



[Robina Foundation](#)

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

PENNY HUNT

ROBINA FOUNDATION
Annual Board Meeting

August 11-13, 2014
Minneapolis, Minnesota

ROBINA FOUNDATION

TO: Robina Board of Directors

FROM: Penny Hunt

RE: August 2014 Board Meeting

I think this is going to be a terrific meeting!

Grantmaking Discussion: Monday Night; Tuesday Afternoon

To take full advantage of our time together and the Board's interest in a concentrated discussion of where the Foundation is and where we might go, our grantmaking discussion will begin at Monday night's dinner. To prepare for Monday's discussion and the follow-up on Tuesday, I suggest you begin your review of the Board Book at Tab 8, which includes "Pre-Reading / Thinking material.

Tuesday's Agenda is packed with meetings with Foundation advisors and representatives of Robina Grantees. **Note in particular:**

Tab 2: At page 14, Mike Sullivan's Quarterly Report provides information on grantmaking needed to meet two hypothetical timetables for the sunseting of the Foundation. Steve Lewis and I asked Mike to provide a rough calculation of the grant level as background for the Board's discussion of the Foundation's future grantmaking.

Tab 5: In addition to discussions with leaders of *LifeCourse* and *Care COPILOT Institute*, we will discuss Allina's strategies with Ben Bache-Wiig and Penny Wheeler. This will give us a better understanding of how initiatives Robina supports fit into Allina's strategies and vision.

Tab 7: *Care COPILOT Institute* proposal is the only grant proposal under consideration at this meeting. In addition to the proposal, the Board Book includes six reviews by outside readers, Steve Schroeder's synthesis of the reviews and Allina's response to the issues raised by the reviewers. Lots to think about!

Tuesday Night Dinner

The Aamoths have invited us to their home for appetizers, before we go to Woodhill Country Club for dinner. We're delighted that Ellie Crosby will join us at the Aamoths' and at Woodhill.

Wednesday's Agenda

Since this is Robina's Annual Meeting, the agenda includes discussion of a number of governance issues, as well as reelection of several board members.

As always, please feel free to get in touch with me If you have questions or concerns about any of the material in the Board Book or plans for the meeting.

ROBINA FOUNDATION BOARD OF DIRECTORS' ANNUAL MEETING
August 11-13, 2014

MONDAY, August 11

6:00 p.m. Dinner in the Governor's Room at the Minneapolis Club
(Beginning of Grantmaking Discussion – Tab 8 in Board Book)

Lodging: Susan Berresford, Peter Karoff, Steve Schroeder
The Minneapolis Club, Phone: 612-332-2292
729 2nd Avenue South
Minneapolis, MN 55402

TUESDAY, August 12

7:30 a.m. Continental Breakfast at Faegre Baker Daniels

8:00 a.m. Board of Directors' Meeting at Faegre Baker Daniels – see Agenda

5:10 p.m. Transportation for Berresford, Karoff, Schroeder, and Hunt to
Gordy's home at 390 W. Ferndale Road, Wayzata 55391

5:30 p.m. Hors d'oeuvres at Aamoth home (390 W. Ferndale Road, Wayzata)

6:30 p.m. Dinner at Woodhill Country Club (200 Woodhill Road, Wayzata)

8:30/9:00 p.m. Berresford, Karoff, Schroeder, Hunt back to the Minneapolis Club

Lodging: Berresford, Karoff, Schroeder at the Minneapolis Club

WEDNESDAY, AUGUST 13

7:30 a.m. Continental Breakfast at Faegre Baker Daniels

8:00 a.m. Board Meeting continued at Faegre Baker Daniels – see Agenda

Noon Adjournment of Annual Meeting

Robina Foundation Board of Directors' Annual Meeting

Tuesday, August 12, 2014

TIME	Faegre Baker Daniels Office 2200 Wells Fargo Center, 90 South 7 th Street, Minneapolis, MN 55402, Phone: 612-766-7089 (Go to 22 nd floor and receptionist will direct you to the room.)	Tab#
8:00 a.m.	Welcome and Call to Order – Blatz	
8:05 a.m.	Legal Report	1
8:20 a.m.	• Guest: Gina Kastel of Faegre Baker Daniels	
	Foundation Finances	2
	• Investment Consultant ➢ Guest: Mike Sullivan ➢ Quarterly Report ➢ Assets and Grants/Assets Detail • USbank: ➢ Guests: Jerry Anderson, Jon Gennaro, Kim DeBaere	
9:00 a.m.	Grantee Meetings/Reports University of Minnesota Law School: <i>Center for New Americans</i> • Guests: David Wippman, Ben Casper • Annual Report	3
9:45 a.m.	University of Minnesota Law School: <i>Robina Institute for Criminal Law and Criminal Justice</i> • Guests: David Wippman, Richard Frase, Kevin Reitz, Kelly Mitchell • Interim Report for CL&CJ Sentencing Law and Policy Program Enhancement	4
10:15 a.m.	Abbott Northwestern Hospital/Allina: Senior Leadership • Guests: Ben Bache-Wiig, President, Abbott Northwestern Hospital and Penny Wheeler, MD, President and CCO, Allina Health	5
11:00 a.m.	Abbott Northwestern Hospital/Allina: <i>LifeCourse</i> • Guests: Penny Wheeler, Eric Anderson, Sandy Schellinger, Paige Bingham, Heather Britt	6
11:30 a.m.	Abbott Northwestern Hospital/Allina: <i>Care COPILOT Institute</i> • Guests: Kim Radel, Penny Wheeler, Heather Britt	7
12 noon	Lunch	
12:45 p.m.	Grant Proposal Abbott Northwestern Hospital/Allina: <i>Care COPILOT Institute</i> - Action • Proposal (Back of Board Book) • Reviews • Steve Schroeder's Summary of the Reviews • Allina's Response to the Reviews	7
1:30 p.m.	Grantmaking Discussion	8
4:30 p.m.	Adjournment	

Robina Foundation Board of Directors' Annual Meeting
Wednesday, August 13, 2014

TIME	Faegre Baker Daniels Office 2200 Wells Fargo Center, 90 South 7th Street, Minneapolis, MN 55402, Phone: 612-766-7089 (Go to 22nd floor and receptionist will direct you to the room.)	Tab#
8:00 a.m.	Welcome and Call to Order – Blatz	
8:05 a.m.	Minutes from May 13, 2014 Board Meeting – Berresford – Action	9
8:10 a.m.	Executive Director's Report - Hunt	10
8:20 a.m.	Annual Reports Council on Foreign Relations: <i>IIGG</i> Annual Report	11
	Yale School of Drama: <i>Binger Center for New Theatre</i> Annual Report	12
9:00 a.m.	Governance Discussion Robina Board of Directors • Board of Director's Job Description • Term Limits • Composition • Compensation • Lead Directors Governance - Action • Reelection of Board Members • Board and Chair Compensation • Conflict of Interest Policy/Board Member Disclosure Meeting Dates • 2014/2015/2016	13
10:00 a.m.	Other Business • Executive Session	14
12 Noon	Adjournment	

1	LEGAL REPORT
2	FOUNDATION FINANCES
3	UNIVERSITY OF MINNESOTA <i>Center for New Americans Annual Report</i>
4	UNIVERSITY OF MINNESOTA <i>Robina Institute for Criminal Law and Criminal Justice</i>
5	ABBOTT NORTHWESTERN/ALLINA Senior Leadership/Allina Health Strategic Update
6	ABBOTT NORTHWESTERN/ALLINA <i>LifeCourse</i>
7	ABBOTT NORTHWESTERN/ALLINA <i>Care COPILOT Institute</i>
8	GRANTMAKING DISCUSSION
9	MINUTES May 13, 2014 Board Meeting
10	EXECUTIVE DIRECTOR'S REPORT
11	COUNCIL ON FOREIGN RELATIONS <i>IIGG Annual Report</i>
12	YALE SCHOOL OF DRAMA <i>Binger Center for New Theatre Annual Report</i>
13	GOVERNANCE DISCUSSION
14	MEETING DATES
15	

MEMORANDUM

ATTORNEY-CLIENT PRIVILEGED

TO: Penny Hunt
FROM: Gina M. Kastel
DATE: July 29, 2014
RE: Binger Estate

This memorandum updates my earlier memoranda regarding the administration of the Estate of James H. Binger and the James H. Binger Revocable Trust (together, the Estate). For the sake of brevity, I have not repeated information from the November 8, 2013, February 15, 2014, or April 30, 2014, memoranda here. You may wish to consult them for additional background.

Closing Agreement

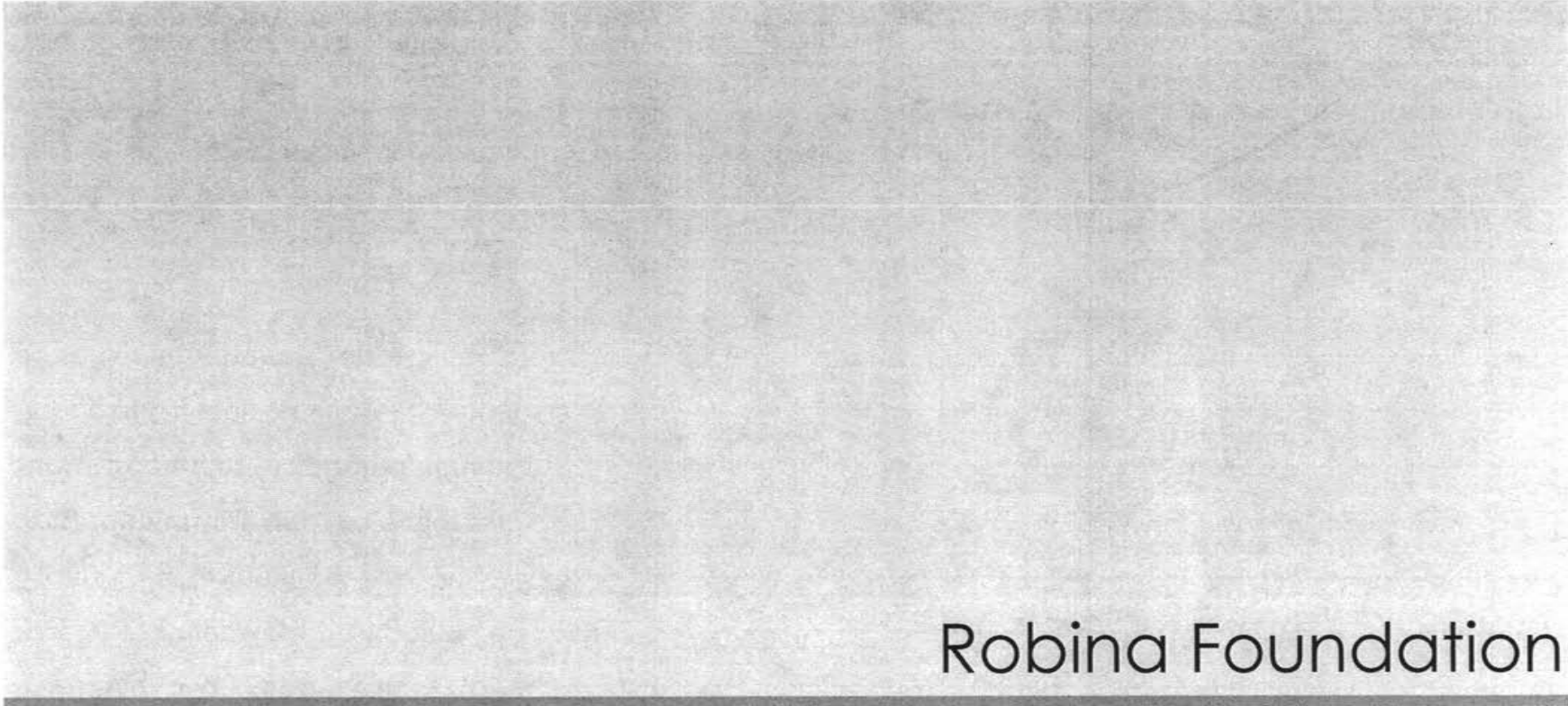
We have completed the negotiation of the Closing Agreement and Kathleen Blatz signed it on July 25, 2014. We have sent the signed Closing Agreement back to McDermott Will & Emery to get it signed on behalf of JP Morgan. As we have discussed, JP Morgan will withhold a \$50,000 reserve to pay any remaining legal fees to McDermott Will & Emery and Briggs & Morgan. The remainder of the Estate, less the attorney fee reserve, will be transferred to Robina Foundation within seven days after the Closing Agreement is countersigned by JP Morgan.

Tartan I, LP

→ The documentation to transfer the Tartan I, LP limited partnership interests to Robina Foundation has been signed on behalf of Robina Foundation and will be counter-signed by JP Morgan along with the Closing Agreement. Robina Foundation's interest is approximately \$65,000. We expect that Tartan I, LP will offer to redeem the limited partnership interests held by Robina Foundation after the Estate is settled.

Redeem for \$65k?

KASGM



Robina Foundation

Quarterly Financial Report

Prepared by Michael F. Sullivan, Ph.D.

Indigo Consulting

June 30, 2014

Robina Foundation

Table of Contents

Executive Summary	1
Mission Statement	1
Observations and Recommendations	1
Executive Financial Summary	3
Sources of Capital	4
Asset Summary	8
Asset Allocation Report: 06/30/2014	9
Asset Allocation Report – Robina Perspective: 06/30/2014	10
Grants Paid/Committed: 2014	11
Long Term History and Projections.....	12
Sunset Scenarios - Expected Return.....	13
Financial Outlook for Sunset Scenarios.....	14
US Bank Performance Report	15

Robina Foundation

Executive Summary

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.

Observations and Recommendations

1. Overall fund performance continues at or slightly above benchmark, net of fees. In the following table, the first column is for six months YTD; all other columns are annualized. The capital markets continue to be unpredictable and performance continues to be unexpected. While the US Fed has tightened credit, fixed income returns have declined, unexpectedly. While equity markets in the US and other developed markets are approaching or exceeding all-time highs, they continue to increase even though valuations are also relatively high. The only large capital market that has performed like a textbook is Emerging Market equity, where valuations are very low and performance has been reflectively increasing. The only certain thing is uncertainty.

	Year to Date	1 Year	3 Year	5 Year	From Inception
Portfolio	3.53%	11.07%	6.73%	4.80%	4.36%
Benchmark	3.38%	11.07%	6.20%	4.30%	3.96%

2. We began the second quarter with assets of \$89,006,105, earned \$1,872,669, awarded grants of \$1,000,000, and had \$200,440 in operating expenses.

	Q1	Q2	Q3	Q4	YTD
Beginning Balance:	\$95,132,519	\$89,006,105			\$95,132,519
Plus Earnings:	\$1,022,556	\$1,872,669			\$2,895,225
Less Grants:	(\$7,005,888)	(\$1,000,000)			(\$8,005,888)
Less Expenses:	(\$123,082)	(\$200,440)			(\$323,522)
Ending Balance:	\$89,006,105	\$89,678,334			\$89,678,334

Robina Foundation

3. As reported, during the quarter we redeployed almost \$21,000,000 to a spectrum of fixed income strategies, decreasing our money market and equity allocations. We need a higher rate of return than the money market return approaching \$0.00 (we've been waiting for years). Developed country equity market valuations give us pause. We have added investments in a multi-faceted global bond fund (Loomis Sayles), a floating rate mid quality bank loan fund (Mainstay), and increased exposure to short term, high quality US corporate bonds. All of these investments increase risk in a measured way in order for us to earn a higher return. We still have only a nominal investment in US Government Bonds, still thought to be the safest asset class, although with an historically low return.
4. We are still awaiting the final distribution of the JP Morgan funds.

Robina Foundation

Executive Financial Summary

	2013	2014		
	Qtr4	Qtr1	Qtr2	Qtr3
Cash	\$22,822,532	\$28,425,197	\$7,308,535	
Bonds	\$11,086,742	\$10,452,306	\$31,103,653	
Market Portfolio	\$61,223,246	\$50,128,602	\$51,266,147	
Equities	\$41,814,466	\$30,439,378	\$31,173,854	
Other	\$19,408,780	\$19,689,224	\$20,092,292	
IRS Refund	\$0	\$0	\$0	
Grand Total	\$95,132,519	\$89,006,105	\$89,678,334	

Hedge Funds

Robina Foundation

Sources of Capital

	2013	2014			
	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
JP Morgan					
Cash					
JHB Cash/MM	\$48,770	\$16,410	\$16,410		
JHB Income Cash/MM	\$3,579	\$3,579	\$3,579		
Cash Total	\$52,349	\$19,989	\$19,989		
Revocable Trust					
JHB Revocable Trust*	\$1,908,205	\$1,907,555	\$1,907,555		
JHB Income Account*	\$134,435	\$134,585	\$134,739		
Tartan I LP*	\$79,769	\$79,769	\$79,769		
Revocable Trust Total	\$2,122,408	\$2,121,909	\$2,122,062		
Other Securities					
All Other Securities*	\$66,576	\$66,576	\$66,576		
JP Morgan Total	\$2,241,333	\$2,208,474	\$2,208,627		

Some market values dated March 31 2014

Robina Foundation

	2013	2014			
	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
US Bank Investments					
Cash					
US Bank Cash/MM	\$20,508,647	\$26,266,565	\$5,065,309		
Bonds					
Global Bond Funds - Loomis Sayles			\$8,079,523		
US Bank Credit Fund-Mainstay			\$8,033,543		
US Corporate Issues	\$4,875,019	\$2,090,334	\$5,351,753		
Non-US Corporate Issues			\$3,659,785		
NuVeen High Income Bond FD CL I	\$2,935,262	\$2,984,020	\$3,026,278		
Global Bond Funds - T Rowe Price Intl Bond Fund	\$1,873,871	\$1,913,321	\$1,952,771		
Oppenheimer Senior Floating Rate		\$1,000,000	\$1,000,000		
BP Capital PLC	\$728,210	\$723,058	\$0		
Total Capital SA	\$521,785	\$519,555	\$0		
Barclays Voyager Medium Term Note (06/07/2016)		\$530,550	\$0		
Barclays Voyager Medium Term Note (07/15/2016)		\$540,270	\$0		
Bonds Total	\$10,934,147	\$10,301,109	\$31,103,653		

Robina Foundation

	2013	2014			
	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Equities					
US and Non-US					
Stock Funds	\$33,448,228	\$23,559,759	\$24,419,779		
Hedge					
Common Sense Offshore LTD	\$1,965,772	\$189,390	\$162,982		
Common Sense Holdback	\$0	\$89,673	\$0		
Pointer Offshore Ltd	\$3,495,132	\$3,695,224	\$3,685,760		
Hedge Total	\$5,460,904	\$3,974,287	\$3,848,742		
Private Equity					
Flag Private Equity LP	\$685,398	\$685,398	\$685,398		
Flag Venture Partners III LP	\$585,240	\$585,240	\$585,240		
Flag Venture Partners IV LP	\$900,275	\$900,275	\$900,275		
Pfingsten Partners III LP	\$734,420	\$734,420	\$734,420		
Private Equity Total	\$2,905,333	\$2,905,333	\$2,905,333		
Equities Total	\$41,814,466	\$30,439,378	\$31,173,854		

Robina Foundation

	2013	2014			
	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Bond Hedge Funds, Real Estate, and Commodities					
Non-US Bonds					
Ontario Province	\$152,595	\$151,197	\$0		
Bond Hedge Funds					
Gam Absolute Return Bond Fund	\$3,415,079	\$3,448,621	\$3,479,342		
GCA Credit Opportunities Offshore	\$4,592,190	\$4,682,111	\$4,750,174		
Marathon Credit Opportunity Fund Ltd	\$3,685,938	\$3,842,374	\$3,879,395		
Bond Hedge Funds Total	\$11,693,207	\$11,973,106	\$12,108,911		
Real Estate					
IDR Core Equity Re Strategy 2010	\$6,836,592	\$6,775,902	\$7,040,028		
Commodities					
Oppenheimer Com Str Tr Fd Y	\$472,137	\$500,371	\$503,508		
Other Bonds, Real Estate, and Comm. Total	\$19,154,531	\$19,400,576	\$19,652,448		
US Bank Investments Total	\$92,411,790	\$86,407,628	\$86,995,264		

Robina Foundation

Asset Summary

	2013	2014			
	Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
JP Morgan	\$2,241,333	\$2,208,474	\$2,208,627		
US Bank Investments	\$92,411,790	\$86,407,628	\$86,995,264		
Robina Checking Account	\$218,896	\$96,503	\$180,943		
Bazal Property	\$260,500	\$293,500	\$293,500		
Grand Total	\$95,132,519	\$89,006,105	\$89,678,334		

Appraised value

Robina Foundation

Asset Allocation Report: 06/30/2014

	Actual (\$)	Actual (%)	Goal (\$)	Goal (%)
Cash				
JHB Cash/MM	\$16,410	0%		
JHB Income Account	\$134,739	0%		
JHB Income Cash/MM	\$3,579	0%		
JHB Revocable Trust	\$1,907,555	2%		
US Bank Cash/MM	\$5,065,309	6%		
US Bank Checking	\$180,943	0%		
Cash Total	\$7,308,535	8%	\$4,483,917	5%
Bonds	\$31,103,653	35%	\$53,807,001	60%
Market Portfolio				
Equities	\$24,566,124	27%		
Hedge	\$18,862,987	21%		
Other	\$7,837,036	9%		
Market Portfolio Total	\$51,266,147	57%	\$31,387,417	35%
Grand Total	\$89,678,334	100%	\$89,678,334	100%

Goals are based on 2022 Sunset Scenario

Why?

