementation plan and reports of USBANK.
2. Approve strategy of investments and selection of managers.
3. Complete annually a formal review of IPS.
4. Provide annual investment report to board on strategy and performance.
5. Approve any withdrawals from the fixed income or market accounts and transfers to the cash account; approve any rebalancing or tactical allocations from targets.
6. Complete quarter and annual comprehensive reports by source and by strategy.
7. Provide review and market comparisons of annual report of fees by USBANK.
8. Other duties as agreed.

Compensation

The Foundation agrees to pay the Consultant fee of \$6,250 per quarter, paid after the completion of each quarter, for a total of \$25,000 annually.

Terms of Payment

To receive payment for expenses, consultants must submit an invoice or claim form. The Robina Foundation will pay uncontested invoices within 30 days of receipt of invoice.

Expenses

The Foundation will reimburse the Consultant for travel expenses (transportation, meals, lodging) reasonably incurred in the course of rendering these services, provided the Foundation has given advance authorization to the travel and the approximate amount of expenses for which reimbursement is claimed. The Foundation requires all expense reimbursement for travel be accounted for with dates, times, business purpose and supporting receipts for meals and lodging, transportation (taxi, airline receipts, etc), telephone and other out-of-pocket expenses as agreed to. The Foundation will reimburse mileage at the rate allowed by the Internal Revenue Service. The Foundation will not pay handling fees or overhead percentages.

Supplies, Office Expenses and Clerical Assistance

Unless otherwise agreed, the Consultant agrees to be responsible for providing all necessary supplies, materials and clerical assistance.

Representations

Consultant and the Robina Foundation each represents and warrants to the other that it has the right to enter into this Agreement and that its execution and performance of this Agreement will not breach or cause a default under any other contract to which it is a party. Consultant represents that Michael F. Sullivan will be the professional employed by Consultant providing services to the Foundation. Consultant and the Robina Foundation each agrees to indemnify defend and hold harmless the other for any breach of its respective representations and warranties.

Independent Contractor

Indigo Consulting Inc. is considered an independent contractor and not an employee of the Foundation. No statement contained in this Agreement shall be construed so as to find the Consultant to be an employee of the Foundation. It is understood that the Consultant shall use independent, professional discretion in performing the services outlined in this Agreement. Indigo Consulting Inc. shall be self-directed and shall determine its own methods, work schedule and other operational work details. The Foundation expects that business and personal liability insurance coverage be the responsibility of Indigo Consulting Inc..

Cancellation of Agreement

Consultant reserves the right to terminate this agreement upon 30 days notice with no penalty. The Robina Foundation shall also reserve the right to terminate this agreement upon 30 days notice and upon making all final payments to consultant for services completed.

The Robina Foundation


Signed

Date: 9/20/11


Name of Signatory
Robina Foundation


Signed

Date: 09-17-2011


Name of Signatory
Indigo Consulting, Inc.

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CFR
minutes scan

INCREASING DIVERSITY IN INTERNATIONAL AFFAIRS

Prepared by Kimberly M. McClure
for the Council on Foreign Relations
October 14, 2011

kimberlymcclure@gmail.com

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EXECUTIVE SUMMARY

This report identifies 11 organizations with programs focused on increasing diversity in the field of international affairs. It then identifies several other organizations that have successfully recruited and prepared minorities for careers in other fields and which could serve as both models and potential partners for the CFR in creating programs to attract minorities to careers in international affairs.

For each organization, I've included a description of its mission and programs as well as "partnership opportunities" on which the CFR could collaborate with that organization.

Following the survey of organizations, I have pulled these partnership opportunities together into eight recommendations for programs/initiatives the CFR could work with these organizations to spearhead in order to fill existing gaps in the collective effort to attract more minority students and young professionals into international policy careers.

Those recommendations include:

1. **Career Panels.** Organizing in-person and web-based panels that include minority professionals from a cross-section of jobs in international affairs to participate in national conferences for students and young professionals of color.
2. **Annual Conference.** Hosting an annual recruiting and networking conference at the CFR to attract minority students to international careers and expose them to international policy issues.
3. **Increase Scholarships.** Existing organizations have demonstrated that the most effective way to attract minorities into international careers is by providing funding for them to study international relations and study abroad. Most existing programs focus on graduate school education. I propose increasing *undergraduate* educational funding through scholarships for minorities to study international affairs before opting to pursue other career paths.
4. **Strengthen the Pipeline.** Partner with existing programs that recruit minorities in international affairs and other fields to link them with employers in international policy and ensure that early exposure ultimately leads to opportunities to work in international affairs.
5. **Create a CFR Fellowship for Minority Students/Graduates.** Create a two-year CFR fellowship for minority graduates that rotates them in six-month intervals through different international affairs organizations to increase minority exposure to international job opportunities and the nature of work in this field.
6. **Invite Minority Students to CFR Events.** Invite minority students and recent graduates to attend regular CFR meetings and conferences throughout the year as a means of exposing them to the organization and its network of foreign affairs professionals.
7. **Support a Professional Network of Minorities in International Affairs.** Partner with existing organizations to form an umbrella network for minority professionals in international affairs that includes all sectors (private, public, non-profit, think tanks, and international organizations) and can help recruit and retain minority students and recent graduates into international affairs careers.

Existing College Programs Designed to Increase Diversity in Foreign Affairs

1. UNCF Special Programs Corporation/Institute for International Public Policy

<http://www.uncfsp.org/iipp>

IIPP is a program of the United Negro College Fund's Special Programs Corporation that targets minority college students and prepares them for careers in international affairs and public policy through 4-5 years of advanced training and mentorship geared towards their entry into international affairs. With nearly two decades as the leading provider of international affairs and public policy education for minority college students, the IIPP program has educated and trained hundreds of fellows. The program focuses on providing quality education and practice opportunities to minority students beginning in their sophomore year of college. Training is offered through a sequenced six-component program that includes:

- Sophomore Summer Policy Institute
- Junior Year Study Abroad
- Junior Summer Policy Institute
- Summer Language Institute
- Internships
- Internationally Focused Advanced Degree

The unique combination of short seven-week summer global policy institutes: a study abroad experience focusing on global public policy, service and research; and a pro-active and culturally sensitive approach to minority education that fosters international service and non-profit sector leadership provides the program with the means to meet the needs of its diverse students and help them succeed.

Partnership Opportunity 1: Sophomore Summer Policy Institute. The UNCF Special Programs Corporation (UNCFSP) is currently seeking a partner organization or higher education institution to administer the Sophomore Summer Policy Institute (SSPI) component of its Institute for International Public Policy Fellowship Program. The SSPI provides an introduction to international affairs concepts and practices to a cohort of 25 student Fellows who have just completed their sophomore year of college.

The SSPI will introduce Fellows to the basics of international policy development, foreign affairs, study abroad, cultural competence, careers in these fields, and options for graduate study. To assist Fellows in putting what they learn at SSPI into context, the awardee will coordinate a field experience in Washington, DC called the Study Mission, which exposes Fellows to a variety of international affairs organizations, including government agencies and nonprofit organizations/NGOs. The UNCF awards up to \$175,000 for a one-year contract to the partner organization to coordinate the SSPI.

Given the expertise of staff and membership at the CFR, the Council may want to consider hosting this institute. The deadline is December 15, 2011. More information can be found [here](#).

Partnership Opportunity 2: Virtual Job Fairs. Starting in October 2011, the UNCF Special Programs Corporation (SPC) will launch a series of virtual job fairs that allow employers to reach the minority education community's network of over 300 institutions and tens of thousands of well-qualified minority students. The virtual job fair platform allows recruiters to reduce significantly the costs associated with in-person job fairs. The Council could partner with the UNCF SPC to sponsor/coordinate a virtual job fair focused specifically on international career opportunities for the tens of thousands of minority students in the UNCF network of colleges.

2. Public Policy and International Affairs (PPIA)

www.ppiaprogram.org/

The Public Policy and International Affairs Program (PPIA) is a national program that prepares college students for an advanced degree and ultimately careers and influential roles serving the public good. PPIA is a fellowship program that provides student training and financial support for graduate school as well as ongoing professional development. The fellowship has an outreach focus on students from groups who are underrepresented in leadership positions in government, nonprofits, international organizations and other institutional settings.