Robina Foundation

Asset Allocation Report – Robina Perspective: 06/30/2014

	Actual (\$)	Actual (%)	Goal (\$)	Goal (%)
Cash				
JP Morgan	\$19,989	0%		
US Bank Cash/MM	\$5,065,309	6%		
US Bank Checking	\$180,943	0%		
Cash Total	\$5,266,241	6%	\$4,483,917	5%
Fixed Income				
Bonds	\$31,103,653	35%		
Non-US	\$0	0%		
JHB Revocable Trust	\$2,122,062	2%		
Hedge Funds	\$12,108,911	14%		
Fixed Income Total	\$45,334,627	51%	\$53,807,001	60%
Market Portfolio				
JP Securities	\$66,576	0%		
US Bank Equity Funds	\$24,419,779	27%		
US Bank Hedge Equities	\$6,754,075	8%		
US Bank Real Estate	\$7,040,028	8%		
US Bank Commodities	\$503,508	1%		
Bazal Property	\$293,500	0%		
Market Portfolio Total	\$39,077,467	44%	\$31,387,417	35%
Grand Total	\$89,678,334	100%	\$89,678,334	100%

Goals are based on 2022 Sunset Scenario

Robina Foundation

Grants Paid/Committed: 2014

	Qtr1	Qtr2	Qtr3	Qtr4	Grand Total
Allina Health System/Abbott Northwestern	\$4,334,266				\$4,334,266
Life Course/Late Life Supportive Care	\$4,334,266				\$4,334,266
Council on Foreign Relations	\$470,722	\$2,034,971	\$858,278		\$3,363,971
International Institutions and Global Governance (IIGG) Phase II		\$2,034,971			\$2,034,971
Expanded Diversity Initiative in Foreign Policy	\$470,722				\$470,722
Expanded Diversity Initiative in Foreign Policy - Additional Activities +HIA Supplemental Request				\$858,278	\$858,278
University of Minnesota Law School	\$2,000,900	\$809,355	\$1,867,545		\$4,677,800
Public Interest Scholars		\$809,355			\$809,355
Institute on Criminal Law and Justice	\$1,750,900				\$1,750,900
Support Scholarships	\$250,000				\$250,000
Sentencing Law Program Enhancements (CL&CJ)			\$844,658		\$844,658
Center for New Americans			\$1,022,887		\$1,022,887
Yale University	\$200,000	\$1,000,000			\$1,200,000
Yale Law School: Human Rights Fellowship Initiative Phase II		\$1,000,000			\$1,000,000
Tom Crosby Memorial	\$200,000				\$200,000
Grand Total	\$7,005,888	\$1,000,000	\$4,711,871	\$858,278	\$13,576,037

Long Term History and Projections

Grants Paid and Committed	2008	2009	2010	2011	2012	2013	2014		2015	2016	2017	Grand Total
	Actual	Actual	Actual	Actual	Actual	Actual	Budget	Actual YTD	Budget	Budget	Budget	
Allina Health System/Abbott Northwestern	\$1,253,535	\$2,373,233	\$2,373,232	\$0	\$2,356,696	\$4,245,492	\$4,334,266	\$4,334,266	\$3,990,000			\$20,926,454
Care Guides	\$1,253,535	\$2,373,233	\$2,373,232									\$6,000,000
Life Course/Late Life Supportive Care					\$2,356,696	\$4,245,492	\$4,334,266	\$4,334,266	\$3,990,000			\$14,926,454
Council on Foreign Relations	\$2,000,000	\$2,000,000	\$2,000,000	\$2,434,750	\$2,700,466	\$3,298,507	\$3,363,971	\$470,722	\$2,954,159	\$2,114,664		\$22,866,517
Diversity Scan				\$15,000								\$15,000
Expanded Diversity Initiative in Foreign Policy					\$377,034	\$426,492	\$470,722	\$470,722				\$1,274,248
International Institutions and Global Governance (IIGG) Phase I	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000								\$8,000,000
International Institutions and Global Governance (IIGG) Phase II					\$2,046,627	\$2,034,671	\$2,034,971		\$2,074,424	\$2,114,664		\$10,305,357
Online Video Project				\$419,750	\$276,805							\$696,555
Expanded Diversity Initiative in Foreign Policy						\$837,344	\$858,278		\$879,735			\$2,575,357
Additional Activities + HIA Supplemental Request												
University of Minnesota Law School	\$1,650,000	\$1,436,750	\$1,480,338	\$2,850,854	\$2,370,447	\$4,608,127	\$4,677,800	\$2,000,900	\$4,745,354	\$4,647,097	\$922,980	\$29,389,747
Faculty Retention and Other Initiatives	\$250,000											\$250,000
Institute on Criminal Law and Justice					\$847,190	\$1,494,134	\$1,750,900	\$1,750,900	\$1,771,752	\$1,639,451		\$7,503,427
Program on Law, Public Policy, and Society (LaPPS)	\$1,400,000	\$1,436,750	\$1,480,338	\$2,850,854	\$893,457							\$8,061,399
Public Interest Scholars					\$379,800	\$694,544	\$809,355		\$813,736	\$804,188		\$3,501,623
Support Scholarships					\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000		\$1,250,000
Sentencing Law Program Enhancements (CL&CJ)						\$820,056	\$844,658		\$869,997	\$896,097	\$922,980	\$4,353,788
Center for New Americans						\$1,349,393	\$1,022,887		\$1,039,869	\$1,057,361		\$4,469,510
Yale University	\$1,750,000	\$1,750,000	\$2,350,000	\$1,950,000	\$19,000,000	\$1,000,000	\$1,200,000	\$200,000				\$29,000,000
Yale Law School: Human Rights Fellowship Initiative Phase I	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000								\$4,000,000
Yale Law School: Human Rights Fellowship Initiative Phase II					\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000				\$3,000,000
Yale School of Drama: Binger Center for New Theatre					\$18,000,000							\$18,000,000
Endowment												\$3,800,000
Yale School of Drama: Yale Center for New Theatre	\$750,000	\$750,000	\$1,350,000	\$950,000								\$200,000
Tom Crosby Memorial							\$200,000	\$200,000				\$200,000
Subtotal	\$6,653,535	\$7,559,983	\$8,203,570	\$7,235,604	\$26,427,609	\$13,152,126	\$13,576,037	\$8,005,888	\$11,689,513	\$6,761,761	\$922,980	\$102,182,718
The Center for Victims of Torture	\$25,000				\$1,000							\$26,000
The Center for Victims of Torture	\$25,000				\$1,000							\$26,000
ArtPlace Initiative				\$500,000								\$500,000
Revitalizing Communities through Arts and Culture				\$500,000								\$500,000
Aspen Institute		\$130,575										\$130,575
Justice and Society Program		\$130,575										\$130,575
Grand Total	\$6,678,535	\$7,690,558	\$8,203,570	\$7,735,604	\$26,428,609	\$13,152,126	\$13,576,037	\$8,005,888	\$11,689,513	\$6,761,761	\$922,980	\$102,839,293
Outstanding Commitments							\$5,570,149		\$11,689,513	\$6,761,761	\$922,980	\$24,944,403
Financial Outlook	2008	2009	2010	2011	2012	2013	2014		2015	2016	2017	
Beginning Year Net Assets					\$120,827,000	\$100,568,259	\$95,132,519		\$84,656,480	\$75,702,418	\$71,472,814	
Plus Revenues					\$6,569,686	\$8,170,242	\$3,567,469		\$3,216,946	\$3,028,097	\$3,216,277	
Less Expenses, 3% P.A. Growth					-\$399,818	-\$453,856	-\$467,471		-\$481,495	-\$495,940	-\$510,818	
Less Grants Paid					-\$26,428,609	-\$13,152,126	-\$13,576,037		-\$11,689,513	-\$6,761,761	-\$922,980	
Year End Net Assets				\$120,827,000	\$100,568,259	\$95,132,519	\$84,656,480		\$75,702,418	\$71,472,814	\$73,255,292	
Return Assumptions	2008	2009	2010	2011	2012	2013	2014		2015	2016	2017	
Asset Allocation												
Market Portfolio							25%		12.0%	0.0%	0.0%	
Fixed Income							75%		88.0%	100.0%	100.0%	
Expected Return												
Market Portfolio							6.0%		6.0%	6.0%	6.0%	
Fixed Income							3.0%		3.5%	4.0%	4.5%	
Total Portfolio Expected Return							3.8%		3.8%	4.0%	4.5%	

Note: Return Assumptions assume 2018 Sunset Scenario Allocations

Sunset Scenarios - Expected Return

Sunset in 2018

Year End	Allocation %		Expected Return		Blended Return
	Equities	Fixed Income	Equities	Fixed Income	
2014	25%	75%	6.0%	3.0%	3.75%
2015	12%	88%	6.0%	3.5%	3.80%
2016	0%	100%	6.0%	4.0%	4.00%
2017	0%	100%	6.0%	4.5%	4.50%
2018	0%	100%	6.0%	4.5%	4.50%

Sunset in 2022

Year End	Allocation %		Expected Return		Blended Return
	Equities	Fixed Income	Equities	Fixed Income	
2014	35%	65%	6.0%	3.0%	4.05%
2015	35%	65%	6.0%	3.5%	4.38%
2016	35%	65%	6.0%	4.0%	4.70%
2017	30%	70%	6.0%	4.5%	4.95%
2018	20%	80%	6.0%	4.5%	4.80%
2019	10%	90%	6.0%	4.5%	4.65%
2020	0%	100%	6.0%	5.0%	5.00%
2021	0%	100%	6.0%	5.0%	5.00%
2022	0%	100%	6.0%	5.0%	5.00%

Financial Outlook for Sunset Scenarios

Sunset in 2018 – with \$23,300,000 spending per year for grants and expenses

Financial Outlook	2014	2015	2016	2017	2018
Beginning Year Net Assets	\$95,132,519	\$84,656,480	\$64,573,427	\$43,856,364	\$22,529,900
Plus Revenues	\$3,567,469	\$3,216,946	\$2,582,937	\$1,973,536	\$770,100
Less Expenses, 3% P.A. Growth	-\$467,471	-\$481,495	-\$495,940	-\$510,818	-\$526,143
Less Grants Committed	-\$13,576,037	-\$11,689,513	-\$6,761,761	-\$922,980	\$0
Year End Net Assets	\$84,656,480	\$75,702,418	\$59,898,663	\$44,396,102	\$22,773,857
Additional Grants	\$0	-\$11,128,992	-\$16,042,299	-\$21,866,202	-\$22,773,857
Year End Net Assets, Adjusted	\$84,656,480	\$64,573,427	\$43,856,364	\$22,529,900	\$0

Sunset in 2022 – with \$13,000,000 spending per year for grants and expenses

Financial Outlook	2014	2015	2016	2017	2018	2019	2020	2021	2022
Beginning Year Net Assets	\$95,132,519	\$84,941,878	\$75,678,085	\$66,254,955	\$56,554,575	\$46,289,195	\$35,461,643	\$24,254,725	\$12,487,461
Plus Revenues	\$3,852,867	\$3,716,207	\$3,556,870	\$3,279,620	\$2,714,620	\$2,152,448	\$1,773,082	\$1,212,736	\$492,539
Less Expenses, 3% P.A. Growth	-\$467,471	-\$481,495	-\$495,940	-\$510,818	-\$526,143	-\$541,927	-\$558,185	-\$574,931	-\$592,179
Less Grants Committed	-\$13,576,037	-\$11,689,513	-\$6,761,761	-\$922,980	\$0	\$0	\$0	\$0	\$0
Year End Net Assets	\$84,941,878	\$76,487,077	\$71,977,254	\$68,100,777	\$58,743,052	\$47,899,715	\$36,676,540	\$24,892,530	\$12,387,821
Additional Grants	\$0	-\$808,992	-\$5,722,299	-\$11,546,202	-\$12,453,857	-\$12,438,073	-\$12,421,815	-\$12,405,069	-\$12,387,821
Year End Net Assets, Adjusted	\$84,941,878	\$75,678,085	\$66,254,955	\$56,554,575	\$46,289,195	\$35,461,643	\$24,254,725	\$12,487,461	\$0

US Bank Performance Report

Selected Period Performance
ROBINA FOUNDATION MGMT AGY
 Period Ending: 06/30/2014

<u>Sector</u>	<u>Market Value</u>	<u>Year to Date (6 Months)</u>	<u>1 Year</u>	<u>3 Years</u>	<u>5 Years</u>	<u>Inception to Date (85 Months)</u>
Total Managed Portfolio	77,589,101	3.53	11.07	6.73	4.80	4.36
Robina Custom Benchmark		3.38	11.07	6.20	4.30	3.96
Total Non-Managed	7,040,028	4.70	12.16			
Domestic Equity	12,803,362	6.72	24.48	15.55		
DJWilshire 5000 Index		6.87	25.11	16.45	19.43	6.36
Hedged Equity	4,028,124	10.10	13.32	6.79		
HFRI Equity Hedge Index		3.32	12.60	4.79	7.36	2.73
Developed Foreign	8,945,391	4.37	23.19	7.41		
MSCI EAFE Index (Net)		4.77	23.57	8.10	11.77	.98
Emerging Foreign	2,936,872	6.64	14.27	4.18		
MSCI EM Free Index (USD)		6.14	14.30	-.40	9.23	2.91
Total Fixed Income	42,166,578	2.82	6.68	4.33	3.95	
Barclays 1-3 Yr Gov/Credit Index		.55	1.12	.99	1.72	2.90
Hedged Fixed Income	20,175,894	2.70	7.93	5.69		
HFRI Relative Value Index (Total)		4.77	8.93	6.44	9.09	5.58
Total Commodities	1,642,661	6.18	4.14	-5.86		
Dow Jones UBS Commodity TR		7.10	8.23	-5.16	1.99	-2.85
Total Cash Equivalents	5,066,114	.10	.20	.20	.13	.88
Citigroup 3 Mo T-Bill Index		.00	.00	.04	.07	.68

Portfolio Inception: 06/01/2007

Not A Deposit, Not FDIC Insured, May Lose Value, Not Bank Guaranteed, Not Insured By Any Federal Government Agency

Past performance does not guarantee future results. Performance returns may not reflect the deduction of applicable fees, which would reduce returns. Information is deemed reliable but may be subject to change.

This blended benchmark is an 'asset weighted benchmark'. It follows the allocation of the account throughout its history. For example, if an account holds 30% equity assets and 70% fixed assets, the benchmark would be allocated as 30/70 for which ever benchmark you assigned to those sectors. If the allocation moves to 50% equity/ 50% fixed, then the benchmark would mirror that allocation. In this specific benchmark, the following benchmarks have been assigned to their respective sectors. Domestic Equity - DJ Wilshire 5000 Index, Total Fixed Income - Barclays 1-3 Year Gov/Credit Index, Developed Foreign - MSCI EAFE Index (Net), Emerging Foreign - MSCI EM Free Index (USD), Hedged Fixed Income - HFRI Relative Value (Total), Hedged Equity - HFRI Equity Hedge Index, Total Commodities - Dow Jones UBS Commodity Tr, Total Cash Equivalents - Citigroup 3 Mo T-Bill Index.

The Private Client Reserve | 

**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
12/31/11	120,827,123	30,658,267	32,895,500
03/31/12	121,350,931	34,489,187	48,338,828
06/30/12	99,963,670	53,765,992	32,563,646
09/30/12	98,199,014	57,085,876	29,243,762
12/31/12	100,293,064	57,086,876	29,243,762
03/31/13	96,166,446	63,502,994	22,827,644
06/30/13	95,512,864	64,502,994	30,650,942
09/30/13	93,066,393	70,203,905	27,417,442
12/31/13	94,871,823	70,239,002	28,960,291
03/31/14	89,006,105	77,244,890	25,944,403
06/30/14	89,678,334	79,898,903	23,290,390 (1)

(1) Includes the following commitments:

\$3,990,000 (2015) to Abbott's *LifeCourse* project;

\$6,224,059 (2014-2016) to CFR's *IIGG Phase II*; \$1,738,013 (2014-2015) for CFR's *Expanded Diversity Initiative – Additional Activities and HIA Supplemental Request*;

\$3,411,203 (2015-2016)) for U of M *Institute of Criminal Law & Justice* program; \$2,689,074 (2015-2017) for *Sentencing Law Program Enhancements*; \$500,000 (2015-2016) to U of M *Scholarship* program; \$1,617,924 (2015-2016) for U of M *Public Interest Scholars*; and \$3,120,117 (2014-2016) for *Center for New Americans*;

ROBINA FOUNDATION

ASSETS DETAIL

USbank Checking, USbank Investment Account, TIFF Account, Estate of Jim Binger, IRS Refund

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

Assets	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

Assets	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

Assets	09/30/11	12/31/11	03/31/12
USbank Checking	3,242,279	3,107,762	1,554,595
USbank Investment	79,623,780	74,568,396	76,710,536
Estate of Jim Binger	30,618,655	30,705,220	30,640,055
IRS Refund	11,622,180	12,445,745	12,445,745 (4)
Total	\$125,106,894	120,827,123	121,350,931

Assets	06/30/12	09/30/12	12/31/12
USbank Checking	538,773	438,552	331,081
USbank Investment	74,687,548	74,324,421	76,039,563
Estate of Jim Binger	12,291,604	10,990,296	11,476,675
IRS Refund	12,445,745	12,445,745	12,445,745
Total	\$99,963,670	98,199,014	100,293,064

Assets	03/31/13	06/30/13	09/30/13
USbank Checking	235,329	121,792	141,307
USbank Investment	93,225,051	92,712,707	90,134,695
Estate of Jim Binger	2,706,066	2,678,365	2,790,391
IRS Refund	(5)		
Total	\$96,166,446	\$95,512,864	93,066,393

Assets	12/31/13	03/31/14	06/30/14
USbank Checking	218,896	96,503	180,943
USbank Investment	92,411,790	86,407,628	86,995,264
Estate of Jim Binger	2,241,137	2,208,474	2,208,627
Bazal Property	-	293,500	293,500
Total	\$94,871,823	89,006,105	89,678,334

- (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) The expected amount is at least \$12,445,745.
- (5) Anita Tyson stated that "we are still waiting for a small final overpayment interest check from the US Treasury."

David Wippman

Dean of the Law School and William S. Pattee Professor of Law



381 Mondale Hall
229-19th Ave. South
Minneapolis, MN 55455

612-625-4841

dwippman@umn.edu

Princeton University, B.A.
Yale University, M.A., J.D.

Professor David Wippman is a recognized authority in international law. He has taught public international law, international criminal law, international human rights, and ethnic conflict. He received his B.A., summa cum laude, from Princeton University in 1976, his M.A. through a fellowship in the Graduate Program in English Literature at Yale University in 1978, and his J.D. from Yale Law School in 1982. While at Yale, he was the editor-in-chief of the *Yale Law Journal*. He clerked for The Honorable Wilfred Feinberg, Chief Judge of the U.S. Court of Appeals for the Second Circuit.

Professor Wippman became Dean of the University of Minnesota Law School on July 1, 2008.

Previously, he was a professor and Associate Dean at Cornell Law School and served as Vice Provost for International Relations at Cornell University.

In 1998-99, he had taken a year away from Cornell to serve as a director in the National Security Council's Office of Multilateral and Humanitarian Affairs, where he worked on war crimes issues, the International Criminal Court, economic sanctions, and U.N. political issues.

Before joining Cornell, Professor Wippman practiced law for nine years in Washington, D.C., with a focus on international arbitration, political consulting on public and private international law issues, and representation of developing countries in litigation. He has been a visiting scholar at the University of Ulster, Northern Ireland. He has co-authored two recently released books on international law: *International Law, Norms, Actors, Process: A Problem-Oriented Approach* (3rd ed.) and *Can Might Make Rights? Building the Rule of Law After Military Interventions*.

Benjamin Casper

Visiting Associate Clinical Professor of Law



96A Mondale Hall
229-19th Ave. South
Minneapolis, MN 55455

612-625-6484

caspe010@umn.edu

Carleton College, B.A.
University of Minnesota, J.D.

Clinical Professor Benjamin Casper joined the faculty as a visiting associate professor in 2013. He is Director of the Center for New Americans and teaches the Federal Immigration Litigation Clinic, which engages students in strategic impact litigation on behalf of immigrants and refugees. He has more than 16 years of experience litigating cases before immigration courts, the Board of Immigration Appeals, U.S. District Courts, U.S. Courts of Appeal, and the U.S. Supreme Court.

Before joining the Law School, Professor Casper was in private practice. From 2008 to 2013, he was also Director of the *Pro Bono* Litigation Project at the Immigrant Law Center of Minnesota. He has previously served as an adjunct clinical professor of immigration law at the University of Minnesota, William Mitchell College of Law, and the University of St. Thomas School of Law. From 1997 to 2001, he was an attorney for the nonprofit immigration law office Centro Legal, where he focused on deportation defense. He graduated with honors from the University of Minnesota Law School in 1997.

Since 2011, Professor Casper has served on the amicus curiae committee of the American Immigration Lawyers Association. He writes and lectures on immigration law topics for both local and national audiences.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of the Dean

*The Law School
Walter F. Mondale Hall*

Room 381

*229 - 19th Avenue South
Minneapolis, MN 55455*

*Office: 612-625-4841
Fax: 612-625-2019*

July 29, 2014

Kathleen Blatz, Chair
Robina Foundation
4900 IDS Center
80 South 8th Street
Minneapolis, MN 55402

Dear Kathleen,

I am pleased to present our one year report on the Center for New Americans.

The report has three parts. Part 1 is an overview of implementation, part 2 details progress establishing the Federal Litigation Clinic, the Detainee Rights Clinic, and our Outreach and Education Program, and part 3 discusses lessons we learned this year and how we are adapting to the political gridlock in Washington and the much publicized surge of unaccompanied Central American children arriving at the southern U.S. border. The report includes appendices with supplemental information about Center personnel, press coverage of our work, and the budget summary.

The Center's unique collaborative model is already yielding strong results. Working together with our partners we exceeded virtually all of our year one benchmarks:

- With our partners we undertook a total of 21 federal immigration matters, including *Mellouli v. Holder*, which will be argued before the U.S. Supreme Court in January. This case has potential to benefit thousands of non-citizens facing deportation. Prominent immigrant rights organizations from across the country have rallied to support the Center as amicus curiae. Our students will reap truly extraordinary educational experiences in the coming year as we continue to litigate this and other important cases.
- With the help of our partner organizations, we surpassed our collective goals by providing high-quality representation to detainees in 69 bond hearings and 31 merits proceedings. Our advocacy for a client who was sexually abused at Minnesota's largest detention facility persuaded the jail to change its long-standing policy of housing civil immigration detainees with criminal inmates. In the coming year students will begin know-your-rights presentations inside area jails to educate detained noncitizens and help provide them with earlier and better access to counsel.
- Our Education and Outreach Program established a wide network of allies across the university and throughout Minnesota's immigrant communities. To further our outreach work we created a new translator program that has already recruited 60 volunteers fluent in 12 foreign languages. Our faculty and students provided outreach and education to hundreds of non-citizens at a range of community events. With our partners we co-

hosted conferences and round tables sessions at the Law School for more than 150 pro bono attorneys.

In the year ahead we will continue to build upon these achievements and many others detailed in the report. With our partners, we are on track to make transformative, positive changes in immigration law, and to establish the Center as the country's premiere clinical program in service to new Americans. We look forward to discussing the report with you when we meet on August 12.

Sincerely,



David Wippman



Center for New Americans ANNUAL REPORT – YEAR ONE

PART 1 | OVERVIEW

We are pleased to report that the Center has exceeded virtually all year-one benchmarks. To create the Center for New Americans and initiate its primary functions we took these steps:

- Hired Benjamin Casper as executive director and director of the Federal Immigration Litigation Clinic.
- Established an advisory committee with members of our partner institutions
- Hired Detainee Rights Clinic director Linus Chan
- Hired teaching fellows Meghan Heesch and Kate Evans
- Hired program associate Kjerstin Sanden
- Launched the Federal Immigration Litigation Clinic and Detainee Rights Clinic in spring semester
- Integrated the two new clinics with Steve Meili's existing Immigration and Human Rights Clinic to create a comprehensive immigration center
- Launched the Education and Outreach Program

Details about the people involved are provided in Appendix A. More details about the specific activities related to these steps are provided in part 2 of this report.

In year one, Center students and faculty joined our partners in impact litigation before various federal courts. We have already undertaken 21 federal immigration matters. In June, the U.S. Supreme Court agreed to hear one of our appeals, which will be argued in January 2015. The resources Robina provided for detention work allowed us to expand high-quality representation to individuals in 69 bond hearings and 31 merits cases, exceeding our goals. Through public advocacy, we persuaded the largest detention facility in the state to stop housing immigration detainees with criminal inmates. Students and faculty have provided education to hundreds in the immigrant community, launched an annual asylum conference for pro bono lawyers with The Advocates for Human Rights, and enlisted volunteers from all parts of the university to join our outreach initiatives. These are just some examples of our work so far.

In sum, we have strong momentum heading into year two, with significant initial progress towards the long-term goals of achieving positive, transformative change in

our immigration system and providing law students with unparalleled opportunities for collaborative public service to New Americans.

PART 2 | DETAILS OF PROGRESS

FEDERAL IMMIGRATION LITIGATION CLINIC

The clinic seeks to improve U.S. immigration law through collaborative impact litigation in federal courts and related advocacy beyond the courtroom. We do this by engaging our students and partners in cases before courts across the country, and can report positive initial results this past year, including our first grant of certiorari at the U.S. Supreme Court. We are already building a strong national reputation through our casework, and as reflected in our co-counseling and amicus relationships. We continue to convene monthly conference calls of the Asylum Litigation Working Group, a nationwide coalition of key asylum litigators from law school clinics and NGOs.

Federal Immigration Litigation Clinic | Progress on benchmarks

Year One Benchmarks	Status
Establish litigation priorities with partners	Complete. The advisory committee set 5 priorities for year two: • Expanding asylum protection for victims of persecution • Protecting the rights and liberties of noncitizens in removal proceedings • Securing the rights of immigrant and refugee children • Protecting family unity • Countering arbitrary agency action and delays
Increase annual number of appellate and district court matters handled from baseline of 8 to 12	Exceeded. The clinic directly engaged in 15 collaborative litigation matters with potential for significant impact, while our partners handled 6 additional matters for a collective total of 21. Cases handled by the clinic include: • 2 high-profile matters at Board of Immigration Appeals (BIA) on remand from circuit courts (both cases still pending) • 4 petitions for review before U.S. Courts of Appeals (1 pending in Second Circuit, 2 remanded by the Eighth Circuit to BIA, and 1 denied by Eighth Circuit) • 4 <i>amicus curiae</i> matters: 3 before U.S. Courts of Appeals (one successful, two pending) and 1 before BIA (pending) • 3 petitions for rehearing <i>en banc</i> to U.S. Courts of Appeals (all denied by Eighth Circuit, 2 appealed to U.S. Supreme Court, 1 under consideration for possible appeal to U.S. Supreme Court) • 2 petitions for certiorari to the U.S. Supreme Court (1 granted, 1 settled in favor of client)

Launch clinic with 6 – 8 students	Complete. In the fall we enrolled 3 student directors to help build the clinic and work on initial cases. In spring we officially launched the clinic and added 5 additional students, for a total enrollment of 8 for the academic year. In addition we have a full-time summer student director. All three of our 2L students applied to return to the clinic as student directors. The clinic is fully enrolled for 2014 - 2015 with 8 new students, 2 student directors, and a waiting list.
--	--

Federal Immigration Litigation Clinic | Year-one highlights and initiatives

- Supreme Court litigation. We filed certiorari petitions with the U.S. Supreme Court in two cases. *Mellouli v. Holder* is impact litigation at the intersection of immigration and criminal law. Teaching fellow Kate Evans, assisted by student director Julia Decker ('14), prepared the certiorari petition with a co-counsel team from Faegre, Baker, Daniels and the Immigrant Law Center of Minnesota. The Supreme Court granted the petition June 30th and scheduled oral arguments for January 2015. Leading national immigrant rights organizations have rallied to provide us amicus support. The final decision will affect our client and potentially thousands of others in similar circumstances. In *Goromou v. Holder*, we challenged the government's interpretation of a controversial statute that requires persecution victims to apply for asylum within one year of arriving in the United States. Students drafted a certiorari petition with Robins, Kaplan, Miller & Ciresi and The Advocates for Human Rights. Prominent asylum scholars filed an amicus brief urging the Supreme Court to grant review, and the government soon offered a settlement that, if approved, will result in a grant of asylum for our client. We will continue to support national advocacy to repeal or ameliorate the one-year filing rule. Appendix B includes press materials on these cases.
- Asylum protections for children and women. With co-counsel from the National Immigrant Justice Center, clinic students led important litigation in the Second Circuit challenging flawed Board of Immigration Appeals (BIA) precedents that both limit asylum eligibility for children targeted by violent gangs in Central America and threaten existing protections for other victims of persecution, such as women fleeing severe gender-motivated violence. With national allies we are formulating a parallel advocacy strategy that would ask the Attorney General to intervene and overrule the BIA's problematic decisions. Based on our litigation, Benjamin, Kate, and 3L students Julia Decker and Hayley Steptoe published an article in West's *Immigration Briefings* providing practice guidance for asylum advocates nationwide. We will continue this work in year two and, as discussed in part 3, expand it as part of a coordinated response to the recent surge of unaccompanied Central American children arriving at the southern border.

- Protecting former child soldiers. Clinic students pursued simultaneous litigation and policy advocacy on behalf of a former child soldier whose application for permanent residency has been delayed by overbroad immigration statutes that punish anyone deemed to have given “material support” to a “terrorist” organization. Guatemalan guerillas forcibly recruited our client at age 12. He refused violence and escaped only to be caught and tortured by the Guatemalan army. The U.S. government granted him asylum but has delayed his residency application over 13 years because it thinks he gave “material support” to the guerrillas that forcibly recruited him. Students prepared a complaint and may yet file it in U.S. District Court, but first consulted with clinical allies at Harvard who connected us with key DHS officials in Washington. We have asked DHS to consider a regulatory exemption to the material support bar. Students met with Senator Amy Klobuchar’s staff to discuss the case and policy changes that could help other former child soldiers.



Inspiring future leaders

Julia Decker, a 2014 graduate of the Law School and recipient of the Clinical Legal Education Association Outstanding Student Award, has been integral to the success of the Federal Immigration Litigation Clinic at the Center for New Americans. Decker did extensive research for the certiorari petition in *Mellouli v. Holder*, which the U.S. Supreme Court granted in June. She also led a federal asylum appeal on behalf of vulnerable Central American children, then co-authored a national practice advisory on this topic with clinic faculty. But Decker’s most memorable experience as a student director was finding the winning legal theory for a client whose case had lasted seven years in the local immigration court. “It was such a great moment to walk out of the court room with our client and watch him hug his mom because he was no longer in danger of being removed from the country,” says Decker.

I’m very aware of what it means to not be left behind, to not slip through the cracks, because I am an adoptee and when I traveled to my birth country, I saw the kids in the orphanages who were left behind.

—Julia Decker, Law School alumna and Robina Post-Graduate Fellow

In addition to receiving the Outstanding Student Award, Decker has been granted a Robina Post-Graduate Fellowship to work with the Immigrant Law Center of Minnesota (ILCM), where she will represent detained as well as non-detained clients. She will also use the expertise she gained as a clinical law student to help grow ILCM’s capacity for federal court litigation. Decker sees this as a “fantastic opportunity” to deepen the partnership between ILCM and the Center for New Americans, while developing her own legal skills for a career helping low-income immigrants in Minnesota.

DETAINEE RIGHTS CLINIC

The Detainee Rights Clinic defends indigent noncitizens in immigration court after they are incarcerated by the Department of Homeland Security (DHS). Through the efforts of director Linus Chan, teaching fellow Meghan Heesch, our students, and our partners, we are increasing representation, expanding early access to legal advice, and improving conditions for many detainees.

Detainee Rights Clinic | Progress on benchmarks

Year One Benchmarks	Status
Increase number of detainees represented in bond hearings to 30.	Exceeded. The Center represented clients in 25 bond hearings, while our partners represented 44 for a collective total of 69 in year one. Of these 69 matters, we achieved a positive outcome in 33 (48%) by winning a substantial bond reduction or release of the client with or without supervision.
Increase number of detainees who receive merits representation from 20 to 30.	Exceeded. The Center provided merits representation to 14 clients and our partners represented 17 for a total of 31. Of these 31 matters, we completed 15. Among the 15 matters completed, we obtained relief for the client in 9 (60%).
Launch clinic with 6 – 8 students.	Substantially met. Our national search and hiring process for the Detainee Rights professor was completed in late October and Linus Chan arrived in late December after finishing his final term at DePaul University. The clinic enrolled 1 student director and 2 students for the spring term beginning in January, for a total of 3 in the academic year. We had two full-time student directors in the summer, for a year-one total of 5. The clinic is fully enrolled for 2014 - 2015 with 8 new students, 2 student directors, and a waiting list.

Detainee Rights Clinic | Year-one highlights and initiatives

- Greater and more impactful representation. Clinic students won merits hearings for two detained non-citizens in our initial semester. One client is an East African citizen who has been a legal U.S. resident for 23 years, but suffers from schizophrenia. DHS sought to strip him of his residency due to a criminal conviction. Students prepared applications for humanitarian relief and all of the witnesses who would testify at the immigration hearing, then successfully represented the client before the judge. He was released after his hearing, following months of incarceration, and we connected him with important mental health and social services. Through this case we forged new relationships with the University of Minnesota's Community-University Health Center in Minneapolis and Metro

Behavior Health, organizations the Center will partner with in future cases involving mentally ill detainees.

- ✱ • Early access to counsel and legal advice. The Clinic has secured commitments from county jails in Minnesota to begin on-site know-your-rights presentations for immigration detainees. Next year, clinic students will take part in these presentations to give detainees systematic, consistent, and earlier access to counsel in advance of their initial immigration court hearings. We continue to pursue an intake system with our partners to more efficiently screen detainees and place them with counsel. We have also built relationships with public defender offices to assist noncitizens whose state criminal proceedings put them at risk of federal immigration detention.
- Detention conditions. The clinic had early success in efforts to address the problem of mixing civil DHS detainees with criminal populations in county jails. Our advocacy on behalf of a young DHS detainee who was sexually assaulted by a criminal inmate attracted public attention and led the Sherburne County jail to stop housing immigration detainees with criminal inmates. Press accounts of this effort are included in appendix B. We also began collaborative advocacy to end improper solitary confinement of immigration detainees. We made data requests about this practice to DHS and the four principal county jails that hold detainees. We and our allies will analyze this information and seek reform. We are also pressing local jails and DHS to improve detention conditions by adopting standards that DHS created in 2011 but has yet to impose in Minnesota.
- Collaborative projects. This spring the Center was approached by a leading national immigration policy institute to make Freedom of Information Act (FOIA) requests for data about a secretive new computer tool DHS is using to make automated custody determinations, raising due process concerns. The Detainee Rights and Federal Immigration Litigation clinics is developing the FOIA inquiries together and will continue to pursue them, backed by litigation involving our partners if needed. Also, in spring the Center was part of a local coalition led by the ACLU that convinced area sheriffs to stop honoring DHS's frequent but informal requests that local jails temporarily extend detention of noncitizens who DHS believes may be subject to removal. Under the new policy jails will only hold noncitizens for DHS when there is a formal warrant.



Immigrants in detention are easily forgotten. They are strangers imprisoned in a system that can be cruel and unforgiving. It is paramount that their rights are respected and that they are held in conditions that respect their dignity.

—Linus Chan, Director,
Detainee Rights Clinic

Advocating for detainees, transforming policy

Immigration detainees in Minnesota are incarcerated at area county jails that contract with DHS, and although many or most have never been charged with any crime, the jails house them with prisoners who have committed serious criminal offenses.

Jails that mix criminal inmates and civil immigration detainees put noncitizens in unacceptable danger of assault and sexual violence. This is a problem nationwide. From 2007 to 2011, the American Civil Liberties Union found nearly 200 allegations of abuse from immigrants kept in criminal detention facilities. And that's only counting complaints from those brave enough to speak up.

The Detainee Rights Clinic at the Center for New Americans is working to protect immigrant detainees from prison violence while improving detention policy. In a recent high-profile case, the clinic represented "Pedro," an immigrant teen who had never before been incarcerated. DHS detained him at Sherburne County Jail, over 500 miles from home. Pedro's cellmate was a convicted child molester who sexually assaulted him on multiple occasions. The clinic's advocacy for Pedro led to his release without further litigation. He returned home to his family and school, and is now pursuing permanent immigration relief through a special visa program for victims of violent crime. The clinic's work also led Sherburne County Jail to separate immigrant and criminal detainees, and sparked a *Star Tribune* editorial calling for an end to mixing detainees in *all* facilities (see appendix B). The Center for New Americans is now pursuing broader policy change through collaborations with local and national allies.

EDUCATION AND OUTREACH PROGRAM

The Education and Outreach Program teaches noncitizens about their legal rights and trains lawyers to provide high-quality pro bono legal services to New Americans. Nancy Cook, her students, and other Center faculty and staff engaged our partners to identify priorities for collaborative work, and built networks of University and community allies.

Please see appendix C for a listing of our outreach and education activities.

Education and Outreach Program | Progress on benchmarks

Year One Benchmarks	Status
Establish network of University and community allies.	Ongoing. Our network includes: Law School -- Human Rights Center, Minnesota Justice Foundation, Asylum Law Project University-wide -- Humphrey School's Center for Integrative Leadership, Office of Student Engagement, Student Learning Center, Urban Research Outreach and Engagement Center. Community -- ISALAH, Greater Minneapolis Council of Churches, International Institute of Minnesota, Minnesota Coalition Against Sexual Assault, Minneapolis Public Schools Adult Education Program, Catholic Charities, Parents in Community Action, and the Tubman Center, Comunidades Latinas Unidas En Servicio (CLUES), Oromo Community of Minnesota.
Begin to provide educational and outreach programs and materials for noncitizens <i>Washington?</i>	Ongoing. Our education and outreach activities in year one were: Partner externships and policy projects. Students joined our non-profit partners to serve noncitizens through extern, policy, and educational projects covering topics such as DHS prosecutorial discretion, naturalization, permanent resident status, and U-visas for immigrant victims of crime. Students also collaborated with the Law School's Human Rights Center on a special project for the Tubman Center to analyze laws and develop policy proposals to combat labor trafficking. Community outreach. With assistance from partners, law students created educational programs for noncitizens covering immigration-related topics and presented them at spring community forums to audiences totaling approximately 150. Translation Project. Our program associate established a volunteer translator project that will facilitate the Center's education and outreach efforts, including the creation of materials to educate non-citizens about their rights under existing and anticipated immigration laws. The project draws volunteers fluent in 12 <u>foreign languages</u> from across the university and the community.
Begin to provide educational and outreach programs for pro bono lawyers <i>Growing interest?</i>	Ongoing. We undertook a number of programs to recruit and train pro bono lawyers, and we are developing others for year two. Asylum conference: In the fall, we co-hosted a new annual asylum conference with The Advocates for Human Rights at the law school, attended by over 50 volunteer lawyers and law students. Conference panelists included Center faculty and leading asylum experts from organizations such as the UNHCR. Roundtable programs: In spring semester the Center hosted two roundtable legal education sessions attended by more than 70 immigration lawyers and law students. The first roundtable addressed resources and advocacy strategies for mentally ill DHS detainees; the second covered DHS use of prosecutorial discretion.

Education and Outreach Program | Year-one highlights and initiatives

- **The Somalia project.** For many years the United States did not deport Somali nationals for lack of a functioning government, but that is changing. The Center, led by Steve Meili's Immigration and Human Rights Clinic, entered a collaborative project with Robins, Kaplan, Miller & Ciresi and The Advocates for Human Rights to produce a toolkit for lawyers representing Somalis who now find themselves at risk of removal. The toolkit consists of a comprehensive summary of the U.S. law of removal, as well as best practices for representing asylum-seekers and other non-citizens at risk of removal. These best practices are being culled from ongoing interviews with experienced immigration lawyers. In addition, the project team has sent a Freedom of Information Act request to U.S. Immigration and Customs Enforcement seeking data regarding U.S. deportation of Somali nationals over the past several years. This information will assist the Center and others in advocating on behalf of Somalis in the detention and deportation process. Immigration & Human Rights Clinic students will continue to help lead this project in year two.
- **DHS Prosecutorial Discretion** In the absence of comprehensive immigration reform, prosecutorial discretion is a crucial humanitarian tool that can protect noncitizens otherwise subject to deportation, and the Obama administration has signaled it is likely to expand policies for prosecutorial discretion in coming months. DHS adherence to existing prosecutorial discretion policies has been inconsistent, however, leading to uneven and unjust outcomes. In March, the Center for New Americans and the Immigrant Law Center of Minnesota hosted a special roundtable session for lawyers to discuss strategies for obtaining prosecutorial discretion. Students then developed a survey for Minnesota immigration lawyers that will assess DHS decision making in this area. We will share results with our partners for use in advocacy to improve DHS adherence to prosecutorial discretion policies as they continue to evolve, and identify best practices for both lawyers and noncitizens seeking prosecutorial discretion.
- **A New Collaborative Course and Outreach Conference.** This spring the Center and The Advocates developed a new Immigration Education and Outreach Course at the Law School to be offered for the first time in the fall 2014. The year-long experiential course will engage students in various immigration-related projects, and address needs identified in a multi-year community assessment that The Advocates completed in March. The class will culminate in spring 2015 with a new education and outreach conference at the Law School to be co-hosted by the Center and The Advocates.



Unfortunately, a non-citizen does not have the legal right to receive the resources necessary to defend his or her human rights. The Center for New Americans is a movement toward more social justice. Without the center and without interpreters, the first time a detainee would likely speak with a legal representative is at an actual hearing.

—Melissa Tetzner, Volunteer,
Translation and Interpretation
Project

Bridging language barriers, engaging volunteers

Because many of its clients lack full command of the English language, the Center for New Americans launched the Translation and Interpretation Project in March to provide these services.

Project coordinator Kjerstin Sanden and her team have recruited and trained 60 volunteers, including professors, students, and community members fluent in 12 foreign languages. Volunteers meet with clients on campus and in detention facilities, go to immigration court, translate documents, and more.

The Translation and Interpretation Project has provided interpretation services in collaboration with our nonprofit partners, like Mid-Minnesota Legal Aid, and is also serving community groups, including ISAIAH, a state-wide coalition of faith-based immigrant advocates. It also partnered with The Advocates for Human Rights to host a translator training program for over 40 volunteers on June 18, 2014, the same day as naturalization ceremonies at the University of Minnesota Law School.

Sanden hopes to expand services to more organizations and clients, while building the volunteers' skills and giving them valuable insight into the immigration system.