PPIA includes a consortium of the top public and international affairs graduate programs in the nation. Its outreach program seeks to educate and inspire young people of all ages and from all backgrounds about public service and has an alumni association of approximately 3,000 PPIA Fellows from all across the nation.

The PPIA Fellowship is a series of educational and developmental programs that span from the end of a student's junior year in college to the completion of a Master's degree in public policy, public administration and/or international affairs. The program was started to address the lack of diversity across the spectrum of professional public service, including government, nonprofits, public policy institutions and international organizations.

PPIA Fellows:

- (1) successfully complete a PPIA Junior Summer Institute;
- (2) attain a graduate degree from a PPIA consortium school with a degree in public policy, public administration and/or international affairs; and
- (3) pursue a public service related career.

Partnership Opportunity: The CFR could link with PPIA to provide summer internships for their fellows during the summer between their first and second years of students' master's degree programs. PPIA has already done the work of selecting, vetting, and preparing high-potential minority students for careers in public service and international relations. The CFR could work with this network of students to create opportunities that inspire more of them to enter *international* public service careers.

3. Pickering Fellowship/Woodrow Wilson National Fellowship Foundation

http://www.woodrow.org/higher-education-fellowships/foreign_affairs/index.php

The Thomas R. Pickering Foreign Affairs Fellowship is funded by the U.S. Department of State and administered by the Woodrow Wilson National Fellowship Foundation.

Scholarships. The fellowship award funds tuition, room, board, and mandatory fees during the senior year of college and the first year of graduate study. Fellows must commit to pursuing a graduate degree at one of the graduate schools participating in the program, in fields *such as international studies, international affairs, public policy, administration, economics, political science or foreign languages*. Participating graduate schools, full-member APSIA schools, provide financial support in the second year of graduate study based on need.

Internships. Fellows must participate in one ten-week overseas and one ten-week domestic summer internship within the U.S. Department of State. These internships provide students with valuable work experience in foreign affairs as they engage in the teamwork, the challenges, and the skills needed to perform the duties of a Foreign Service Officer. Students also receive a stipend during the internships.

Mentoring. Guidance from a Foreign Service officer is provided during the graduate school segment of the program.

Contractual Agreement. Each successful candidate is obligated to a minimum of three years of service in an appointment as a Foreign Service Officer.

Partnership Opportunity: While most educational funding for minorities in international affairs is directed to the graduate school level, an opportunity is missed to attract more undergraduates toward international careers by offering them opportunities before they have already made decisions about graduate school and professional career paths. The CFR could partner with WWNFF to increase funding for *undergraduate* scholarships that attract minorities to study international affairs and international business. The CFR could also partner with WWNFF to reach out to other international employers (the World Bank, USAID, United Nations, etc.) to replicate the Pickering Fellowship as a pipeline into careers with other international organizations.

4. Charles B. Rangel Program/Howard University

<http://www.rangelprogram.org/>

The Rangel Program is a collaborative effort between Howard University and the U.S. State Department to attract and prepare outstanding minority students for careers as diplomats in the Foreign Service of the U.S. Department of State.

There are two major components to the Rangel Program: (1) **The Rangel Fellows Program**, an International Affairs Graduate Fellowship Program that provides support for graduate school, professional development, and entry into the U.S. Foreign Service; and (2) **The Rangel Scholars Program**, an undergraduate International Affairs Summer Enrichment Program that provides undergraduates with the opportunity to enhance their skills, knowledge and understanding about U.S. foreign policy.

Partnership Opportunity: The Rangel Scholars program offers an excellent summer institute that helps to attract minority undergraduates into the field of international affairs. The Council could partner with this program to expand the number of minority students participating in this summer institute from around the country each year and offer additional workshops for participants conducted by foreign affairs experts among Council staff and members.

5. World Bridges

www.world-bridges.org

World Bridges fosters international cooperation between young people of color from low-income backgrounds, and provides them with opportunities to gain global perspectives on the social justice issues that impact their lives. Through international education and service, leadership development and cross-cultural learning in both the U.S. and abroad, we engage emerging leaders in diverse strategies for effecting social change.

World Bridges' core program engages young adults of color from low-income backgrounds in eight months of leadership, civic engagement, and cross-cultural training in the SF Bay Area, and provides first-time travelers from the Bay Area with an opportunity to take part in a volunteer project or internship outside of the U.S. (2-12 weeks abroad). World Bridges also supports LEX participants with travel preparedness and fundraising trainings, a travel scholarship, and mentorship. The program is centered on principles of participatory, experiential education with a vision of social justice.

Eligible participants must be U.S. citizens or permanent residents, reside in the California Bay Area, and be a person of color between the ages of 18-26.

Partnership Opportunity: World Bridges participants are based in the San Francisco Bay Area, but the Council could organize webinars between its staff and members and World Bridges participants around specific global and social justice issues. This could be a key venue for engaging under-represented students in global issues and introducing them to foreign policy. See Recommendation # 6.

6. Global Access Pipeline (GAP)

<http://gap.icapaspen.org/>

The Global Access Pipeline (GAP) project is a consortium that links 40 existing organizations working to expose minority students to global issues, study abroad, and international careers or train minority professionals to achieve leadership positions in international affairs and advocacy across the governmental, non-profit, and private sectors.

GAP connects foreign policy/international advocacy organizations and consultants working at four levels (K-12 education; college and graduate school; mid-career training; and senior leadership at policy and research institutions) to create a pipeline of opportunities that prepare underserved students and professionals for international careers. These organizations offer an array of opportunities that include exposure programs, scholarships, study abroad and internship opportunities, mentoring, and advanced training in policy analysis and leadership skills.

GAP convenes an annual conference of its members to discuss ways they can leverage their collective resources and expertise, collaborate on programs, pipeline students between each of their programs to ensure their ultimate success in international careers, and push for increased diversity among the leadership of international affairs and advocacy organizations. GAP's K-12 group is also developing a pilot program to integrate global education and study abroad into K-12 education across the country.

GAP Members: A Better Chance, Inc., Aspen Institute, Black Professionals in International Affairs, The Brookings Institution, Center for Strategic and International Studies, Charles B. Rangel International Affairs Program, Council on Foreign Relations, Global Kids, Global Language Project, HACU National Internship Program, Institute for International and Public Policy, Institute for Responsible Citizenship, Institute for International Education, InterAction, International Career Advancement Program, Learn-Serve International, Management Leadership for Tomorrow, National Center for Global Engagement, National Hispana Leadership Institute, National Urban Fellows, OneWorld Now!, Public Policy and International Affairs Program, Ralph J. Bunche Center for International Affairs, Howard University, Ron Brown Scholar Program, Urban Institute, U.S. Department of State, Woodrow Wilson National Fellowship Foundation, The World Bank Group, World Bridges; Mark Chichester, Atlas Research LLC; Crispian Kirk, OIC International; Kimberly McClure, U.S. Department of State; Maria Pinto - Carland, Career Advisor; Nina Segal, United Nations Secretariat; Laura Taylor - Kale, U.S. Department of State.

Partnership Opportunity: The CFR is already part of the GAP collective but can tap into this network to fill its own employment and internship opportunities with top-notch minority talent who are interested in international affairs, have already been screened through partner programs' rigorous application processes, and have received advanced training in foreign policy analysis.

The CFR could also work with GAP to organize virtual job fairs and an annual conference that exposes and recruits minority students into career opportunities among GAP's member organizations.

7. International Career Advancement Program (ICAP)

<http://icapaspen.org>

The purpose of the International Career Advancement Program (ICAP) is to bring greater diversity to the staffing of senior management and policy-making positions in international public service and the global private sector. Its goal is to assist promising mid-career professionals from underrepresented groups in advancing to more senior positions in international affairs.