PART 3 | LESSONS, TRENDS, AND THE YEAR AHEAD

The collaborative approach to legal education and public service that defines the Center for New Americans sets it apart from other law school clinics. We believe our progress confirms the great potential of this unique model, and we are proud of all we have accomplished with our partners so far. Our work is already attracting national attention. In May, Ben, Linus, Steve, Meghan and Kate travelled to California for the country's largest conference of immigration law professors, where we were invited to give a presentation introducing the Center to a plenary session of academic peers.

Which partners
yet engaged?

While we are pleased with the pace of progress, aspects of the program will take more work to implement. Hiring and creating the Center's basic infrastructure occupied much of our first year, so we were able to engage most but not yet all of our partners in significant litigation, detention or outreach projects. With our new clinics ready for their first full year, we can now focus on bringing all of our partners into the Center's work in a more systematic way during year two.

We see two interrelated trends shaping the Center's work as we enter our second year:
① political stalemate on comprehensive immigration reform, and the recent surge at the

southern U.S. border of unaccompanied children from Central America. We have been flexible in our responses to both developments.

Prospects for immigration reform were bright after the Senate passed a bipartisan bill last summer, but reform now appears dead at least until the mid-term elections. The political dynamics of a national presidential race and ongoing growth in the population of Latinos eligible to vote in 2016 both favor immigration legislation sometime during the next two years, but the substance of any new law is now much harder to predict. The publicized influx of undocumented Central American children and the President's promise of new immigration-related executive action later this summer could be new political obstacles to reform, or make any new law more restrictive.

The Center will be ready for legislation, good or bad, or if no law passes. In the face of uncertainty we will continue to seek better policy in creative ways. For example, Professors Casper and Chan were invited to assist two strategy groups assembled by national advocacy organizations in the past year. In January, when the House announced it would advance immigration legislation with a harsh enforcement focus, we helped develop counter-proposals for supporters of comprehensive reform. When the House failed to move on legislation and the President announced he would pursue unilateral action instead, we helped a second group create policy options that the American Immigration Lawyers Association presented to Attorney General Holder. If adopted, they would provide humanitarian relief for many noncitizens and promote family unity.

* *
States?

Of course, the Center will also continue to pursue better policy through collaborative litigation. As described above, we have led national litigation on behalf of Central American children and women who face persecution at home. This gives us special expertise to assist the growing number of unaccompanied children in our immigration system. Earlier this month the Law School joined our partners to request newly available federal funds that would enable us to represent these children before Minnesota's immigration court. The Center can help educate vulnerable clients and the public. We will provide special training, technical support, and litigation materials for lawyers. We are also planning related volunteer opportunities for students in the Law School's Asylum Law Project.

The fate of large-scale immigration reform remains in doubt, but the need for more and better immigration legal services is certain to persist for years to come. On behalf of our partners, our students, and our clients, the Law School thanks the Robina Foundation for creating the Center for New Americans to help meet that need. It has been an exciting and successful first year. We look forward to building on our successes in year two and beyond.

APPENDIX A

CENTER FOR NEW AMERICANS: PEOPLE

Benjamin Casper, Center Director and Director, Federal Immigration Litigation Clinic

Benjamin joined the faculty in July, 2013. Previously he was in private practice and directed the Immigrant Law Center of Minnesota's impact litigation project. Benjamin has more than 17 years of experience litigating cases before immigration courts, the Board of Immigration Appeals, and federal courts. He is a graduate of Carleton College and the University of Minnesota Law School.

Year one publications and works in progress:

Matter of M-E-V-G- and the BIA's Confounding Legal Standard for "Membership in a Particular Social Group," 14-06 Immigration Briefings 1 (June 2014) (co-authored with teaching fellow Kate Evans and students Julia Decker and Hayley Steptoe)

Linus Chan, Director, Detainee Rights Clinic

Linus joined the faculty in December of 2013. Prior to joining the Center he taught at the DePaul College of Law in Chicago and at the DePaul Asylum and Immigration Law Clinic. He has practiced immigration law for more than 10 years with a focus on representing people in immigration detention. He is a graduate of the University of Chicago and Northwestern University School of Law.

Year one publications and works in progress:

The Right to Travel: Breaking Down the Thousand Petty Fortresses of State Self-Deportation Laws, Pace Law Review (forthcoming 2014)

Stephen Meili, Director, Immigration and Human Rights Clinic

Stephen is the Vaughan G. Papke Clinical Professor in Law. Since 2008 he has directed the Immigration and Human Rights Clinic, where students represent asylum-seekers and detained individuals in various immigration and appellate proceedings. His teaching interests include human rights and immigration law, civil procedure, consumer law, and legal practice. Stephen's research interests complement his clinical teaching. His current project, for which he has received grants from the National Science Foundation and the Robina Foundation, is a study of the impact of international human rights treaties on asylum law jurisprudence and practice in Australia, Canada, New Zealand, the United Kingdom, and the United States. Stephen received his B.A. from Dartmouth, an M.A. and J.D. from NYU, and an L.L.M. degree at Georgetown University.

Year one publications and works in progress:

When Do Human Rights Treaties Help Asylum-Seekers? A Study of Theory and Practice in Canadian Jurisprudence Since 1990, 51 Osgoode Hall Law Journal (2014)

Do Human Rights Treaties Help Asylum-Seekers?: Lessons from the U.K., Vanderbilt Journal of Transnational Law (forthcoming 2015)

Why Human Rights Treaties Matter: A Comparison of U.S. and U.K. Supreme Court Asylum Jurisprudence on the Right Not to Hold a Political Opinion (work in progress)

The Detention of Asylum-Seekers: U.S. and U.K. Approaches (work in progress)

U.S. Refugee Resettlement Policy and International Obligations: A Mixed Record (work in progress)

Meghan Heesch, Teaching Fellow, Detainee Rights Clinic

Meghan joined the Center in October 2013, after clerking at the Orlando Immigration Court as a Department of Justice Honors Program attorney. She received her B.A. with distinction from the University of Wisconsin-Madison and her J.D. from Harvard Law School. With the Harvard Human Rights Program, Meghan traveled to Thailand to interview refugees for a human rights investigation. She was a Research Associate in the Kennedy School's Program on Human Trafficking and served as a Managing Editor for the *Harvard Civil Rights-Civil Liberties Law Review*.

Year one publications and works in progress:

Navigating the Doctrinal Tension in Asylum Law (submitting for publication, August 2014)

Discretionary Detention Determinations: Applying Lessons from Booker to Mandatory Immigration Detention (work in progress)

Grassroots Gideon: The Minnesota Detention Project's Representation of Detained Non-Citizens in Immigration Court (work in progress)

Kate Evans, Teaching Fellow, Federal Immigration Litigation Clinic

Kate joined the Center in October 2013. Before coming to the Law School she practiced immigration law in Minneapolis and served as an adjunct clinical law professor at the University of St. Thomas. Earlier, Kate clerked for the Honorable Diana E. Murphy, Circuit Judge, United States Court of Appeals for the Eighth Circuit, as well as the Honorable Harriet Lansing and the Honorable Thomas Kalitowski of the Minnesota Court of Appeals. Kate received her B.A. from Brown University and her J.D. from NYU School of Law, where she was awarded a full-tuition scholarship for dedication to public service, and received the Ann Petluck Poses Memorial Prize for outstanding work in the Immigrant Right's Clinic. Her research interests center on asylum law and the intersection of criminal and immigration law.

Year one publications and works in progress:

Matter of M-E-V-G- and the BIA's Confounding Legal Standard for "Membership in a Particular Social Group," 14-06 Immigration Briefings 1 (June 2014) (co-authored with Benjamin Casper and students Julia Decker and Hayley Steptoe)

Resetting the Persecutor Bar After Negusie v. Holder (work in progress)

Nancy Cook, Director, Education and Outreach Program

Nancy is director of the Lawyering Program and co-holder of the Vaughan G. Papke Professorship in Clinical Law. Prior to joining the University of Minnesota faculty, Professor Cook taught at Roger Williams University School of Law where she directed the Community Justice and Legal Assistance Clinic. A nationally recognized leader in clinical legal education, Nancy has served on the executive committee of the Association of American Law School's Clinical Section and on the Clinical Legal Education Association's board of directors. She has been a member of the Board of Governors for the Society of American Law Teachers since 2001.

Kjerstin Sanden, Program Associate

Kjerstin joined the Center in January 2014. Previously she spent a year in Argentina volunteering for a Human Rights organization that provides social services and legal assistance to refugees. Kjerstin graduated from Concordia College where she also worked as an events coordinator, organizing conferences and summer foreign language programs. In her first months with the Center for New Americans she has launched a new translator program, created a translator training manual, and recruited 60 volunteers fluent in a dozen languages to support the Center's legal and outreach activities.

U of M center heads to SCOTUS

By: Barbara L. Jones July 17, 2014 0

Some will read the facts in the case of *Mellouli v. Holder* and say, "Really?" Others — such as the Board of Immigration Appeals and the 8th U.S. Circuit Court of Appeals — won't.

Attorneys and student attorneys at the Center for New Americans at the University of Minnesota, and their partners, hope at least five U.S. Supreme Court justices are among the skeptics who question a deportation for possession of drug paraphernalia without any evidence of what the drug is.

On June 30, the high court granted the center's petition for a writ of certiorari in *Mellouli*, which represents a split between the 8th and 9th Circuits, on one hand, and the 3rd and 7th, on the other.

The question is whether a lawful resident noncitizen may be deported for possession of drug paraphernalia in the absence of any proof that the paraphernalia is related to a substance listed in the Controlled Substance Act, Title 21, Section 802. Or does the government get the benefit of the type of conclusion reached by the 8th Circuit — that there was little more than a theoretical possibility that a conviction under Kansas law would not involve a federally controlled substance. There is no record in the immigration proceeding what the substance was, and there are some substances prohibited by Kansas, such as jimson weed, that are not federally controlled.

"The case illustrates the kind of low-level offense that can get swept up [in immigration proceedings] and that is concerning if you don't have a burden on the government to prove the requirements of the statute. It's the kind of offense that the criminal justice system doesn't attach a lot of significance to," said Kate Evans, teaching fellow at the center.

'Close enough'

Moones Mellouli entered the U.S. on a student visa and later was granted lawful permanent status. He received an undergraduate degree magna



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.



NEWS RELEASE

April 14, 2014

FOR IMMEDIATE RELEASE

Writ Filed with U.S. Supreme Court for Review of One-Year Filing Deadline Issue

Minneapolis/St. Paul, MN (04/03/14) – A question of grave importance to thousands of people seeking asylum is at the heart of a petition filed recently with the United States Supreme Court by The Advocates for Human Rights; Robins, Kaplan, Miller & Ciresi law firm; and lawyers and law students with the University of Minnesota Law School's Center for New Americans.

At issue is the legal requirement that a person must file for asylum within a year after entering the United States. The controversial law, established by Congress, does allow immigration judges to grant exceptions to the one-year deadline in limited situations, including when "changed circumstances" arise that affect an individual's risk of persecution in their home country.

However, courts have disagreed about whether they can second-guess immigration judges when they refuse to grant an exception, according to Deepinder Mayell, director of The Advocates for Human Rights' Refugee and Immigrant Program.

"Even when an immigration judge's denial is wrong, some courts say they cannot intervene to correct the injustice," he said. "It is very problematic and life-damaging that a higher level court cannot review a decision to determine if it is unjustifiable or erroneous to not grant an exception. Every day, people flee persecution and seek asylum in the United States, only to be turned away because an immigration court makes wrong decisions regarding the arbitrary one-year filing requirement."

The door is firmly and permanently shut according to some courts, leaving no way to ensure that the law is applied as Congress intended, according to Mayell.

The potentially groundbreaking case the Supreme Court is being asked to review involves Pe Paul Goromou, a former military officer and citizen of Guinea. Goromou sought asylum in the United States in 2007 because he was likely to be killed by the Guinean government, which had tortured him years earlier because of his ethnicity, religion, and his opposition to corruption.

"Goromou filed his asylum application just 33 days after the one-year deadline had passed," said Mahesha Subbaraman, an attorney with Robins, Kaplan, Millier & Ciresi. "He maintained that he should be granted an exception for "changed circumstances" because, two weeks before the deadline, he had received a letter from his wife, telling him that the military had come looking for him at their home, that his two best friends had been arrested, and that his children had 'disappeared.'"

The horrifying news sent him into a nose dive, triggering his post-traumatic stress disorder and the other mental injuries he sustained during his torture in Guinea, according to Ben Casper, director of the Center for New Americans at the University of Minnesota Law School.

---MORE---

Despite the undisputed facts of the case and that Goromou had no legal help as he rushed to prepare his application, the immigration judge found against him, denying asylum. Contending that Goromou did not qualify for an exception to the one-year deadline, the judge cast aside the argument that the Guinean government's renewed threats against Goromou meant circumstances had changed for him. The U.S. government initiated proceedings to remove him from the country and send him back to Guinea.

Goromou renewed his claims for asylum, asserting that the untimeliness of his asylum application should be excused under the changed circumstances exception proscribed in the law. "His children's disappearance and the Guinean government's action to renew its threats were certainly 'changed circumstances,'" Mayell said.

While the immigration judge denied Goromou asylum because he missed the arbitrary one-year deadline, she granted him a separate but less generous type of protection called "withholding of removal," based on her agreement that Goromou would "more likely than not be tortured if he returned home."

"This leaves Mr. Goromou's situation very tenuous," said Lina Houston a student attorney with the Center for New Americans, who explained that without asylum, the U.S. has the power to deport Goromou to another country other than Guinea; he cannot be re-united with his family; he cannot travel outside of the United States; and each year he must request approval to be employed.

It is anticipated that whether the U.S. Supreme Court will take up the case for review will be known in September. If the court decides to review the case, it will be heard by the U.S. Supreme Court within the next year.

###

Susan Banovetz, Director of Communication
The Advocates for Human Rights
612-746-4669
sbanovetz@advrights.org

About The Advocates for Human Rights

For more than 30 years, The Advocates for Human Rights has promoted and protected human rights here at home and around the world. The non-profit organization, based in Minneapolis, Minnesota, documents human rights abuses, advocates on behalf of individual victims, provides free legal representation to people seeking asylum, works to prevent violence against women and girls, spearheads public policy and legal change, educates about human rights issues, and provides training and technical assistance to address and prevent human rights violations.



Detention: Yet another immigration policy in need of reform

Article by: Editorial Board
Star Tribune
April 18, 2014 - 6:48 PM

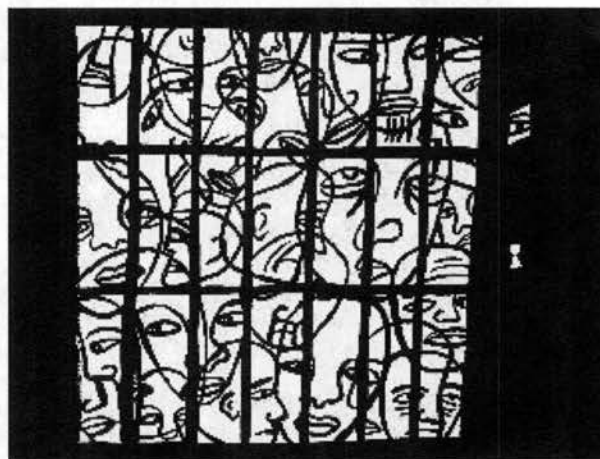
A disturbing April 13 Star Tribune [story](#) recounted how an 18-year-old high school student being held in Sherburne County jail under federal immigration rules was repeatedly sexually assaulted by his cellmate — a registered sex offender.

And during the past six months, Chicago-area immigrant advocates reported that four people being held under federal Immigration and Customs Enforcement (ICE) rules were sexually assaulted when housed with more violent criminals.

The attacks in the Midwest are part of a troubling pattern. Similar crimes have been committed across the country at federal facilities and local jails that contract with ICE. Clearly, officials operating the facilities must do a better job of protecting and separating detainees in custody from other prisoners. And that's only part of what needs to change. The federal system should fully overhaul the way detention is handled.

In the April 13 story, reporters Mark Brunswick and Alejandra Matos documented problems with ICE detention practices. They reported that Sherburne County houses 85 immigration detainees, many of whom haven't been charged with a crime but are routinely commingled with prisoners serving time. Sherburne is one of several Minnesota counties that contracts with ICE to hold federal detainees while they await court appearances and possible deportation.

An American Civil Liberties Union study found nearly [200 allegations](#) of abuse from detainees in American detention facilities between 2007 and 2011. Last year, a Government Accountability Office [report](#) said that more should be done to protect people from sexual abuse in ICE's 250 detention facilities — including those run by state and local governments.



John Overmyer • New sArt,

Blurred lines

"When you mix immigrant detainees with criminal detainees it just ups the risk factor of there being actual assaults. ... County jails shouldn't be used for ICE detention because it blurs lines between civil and criminal ..."

LINUS CHAN, director of the Detainee Rights Clinic at the Center for New Americans at the University of Minnesota.



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

[Pioneer Press – 8/29/2013. Note: this column describes a prominent asylum case handled by Dorsey & Whitney attorney, Matt Ralph, who took the pro bono assignment from The Advocates for Human Rights. This is an excellent example of impactful, collaborative litigation, as Benjamin Casper also worked with Matt at several earlier stages of the case over a period of years, and most recently he and Kate Evans, along with other Dorsey attorneys, mooted Matt for his oral argument before the Eighth Circuit. On November 8, 2013, Matt, Benjamin, and Kate were co-panelists at the new annual asylum conference co-hosted by The Advocates and the Center for New Americans. Their session focused on this case and related asylum litigation the Center is pursuing for victims of gang and gender-based violence.]

Rubén Rosario: Lakeville man's asylum case has national implications

By Rubén Rosario

rrosario@pioneerpress.com

POSTED: 08/29/2013 12:01:00 AM CDT | UPDATED: 11 MONTHS AGO



Rubén Rosario

The case came across Dorsey & Whitney lawyer Matthew Ralph's desk seven years ago, among others submitted by the Minneapolis-based Advocates for Human Rights for pro bono consideration.

The legal plight facing Kenyan immigrant Francis Gathungu, after his request for asylum was rejected, seemed a world away from Ralph's specialty, complex civil cases.

"My clients are typically corporations, not people," the transplanted Los Angeles native and University of Michigan Law School graduate said this week. "The stakes are typically money, not a family's safety, liberty or well being."



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

APPENDIX C

CENTER FOR NEW AMERICANS YEAR ONE EDUCATION AND OUTREACH PRESENTATIONS

Throughout our first year, staff and students from the Center for New Americans worked to build a network of community, university, and national allies. This ongoing process has involved innumerable formal and less formal meetings with a broad range of organizations and individuals. We also started to provide more formal education and outreach presentations. The following list provides some additional detail about the nature and reach of our presentations in year one.

COMMUNITY EDUCATION AND OUTREACH

September 17, 2013

Community Immigration Forum

St. Olaf College, Northfield

Benjamin Casper helped organize and present a bilingual "Immigration 101" forum with the Immigrant Law Center of Minnesota (ILCM), student activists from Navigate MN, local school officials, as well as the local chief of police. The program educated over 100 immigrant and U.S. citizen community members about immigration law, the rights of non-citizens in removal proceedings, the distinct functions of local police and federal immigration authorities, as well as reform efforts at the national and local levels.

February 24, 2014

Community Immigration Forum

Carleton College, Northfield

In response to demand following the September 17th event in Northfield, Benjamin Casper helped organize and present a repeat forum with the same organizations for an audience of over 50 immigrant and U.S. citizen community members.

March 29, 2014

ISAIAH - Community Immigration Presentation

Guardian Angels Catholic Church, Chaska

ISAIAH is a congregation-based, Minnesota coalition of over 100 community organizations that promotes immigrant rights. Center faculty and students have engaged ISAIAH throughout the year on a number of issues. At this event, Linus Chan gave an outreach presentation to 150 members explaining the work of the Center for New Americans.

April 22, 2014

Community Education and Outreach Presentation

McKnight Center, Minneapolis

As the culmination of their semester, five of Nancy Cook's clinic students organized an educational presentation for the Parents in Community Action/Head Start program. Students prepared materials with assistance from ILCM, Mid-Minnesota Legal Aid (MMLA), and the Law School's Human Rights Center. The audience of approximately 100 included many immigrant families. Students educated attendees about immigration law, rules for obtaining drivers licenses, and legal protections for victims of human trafficking, among other topics.

April 30, 2014

Community Education and Outreach Presentation

Minneapolis Public Schools, Adult Education Program

Nancy Cook's clinic students repeated their presentation for an audience of approximately 50, many of them immigrants from Central America and Africa.

May 18, 2014

ISALAH - Community Immigration Forum

Ascension Church, Minneapolis

The Center helped organize a forum with ISALAH and our partners at MMLA. Linus Chan addressed approximately 200 attendees at a Spanish-speaking congregation, including state legislators. Linus explained the rights of detained non-citizens in removal proceedings. Kjerstin Sanden organized volunteers from our new translators program to provide live interpretation.

June 18, 2014

Translator Project Volunteer Training

University of Minnesota Law School

Kjerstin Sanden planned the first formal training for our volunteer translators, in cooperation with The Advocates for Human Rights. 30 volunteers attended. Linus Chan trained them in basic immigration law and procedure. Deepinder Mayell of the Advocates discussed the roles of interpreters in immigration cases, and their ethical duties. Graciela Gonzalez, a local immigration attorney, former federal court interpreter, and long-time instructor of the university's interpreter training course, also provided instruction.

EDUCATION AND OUTREACH FOR LAWYERS AND LAW STUDENTS

October 18 – 19, 2013

Crimmigration and Human Rights Conference

University of Minnesota Law School

The conference was sponsored by the Robina Institute of Criminal Law and Criminal Justice. The Center's Stephen Meili chaired a panel of practitioners and academics who specialize in the intersection of criminal and immigration law. Before a plenary session of approximately 100 immigration lawyers and academics, the panelists explored the implications of increased criminalization of immigration-related conduct. Stephen also co-chaired a two-day workshop

featuring international experts in the crimmigration field. Meghan Heesch, Kate Evans, and Benjamin Casper served as workshop commentators.

October 24, 2013

Eighth Circuit Court of Appeals, Oral Arguments

University of Minnesota Law School

The Eighth Circuit Court accepted Dean Wippman's invitation to sit for a special argument session at the Law School. More than 100 students attended. Teaching fellow Kate Evans argued her first federal appeal before the visiting three-judge panel for a client of the Federal Immigration Litigation Clinic. Students participated in a question and answer session with judges following arguments, then attended a post-argument luncheon with the judges and other court personnel.

November 8, 2013

2013 Asylum Conference

University of Minnesota Law School

The Center co-hosted a new annual asylum conference with The Advocates for Human Rights. Over 50 lawyers and law students attended. Conference panelists included national asylum experts from organizations such as the UNHCR. Stephen Meili taught lawyers how to use international human rights treaties to strengthen their clients' asylum claims. Benjamin Casper and Kate Evans led a session with Dorsey & Whitney attorney Matt Ralph discussing their litigation of cases important to victims of gang-related and gender-based persecution.

November 2013/April 2014

Asylum Law Project

University of Minnesota Law School

Throughout the year Center faculty engaged members of the Asylum Law Project (ALP), a volunteer organization run by first-year law students that offers assistance to asylum-seekers (and the lawyers and NGOs who advocate for them) at several sites across the country during winter and spring breaks. In November, Stephen Meili taught over 60 ALP members the basics of U.S. asylum law, and how the U.S. asylum process operates within an international context. In April, Center faculty and teaching fellows held an informational recruiting meeting with over 40 ALP members, several of whom then registered for our clinics. The Center will continue to work with ALP in year two, and we are exploring new volunteer opportunities for students to assist unaccompanied Central American children in immigration court proceedings.

February 19, 2014

Human H. Humphrey Human Rights Fellows Presentation

University of Minnesota Law School

Benjamin Casper addressed the Human Rights Center's 2013-14 Hubert H. Humphrey fellows. Benjamin spoke to the 11 international human rights lawyers about the Center for New Americans and U.S. immigration law. The lecture focused on the U.S. Supreme Court decision, *Arizona v. U.S.*, and provided fellows background for their trip that week to the U.S./Mexico border.

February 28, 2014

Roundtable: Detainee Mental Health Issues

University of Minnesota Law School

The Detainee Rights Clinic held a special education program attended by over 20 lawyers, including staff attorneys from our non-profit partners. Linus Chan discussed how to represent detainees with mental illnesses and how to obtain competency examinations, among other topics.

March 13, 2014

Roundtable: DHS Prosecutorial Discretion

University of Minnesota Law School

Over 40 immigration attorneys and law students attended this roundtable program organized by Benjamin Casper and lawyers from ILCM. The session covered current Department of Homeland Security (DHS) prosecutorial discretion policies, common problems seeking discretion under those policies, and steps the legal community in Minnesota can take to improve DHS compliance with them.

April 29, 2014

Presentation to Latino Law Students Association

University of Minnesota Law School

Linus Chan and ILCM's Susan Jorgenson-Flores held a special outreach session for 15 Latino law students to provide them information about the Center's clinics and our representation of immigrant detainees in Minnesota.

May 15, 2014

Pro Bono Detention Project Training

Minneapolis

Meghan Heesch, with lawyers from The Advocates for Human Rights and ILCM, trained 15 pro bono lawyers to represent detained non-citizens in immigration court. The program covered immigration court procedures and the immigration consequences of criminal convictions.

May 22 – 24, 2014

Immigration Law Professors Conference: "Reimaging Reform"

University of California, Irvine School of Law

Benjamin, Linus, Stephen, Meghan and Kate travelled to Irvine California for the country's largest conference of immigration law professors, where we were invited to give a presentation introducing the Center and our collaborative model for clinical education to a plenary session of over 100 academic peers. Stephen, Meghan, and Kate also presented papers in workshop sessions.

May 29, 2014

Persecutor or Persecuted? Navigating the Asylum Persecutor Bar

Immigration Advocates Network - national webinar

Kate Evans and Benjamin Casper, along with Deepinder Mayell of the Advocates for Human Rights, taught a live webinar for over 200 registrants across the country. The topic was the "persecutor bar," a statutory provision the U.S. government has interpreted broadly to exclude asylum to anyone who has been involved in acts of persecution, regardless of whether the

conduct was voluntary or the product of duress. The Center is currently involved in litigation of this issue and Kate has conducted extensive research on the historical roots of the statute for a forthcoming article.

May 30, 2014

Law Firm Pro Bono Bond Project Training

Faegre Baker Daniels, Minneapolis

To launch a new pro bono bond project, Linus Chan gave a three hour training on immigration law and bond hearing procedures to 20 volunteer lawyers and summer associates from the Center's three law firm partners.

June 4, 2014

Immigration Law CLE

University of Minnesota Law School

Stephen Meili presented a full day legal education program to 30 lawyers titled "Recent Developments in Immigration Law: Asylum, Detention and Immigration Reform." The session covered litigation and public policy developments in asylum, detention and immigration reform over the past two years.

June 19, 2014

**American Immigration Lawyers Association (AILA) annual conference – asylum panel
Boston**

At AILA's annual national conference, Benjamin Casper served on a panel that included former Board of Immigration Appeals (BIA) member Lory Rosenberg. The panel discussed recent asylum decisions governing asylum claims based on membership in a "particular social group." Over 200 lawyers attended.

ROBINA CENTER FOR NEW AMERICANS

Budget Narrative

The Center for New Americans spent less than the budgeted amounts during FY 2014 for several reasons. The timing of the initial Robina grant combined with the academic calendar meant that the search process for Center staff took longer to complete than originally anticipated. Linus Chan, the director of the Detainee Rights Clinic, and Kjerstin Sanden, the program administrator, started in January 2014. Our teaching fellows, Kate Evans and Megan Heesch, started in October 2013. As a result, all received salaries for only part of FY 2014. We anticipate we will spend the full budgeted amount on salaries in FY 2015. Our student directors are paid only for work in the summer; those expenses will be reflected on our next report.

We elected not to hire adjuncts during this first year; we concentrated instead on developing and launching the clinics and outreach program. However, we have now engaged adjunct support for next year.

Finally, we are rethinking our approach to Center space. As originally planned, we are expanding the clinic to house Center staff. That work will be completed before the start of classes in the fall. To create the additional space, we needed to relocate our career center staff. Originally, we planned to remodel space in the Library to house the career center. However, the bids for the space renovations came in substantially higher than we had budgeted. Accordingly, we are instead consolidating some of our Institutes and relocating one Institute and various other offices (including the Minnesota Justice Foundation) to other space freed up by the departure of other staff. While these arrangements are not ideal, they will save a substantial amount. We should know the exact figures in the fall, and will provide the details to the Foundation then.

ROBINA CENTER FOR NEW AMERICANS

Income and expense statement for 7/1/2013 - 6/30/2014

	BUDGET FOR FY 2014	ACTUAL FOR FY 2014
Faculty	449,603	309,106*
Co-Partner: Immigrant Law Center of Minnesota (ILCM)	50,000	50,000
Co-Partner: Advocates for Human Rights (Advocates)	50,000	50,000
Co-Partner: Mid-Minnesota Legal Assistance (MMLA)	50,000	50,000
Teaching Fellows	193,740	104,874*
Adjuncts	36,000	0
Student Clinic Directors	20,000	9,174
Program Associate	70,050	18,673*
Outreach/General Supplies/Operations	80,000	81,097
Space Renovations	350,000	15,677*
SUBTOTAL	1,349,393	688,601

* Please see attached narrative

Richard S. Frase

Benjamin N. Berger Professor in Criminal Law



332 Mondale Hall
229-19th Ave. South
Minneapolis, MN 55455

612-625-0831

frase001@umn.edu

Haverford College, B.A.
University of Chicago, J.D.

Professor Richard S. Frase is the Benjamin N. Berger Professor of Criminal Law. He currently teaches criminal law, criminal procedure, and the federal defense clinic. He has also taught the Misdemeanor Prosecution Clinic and a Federal Prosecution clinic. His seminars include sentencing guidelines, sentencing policy, and comparative criminal procedure. His scholarship examines Minnesota and other state sentencing guidelines, punishment and proportionality theories, criminal procedure in the U.S. and abroad, and comparison of sentencing law and practice in U.S. states and in other nations. He is the author or co-author of eight books and over seventy articles and essays on these topics.

Professor Frase graduated Phi Beta Kappa from Haverford College. He received his J.D. degree from the University of Chicago, where he was Comment Editor of the *University of Chicago Law Review*. He clerked for the Honorable Luther M. Swygert, Chief Judge of the United States Court of Appeals for the Seventh Circuit, and was an associate attorney for the law firm of Sidley & Austin in Chicago from 1972 to 1974. Professor Frase then became a research associate and Arnold Shure Fellow at the University of Chicago-Center for Studies in Criminal Justice.

In 1977 he joined the faculty of the University of Minnesota Law School. He was the Julius E. Davis Professor of Law for 1988-89 and became Berger Professor in 1991. He has been a Visiting Professor at the Christian Albrechts Universität in Kiel, Germany, and at the Université Jean Moulin in Lyon, France, and a Visiting Scholar at the Max Planck Institute for Foreign and International Criminal Law in Freiburg (Breisgau), Germany. Professor Frase is a member of the American Law Institute, the American Society of Criminology, and the American, Minnesota, and Hennepin County Bar Associations. He is a frequent contributor to radio, television, and newspaper reports on criminal justice issues.

Kevin R. Reitz

James Annenberg La Vea Land Grant Chair in Criminal Procedure Law



324 Mondale Hall
229-19th Ave. South
Minneapolis, MN 55455

612-626-3078

reitz027@umn.edu

Dartmouth College, B.A.
University of Pennsylvania Law School, J.D.

Professor Kevin R. Reitz joined the University of Minnesota law faculty in 2005. He teaches criminal law, criminal procedure, and professional responsibility. His scholarship is focused on criminal justice policy, including law and criminology. His recent book with Henry Ruth, *The Challenge of Crime: Rethinking Our Response* (Harvard University Press, 2003), considers issues of crime and punishment in American history, drug control policy, policing, gun control, and juvenile justice. Much of his writing has been in the field of sentencing law and policy, including 2005 articles in the *Columbia* and *Stanford Law Reviews*.

In addition to his research, Professor Reitz serves the criminal bar and the criminal justice community. In 1993, he organized the pilot meeting of the National Association of Sentencing Commissions, which has gone on to become a nationwide resource for states contemplating or undertaking the process of sentencing reform. He continues to work with NASC and with individual sentencing commissions nationwide. From 1989 to 1994, he served as Co-Reporter for the new edition of the ABA's Criminal Justice Standards for Sentencing. In June 2001, he was appointed by the American Law Institute to be Reporter for the first-ever revision of the Model Penal Code, limited to the Code's provisions on sentencing and corrections. This ambitious project has drawn wide attention from policy makers and scholars, including a full symposium issue of the *Buffalo Criminal Law Review* in 2003.

Professor Reitz graduated from the University of Pennsylvania Law School in 1982, where he served as Comment Editor of the *Law Review*. Following graduation, he clerked for one year for Justice Jay A. Rabinowitz of the Supreme Court of Alaska in Fairbanks. From 1983 to 1988 he was an associate in the litigation department of Saul, Ewing, Remick, and Saul, in Philadelphia, where he handled criminal and civil cases. From 1988 to 2005 he taught at the University of Colorado School of Law in Boulder. In 2002 he was visiting fellow at the Institute of Criminology at the University of Cambridge, where he taught a seminar in sentencing policy and research.

Kelly Lyn Mitchell

Executive Director, Robina Institute for Criminal Law and Criminal Justice



Kelly Lyn Mitchell is the Executive Director of the Robina Institute and is also co-director of the Institute's Sentencing Guidelines Repository Project. The repository project will collect and make available on the web a wide range of legal and policy materials related to sentencing guidelines systems in U.S. state and federal jurisdictions, accompanied by extensive guides and other background materials written by Institute faculty and staff, designed to help users make the best use of the Repository's collection. Ms. Mitchell was the Executive Director of the Minnesota Sentencing Guidelines Commission from 2011 to 2014, and has also served as Secretary and member of the Executive Committee of the National Association of Sentencing Commissions since the fall of 2011. From 2001 to 2011 she worked at the Minnesota Judicial Branch as a staff attorney and manager where she was responsible for several statewide programs and services such as drug courts, the court interpreter program, providing legal support for trial court judges and court administrators, and providing legal and administrative support for several rules and policy committees of the Minnesota Supreme Court.

In addition to her J.D. degree she has a Master of Public Policy degree from the University of Minnesota's Humphrey School of Public Affairs.

University of Minnesota Law School

Interim Report to the Robina Foundation on The Robina Institute of Criminal Law and Criminal Justice Sentencing Law and Policy Program Enhancement

July 21, 2014

Grant Purpose. The purpose of the Sentencing Law and Policy Program Enhancements grant is to fund four multi-state law-reform projects proposed by Sentencing Law and Policy (SLP) program Co-Directors Richard Frase and Kevin Reitz: the Criminal History Project, the Sentencing Guidelines Repository Project, the Probation Revocation Project, and the Parole Release and Revocation Project. All four projects aim to study issues of concern across multiple jurisdictions and provide information, proposals, and direct assistance. The common goal for each of these projects is to promote the reduction of unnecessary incarceration and the more efficient and effective use of corrections resources without compromising public safety.

Staff: Completion of Start-up Hiring. As of August 2014, the SLP enhancement projects will be fully staffed, following a year of professional hiring, including a new Executive Director, two Post-Doctoral Fellows, a full-time Research Coordinator, and a Communications Director/Meeting Planner. Since last fall, SLP has also been supported by a program administrator and a web site developer.

SLP recently formed a relationship with Professor Cecelia Klingele (University of Wisconsin Law School). She has been named a member of the "executive committee" for the Probation Revocations project and External Co-Director of the SLP program as a whole. She is the leading legal scholar in the nation on issues of community supervision and offender reentry.

While all four projects have moved forward rapidly in the past year, the scope and pace of our efforts will increase now that the startup phase is complete.

Project Reports. Following is a report on progress made in each of the four project areas.

1. Criminal History Project

The goals of the Criminal History Project are to conduct a comparative analysis of criminal history sentence-enhancement formulas, identify best practices, and encourage guidelines states to examine and improve their use of these enhancements.

The core project team consists of Professor Richard Frase; project Co-Director Professor Julian Roberts of the University of Oxford (as of January 1st); post-doctoral fellow Rhys Hester (as of June 30th); Institute Director Kelly Mitchell (as of March 31st); and two law student researchers. Professor Roberts has a Ph.D. in criminology and is probably the world expert on prior-record enhancements; Mr. Hester holds both a law degree and a Ph.D. in criminology and has done extensive legal and quantitative research related to sentencing issues; Ms. Mitchell has extensive prior experience with sentencing guidelines policy issues. In the next month we anticipate hiring an external post-doctoral fellow to be supervised by Professor Roberts, who will

help him prepare comprehensive bibliographies on criminal history enhancements generally and on various aspects of offender recidivism that relate to such enhancements. This will be the first of several part-time staffers we will hire using funds originally budgeted for a single research staffer working on this project and the Repository project. Hiring multiple part-timers will provide a wider range of skill sets, matching the needs of each project more efficiently.

Tasks that have been partly or entirely completed thus far include the following:

- Comprehensive survey of guidelines criminal history provisions.
- Topics list and table of contents for the on-line and hard-copy Sourcebook that will describe and compare these widely-varying criminal history provisions.
- Collection and analysis of available quantitative data on actual sentencing practices, focusing on the size and impacts of criminal history enhancements.
- Building on the above, preliminary assessment of target jurisdictions to approach as potential partners (i.e., states in which prior record enhancements are very large, and/or lacking one or more best-practices features).
- Signed contract with Oxford University Press for a book on this topic to be co-authored by Roberts and Frase, drawing on all aspect of this project and aimed at both scholars and sentencing policy makers.
- Project team consultation with Professors Reitz and Klingele, Reporters for the Model Penal Code Sentencing project, on possible further revisions in the Code's criminal history provision.

In addition to further work on the tasks listed above, the project team plans to take advantage of several opportunities presented by the upcoming annual meeting of the National Association of Sentencing Commissions. Professor Frase will be delivering this year's keynote address, and will be speaking about the topic of criminal history enhancements. He will report on the work of the Robina project, while emphasizing the substantial human and economic impacts of these enhancements and the need for each sentencing commission to examine its approach and learn from practices in other guidelines systems. All four full-time team members (Frase, Roberts, Hester, and Mitchell) will attend the meeting, giving us many opportunities to inform commission members and staff about our project, answer questions, and generate interest.

Based on interest generated at the NASC meeting and our comprehensive survey of guidelines formulas and resulting sentencing practices, we will begin this fall to approach selected guidelines jurisdictions that seem most likely to consider and implement improved criminal history enhancement provisions. Given the substantial fiscal impacts and racial disparities such enhancements often produce, and the fact that almost none of them have been narrowly tailored to efficiently predict recidivism risk, even modest changes in guidelines formulas are likely to significantly reduce incarceration costs and racial disparities without risking public safety.

2. Sentencing Guidelines Repository Project

The goals of the Sentencing Guidelines Repository Project are to create a central web-based clearinghouse of sentencing guidelines materials that will greatly facilitate multi-state research

and policy analysis, and to develop mechanisms for the collection, storage, analysis, and exchange of information on sentencing guidelines and sentencing reforms.

The core project team consists of Professor Richard Frase; project Co-Director Kelly Mitchell (as of March 31st); web developer Brian Reilly (as of December 12th); post-doctoral fellow Rhys Hester (as of June 30th); and two law student researchers. As noted above, Ms. Mitchell has extensive prior experience with sentencing guidelines policy issues; she is also a member of the Executive Committee of the National Association of Sentencing Commissions (NASC), a role which for the reasons explained below, will be particularly helpful to this project.

After initially working to identify the commission materials that might be most useful to bring together in a repository, the focus over the last few months has been to design and develop the repository website. The design includes state landing pages, which provide access to common materials such as the commission's enabling statutes and guidelines. Each landing page will link to a state profile setting forth original content about the form and function of the commission and guidelines, using a common template designed to facilitate cross-system comparisons. We are also preparing brief summaries of major interpretive case law for those systems that permit sentence appeals that can generate such case law.

In the remainder of this calendar year the project team will continue to develop the bibliography and state profiles, collect materials, develop plans to obtain less readily-available materials, obtain feedback on the design and content of the website from sentencing commissioners and staff, and officially launch the Repository and its associated sentencing research and policy blog.

→ Our current plan for the initial launch of the Repository is to focus on the seven states represented by members of the NASC Executive Committee (Alabama, Kansas, Louisiana, Minnesota, Oregon, Pennsylvania, and Utah). We chose these states for our initial launch for several reasons. First, we wanted an initial launch that would provide enough material to be useful and to illustrate the value of the Repository, without delaying the launch while we collect materials on every guidelines system in the country. Second, we believe that these seven systems are diverse enough, and have sufficient readily-available materials, to provide a suitable proof-of-concept and working model for the Repository. Third, Ms. Mitchell's position on the NASC Executive Committee has given us access to the other Executive Committee members; we have reached out to them for suggestions about the design of the Repository, and obtained approval from each system to post their materials. Fourth, using these NASC-committee systems for the initial launch will greatly assist us in promoting the Repository to other NASC member commissions. We will build on the committee's support when three team members (Frase, Hester, Mitchell) attend this year's NASC annual meeting (see Criminal History, above).

After the initial launch we will continue to add new jurisdictions, while expanding the variety of materials provided for each jurisdiction. The completed Repository will provide, for the first time, a one-stop, user-friendly source of primary, secondary, and background materials on sentencing guidelines provisions, underlying policy issues, and best practices. This new resource will encourage states to adopt, maintain, and improve sentencing guidelines reforms. In the history of American sentencing law and policy, no approach has proved more successful than the best state guidelines systems in balancing the competing values of rule versus discretion,

avoiding uncontrolled growth in prison populations, and using available correctional resources to effectively and efficiently promote public safety.

3. Probation Revocations Project

The primary goal of the Probation Revocations Project is to provide information, recommendations, and assistance to a small group of participant state and local jurisdictions that see the need to rethink their sentence revocation practices. The core project team consists of Professor Kevin Reitz, Professor Cecelia Klingele, Project Director Ronald P. Corbett, Ph.D., Institute Director Kelly Mitchell, post-doctoral fellow Mariel Alper (beginning in August), and Research Coordinator Ebony Ruhland (beginning in August). Director Corbett is the former Commissioner of Probation for the State of Massachusetts, and is a national leader in the field of community corrections, an experienced administrator, a well-published author, and a faculty member at the University of Massachusetts Lowell. Mariel Alper completed her Ph.D. in May 2014 at the University of Maryland (the nation's leading Criminology program), and her dissertation, titled "The Ecology of the Reentry Process," deals with factors associated with success or failure among parolees in Pennsylvania. Ebony Ruhland, who will serve as Research Coordinator for the parole and probation projects, comes to the Institute after 10 years with Minnesota's Council on Crime and Justice (the state's premier criminal-justice nonprofit).