Fostering Greater Diversity. □ ICAP is based on the conviction that the expanding diversity of U.S. society should be reflected in its leadership. While there are some programs designed to increase the pool of minorities with credentials for successful public service and international careers, the increasing the pool of talented professionals from underrepresented groups with graduate credentials and an interest in international affairs does not necessarily lead to diversity at senior levels. ICAP assists and mentors minority recruits to rise to the highest levels of international public service.

ICAP Seminar at Aspen. □ During the annual week-long seminar at the Aspen Institute, ICAP brings together mid-career professionals from underrepresented groups with senior officials, faculty and staff at the Aspen Institute and then follows the program with additional activities designed to reinforce ICAP's impact. The week-long retreat, away from the office and the constant pressures of work, enables participants to focus on the program, reflect on their careers and develop relationships within the group. The ICAP seminar includes lectures, seminars, discussions, workshops, informal occasions and even storytelling designed to:

- Explore the international problems and policy issues that senior officials will have to deal with over the next decade
- Discuss the characteristics, values, experiences and credentials associated with leadership and consider how those can be acquired
- Detail career patterns and experiences of those who have already achieved senior positions and consider the relevance of such patterns to those currently at mid-career levels
- Discuss common career and life stages and how problems can be handled most effectively
- Consider the specific problems faced by people of color and how they can be addressed and overcome
- Understand the importance of diversity to effective and high quality leadership for the United States in the coming decades
- Develop plans to encourage more people of color to choose careers in international affairs, including outreach by the mid-career participants to high school and college students

- Discuss the role of mentoring in international careers, facilitate mentoring relationships between the senior officials and the mid-career professionals and encourage the mid-career individuals to take on mentoring roles themselves
- Develop close ties and mutual support among the participants that would continue beyond the Aspen experience.

Each mid-career participant also meets with a career counselor for individual career discussions, advice and planning.

Partnership Opportunity: ICAP has the most diverse and most robust network of people of color working across every sector in international affairs. Its participants were identified as “rising stars” early on in their careers and many have gone on to hold senior positions of influence in foreign policy. Its alumni association, the International Career Advancement Association (ICAA), is far from reaching the full potential of its ability to recruit and retain minorities in foreign affairs. The Council could consider partnering with ICAA to open ICAA’s annual policy conference (which happens in Washington each year) beyond ICAP alumni to include a broader minority audience and turn the conference into a tool recruit more people of color into international careers. See Recommendation #2 at the end of this report.

8. Hispanic Employees Council of Foreign Affairs Agencies (HECFAA), Thursday Luncheon Group (TLG), Pickering & Rangel Fellows Association (PRFA)

There are a few affinity groups for minority professionals who work in international affairs within the U.S. government. They hold regular events and provide mentoring opportunities for members and include:

The Thursday Luncheon Group, housed at the U.S. Department of State, was founded in 1973 to increase the participation of African-Americans and other minorities in the formulation, the articulation, and implementation of U.S. Foreign Policy. It holds regular networking events and foster mentoring relationships among minorities in the U.S. Foreign and Civil Service. (www.thursdayluncheongroup.org)

Hispanic Employees Council of Foreign Affairs Agencies (HECFAA) is a consortium of Hispanic employees working across different U.S. foreign affairs agencies. It exists to assist in the recruitment, retention and promotion of Hispanics, and to develop the leadership abilities of Hispanics at U.S. foreign affairs agencies. (No website.)

The Pickering & Rangel Fellows Association (PRFA) is an alumni association comprised of current and former Foreign Service officers brought into the Foreign Service through the Thomas R. Pickering and Charles B. Rangel fellowship programs. It is not an official affinity group of the U.S. Department of State but is very active in program that helps to retain people of color in the U.S. Foreign Service. It also hosts regular networking opportunities, foreign policy seminars, and professional development workshops year-round for diverse professionals across all sectors of international affairs.

Partnership Opportunity: While the membership of each these organizations includes large numbers of minority federal government employees working in international affairs, there is no organization that brings together programming or recruitment opportunities for minorities in international affairs outside of the U.S. government. The PRFA has done a few networking events that include minority professionals working in international affairs outside of the government (non-profit sector, think tanks, World Bank, private sector, etc.), but this could be done at a much larger level. The Council could partner with these organizations to foster a more robust network and infrastructure to recruit and retain minorities into *all* sectors of international affairs beyond the U.S. government. See Recommendation # 8.

9. Diversity Abroad

www.diversityabroad.com

Diversity Abroad helps diversify the pool of students participating in study abroad programs around the world. The organization sends advisors around the country speaking to minority college students about the importance of studying abroad and educating them on existing financial resources to help minority students go overseas. Diversity Abroad also conducts workshops for study abroad organizations, campus offices, and companies on how to prepare students from diverse backgrounds for the unique experiences they may encounter as students of color while abroad. DA is developing a comprehensive website that can serve as one-stop shopping for students, parents

Partnership Opportunity: The Council could partner with Diversity Abroad to have its advisors who are already traveling around the country to speak to students about study abroad also speak to them about the various career opportunities in international affairs and entry points into international careers offered by the other organizations highlighted in this report. The student who benefit from Diversity Abroad programs and exposure would be ideal candidates to track into international affairs careers. The CFR and Diversity Abroad could also partner to develop a page on Diversity Abroad's website dedicated to info on "international affairs careers" in addition to the tabs that already exist for students, parents, and graduate students on the site.

10. Institute for International Education

www.iie.org

An independent not-for-profit founded in 1919, IIE is among the world's largest and most experienced international education and training organizations. IIE is committed to delivering program excellence to a diverse range of participants, sponsors, and donors.

IIE manages undergraduate and graduate level scholarships at accredited academic institutions throughout the world. IIE implements many of the world's most prestigious

scholarship programs and manages global scholarships through our network of domestic and international offices.

IIE administers the National Security Education Program (NSEP), created by Congress in 1991 to enhance U.S. national security by increasing the nation's capacity to deal effectively with foreign cultures and languages. NSEP offers three funding opportunities for U.S. students: David L. Boren Undergraduate Scholarships, David L. Boren Graduate Fellowships, and The Language Flagship Fellowships.

Scholarships and Fellowships. Having citizens who are more proficient in the world's languages and cultures is critical to U.S. interests. With funding from the National Security Education Program, in 2009 IIE awarded 130 Boren Scholarships to undergraduate students and 100 Boren Fellowships to graduate students. They studied strategically important languages while adding international components to their educations in 50 countries in Africa, Asia, Central and Eastern Europe, Eurasia, Latin America and the Middle East.

Gilman Scholarships Increase Diversity of U.S. Students Studying Abroad
Preparing for an increasingly global economy and interdependent world, the Institute has made it a priority to expand opportunities for diverse American students and undergraduates in financial need to study abroad. The Benjamin A. Gilman International Scholarship Program, funded by the U.S. Department of State and administered by IIE, has made a dramatic impact in this area by awarding more than 6,400 scholarships since its inception in 2001. IIE proactively recruits applicants from groups of students traditionally underrepresented in study abroad. These include ethnic minority students, STEM field majors (science, technology, engineering and mathematics), students with disabilities, and those at community colleges.

The Language Flagship, initiated in 2002 as the National Flagship Language Program, seeks to graduate students who will take their place among the next generation of global professionals, commanding a superior level of fluency in one of many languages critical to U.S. competitiveness and security. Through a combination of innovative and intensive campus curricula and overseas immersion, each Flagship Program offers advanced-level students a full-time, two-year program of study.

As an integral component of The Language Flagship, NSEP is offering a limited number of Fellowships, administered through the Institute of International Education, to exceptional American students interested in receiving financial support to participate in one of Flagship Graduate Programs.

Flagship Fellowship recipients will incur a substantial U.S. federal service obligation as a condition of receiving an award.

Data and Analysis. IIE also publishes the *Open Doors Report on International Educational Exchange* which conducts and reports on separate surveys on U.S. students studying abroad for academic credit (since 1985), and on international scholars at U.S.

universities and international students enrolled in pre-academic Intensive English Programs. IIE also conducts an annual statistical survey of campuses regarding the international students in the United States with support from the U.S. Department of State's Bureau of Educational and Cultural Affairs. The census is based on a survey of approximately 3,000 accredited U.S. institutions.

Partnership Opportunity: The CFR could partner with IIE to find funding to offer additional scholarships for minorities to study international affairs and study abroad.

The CFR could also tap into IIE's alumni network to make sure that minority participants of IIE's study abroad programs have further opportunities to stay engaged in international affairs after their return through CFR programs, internships, and employment.

The CFR could also partner with IIE to commission research that studies the impact of studying abroad on minority students and the likelihood of their ultimately entering international career paths.

See Recommendations # 3, 4, and 6.

Other Potential Partners

The following organizations are not focused on careers in international affairs, but their experience in successfully attracting minority students to and preparing them for careers into other sectors provide a model for what has worked to increase minority participation in other arenas. These organizations also have the capacity to serve as potential partners for the Council as it seeks to create similar initiatives to attract minorities into international affairs.

11. Management Leadership for Tomorrow

Management Leadership for Tomorrow (MLT) is the premier career development institution that equips high potential African-Americans, Hispanics and Native Americans with skills, coaching and door-opening relationships to unlock their potential in the business world. MLT delivers programming that puts minorities on the fast-track to success at every stage of their careers: from college through MBA and the executive levels.

MLT is a leading source of minority talent for top graduate business schools and for many of the nation's premier corporations including Citi, Goldman Sachs, Google, McKinsey & Co, PepsiCo and Target.

College Programs. MLT has three programs that prepare high school students for college and business careers. Its Goldman Sachs Foundation Scholars Program, Houston Fellows Program, and Leadership Roadmap support under-represented students in the transition from high school to college, develop leadership and professional skills, provide exclusive opportunities to engage with industry professionals, and use online platforms to prepare for college.

Career Prep. Career Prep provides participating undergraduates with the skills and roadmap they need to get on the business career fast-track after college through one-on-one career coaching; exposure and access to prestigious employers; four skills development seminars focused on teaching analytical, leadership, communication, and management skills; and networking with program alumni.

MBA Prep. Since 2002, MLT has staked an influential place in the historically underdeveloped career paths of minorities in America. In partnership with over 40 leading corporations, top MBA programs and other non-profit organizations, MBA Prep provides: an application roadmap that demystifies the process of applying to business school; one-on-one coaching in which fellows benefit from a dedicated relationship with an MLT coach, who guides them through our curriculum and helps develop action plans and solid application strategies; unprecedented early exposure to help participants build meaningful relationships with representatives from outstanding business schools and corporations several months prior to matriculation; and a skills development curriculum delivered in partnership with leading business schools, top corporations and non-profits

who seek the best talent.

MBA Professional Development. This curriculum provides Fellows with the roadmap they need to get on the career fast track after graduation. An MBA is only one element of a successful career. This program focuses MLT Fellows on the fundamental steps necessary to be prepared and successful in the internship and full-time recruiting process. The program enables participating Fellows to build early relationships with its leading corporate partners and non-profit organizations.

MBA Professional Development includes:

- **Recruiting roadmap:** Fellows develop a personalized action plan to approach recruiting for internships and full time jobs.
- **One-on-one coaching:** MLT Professional Development Coaches provide interview preparation, guidance and feedback to Fellows throughout the recruiting process. Coaches focus on specific learning outcomes to ensure MLT Fellows strengthen the practical skills required for job searches and develop the personal, social and intellectual skills that differentiate top talent for hiring organizations.
- **Door-opening relationships:** Fellows meet and build life-long relationships with executives, recruiters and hiring managers across its 40+ corporate partners and non-profit organizations. Through these interactions, Fellows establish relationships with mentors and influential leaders who will play an integral role in its Fellows' career paths from business school and beyond.
- **Pre-MBA internships:** As part of MLT's strategic initiative of providing exposure to exciting MBA career paths, several of its partners offer pre-MBA internship opportunities for MLT Fellows. The experience allows interns to determine industry and company fit and what it takes to build a successful career. The career-enhancing connections made by MLT Fellows while interning provides them with an expanded network as they seek business school internships and post-MBA careers.
- **Connectivity to MLT's alumni network:** MBA Professional Development Fellows have access to 2,000+ MLT alumni who have completed at least one MLT program and who serve as key resources throughout the job search process. Upon graduation from their MBA program, these Fellows join the powerful MLT community of alumni who actively support their peers and those Fellows who come behind them.

Partnership Opportunity: ML4T has the most robust program for successfully recruiting minorities into and training them for success in the private sector. The CFR could partner with ML4T to attract more of its participants into *international* business and fiscal policy careers through workshops and programs that engage ML4T participants in international business issues. See Recommendations #1, 2, 5 and 6.

12. National Hispana Leadership Institute

To address the disparity of representation of Latinas in leadership positions, NHLI, a national 501(c)(3) organization based in Washington, D.C., was created in 1987 in response to the U.S. Department of Labor's Glass Ceiling Initiative. This seminal study

found that while minorities and women were making substantial gains in entering the workforce, they were not equally represented at the mid- and senior-levels of management in government or corporate sectors. The report found that Latinas were also significantly underrepresented on corporate boards and in the nonprofit and political arenas.

The NHLI is the only national leadership development program in the United States focused on future Latina leaders. The Institute's goals include:

- Ensuring that Hispanic women are in leadership positions and have the access and power to influence public policy and shape an equitable and humane society.
- Enhancing and developing leadership abilities among Hispanic women whose commitment, contribution and dedication will help ensure a vibrant and sustainable future for the United States. Providing visible role models and mentors for Hispanic women leaders. Improving services provided to the Hispanic community by local, state and national organizations.

Executive Leadership Program. The National Hispana Leadership Institute (NHLI), a 501(c)3 organization based in Washington, DC, was established in 1987 to address the underrepresentation of Latinas in the corporate, nonprofit, and political arenas. NHLI's mission is to develop Hispanas as ethical leaders through training, professional development, relationship building, and community activism.

The Executive Leadership Program targets mid-career professional Latinas and advances a model that emphasizes and builds upon personal strengths.

The Executive Leadership Program spans nine months and includes three components-training, mentorship, and field projects. The rigorous training curriculum consists of four one-week sessions, each implemented in a different city, that develop participants' skills in cross-cultural communication, strategic management, public policy and leadership building. The mentorship component commits participants to mentoring at least two other Latinas for at least two years. Additionally, participants will design and complete their own leadership projects that will have a significant impact in the community.

Program Elements

- Four week long leadership trainings within a nine month period in four cities.
- Mentorship to/from other Latinas.
- Implementation of a leadership/community service project addressing your community's needs.
- Participation in NHLI webinars.
- Access to the premier nationwide network of distinguished Latina women.

Webinar Series. Facilitated by top leaders and trainers from the public and private sectors, NHLI's Leadership Webinar Series offers groundbreaking training on leadership and professional development.

Advancing Latina Leaders in Non-profits. Sponsored by the American Express Foundation, Advancing Latina Leaders in Nonprofits (ALL IN) Program targets 24-34 year old Latinas (i.e. with less than 10 years of professional work experience) who are employed by a nonprofit organization. The Program seeks to cultivate, promote and sustain emerging nonprofit leaders by helping young Latina professionals develop their leadership and management skills, find their voice as effective community leaders, and build their external networks; and by providing access to role models and mentors.

Partnership Opportunity: The CFR could partner with NHLI to offer programming that exposes more of NHLI's participants to careers in international affairs. For example, the CFR could offer to do one of NHLI's regular webinars focused on international career opportunities and how to prepare for them. See Recommendations #1, 2, 5 and 6.

13. Ron Brown Scholars Program

www.ronbrown.org

The Ron Brown Scholar Program annually awards ten to twenty \$40,000 college scholarships to extraordinary African-American high school seniors. No restrictions are placed on the students' choices of school or discipline. Since 1997, the program has awarded 253 scholarships, with Scholars studying at colleges and universities across the United States. Scholars' interests range from medicine to public policy, from the creative arts to business.

Competition for the yearly slots is intense. The number of applications has grown to more than 10,000 a year. What distinguishes the Ron Brown Scholar Program from other scholarship programs are not only the selection criteria - a dedication to community service, a demonstration of leadership, proven academic achievement, and financial need - but also the degree of interconnectedness it fosters between the Scholars.