Project Director Corbett has assembled an 11-member Project Advisory Board (PAB) made up of national sentencing and corrections experts. The first meeting of the PAB was held in March 2014, and resulted in a significant reframing of the issues embraced by the project. Originally, the project was to focus on both probation and parole revocations. But following the advice of the PAB, this project will now focus only on the decision points and actions resulting in probation revocations. Parole revocations will be addressed in the parole project.

The first work product for the Probation Revocations Project will be a report containing legal profiles of 20 states' laws and policies governing probation revocations. The report will highlight the broad diversity of approaches across the country and facilitate state-to-state comparisons. The report will be released in October 2014, to coincide with the University's Law Review Symposium on "Offenders in the Community," which is being co-sponsored by the Institute. The project has begun its work with several "Alpha site" jurisdictions, beginning with Ramsey County, Minnesota and Bell County, Texas, and is in advanced stages of negotiation with other prospective Alpha sites, including Hennepin County, Minnesota and the Minnesota Department of Corrections (which is expected to provide access to several rural counties in the state). On a staggered basis, we will move forward into a total of 6 to 8 jurisdictions across 4 states, including selected counties in Pennsylvania and California. Ultimately, the goal of the Alpha phase is to build a statistical and ethnographic portrait of the philosophy, practice, and measures of probation revocation in each jurisdiction. It is hoped that by documenting the range of current practice, we will provide a resource as to different approaches that could be utilized in the delivery of probation. Among the Alpha sites, we also hope to recruit several "Beta" jurisdictions willing to work with us to design and implement reforms in their revocation rules, procedures, or criteria—or other aspects of their supervision practices (such as length of terms or number/intrusiveness of conditions) that contribute to revocation rates.

AN + TX

During this period, the Institute also retained Joan Petersilia of Stanford Law School to organize and host a preliminary site visit to California (including a meeting with representatives from Napa County). This visit provided members of the Probation and Parole Projects with insight about the dramatic and informative experiments in California's use of probation and postrelease supervision following the Supreme Court's decision in *Brown v. Plata* (2011), requiring the state to make dramatic reductions in its prison population. And growing out of the Institute's 2013 Annual Conference (on "American Exceptionalism in Crime and Punishment"), Professor Reitz commissioned a paper comparing U.S. and European approaches to probation supervision and revocation, authored by Edward Rhine and Faye Taxman. The edited volume containing this and other papers from the 2013 conference will be published by Oxford University Press in 2015.

These efforts are supporting the overall goal of the project, which is to encourage states to adopt changes in probation practices that will reduce prison admissions from technical probation violations and conserve community supervision resources for the rehabilitation and reintegration of offenders.

4. Parole Release and Revocations Project

The organization of the Parole Project is roughly similar to that of its probation counterpart, with important differences driven by subject matter and the institutional settings for paroling decisions and responses to parole violations. For example, the key agencies in the parole field tend to be statewide in jurisdiction, while most of the "action" in probation unfolds at the local level. Also, parole in America lacks visibility and transparency. Where probation is administered by the courts, with frequent involvement of defense counsel, neither is true of parole. The process of shining a spotlight on parole release and revocation will, by itself, make a contribution to policy debate. Indeed, the project aims to catalyze national conversations on issues that have been sorely neglected (such as prison release criteria, the use of risk assessment instruments, and the independence of parole boards).

The core project team consists of Professor Kevin Reitz, Professor Cecelia Klingele, Project Director Edward E. Rhine, Ph.D., post-doctoral fellow Mariel Alper, and Ebony Ruhland. Director Rhine is the former Deputy Director of the Office of Offender Reentry in the Ohio Department of Rehabilitation and Corrections, has over 30 years of experience in the corrections field, is an extensively-published author, and is an adjunct professor of Sociology at Ohio State University.

Project Director Rhine is in the process of assembling a 15 to 20 member Parole Advisory Council (PAC) composed of corrections experts in Minnesota and nationwide. The PAC will provide broad expertise for the project, and its members are also representatives of various states in which the project may seek to work. It is hoped they will serve as the project's ambassadors to those states as the project moves to the stage of hands-on reform work. The Parole Project will not follow the Alpha and Beta framework used in the Probation Project. In place of the Alpha stage, the Parole Project has launched two major initiatives to build a 50-state information base on subjects of prison release and parole revocation.

→ The first effort will compile standardized state-by-state legal studies similar to, but more extensive than, the legal profiles that have been prepared for the Probation Project. The 50-state legal profiles report will be an eye-opening document of a kind that has never existed before. Much of the material it canvasses is outside the consciousness of the public and even most criminal justice professionals. It will shed a spotlight, we believe, on much that needs to be reexamined in the world of parole. A team of law students is currently working on this initiative, and it is expected the work will be completed in 2015.

The second major initiative will be a 50-state survey of parole agencies nationwide to garner detailed self-reports of their policies, practices, prison release data, supervision caseloads, actual revocation rates and reasons for revocations, challenges, and areas in which they would seek to make improvements. No intensive survey of this kind has been performed for over 20 years (the last was done under the leadership of Director Rhine, with a 100 percent response rate). In a major development, Director Rhine has secured the partnership and endorsement of the Association of Paroling Authorities International (APAI) in connection with the survey effort.

Finally, in support of the Parole Project, Professor Reitz researched and authored a book chapter on prison release for a comparative law volume embracing European and U.S. systems. This research was incorporated into the template for the 50 state legal-profiles report. The chapter is titled, "Discretionary Prison Release Systems in the US: A Comparative Framework," and will appear in MARTINE HERZOG-EVANS, ED., OFFENDER RELEASE AND SUPERVISION (Wolf Legal Publishers, forthcoming 2015).

Given that parole-release states were responsible for the greatest share of America's prison-growth explosion over the past 30 years, the work that this project is undertaking should shed light on potential areas for improvement in parole practices, and pave the way for paroling policies that can reduce prison incarceration rates while effectively serving public safety.

Background on Allina Health Team

Penny Wheeler, MD

President and Chief Clinical Officer
Allina Health

Dr. Wheeler is president and chief clinical officer of Allina Health. Allina Health is made up of 12 hospitals, 90+ clinics, 24,000+ employees and several related health care service companies including home health, hospice, transportation, medical equipment, and retail pharmacy. Dr. Wheeler leads the organization's quality and value agenda through alignment of clinical and operational leadership to optimally benefit those served by Allina Health. A board-certified obstetrician/gynecologist, Dr. Wheeler has served patients at Women's Health Consultants in Minneapolis. She has also served as president of Abbott Northwestern Hospital's medical staff, Chair of the Allina Quality Committee, and served on the Allina Board of Directors before taking her role as Chief Clinical Officer in 2007 and then president of Allina in 2014. Dr. Wheeler was named the Minnesota Health Care Executive of the year for 2012, largely based on her ability to form internal and external care collaboratives and their impact on community health. She is the executive sponsor for the LifeCourse project.

Ben Bache-Wiig, MD

President, Abbott Northwestern Hospital
Allina Health

Dr. Bache-Wiig became president of Abbott Northwestern Hospital in the fall of 2011, after having served as vice president of medical affairs for two years. He received his BS degree from Michigan State University and then attended the University of Wisconsin-Madison where he earned his MD. Prior to joining Allina, Dr. Bache-Wiig was a Board Member for Medica and president of North Clinic. Since becoming president of Abbott Northwestern Hospital, he has worked to establish it as a world-class hospital, as measured by five pillars of success: access, patient and staff safety, clinical quality, compassion and growth – all built on a foundation of operational excellence. U.S. News & World Report ranked 10 of the hospital's programs in their top 50 in 2013 and named Abbott Northwestern as the top hospital in the Twin Cities. Accomplishments in 2013 include a 90 percent reduction in the number of hours the hospital was closed to admissions and improving patient experience scores that put the hospital in the 75th – 80th percentile nationally.

Eric Anderson, MD

Principal Investigator, LifeCourse
Allina Health

Since 1986, Dr. Anderson has served Allina as a hospice medical director, moving to a full time position in palliative medicine in 2001. He received his medical training at the 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. Dr. Anderson began his palliative medicine career helping found a rural hospice in the days before Medicare established a hospice benefit. He has been involved in end-of-life interdisciplinary care for nearly 30 years. As Allina's inpatient palliative care medical director, Dr. Anderson helped develop inpatient palliative care services at five metro hospitals serving the 19-county area of eastern Minnesota. He continues to see inpatients at United Hospital in St. Paul two days each week and teach interdisciplinary palliative care at the University of Minnesota. Dr. Anderson serves

as the principal investigator for the LifeCourse study, a late-life supportive care model designed to bring whole-person care to individuals with serious medical conditions.

Paige Bingham, MBA

Director, LifeCourse Operations

Allina Health

On August 4, 2014, Paige Bingham will begin her role as the new Director of Operations for the LifeCourse project. Paige received her BA from Claremont McKenna College and her MBA from The Wharton School of the University of Pennsylvania. Prior to joining Allina, Paige worked at Medtronic, first as a market development manager in the cardiac rhythm disease management department and more recently in philanthropy as a senior program manager. Earlier in her career, Paige worked as the marketing manager for Summit Medical Systems and as a product manager for Boston Scientific and General Mills. As Paige joins the LifeCourse project, she will be focusing her efforts on collaboration and public engagement, as the research project continues to mature, in addition to the day-to-day management of the overall work of the project.

Heather Britt, MPH, PhD

Co-Investigator, LifeCourse

Director, Division of Applied Research

Allina Health

Heather Britt leads the Division of Applied Research at Allina Health and has done so since its inception in late 2008. The Division of Applied Research designs, evaluates, and disseminates innovative strategies to improve healthcare delivery and enhance population health. 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 is a behavioral epidemiologist and catalyst for research and innovation at Allina Health. Her research interests center on the redesign of care delivery systems and the way in which large systems move towards micro change in a variety of ways. Before Allina, Dr. Britt was a prevention research scientist with the Minnesota Department of Education's Safe and Healthy Learners team, 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 is the research lead and co-investigator for the LifeCourse project. In partnership with the research manager, she executes the data collection and research data management and analysis portion of the work.

Kim Radel, MHA

Director, LifeCourse Project (through July)

Executive Director, Care Copilot Institute

Allina Health

Kim Radel has been with Allina Health since 2005 and is both the Director of the LifeCourse project (until August 1st of 2014) and the Executive Director of the Care Copilot Institute. Kim holds a BA in management from the College of St. Benedict and received her Master of Healthcare Administration from the University of Minnesota. She began her career at Allina Health as an administrative fellow with Abbott Northwestern Hospital where she worked as the lead on various hospital-wide initiatives. Before leaving Abbott Northwestern Hospital for her current role in the Division of Applied Research, Kim was the information systems site manager, emergency preparedness manager, and coordinated community

relations efforts for the hospital. Kim also led the implementation of the community engagement strategy for the west metro region of Allina Health. Prior to the inception of the Care Copilot Institute, Kim served as the operations director for two care delivery redesign research projects, the Care Guide project and the LifeCourse project, where she had overall accountability for the implementation of the projects, was the key external face along with the investigators, and facilitated communication with internal and external stakeholders and key local and national partners.

Sandy Schellinger, AANP

Co-Investigator, LifeCourse

Allina Health

Sandy is a research scientist and the clinical co-investigator for the LifeCourse project. She has over 29 years of nursing experience and has focused her career on the care of patients and families with chronic progressive illness. Her undergraduate nursing degree was obtained at the University of Minnesota and she received her Master of Nursing Science degree from Metropolitan State University. Sandy is AANP board certified as an Adult Nurse Practitioner and has a decade of system-wide leadership experience in palliative care and advance care planning. She dedicates 80 percent of her time to LifeCourse project development, implementation, analysis and dissemination of findings. One day each week, Sandy continues to provide hospice and palliative care consults 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. Sandy represents Allina Health and the LifeCourse project as an active member of the Coalition to Transform Advanced Care (CTAC) and serves on the Advance Care Project Clinical Models committee and Professional Engagement committee. As co-investigator on the LifeCourse project, Sandy has authority and accountability around hiring of the care team; training and development; creation and implementation of electronic health record tools and project implementation.

Allina Health Strategic Update

Putting Patients First is Allina's program to reduce expenses by \$100 million over the next 18 months to facilitate investment in three key care strategies: 1) supporting primary care, 2) taking insurance risk to be better rewarded for outcomes, and 3) integrating care and connecting all parts of the continuum to fully support all those served. We all see the opportunity to live Our Promise in more profound ways—by coordinating care across settings to address patient needs, by assuring that socioeconomic status no longer determines health status, by making certain that where a person lives does not dictate a person's wellness, and by being rewarded for doing the right things, and only the right things, for those we serve. If we reduce costs so that we can invest in these three key strategies, we pass the moral test of health care organizations—to help the people who need our help the most.

Allina Health Organizational Structure

Although we deliver some absolutely incredible care, several experiences tell us that our current structure creates roadblocks to fully realizing our mission. There is an opportunity to bring parts of Allina Health into closer alignment in ways that will heighten caregiver collaboration, create a more seamless care continuum and better link accountability with authority. We believe our patients and the employees who care for them will be better served by operating in a coordinated system with three operating arms:

- *Hospitals:* The hospital division will focus on the operational and clinical capabilities that are unique to the hospital environment. The key hospital-based specialists, including hospitalists, intensivists, anesthesiologists, emergency medicine, radiology and pathology, will be served in this division. The hospital division will continue to focus on issues related to operational efficiency, patient experience, and facilitating optimal care.
- *Medical Group:* Our plan is to bring our main service line of primary care and our specialty care capabilities together in one division. This unified Allina Health medical group will be accountable for advancing patient care strategies in an integrated continuum to further support our triple aim goals. By integrating primary and specialty care, we can ensure that our patients are getting the right care at the right place at the right time as they move across the continuum.
- *Network Integration:* Finally, we will also have our Allina Integrated Medical (AIM) Network arm that ties care together for patients between Allina Health and our closely affiliated physicians and health organizations. The goal—in the most expansive way possible—is to provide the “glue” necessary to serve broader numbers of patients and communities with consistently exceptional care. That glue will likely include care support services such as care management, telehealth to reach underserved communities, and potentially home and community services. That way, no one we serve through our partnerships will ever feel lost and alone but, rather, will feel continually supported in their care.

In addition to discussing these changes with numerous internal stakeholders, we have looked at several outstanding, future-oriented organizations to inform this work. Next steps include taking a deeper dive to make sure each division has clear accountabilities and the right support to perform. We anticipate the majority of changes to be in place by January 1st, 2015.

Robina Partnership & Its Value

The Robina Foundation partnership with Allina Health enables change in our organization at a velocity not otherwise supported by payers and the current healthcare funding environment. We are able to test new models of care delivery simultaneous to attending to our operational priorities. Integration of care guides into our care management structure will enable enhanced partnerships with patients and families, in alignment with our strategic efforts outlined above. Our focus on integration provides a long-term platform for the deployment of the LifeCourse model across Allina. The Robina Foundation partnership allows Allina to develop and evaluate the models that will be well suited for our next generation of care delivery and support for patients and families.

Care Copilot Institute LLC

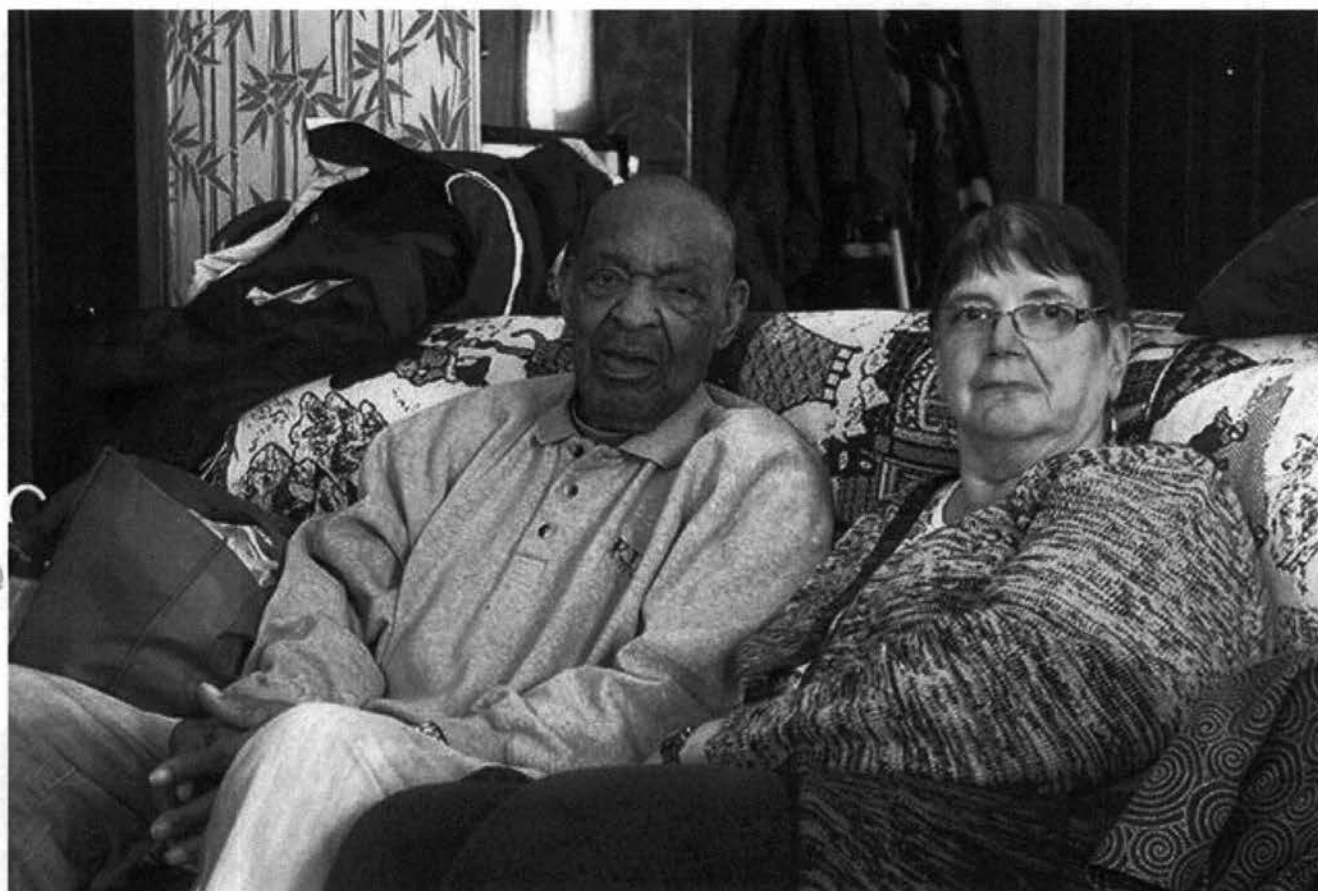
The Care Copilot Institute is currently a department within Allina Health. While that positioning has served us well to enhance deployment of care guides within Allina, now that our attention is focused outward on enabling other healthcare organizations to adopt the care guide role and other lay healthcare workers, we intend to make the Care Copilot Institute a single member limited liability company of Allina Health in the next six months. This will allow us to stay under the same nonprofit 501c3 status as Allina Health. While the strategy of the Institute is synergistic with Allina Health, the vision and mission for the Institute is expanding and is separate and distinct. Moving toward creation of an LLC will allow for:

- The creation of a brand that is unique, yet still affiliated with Allina, so as to prevent conflict in the same healthcare market and to enable consultancy with other entities that may also be Allina competitors;
- The development of an independent advisory structure that will hold the Institute accountable for its distinct mission; and
- The separation of operations to enable a more nimble, rapid-paced organizational culture of support.

MINNPOST

Late-in-life care: fragmentation and complexity for the chronically ill

By Sharon Schmickle | 03/18/14



MinnPost photo by Sharon Schmickle

Jessie and Mary Harris needed a lot more than doctors, hospitals and drugs when a barrage of diseases started pounding Jessie in 2012.

This is the first in an occasional series on late-in-life health care — when chronic illness or a constellation of medical problems can cause a cascade of new needs, complications and worries. This yearlong examination of issues faced by such patients and their families is funded through a regrant by Allina Health from the Robina Foundation. It is conducted in conjunction with media partners TPT and Ampers. A TPT documentary, "Late Life: Redefining Care," can be seen [here](#).

If this day is typical, 106 Minnesotans will die before midnight. Of those passings, 16 will be unexpected. Most of the other 90, though, will represent the sad culmination of lingering diseases.