The Scholars are afforded many opportunities, including alumni mentorships and internships with institutions ranging from the National Institutes of Health to Merrill Lynch.

One unique way of keeping the group connected is its triennial leadership conference, hosted by the CAP Charitable Foundation for all Ron Brown Scholars, at which guests of national and international renown challenge the Scholars to fulfill their individual and group potential. Two conferences held in Aspen placed an emphasis on leadership and career direction. In 2005, the conference took place in the Berkshires and focused on the arts, entertainment, and the media. The 2008 conference held in Charlottesville, Virginia, focused on local service and global change.

Partnership Opportunity: The Ron Brown Scholars program is an excellent source of top-notch minority talent pursuing undergraduate degrees. Its students are believed to be the best and brightest of minority talent entering undergraduate education and many attend the nation's most elite schools. The CFR could partner with the RBS program to offer programming and internship opportunities that expose these top scholars to international issues and international careers early on in hopes of attracting them to the field. The Council could also work with the Ron Brown Scholars Program to have one of its annual conferences focus on global policy issues and international career opportunities. See Recommendations # 1, 2, 4, 5, 6, 7.

14. Hispanic Association of Colleges and Universities/National Internship Program

<http://www.hacu.net/hacu/HNIP.asp?SnID=601517360>

Over the past fifteen years, the Hispanic Association of Colleges and Universities (HACU) National Internship Program (HNIP) has placed nearly 7,000 undergraduate and graduate students in challenging paid internship assignments within the federal and private sector agencies in Washington, DC and nationwide. Over 600 students participated in the internship program during 2008.

HNIP is considered a model program for both student development and outreach to the Hispanic community by providing a comprehensive range of services to students, federal agencies, and corporations. The objectives of the program are:

- * Provide professional experience for students from Hispanic Serving Institutions (HSIs) and other colleges and universities to enable them to make more educated career choices.
- * Expose students to research, development, technology, and administrative career opportunities.
- * Supplement academic study with practical applications for students majoring in relevant fields and related disciplines.
- * Extend and strengthen the relationship between government agencies, corporations, and HSIs and other institutions that have significant Hispanic enrollment and that offer related academic programs. These ties will continue to offer an expanded recruitment resource to federal agencies and corporations.

Services Provided: recruitment - HACU attracts a qualified pool of applicants through visits to Hispanic Serving Institutions (HSIs), a targeted direct mail campaign, attendance at conferences, responses to student and agency inquiries, and an informational HNIP web page; employment administration – HACU receives, screens, processes, and matches student applications with internship assignments provided by supervisors; processes payroll and manages housing deductions for federal agency interns; identifies housing for

HACU interns; provides roundtrip airfare for federal interns; conducts a two-day orientation in Washington, DC for federal interns; organizes extracurricular activities that enhance the interns' professional and personal growth through monthly meetings, cultural events, networking opportunities, and skill development workshops; student support and supervisor services; performance evaluations; and academic credit at students' universities.

Partnership Opportunity: The CFR could partner with HACU to steer more participants of HACU's internship program towards internships in international affairs. The CFR could tap into its network of members and its own internships to identify more opportunities for HACU students to intern in the field of international relations. See Recommendations #4 and 5.

15. Leadership Education and Development (LEAD)

LEAD has had great success exposing minority students to and preparing them for a number of career fields including business, health science, engineering, and computer science. Its mission is to convert high potential into high achievement and responsible leadership among youth of diverse backgrounds.

LEAD Summer Global Institutes enable students from the United States and countries throughout the world to reside and attend classes for 10 days together on-campus at the University of Cape Town. Summer Global Institutes expose diverse, high-achieving high school freshmen and sophomores to the fields of engineering, health science and business focusing on the challenges and opportunities inherent in a global economy.

The goal is to expose students early in their academic development to the innumerable career opportunities in engineering, health science and business, and to equip them with knowledge and expertise from the University of Cape Town, U.S. multi-national corporations and South African businesses. This experience empowers students to confidently make better informed decisions when choosing their university and career.

LEAD Summer Business Institutes. LEAD also runs institutes in the U.S. where students reside and attend classes on-campus at 8 of the nation's top business schools for 3 or 4 weeks. Summer Business Institutes provide diverse, high-achieving high school juniors the opportunity to explore finance, entrepreneurship, accounting and marketing, among other business sectors. Exposure to business principles and the skill sets needed for successful business careers empowers students to confidently make better informed decisions when choosing their university and career.

LEAD Summer Engineering Institute. During LEAD Summer Engineering Institutes, students reside and attend classes on-campus at 6 of the nation's top engineering schools for 3 weeks. Summer Engineering Institutes provide diverse, high-achieving high school sophomores and juniors the opportunity to explore STEM (Science, Technology,

Engineering, and Math) careers.

LEAD Computer Science Institutes. LEAD has also launched LEAD Computer Science Institutes which accept 60 middle and high school students with a specific interest in computer science. Two levels will be offered at 4 schools for 2011: Level I – Experience is a one-week program for 30 9th grade students and Level II – Foundations is a 3-week program for 30 rising 10th & 11th grade students.

Partnership Opportunity: The CFR could partner with LEAD to tap into its alumni network who are in college and recruit additional minority students into internships and jobs that convert their interests in business, engineering and IT issues into *international* business, engineering, and IT career opportunities. See Recommendations #1, 2, 4, & 5.

16. National Urban Fellows

www.nuf.org/

National Urban Fellows develops accomplished and courageous professionals of all ethnic and racial backgrounds, particularly people of color and women, to be leaders and change agents in the public and non profit sectors, with a strong commitment to social justice and equity.

This leadership development program is a rigorous, 14-month, full-time graduate degree program comprising two semesters of academic course work and a nine-month mentorship assignment. Fellows receive a \$25,000 stipend, health insurance, a book allowance, relocation and travel reimbursement, and full payment of tuition, in addition to their ongoing personal and professional development.

The program culminates in a Master of Public Administration (MPA) degree from the City of New York's Bernard M. Baruch College, School of Public Affairs. During the mentorship, Fellows complete course work via distance learning. An MPA degree is awarded to Fellows upon completion of all academic and program requirements.

Following graduation, Fellows become part of a prestigious group of well over 1,000 multicultural, multiracial alumni who are graduates of the National Urban Fellows program and who are effecting positive changes in communities nationally and internationally. Individually and collectively, they are helping to create an equitable and just society while serving as role models for future generations.

Fellows apply their expertise in the public sector, contributing their newly acquired leadership skills to public service for the betterment of their communities and the nation. They return to their former or new occupations more experienced in public policy decision-making and are better prepared to make a strong commitment to equity and social justice, thereby fulfilling the mission of the program. Finally, Fellows give back to the organization that supported them, recognizing that their ongoing commitment,

engagement and involvement and/or annual giving will help to secure the future of National Urban Fellows.

America's Leaders of Change. America's Leaders of Change program is a one year intensive executive leadership program that combines personal and professional development, enriched knowledge of public service leadership and capacity for life-long coaching and networking. The Program enhances and sustains leadership excellence for leaders in the nonprofit, philanthropic and public sectors.

America's Leaders of Change are current public service leaders chosen from the National Urban Fellows alumni and mentor networks. Leaders of Change are also community leaders from throughout the nation.

Continuing Support and Network. National Urban Fellows and program partners are committed to the ongoing support of the leaders of change who complete the Program. An Alumni Leadership Network has been established to offer continuing leadership development, celebrate accomplishments, and offer collective support to leaders as they face challenges and explore opportunities.

17. The Executive Leadership Council

The Executive Leadership Council is the preeminent organization that recognizes the strengths, success, contributions, and impact of African-American corporate business leaders. This leadership network is guided by a bold and historic vision of inclusion, which is the leadership legacy of African-Americans - whether in business, education, or the community. □ With more than 500 members, one-third of them women, The Executive Leadership Council is the nation's premier leadership organization comprised of the most senior African-American corporate executives in Fortune 500 companies, representing well over 380 major corporations. The Council represents senior executives in positions one to three levels from the chief executive officers of Fortune 500 companies, CEOs themselves, and other entrepreneurs.