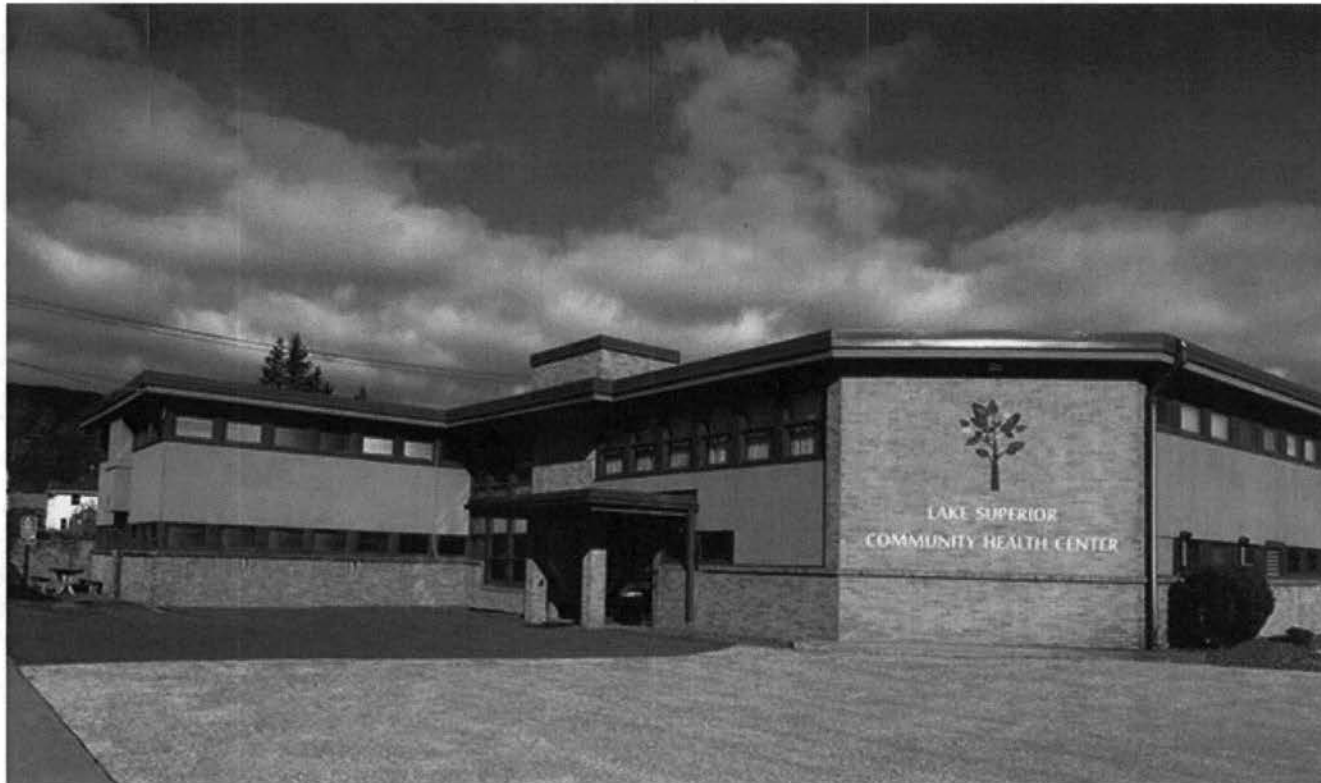
Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

MINNPOST

Minnesota's 'health care homes' aim to fill gaps in support for late-in-life patients

By Sharon Schmickle | 03/19/14



Lake Superior Community Health Center via Facebook

Minnesota's certified health care homes, like the Lake Superior Community Health Center in Duluth, aim to improve quality of life as well as health for patients with chronic and complex conditions.

This is the second article in an occasional series on late-in-life health care — when chronic illness or a constellation of medical problems can cause a cascade of new needs, complications and worries. This series is funded through a regrant by Allina Health from the Robina Foundation.

As the giant boomer cohort of Americans begins to reach senior status, neither individuals nor the disparate components of the U.S. medical system have fully prepared for a new reality: People can expect to live far longer than their forebears. And as they age, patients frequently will need years of coordinated care and support services before they enter the end stage of life. Yet disproportionate amounts of spending go for desperate treatments at the very end.

For example, for the average patient who died in Minnesota in 2010, more than half of the Medicare money paid out in the last two years of life was spent in the final six months.



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

MINNPOST

How do shuttling snowbirds handle their health care?

By Kay Harvey | 03/31/14

This article is part of a yearlong, occasional series on late-in-life health care. The series is funded through a regrant by Allina Health from the Robina Foundation.

After his wife died, Wade Dickey bought a house in Florida. A native Minnesotan, he spends each spring and summer in his home in New Brighton. And every fall, he heads south for the winter.

Dickey is a seasoned snowbird. At 82, he makes the most of every day. Almost 20 years ago, he and his late wife, Bobbie, began splitting their time between the Twin Cities and a Florida retreat overlooking the gulf. "Even then, we knew the term 'snowbird,'" he said.

"Snowbird" has been a household word for several decades. But not much is known about them, State Demographer Susan Brower said. And Minnesota studies are 15 years old or more.

Snowbirds emerge as somewhat of a motley crew.

They flee winter for a variety of inviting warm-weather communities, some designed just for them. Many pursue physical activity, enlightenment and new experiences in their 60s, 70s and 80s.

Considering that many people at that life stage experience significant health problems, the snowbird lifestyle poses a pressing question: How do people who potentially face a number of health issues tend their care while living in two places?

Those with chronic illnesses are advised to get a medical checkup before leaving home for an extended time and another checkup when they return, said Beth Wodrich, a registered nurse at

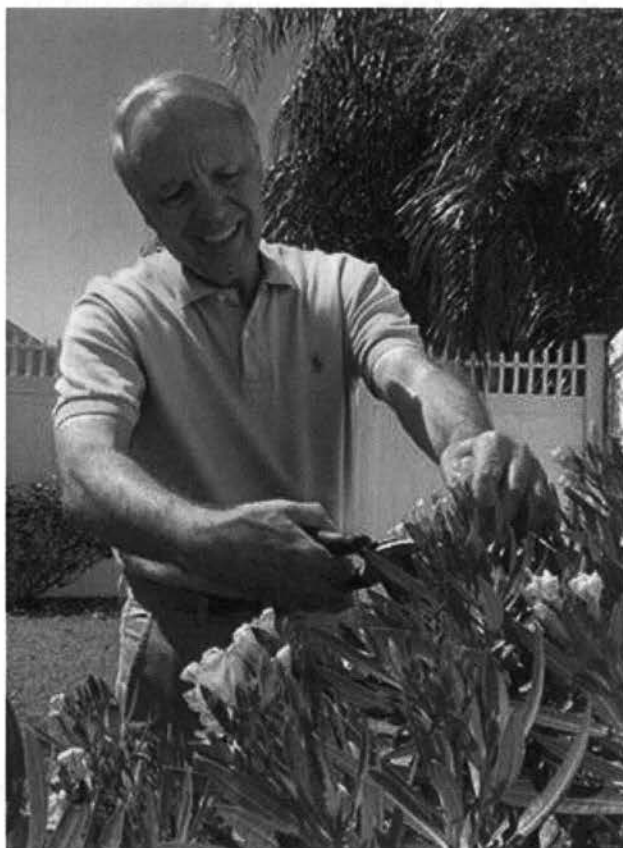


Photo by Nancy Conner
Minnesota snowbird Wade Dickey trims a flowering bush he planted in his Florida back yard at the Villages, his winter retreat.



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

MINNPOST

Late-in-life health needs: Are we ready? A Q&A with Dr. Steve Miles

By Susan Perry | 06/12/14



Courtesy of Twin Cities Public Television

"Late Life: Living With Chronic Illness," will air Thursday, June 12, on tpt 2 at 9:30 p.m.

This article is Part 1 of a two-part interview with Dr. Steve Miles, M.D., a professor of medicine and bioethics at the University of Minnesota Medical School whose expertise includes late-in-life and end-of-life health care.

*The Q&A is part of an occasional series on late-in-life care — when chronic illness or a constellation of medical problems can cause a cascade of new needs, complications and worries. This yearlong examination of issues faced by such patients and their families is funded through a regrant by Allina Health from the Robina Foundation. It is conducted in conjunction with media partners Twin Cities Public Television (**tpt**), and Ampers. A **TPT documentary**, "**Late Life: Living With Chronic Illness**," will air **Thursday, June 12, on tpt 2 at 9:30 p.m.** Additional showtimes are listed [here](#). An earlier documentary in the series, "**Late Life: Redefining Care**," can be seen [here](#).*

MinnPost: Are we ready as a nation to deal



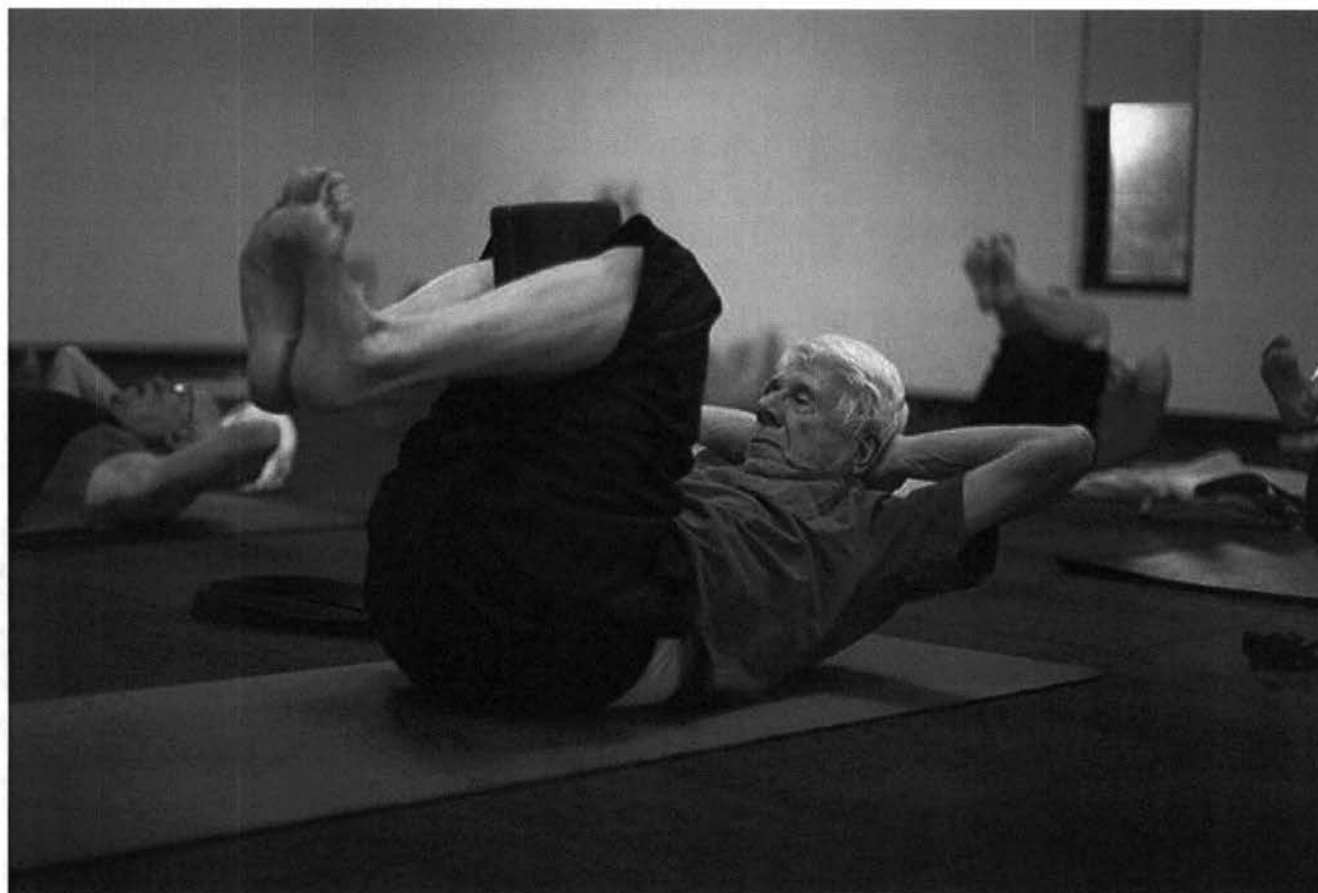
Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

MINNPOST

Late-in-life care: Dr. Steve Miles on coping with illness, and transitioning from home

By Susan Perry | 06/13/14



REUTERS/Lucy Nicholson

Miles on fighting depression among the elderly: "Medications can get you 20 percent of the way there. Congregate dining will do much more, [as will] getting out of the house, moving, sunshine in the afternoon, socializing and exercise."

This article is Part 2 of an interview with Dr. Steve Miles, M.D., a professor of medicine and bioethics at the University of Minnesota Medical School in Minneapolis whose expertise includes late-in-life care. You can read Part 1 here. The Q&A is part of an occasional series on late-in-life care — when chronic illness or a constellation of medical problems can cause a cascade of new needs, complications and worries.

MinnPost: What about psychological issues late in life? What can help people cope with the physical changes that are occurring during this period?

Dr. Steve Miles: Let me take the unrecognized one first. Sleep gets disrupted as you get older.



Partially Scanned Material

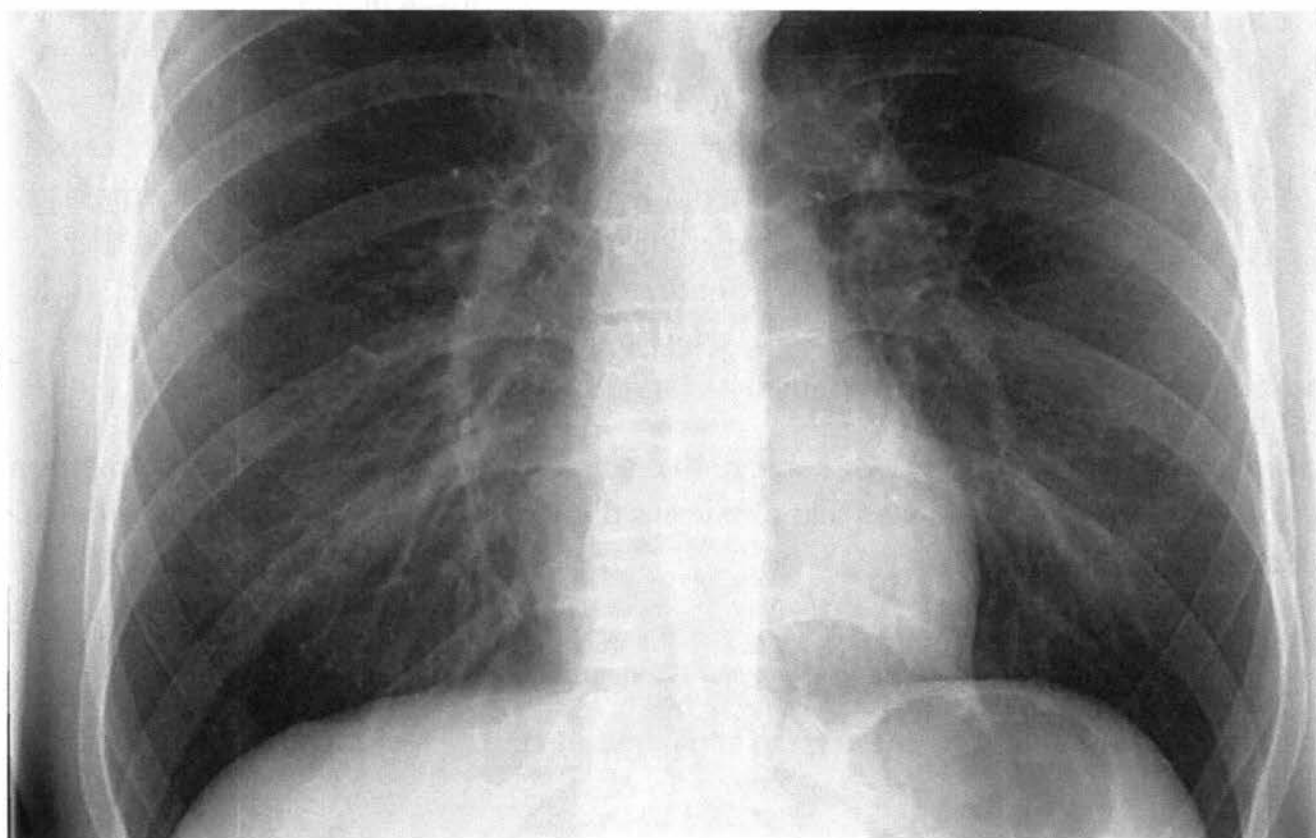
The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

MINNPOST

This content is made possible by the generous sponsorship support of UCare.

Few doctors discuss end-of-life planning with heart-failure patients, Mayo study finds

By Susan Perry | 06/18/14



Creative Commons/Iwan Gabovitch

Research has shown that among people with an advanced disease, those in the final stages of heart failure have some of the lowest quality of life.

This article is part of a yearlong occasional series on late-in-life health care — when chronic illness or a constellation of medical problems can cause a cascade of new needs, complications and worries. The series is funded through a regrant by Allina Health from the Robina Foundation. It is conducted in conjunction with media partners Ampers and Twin Cities Public Television (tpt), whose documentaries will focus on Minnesotans enrolled in a multiyear Allina study involving patients at this time of life.



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

MINNPOST

Late-in-life: To live at home, rural seniors need food, socialization, support

By John Fitzgerald | 06/23/14



Photo by Gwen Kesitalo

Ken Knutson and his 93-year-old mother, Lois, come to Megan's Family Restaurant in Aurora at about 11 a.m. every day for the hot lunch provided for seniors.

This article is part of a yearlong occasional series on late-in-life health care — when chronic illness or a constellation of medical problems can cause a cascade of new needs, complications and worries. The series is funded through a regrant by Allina Health from the Robina Foundation. It is conducted in conjunction with media partners Ampers and Twin Cities Public Television (tpt), whose documentaries (click on "Archive" on the linked web page) are focusing on Minnesotans enrolled in a multiyear Allina study involving patients at this time of life.

Late-in-life care often results in leaving your home for a supervised living situation. Nobody wants to leave their home any earlier than necessary, and since supervised care is expensive, it's often in the best interest of the families and the state to put off that move as long as possible.



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

Enrollment

As of July 23rd, 233 participants have enrolled in LifeCourse; 41 have died; and 37 have disenrolled. In April we began recruiting comparison patients. 89 have enrolled so far, and 2 have disenrolled. The efficiency of enrollment is about 24% in both active and comparison groups. We are on track to enroll approximately 300 participants by the end of 2014.

Manual

As recommended by the National Advisory Council (NAC), we are compiling a LifeCourse Manual which includes all concepts, processes, and training required to execute the model. We will bring key sections to the NAC for feedback in September. Major chapters of the manual include: domains of personhood, communication, documentation, interdisciplinary team function, team roles and orientation, goals, universal competencies, and the LifeCourse visit. Building the manual as we go will enhance our ability to go to scale smoothly in 2016 and accelerate the dissemination of the model upon completion to other organizations through the Care Copilot Institute.

Care Team

The LifeCourse Care team is currently sustaining a staffing model of seven care guides and six clinicians (two nurses, a social worker, a chaplain, a marriage and family therapist, and a pharmacist). We will build up to nine care guides by the end of August in order to increase caseload and prepare for 2015 tests. The care guides are working to build their caseloads to 30 participants each with a select few testing the boundaries to 40 to 45 participants. Refinement of the LifeCourse model continues to focus on visit protocols and standards, care guide and clinician collaboration/mentoring, and understanding of "what matters most" and individual goals for participants and their families.

Electronic Tools

To broadly expand the support and resources for capturing individual values and preferences, LifeCourse is supporting the development and implantation of an electronic advance care planning tool. The launch of an electronic tool is targeted for December 2014. Future enhancement of the tool will include video clips and shared decision-making scenarios.

Public Engagement

The third Twin Cities Public Television (TPT) documentary will air on August 24th. The documentaries, as well as other participant profile clips, can be viewed on the LifeCourse website by going to:

www.lifecoursemn.org/videos/documentaries

We have made great progress with MinnPost and Ampers, our additional media partners. MinnPost, a nonprofit, nonpartisan enterprise whose mission is to provide high-quality journalism for news-intense people who care about Minnesota, has produced seven articles in their yearlong series of articles on late-in-life medical care and related issues. The articles are attached for your review. Ampers, an association of 15 independent community radio stations in Minnesota, is the largest network of community radio stations in the state. Ampers has facilitated meetings with community liaisons from a variety of ethnicities and cultures to develop 90second radio segments describing the challenges and rewards of living with serious illness. We will bring an audio file to share during the August board meeting.

2015 Tests

While we had originally planned on eight smaller feasibility tests of variations of the LifeCourse model in 2015, the NAC advised us to trim that number to a more manageable and meaningful set of tests. We plan to engage in five feasibility tests next year, concurrent with continuing intensive data analysis, building of additional community partnerships, and serving the remaining participants and families who are currently or will be enrolled in 2014. The five major tests are outlined below:

- 1) *Care guide embedded in a long-term care facility*: We will embed a care guide into the interdisciplinary care team at Walker Methodist Health Center to understand if this is an effective alternative to a separate LifeCourse care team.
- 2) *Disease trajectory conversations upstream in the care experience*: We will enhance the upstream conversation that primary providers have with patients and families regarding advanced chronic illness, with a focus on understanding of the disease trajectory, potential future experiences and alternatives based upon illness progression, and choices for the future. A care guide will be in attendance at these conversations in anticipation of ongoing need and support.
- 3) *Expanding the variety of eligible diagnoses for LifeCourse*: In an effort to ensure the LifeCourse model is appropriate for all individuals with progressive and advanced chronic illness, we will add additional diagnoses (i.e., chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), amyotrophic lateral sclerosis (ALS), Parkinson's) and build competency with these diseases as we enroll patients.
- 4) *Considering race and ethnicity in LifeCourse*: We will engage in a concentrated effort to enroll patients and families of color (i.e., African American), as well as patients with limited English skills (i.e., Chicano/Latino, Russian) in LifeCourse. In addition, we will partner with Augustana Care Center to enroll Somali patients in LifeCourse, balancing patients at home and patients at a long-term care facility, and building necessary partnerships with Somali community-based organizations and Somali elders to increase trust and collaboration with the community.
- 5) *LifeCourse for participants with serious and persistent mental health issues*: While we are currently excluding patients with serious and persistent mental illness (SPMI), in 2015 we will partner with major providers of mental health services to embed the LifeCourse model for patients with SPMI (i.e., bipolar disorder, schizophrenia, major depression).