The mission of The Executive Leadership Council is to build an inclusive business leadership pipeline, and to develop African-American corporate leaders – one student and one executive at a time. Members of The Council work to achieve its goals through a variety of initiatives and programs. All are supported by contributions to The Executive Leadership Foundation, a 501(c)(3) organization, established in 1989 as an affiliate of The Executive Leadership Council. The Foundation provides financial support for educational and leadership initiatives developed by members of The Council.

As excellence in scholarship is one of fundamental tenets of The Council's strategy to prepare inclusive corporate leadership, we have awarded more than \$1.5 million to over 300 collegiate students participating in The Executive Leadership Council higher education initiatives. These programs include the Business Case Competition, The Award for Excellence in Business Commentary National Essay Contest, Alvaro Martins Scholars, and Ann Fudge Scholars programs. Through our Technology Transfer Project, The Executive Leadership Council, in conjunction with its member company partners,

has invested more than \$10 million over the years in IT equipment, software, technology infrastructure, and curriculum development to aid historically black colleges and universities and ensure the competitiveness of African-American students who aspire to corporate leadership. □ □ The impact and success of The Executive Leadership Council is due in large part to our members and member companies who, partner with us and provide financial support for our world-class initiatives and programs. They are also an important part of our future as we chart a course for even greater capacity and impact.

Partnership Opportunity: The CFR could partner with NUL to partner on programming and tap into its alumni network in order to expose more minority students and young professionals to international policy issues and careers earlier in their lives. See Recommendations #1, 2, 4, and 5.

18. Arab-American Institute (AAI), National Council of La Raza (NCLR), National Association for the Advancement of Colored People (NAACP), Congressional Black/Hispanic/Pacific-Asian-American Caucuses, National Network of South Asian Professionals (NETSAP), National Urban League.

The Arab-American Institute, National Association for the Advancement of Colored People, National Council of La Raza, National Network of South Asian Professionals, National Urban League, and Congressional Black/Hispanic/Pacific and Asian-American Caucuses are all long-standing organizations with robust networking and programming to increase professional opportunities for people of color. They each have robust student and young professional networks that are active with programming around the country. They each hold annual conferences that attract thousands of participants to discuss different policy issues and career opportunities. Most also offer scholarships to their student members.

Partnership Opportunity: The Council could partner with each of these organizations to offer workshops and panels at their regional and national conferences that expose minority students and young professionals to global policy issues and international careers early on. See Recommendations # 1 and 2.

Programmatic Recommendations, Partnerships, and Resources Required

The biggest barrier to increased minority participation in the field of international relations appears to be a lack of exposure to the various career opportunities in foreign policy. The Council might consider the following options:

1. Package International Career Panels for University/Professional Conferences

The Council could tap into its membership and partner with the organizations highlighted in this report to pull together a recurring panel of minority professionals working in international policy whose careers span across multinational companies, international organizations, think tanks, non-profits, and U.S. government agencies focused on foreign policy issues. An example of this panel might include minority representatives from the Council on Foreign Relations, the U.S. Department of State, USAID, Amnesty International, the Open Society Institute, the World Bank, and 2-3 multinational companies who can speak to the breadth of options in the international private sector. These panelists could travel to different colleges and conferences for minority students and professionals to present on career options in the international arena and how to transition into international careers.

How is this different from what's being done now?

There are currently a number of international policy organizations and multinational companies that attend college career fairs and recruit for their own companies in a piecemeal fashion. This idea proposes pulling together panels that (a) represent a wide range of career options in the international arena, and (b) target minority students and recent graduates by including minority professionals who can speak to their own experience in the career field.

Possible Partnerships/Resources Needed: These panels could be done in two ways, one of which presents significant cost-savings. (1) Partnering with UNCF to participate in its Virtual Job Fairs or using CFR videoconferencing resources to hold such panels online. Virtual panels have an added advantage, as they can be recorded for use on the web and made available to students around the country and at subsequent dates to the original panel. (2) Panelists from different organizations brought together by the CFR could also travel to major conferences such as the annual gatherings of the Congressional Black/Latino/Asian-American Caucuses, Urban League, NAACP, National Council of La Raza, and National Society of Black Engineers, etc.

Online career panels would require few costs. A partnership with the UNCF's Virtual Job Fair would require a sponsorship commitment. For in-person international career panels, the panelists' employers (which are all international policy organizations or multinational companies looking to recruit minority talent) could likely be talked into paying travel costs for their employees' participation in these conferences. The Council might consider supplementing costs as needed.

2. Create an Annual Conference for Minorities in International Affairs

While there are currently a few professional groups for U.S. government-employed minorities in international affairs, there is no umbrella organization that seeks to pull together and/or recruit minority professionals into the non-profit, private, think tank or international organization components of the international arena on a recurring basis. The CFR could work with the PRFA, HECFAA, TLG, and ICAP (which has the best network of minority professionals spanning the full gamut of the international arena) to create a conference used to recruit and expose minority students and graduates to the full range of international careers. The conference's aim could be three-fold: provide a prime recruitment ground for think tanks, private companies, government, non-profit, and international organizations; provide professional development workshops and networking opportunities for minority professionals already working in international affairs; and bring in top-notch university students from around the country to expose them to a number of global policy issues and the role that they can play in shaping them.

Possible Partnerships/Resources Needed: The alumni association of the ICAP program already hosts an annual conference in Washington that is only for ICAP alumni. Most of these alumni are minorities who are rising stars in the field of international relations. The Council could partner with ICAP (or its alumni association, called ICAA) to expand this annual event beyond ICAP alumni to include minority students, recent graduates and other professionals who are not currently working in international affairs. Doing so would expose these minority students and recent graduates to the possible career paths in international affairs. Additional partnerships with universities, ML4T, IIPP, PPIA, LEAD, and the Ron Brown Scholars programs could identify top participants/alumni from these programs to attend the conference.

Venue – The CFR's Washington or New York office would be an ideal location.

Funding – Multinational companies may sponsor the conference as it would be a prime opportunity for them to increase their minority recruitment. Public sector employers like the U.S. Department of State, World Bank, and USAID may also contribute funding as the conference would assist in their own minority recruitment goals.

3. Create More Scholarships

The three organizations with greatest success in recruiting minorities into foreign affairs – the U.S. Department of State, Institute for International Policy, and Public Policy and International Affairs Program – have proven that the most effective means to do so is by providing educational funding for minorities to study international affairs and public policy. Students who are attracted to the field through educational funding demonstrate that once exposed to this field of study, they are likely to stay engaged in it. **While each of these organizations fund graduate studies in international affairs, increasing undergraduate scholarship opportunities for minorities to study international**

affairs and study abroad would significantly increase the number who consider graduate degrees and careers in international affairs.

Possible Partnerships/Resources Needed: The Council could partner with the Institute for International Education, United Negro College Fund, National Council of La Raza, and the Congressional Black/Hispanic/Pacific and Asian-American Caucuses, which each already offer scholarship programs for undergraduates and make a collective pitch to foundations for greater funding of undergraduate scholarship and study abroad funding geared specifically towards steering minorities toward international affairs.

4. Pipeline with Existing Programs to Recruit Minorities into International Affairs

Unlike the Pickering and Rangel programs which require participants to enter the U.S. Foreign Service, the IIPP, PPIA, and ML4T programs provide advanced training for top-notch minority college students but do not require that they take jobs with a specific employer. As such, they present prime opportunities for partnerships in which their alumni are directed toward other careers in international affairs. Many of these students are already aware of international opportunities with the U.S. government but don't believe the government is the best fit for their interests. Thus, they end up going into *domestic* policy and business careers. The Council could partner with these programs to offer more internships and job opportunities that increase the rate at which these students ultimately going into *international* business and policy opportunities.

Possible Partnerships/Resources Needed: The ML4T, HACU, IIPP, Ron Brown, and the National Hispana Leadership Institute all have internship components. The Council could work with its corporate members to offer international internship experiences within those corporations for students from these programs. Given that candidates from these program been pre-selected and have advanced training, the Council could also offer students from these programs some of its own internship slots and consideration for eventual job placement with the Council.

Few additional resources would be needed to implement this suggestion, as it simply aims to create a pipeline between existing organizations recruiting students into international affairs and employers with existing internship programs that may not have had much opportunity to recruit minority candidates. Most of these organizations, including the Council, are already members of GAP, which could be used as a vehicle through which to identify these candidates as those who have received advanced screening and training through the GAP network of programs.

5. Create a Council on Foreign Relations Fellowship for Minority Graduates

Create a two-year, paid CFR fellowship program for recent minority college graduates from a number of fields that rotates them through 6-month stints with different international affairs organizations: think tanks, multinational companies, foreign affairs agencies in the USG, and the non-profit/international organization sector. The goal would

be to give fellows exposure to a cross-section of the different career options in the foreign policy arena.

Possible Partnerships/Resources Needed: To recruit candidates, the Council could partner with IIPP, ICAP, PPIA, the National Hispana Leadership Institute, HACU, the Ron Brown Scholars, and the National Urban Fellows, as well as universities with strong programs in international relations, political science, and public policy, and minority community associations at these universities.

Funding would need to be secured to provide salaries for fellows during this two-year period. Partnerships with think tanks, multinational companies, foreign affairs agencies in the USG, World Bank, Inter-American Development Bank, and international non-profits would be needed to help secure rotations for these fellows.

6. Invite More Minority Students to CFR Events

The Council should consider opening a number of its meetings and conferences during the year to top-notch minority undergraduates, graduate students, and professionals who are not yet familiar with the Term Member program. This would introduce them to the CFR, its Term Member program, and give them deeper exposure to foreign affairs issues, international careers, and networking opportunities in the field of foreign affairs. The Council could offer students in the DC/NY region to attend events in person and create additional webinar discussions that engage students outside of the DC/NY area.

Possible Partnerships/Resources Needed: Few, if any, additional monetary resources would be needed. The Council could partner with local universities and organizations that work with students/young professionals like IIPP, PPIA, ML4T, the Ron Brown Scholars, LEAD, and ICAP to recruit participants for these opportunities.

7. Creating a National Network of Diverse Professionals in International Affairs

Most other industries with significant minority representation have a large association for minority professionals in the field that provides regular networking, mentoring, and advance training opportunities. Examples include: National Society of Black Engineers (NSBE), National Association of Black Journalists (NABJ), Hispanic National Bar Association (HNBA), National Hispanic Medical Association (NHMA), National Association of Asian-American Professionals, Asian-American Journalists Association, National Asian Pacific Bar Association, etc. **No such organization exists for minorities in the field of international affairs.** While there are some organizations within specific government agencies (the Thursday Luncheon Group at the Department of State for African-American diplomats and the Hispanic Employees Council of Foreign Affairs Agencies for Hispanic employees in government), neither of these organizations captures minority employees working in international affairs outside of the U.S. government.

Possible Partnerships/Resources Needed: The Council could partner with the Pickering and Rangel Fellows Association (PRFA), to help formalize creation of an umbrella organization that fosters recruitment and networking opportunities for minorities in international affairs – across several sectors – throughout the year.

This organization should be created with a name such as “Diverse Professionals in International Affairs” that includes a broad swath of minorities in international affairs – Latino, Arab-American, South Asian, African-American, Asian-American, as this would be of greater value to increasing recruitment and retention of minorities into this field.

CFR

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September 8, 2011

James M. Lindsay, Senior Vice President
Director of Studies and Maurice R. Greenberg Chair
Council on Foreign Relations
58 East 68th Street
New York, NY 10065

Dear Jim:

As we indicated to you earlier, the Robina Foundation Board of Directors at its Annual Meeting in August approved the Council on Foreign Relations' request for a \$15,000 grant to support the "Scan of Opportunities to Increase the Diversity of the Foreign Policy Field." We are hopeful that this "scan," which is being conducted by Kimberly McClure, will indeed help to identify opportunities for CFR to increase the racial and ethnic diversity of the foreign policy and international relations communities in the United States.

A check in the amount stated above is enclosed. We are pleased to again support the Council. We wish you all the best and look forward to receiving Ms. McClure's report sometime this month.

Best regards,

Penny Hunt
Executive Director

Enclosure

cc: Richard N. Haass, President, Council on Foreign Relations

Nancy Gilberg

file CFR

From: James M. Lindsay [JLindsay@cfr.org]
Sent: Friday, September 09, 2011 2:59 PM
To: Penny Hunt; Stewart Patrick
Cc: Aamoth Gordy; Susan Berresford; Blatz Kathleen; Crosby Tom; Karoff Peter; Schroeder Steve; Gilberg Nancy
Subject: RE: Robina Foundation
Attachments: CFR Robina Board Response 2011 09-09.pdf

Dear Penny,

Thank you again for the news about the Robina Board's decision to fund CFR's Online Video project. We are very excited to expand and upgrade our video offerings, and my colleagues who are leading the effort are already fast at work. I can assure you that CFR will find the funding necessary to complete the project as contemplated. I am convinced that online videos have the potential to transform what we do.

One thing I did want to double check is the amount of the Online Video grant. By my calculation the \$695,555 figure includes indirect costs.

You ask a very good question about the direction we are headed with the Council of Councils. "Steer" was a poor choice of words. The CoC's purpose is as you describe it—to serve as a forum for the exchange of ideas on pressing global issues and challenges. Any CFR effort to dominate or script the conversation wouldn't work in any event. CoC members want to air their views and concerns, not just hear CFR's. Indeed, we are creating the CoC precisely because IIGG's efforts have made it clear that it is imperative to get opinion leaders from established and rising powers engaged in a sustained and genuine dialogue about pressing global challenges.

The CoC at its heart is a network rather than a hierarchy, so it will be light on a formal governance structure, at least at the start. CFR will be the CoC's institutional home in the sense that we are taking on the logistical obligations of organizing the annual meeting and developing the infrastructure capabilities (e.g., videoconferencing and wikis) that will be critical to enabling the CoC network to flourish. The CoC might develop a formal governance structure in the future. In keeping with our desire that all CoC members have a stake in the network, we think that any formal structure should emerge organically rather than be determined by CFR at the outset.

We are currently developing the agenda for the first annual meeting next March. (As I mentioned in my last email, we would be delighted to have Robina Board members join us for the conversation.) The selection of specific topics will be based on our discussions with member organizations about what issues they would like to discuss. To help frame the discussions and to ensure that CoC members are fully engaged in the effort, each institution will be responsible for preparing a five-page background paper on one topic. The distribution of topics across organizations will be decided in consultation with CoC members and done so that each topic has roughly the same number of "required" background papers. The organizations that have responsibility for producing a background paper on a topic will also be responsible for leading the initial discussion at the session devoted to that topic. We will encourage member organizations to provide background papers on topics other than the one they are formally responsible for because we know that organizations can have good ideas on more than one topic. All the background papers will be posted on the private, password-protected electronic network we are creating and that all member organizations have access to. (I can get you details on what this system, called Basecamp, is capable of. I am new to it, but based on my initial poking around it looks to be a powerful tool for facilitating collaboration.)

The CoC will have some tangible products, the most notable being the summary report of the annual meeting. The private electronic network will provide CoC members with great flexibility to post and share all written

work they produce in response to the annual conference as well as to continue and expand their conversations in a virtual world long after the annual conference ends. We will work in our logistical support role to encourage CoC members to use the capabilities we are creating to develop additional initiatives based around regional or thematic concerns. Given the reception we have received from our initial proposal to create a CoC, we are confident that the members are eager to take up the challenge. These efforts will likely be driven by subsets of the CoC membership—not all topics will have equal appeal to all members—and they should produce more specialized products such as reports and articles. Our ultimate goal is to stimulate a robust conversation across a wide range of think tanks who can share what they know and then take what they hear and learn back to their own foreign policy elites and decision-makers.

With respect to your question about IIGG program staffing, the proposed core program staff consists of a director (Stewart), an assistant director (Farah Thaler), three research associates (Isabella Bennett, Ryan Kaminski, and Emma Welch), and a visiting fellow on a one-year rotational term. Farah, Isabella, Ryan, and the visiting fellow would spend 100 percent of their time on IIGG activities. Emma devotes 50 percent of her time to IIGG work and 50 percent to another CFR project, and she tracks her time spent on each project. Stewart is the only IIGG core staff member who allocates time to the CoC initiative. The CoC program management staff consists of Caroline McCall, senior advisor to the president, and Michaela Frisbie, a research associate. Both will dedicate 50 percent of their staff time to the CoC initiative. They also track their time.

The Robina Board's suggestion that we step down support for travel expenses in year two and essentially eliminate them in year three makes sense to us. We agree that it would help to retain a line item in years three, four, and five to cover potential hardship travel cases. We would propose earmarking \$10,000 in each of those years for that purpose. One thing I should add because the proposal does not make this clear, CFR is proposing to pay the coach travel costs of one person per organization. Each member delegation to the annual conference can have up to three members, and many of the CoC members have indicated that they will send full delegations. So we are getting buy-in from participant organizations from the start.

I hope this information answers the questions that you and the Robina Board had. We would, of course, be happy to revise the proposal or the budgets if that is necessary.

Again, we deeply appreciate the consideration and support that the Robina Board has given to our proposals.

From: Penny Hunt [pennhunt@gmail.com]

Sent: Monday, August 29, 2011 10:50 PM

To: James M. Lindsay; Stewart Patrick

Cc: Aamoth Gordy; Susan Berresford; Blatz Kathleen; Crosby Tom; Karoff Peter; Schroeder Steve; Gilberg Nancy

Subject: Robina Foundation

Dear Jim and Stewart,

As I mentioned last week, the Robina Board approved continuation of funding for the IIGG Program, but did have several comments and questions, in particular related to the development and implementation of the Council of Councils.

Board Members find very timely the formation of an international network of policy institutions, but would like to understand better how CFR envisions implementing the Council of Councils. Recognizing the importance of wording used when working with leaders from other countries, Board Members were struck by CFR's intent to "steer" the CoC (page 7 of proposal), perhaps in a US-centric way. We had understood that the CoC was to be convened, but not steered by CFR. We see the value of the CoC stemming, at least in part, from its function as a forum for the exchange of ideas and perspectives, rather than as a conversation driven by US realities alone. It may well be that you didn't intend to use the word "steer" in the way we read it. To help us understand better the CoC, we would like to learn more about how you envision the CoC working, the governance of the council and the outcomes or impacts you have set (or plan to set) with the members of the council.

Several Board Members expressed interest in attending the first meeting of the CoC scheduled for March 11 - 12, if such attendance would be allowed.

As you know, we've wrestled with assessing the impact of the IIGG program. The outside review was very helpful in that regard, so we were pleased to note that you plan a comprehensive evaluation after the first two years of Phase II to measure the programs' performance against enumerated objectives. Page 13 of your proposal includes a list of the "Outputs" and "Impact" of the program. Since identifying outputs is considerably easier than tracking and describing impacts, I would urge you to describe impacts as clearly as possible in reports to the Robina Foundation and would like to discuss with you how best to do that.

Several comments about the budget:

Board Members would like more detail regarding the calculation of "Program Management Salaries and Benefits for Core Program Staff" for the overall IIGG Program and "Program Management Salaries and Benefits" for the CoC. Do various staff members keep track of their time working on IIGG? Will they for work on the CoC? Could you provide us with the names of the people included in each category and the percentage of the staff person's time applied to the programs?

We noted that the budget for the CoC appears to cover all of the travel costs of the CoC participants. From our perspective, it will be important to get the buy-in of member organizations. Thus, it would be preferable to cover the total costs for the first year, cover half of the costs the second year, and eliminate the costs the third year, unless there is a hardship case requiring payment of travel expenses. This seems feasible given the organizations scheduled to participate in the CoC. There may be a different method to accomplish this, but weening participants off total reliance on CFR seems important. We should discuss this further so that we can agree on the appropriate adjustment to the IIGG budget.

With respect to Robina support for the Online Video project, the Board approved funding for the first two years of the project outlined in your proposal. This would total \$696,555 in direct costs plus indirect costs of 15%. We trust that this is sufficient funding to buy the necessary equipment and begin training CFR staff on the effective use of the equipment and that CFR or others would provide funding in subsequent years. To finalize the grant, we would like CFR to confirm that additional funding will be available as necessary so that the project can be completed as contemplated.

At the Board Meeting, it was decided that quarterly grant reports are no longer necessary. That should please both of you, as well as Farah and others who work on the reports! The Board would like written reports every six months rather than every three months. One of those reports will be the annual report. In addition, the Board hopes to visit CFR every other year. I will get in touch with you as soon as I have worked out a more specific schedule for the reports and visits.

Please let me know how you would like to follow up on our comments and feedback. I look forward to hearing from you, but I do want you to know that I will be out of the country from September 12 to September 29. It should not be a problem if our follow up discussions take place in October.

Warm regards,
Penny

Penny A. Hunt
Executive Director

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September 16, 2011

Ms. Penny Hunt
Executive Director
Robina Foundation
80 South 8th Street
Minneapolis, MN 55402

Dear Penny:

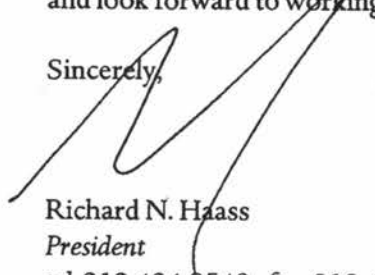
Thank you for the Robina Foundation's payment of \$2 million, received on September 12, to the Council on Foreign Relations (CFR). This generous contribution will support the fourth year of CFR's International Institutions and Global Governance (IIGG) Program.

As you know, Robina's continued investment is enabling CFR scholars to address one of the most significant problems in this era—the lack of effective regional and global institutions to manage the economic, security, and environmental challenges that characterize our increasingly globalized world. In its fourth year, the IIGG Program will continue to draw on the resources of more than eighty scholars in the Studies Program to offer concrete recommendations for U.S. policymakers on specific reforms needed to improve or supplement existing multilateral frameworks. It will also launch the Council of Councils, an international policy network, to facilitate candid discussion and consensus building on pressing global challenges among thought leaders from developed and emerging countries.

I am also pleased to acknowledge receipt of Robina's \$15,000 grant to support Kimberly McClure's work identifying additional opportunities for CFR to strengthen our longstanding efforts to foster racial and ethnic diversity in the foreign policy field.

We are truly grateful to you and your colleagues for Robina's ongoing support of our work and look forward to working with you in the year ahead.

Sincerely,


Richard N. Haass
President
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October 21, 2011

Ms. Penny Hunt
Executive Director
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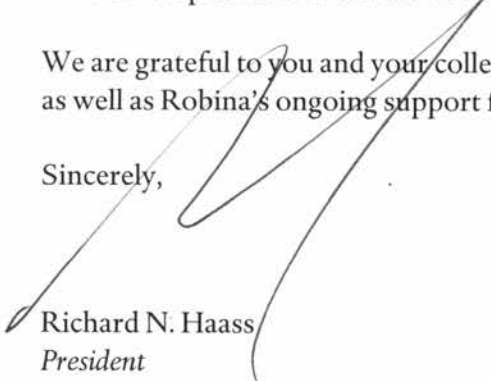
Dear Penny:

Thank you for the Robina Foundation's payment of \$419,750 toward its two-year grant of \$696,555 to the Council on Foreign Relations (CFR) for our online video project.

Robina's generous support will allow CFR to make critical investments in the production of short videos offering analysis from leading thinkers and policymakers on the issues that top today's international agenda. This work will enhance CFR's capacity to use mobile devices as a platform to extend CFR's reach to new audiences.

We are grateful to you and your colleagues for this tangible vote of confidence in our work as well as Robina's ongoing support for other CFR projects.

Sincerely,


Richard N. Haass
President
tel 212.434.9540 fax 212.434.9880
president@cfr.org

cc: Nancy Gilberg