Going to Scale in 2016 – 2018

Our aim, given positive performance on all major data indicators and based upon guidance from the NAC, is to submit for Phase II funding (2016 – 2018) for LifeCourse with an intention to take the model to scale for all eligible patients across a large geographic area served by Abbott Northwestern and other Allina Health facilities.

THE ROBINA FOUNDATION

Review of Proposal for Care COPILOT Institute

The Robina Foundation strives to provide funding for programs that have significant impact on important issues. With that in mind, briefly comment on the importance of the Care COPILOT Institute project. In doing so, we would appreciate your input on the following questions:

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?
2. Is the proposal sufficiently clear about the results and impact sought?
3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?
4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?
5. Is the business plan inherent in the proposal viable?
 - Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?
 - Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?
 - Are the revenue projections realistic?
 - Can the Institute be self-sustaining after the initial grant support is over?
6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?
7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?
8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?
9. What additional advice or comments would you give to the Robina Foundation?

Jim Balabuszko-Reay

Jim B-Reay has over 20 years of experience as an accomplished program manager and advisor to business, healthcare, and IT executives. His breadth of technical experience and strong interpersonal skills enable Jim to demonstrate equal comfort assessing technical details, managing a diverse project team or facilitating decisions among a group of executive and clinical sponsors. With a background in application design and data warehousing, Jim has worked with healthcare organizations to define their business intelligence strategy, implement data governance and develop information architecture for ACO and population health initiatives.

Jim is currently a principal with Aspen Advisors, a KLAS-ranked national IT strategic consulting company, where he has done IT Strategic planning work for regional and national clients, including The Cleveland Clinic, Mayo, Children's Hospital of Philadelphia, Gillette Children's, and others. Prior to joining Aspen, Jim held executive leadership roles with Ingenix (now Optum) and ExpressScripts.

Robina Foundation – Care COPILOT Proposal Review

Independent review by Jim B-Reay – 6/16/14

Documents Reviewed:

Robina May 2014 Report_Final_053014.pdf

CCI Proposal_ clarifications_20140530.pdf

Understanding of Proposal:

This write-up is intended to show baseline comprehension of the proposal, to form a basis on which to make the comments in the next section.

Care COPILOT is a program that uses non-clinicians to do care coordination and patient follow-up, in the interest of better treating chronic conditions and reducing preventable readmissions. It is a set of workflows, protocols, and tools that have been developed and tested in connection with Allina.

This proposal is to build on the success of the Care COPILOT program to develop an organization and toolset that can be brought to other care systems. This expansion would include:

- Building a Care COPILOT leadership team
 - Phased expansion to support increased customer base
- Continued development of COPILOT intervention protocols and best practices
 - Further development of “Lay Roles” – non-clinical care coordinators, expanding roles beyond those developed with Allina
 - The proposal refers to these lay roles as “Care Guides”
 - Additional subject areas or disease states for templated care coordination
- Development and support of an integrated COPILOT platform that includes
 - CRM (Customer Relationship Management)
 - CCI (Clinical Care Integration – for clinical workflow)
 - CMS (Content Management System – document repository)
 - LMS (Learning Management System)
 - Communications Toolset
 - Email (with campaign tracking)
 - Video Chatting
 - Forums
 - Webinars

This integrated platform will be built from off the shelf components when possible (and custom developed when needed), and will provide an “all in one” solution for education, communication, and workflow for the Care Guides. A Care COPILOT implementation would include access to this

integrated toolset, training and support of Care Guides, and access to the library of best practices and protocols.

The proposal also goes into detail on the history of lay roles, payer reimbursement for lay activity, success of care coordination in reducing costs and improving outcomes in healthcare.

In the end, the proposal asks for \$7.4m over five years to build this organization, develop the toolset, and support expansion to other health systems. The cost model assumes that as the platform matures, it will be able to recoup costs through per-member-per-month licensing fees for the toolset (platform and knowledge), with costs covered and net revenue achieved in year five.

Response to Questions:

Is the proposal sufficiently clear about the results and impact sought?

- I felt there was a blurred line between statement of the potential benefits of the Lay Role in healthcare (which is well defined), and the actual work of the CCI in delivering value (with a cost per member).

Is the business plan inherent in the proposal viable?

- Having assessed vendor offerings in the care coordination and population health space, I will say it can be a hard sell to price on a per-member-per-month basis: It is easier to have tiers based on number of providers in the practice (which should map to number of members, but is more fixed): That way there's encouragement to intervene on the greatest number of patients rather than any internal calculations on whether enrolling a patient into the CCI program is "worth it".
- One challenge will be outlining the value of working with CCI versus simply implementing a care management tool and bringing in lay coaches: It is not explicitly stated that what CCI is selling is a set of best practices AND the tool to deliver them:
 - The current staffing plan for the CCI appears to be more administrative and operational: Development of new care pathways and best practice appears to be a Member function:
 - Is the proposal that participating in the Member group brings access to best practice from other members?
 - Is there a participation level for less mature organizations where it's more of a "you get access to leading practice developed by industry innovators?"
 - Either the toolset or the methods should be in house developed and proprietary: It may be difficult to get paying customers if the expertise is not in-house, and the toolset is not unique.
 - Development of new subject areas should be controlled and governed by CCI, not necessarily just enabled and redistributed by the Member group.

- There should be clear value to working with CCI on implementation of a program – access to best practice, leading edge research, integrated toolset, etc.
- Bottom line: the value proposition to contributing members and paying customers should be very clearly defined not just in the education of how Lay roles can help out, but SPECIFICALLY in how working with CCI will offer a direct benefit over and above of simply starting your own program using spreadsheets.
- The staffing plan would be improved with FTE equivalent expectations: The Medical and Executive Director positions would likely be fractional .25: Having that spelled out may be helpful.

Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

- It appears that good work went into evaluating the “build vs buy” decision for the core architecture: I have seen major issues in custom developed software, and partnering with a vendor for key functionality makes sense. The costs outlined make sense and do not seem excessive.
- All of the components identified as part of the CCI Platform make sense for the desired clinical workflow and outcomes. I might have liked to see it presented more as an integrated platform, with the “best of breed” vendors identified on the backside. But the architecture as specified is appropriate and workable
- One concern with partnering with a Wellframe or similar vendor will be whether CCI will provide enough revenue to keep the vendor’s attention. The current Care Coordination and Population Health Management marketplace is very fluid with a lot of vendors jockeying for position: Any agreement with a vendor needs to be made with two possible eventualities in mind:
 - The vendor may not survive the next five years, in which case CCI needs to make sure they have access to the source code and a license in perpetuity. Note that this MAY lead to increased support costs internally, as CCI would need to build out internal IT infrastructure to host the solution.
 - The vendor may merge or be acquired, in which case CCI may not be as high of a priority for support and customization.
 - Contracts will need to be written carefully to support these cases
- I believe it is very likely that implementation and support consulting dollars would be needed in year 2 as well: The role of IT Director at the salary level specified is usually a non-technical role, and there will be needs for customization and integration work as the CCI platform matures. Perhaps an Integration Architect might be a more useful role.

Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

- My major concern is that the staffing model is focused around an administrative, sales, and marketing team, but the core value of the CCI will be in the technology platform to enable the workflows, and the workflows themselves. In the proposal both of these cores (knowledge and technology) are outsourced to vendors or Member organizations.
- I believe that for this to be a viable business, the CCI will need to move beyond education and championship of Lay Roles: CCI should have a strong market positioning in thought leadership, best practice development, and enablement technology

Summary Review:

I have done a lot of work with organizations on ACO, Population Management, and Care Management: I think that the Care COPILOT model is a very strong one, as it “activates” a new set of Care Guides, increasing the number of people who can work with patients to improve care. I believe this is a growth area for healthcare organizations, and there is a great need for an entity that can provide “bootstrap” services to build out a Care Guide practice for an organization.

My challenge is that I feel the proposal is a little unfocused on exactly HOW CCI will deliver this: There is a management organization specified, technology components identified, and some partnerships outlined, but there is not a strong statement of “we are building X using Y tools, and Z best practices: We will sell A services to B clients, and we will make C money”. Perhaps a more focused executive summary would spell that out more clearly.

Eric A. Coleman, MD, MPH

Eric A. Coleman, MD, MPH, is Professor of Medicine and Head of the Division of Health Care Policy and Research at the University of Colorado Anschutz Medical Campus. Dr. Coleman is the Director of the Care Transitions Program, aimed at improving quality and safety during times of care "handoffs". He also serves as Executive Director of the Practice Change Leaders, a national program to develop, support and expand the influence of organizational leaders who are committed to achieving transformative improvements in care for older adults. Dr. Coleman was recognized as a 2012 MacArthur Fellow for his work in bridging innovation and practice through enhancing the role of patients and family caregivers in improving the quality of their care transitions.

THE ROBINA FOUNDATION

Review of Proposal for Care COPILOT Institute From Eric A. Coleman, MD, MPH June 16, 2014

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

Overall I offer my enthusiastic support this proposal. My comments are meant to be constructive and many are based on the experience of my program and my experiences supporting other programs launch their respective dissemination, technical assistance, and technology endeavors towards the eventual goal of becoming self-sustaining.

In 2014 the question of whether to incorporate laypersons into health delivery offers the illusion of choice. By 2020 we will inevitably embrace this step as the demand for services far outstrips the capacity of health care professionals.

Thus this proposal is ahead of its time although not by much. Incorporation of lay roles into health and health care delivery is a growing area and yet to date no organization has assumed a national leadership role by staking its claim or planting its flag. There is a clear advantage to the project team being first and also considerable responsibility for putting forth a broader vision for the field above and beyond the project team's own organizational needs or potential contributions. Having said this—there will likely be an ongoing need to balance what is best for the field versus what is required to become a self-sustaining entity as these two goals will not always be in sync.

The strengths of the proposal are many and include its aspirational reach, the credible platform of Abbott Northwestern Hospital/Allina, and the national reputation of the project team.

I applaud the aspirational reach of this proposal as modest or incremental steps will not be adequate to advance the field. The forces that maintain the status quo of the hands-on provision of health and health care are distinct from the forces that are attempting to reform health care financing and payment from volume to value. There will be natural resistance to lay roles that will likely vary by profession as well as from state-to-state.

Having the national messaging for the value of lay roles in health care emanating from the platform of Abbott Northwestern Hospital/Allina enhances credibility among key target audiences. Ultimately potential adoptees need to see this strategy as one that is embedded in organizations like their own rather than being grafted from a free-standing non-profit or governmental agency.

The project team has developed nationally-recognized expertise and is a thought leader and producer of evidence-based peer-reviewed publications which will be important to some audiences (though not all). This proposal demonstrates a high level of real-world insight into the upcoming challenges and opportunities ahead.

In terms of opportunities to strengthen the proposal, there are at least two primary opportunities—one around how technology figures into the overall plan and the other around the outcomes needed to persuade the ultimate end-adopters.

I don't wish to overstep my role as a reviewer or throw a monkey wrench into the plans around this proposal. However I might suggest the project team re-evaluate the way technology has been envisioned as a path towards producing revenue that will make the ultimate effort self-sustaining. Specifically I am concerned that advancing lay roles in health is a high risk proposition and that introducing new technology based solutions is also a high-risk proposition. An approach that combines both of these goals in an interdependent fashion seems to invite a level of risk that is daunting as well as potentially distracting. Perhaps the project team might consider uncoupling these two goals and possibly reframe the latter around a different model.

Further, the technology space is becoming more and more congested with vendors peddling poor products that are solutions in search of problems and demonstrate lack of understanding of who the "end users" are and what their needs are. Should the project team create new technology that is of value, they run the risk of the vendors spinning off countless "me-too" products that will dilute and confuse the marketplace, even with intellectual property protection.

Beyond the congestion lies the potential for role conflict and/or confusion. Does the project team wish to be the recognized leader in the field or does it wish to promote a revenue producing technology that may or may not be seen as the best solution in the market? These may not be compatible and if the technology has glitches and troubles, the national reputation becomes threatened. This role confusion could result in the project team being relegated to the vendors' tables in the refreshment room at a national forum rather than as an invited speaker in the main conference room.

Perhaps an alternative role for the project team that is more compatible with being the field leader is to be the organization that provides direction and guidance to technology vendors. In this role, the project team might offer modest financial incentives/national competitions to vendors to drive their innovation, much like the HHS-ONC has done. The Center for Technology and Aging led by David Lindeman with support from The Scan Foundation, Gordon and Betty Moore Foundation, California Health Care Foundation, ONC and state support might be a prototype to consider <http://techandaging.org/>. This approach has the advantage in that it reduces the reputational risk while at the same time extends the national reach and influence.

The second opportunity to strengthen comes from the need to convince potential end-adopters that the outcomes produced are compelling and relevant. The *Annals of Internal*

Medicine article demonstrated advantages in terms of goal achievement which might resonate with health plans as the National Committee on Quality Assurance is developing some goal metrics with support from the John A. Hartford Foundation (at this relatively early stage it is not clear to what extent these new goal metrics overlap with the ones achieved in the article).

The project team might consider the addition of a deliberate step to gain candid feedback from potential adopters across a range of providers—health plans, accountable care organizations (ACO), medical homes—to learn what they would consider compelling and relevant outcomes. This would create a forum to get feedback on whether \$286 per patient per year is in the ball park for what a health plan or ACO might consider (two financial leaders shared with this reviewer that an amount this high would not be considered). A panel of financial experts could validate assumptions and place the lay roles in context of other health care expenditures and competing priorities. The Medica Research Institute report will help inform this discussion. The potential for cost savings would without question prove to be the primary driver of adoption. There may be an opportunity to examine the Affordable Care Act and value-based purchasing opportunities with the lay roles in mind to identify where the best fits might be.

2. Is the proposal sufficiently clear about the results and impact sought?

The need for a more explicit focus on potential end adopters was discussed above.

In both the initial proposal and in the clarifications document, the project team expands the scope of what can be considered lay roles and considers the outcomes they have produced. While such groupings may be justifiable, the proposal would be strengthened by offering a tighter operational definition of the roles in question. This will not only be important to the ultimate identity of an Institute but it will also add clarity in term of how the proposed lay roles are similar and different from existing roles.

The project team needs to provide additional assurance that other innovators in the field will want to relinquish identity, intellectual property/control (not to mention potential revenue) to another entity. Some of the organizations that share this space are highly proprietary. Such an organized approach to dissemination has been attempted for other evidence-based chronic illness models with little success, even when supported by a common funder. The project team references the MacColl institute as a model but it should be pointed out that this group is not uniformly perceived as the leader of the field beyond the Chronic Care Model and has overstepped in terms of taking credit for others' work without attribution. Alternatively, in the event that other participants in the lay role space are willing to participate with the project team, the selection of partners or vendors could either serve to solidify a national reputation or it could create controversy if the project team inherits the new partner or vendor's "baggage".

3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

Please also see response to question #1.

Other organizations in the field outside of Minnesota appear to be gravitating towards lay roles that are volunteer/unpaid. In some regions this is becoming a source of controversy with community organizations accusing hospitals and large systems of exploitation—if these roles have value than they should be compensated with salary and benefits as the project team has done (on the right side of the controversy).

- | |
|--|
| 4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure? |
|--|

As the first Institute to be established and received as credible, there is potential to attract healthcare organizations, particularly 2-5 years down the road. This visibility could be enhanced by offering regular webinars, learning communities, and technical assistance on how to implement lay roles within existing workflows and aligned with current or future financial incentives. As described above, the Institute could further solidify a national presence by offering small grants to guide and support new technology. The Institute could also be the source for national recognition awards for innovation that would firmly signal the primary leadership role in the field.

Taken even further the Institute could offer training and certification of lay roles that would be an additional source of revenue. We don't know at this time what type of tenure individuals in lay roles might have and whether they will need retention strategies, greater incentives over time, or a more defined career path or ladder.

In terms of membership and accompanying annual dues, it needs to be clear to members what value they receive. Membership does help to create "stickiness" but it can be off-putting to organizations who only wish to put in a small toe to test the water.

Offering materials or technical assistance initially at no cost and then beginning to charge at a later date can be a source of dissension among your local and national partners. Better to go with one strategy from the beginning and stick to it.

- | |
|--|
| 5. Is the business plan inherent in the proposal viable? |
|--|

- | |
|---|
| <ul style="list-style-type: none">• How much demand do you think there would be for this kind of Institute? Does the proposal realistically assess the market for the project services?• Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?• Are the revenue projections realistic?• Can the Institute be self-sustaining after the initial grant support is over? |
|---|

Key points were made earlier above. Some of these questions are difficult to answer as the data given seems speculative and the analyses exploring potential cost savings are still being developed. For these new analyses as well as for the numbers provided in the

proposal, a more detailed sensitivity analysis is needed. At this stage the business plan does not seem to suggest the enterprise will be self-sustaining. If the pending financial analyses are not favorable—all is not lost but the challenge for “selling” lay roles to financial leaders in health care will all the more challenging and will call for creative new ways for presenting lay roles—such as the ability to extend well-trained relatively expensive health care professionals or higher patient satisfaction.

There is a need to better understand policy drivers for lay roles and the project team may need to become active in policy arena. A good example of this is Steven Dawson with PHI (Paraprofessional Healthcare Institute) who has worked to engender greater respect and compensation for direct care workers in nursing homes and other settings.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

Please see response to question #1.

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

As discussed in question #1, the technology product development represents a significant portion of the budget and as such, raises the burden for the project to become self-sustaining. If this technology portion were to be reframed it might make a good return on investment more feasible.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

The project team will be trying to get their message across to leaders who have an unprecedented low attention span. Introducing the lay roles this year or in the next two years will be a real challenge, particularly if the cost analyses do not prove favorable. However waiting is not an option as relationships and workflows will be eventually be solidified. The answer seems to lie in clearly articulating the advantage of lay roles to achieving the Triple Aim and responding to new pressures of value-based purchasing.

9. What additional advice or comments would you give to the Robina Foundation?

To restate, this is a high-risk project with a potentially high-payoff. To mitigate risk, consider de-coupling or reconfiguring the technology elements from the national institute role.

Edwin B. Fisher, Ph.D.

Edwin B. Fisher, Ph.D., is Global Director of *Peers for Progress*, a program of the American Academy of Family Physicians Foundation that is dedicated to promoting peer support in health, health care, and prevention around the world. He is also Professor in the Department of Health Behavior in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. He received his Ph.D. in 1972 in Clinical Psychology from Stony Brook University. For 33 years, he was on the faculty of Washington University where he directed the Division of Health Behavior Research in the Departments of Medicine and Pediatrics and served as associate director for prevention and control of the University's NIH-funded Diabetes Research and Training Center and Comprehensive Cancer Center.



From 2002-2009, he served as National Program Director of the *Diabetes Initiative* of The Robert Wood Johnson Foundation. The *Diabetes Initiative* demonstrated the feasibility, effectiveness, and cost effectiveness of diabetes self management programs in real world settings such as Federally Qualified Health Centers and community based programs.

Having funded 14 grants to investigator teams in 9 countries on 6 continents and with over 60 collaborating groups, *Peers for Progress* is building the evidence base for peer support interventions, disseminating resources and guides for program development and quality improvement, and promoting networking among peer support programs to pursue integration of peer support in health care and preventive services around the world.

Dr. Fisher has published papers and review chapters in prevention, chronic disease management and quality of life. In addition to his extensive work in diabetes, his research has addressed health challenges in asthma, cancer, cardiovascular disease, smoking and smoking cessation (including authoring several chapters in reports of the US Surgeon General), and weight management. His approaches to these problems have included self management, social support, and community based health promotion, including studies of community based programs for underserved, minority groups.

Dr. Fisher is a past-president of the Society of Behavioral Medicine and has served on numerous government advisory panels and the boards of the International Society of Behavioral Medicine and the American Lung Association.

Review of Care CoPilot Institute for THE ROBINA FOUNDATION

Edwin Fisher, Ph.D., Global Director, Peers for Progress, American Academy of Family Physicians Foundation, Professor, Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina – Chapel Hill

Conflict of Interest

When I was contacted by Penny Hunt to review this proposal, I raised the potential of conflict of interest arising from my role as Global Director of Peers for Progress of the American Academy of Family Physicians Foundation. In reading the proposal in detail, that potential conflict is more apparent. The proposed Institute would have much the same mission and objectives of Peers for Progress. For us, our mission is to promote peer support in health, health care and prevention around the world as the "go to" source on peer support and through a) building and curating the evidence base, b) facilitating collaborative quality improvement through exchange of resources for program development, implementation, quality improvement, and evaluations, largely through our social networking (@peers4progress) and website (peersforprogress.org), and c) supporting advocacy for incorporation of peer support as a routine part of care in health systems around the world. This is very similar to the Institute's proposed activities and strategy of becoming "an institute that discovers and promotes the adoption of lay roles in the delivery of healthcare worldwide" (p. 23 of May Report and Proposal). Thus, the proposed Institute would pursue very similar goals as Peers for Progress with very similar major activities. This overlap of goals and activities should be kept in mind in considering my comments, below.

Proposal for Care COPILOT Institute

The Robina Foundation strives to provide funding for programs that have significant impact on important issues. With that in mind, briefly comment on the importance of the Care COPILOT Institute project. In doing so, we would appreciate your input on the following questions:

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

The strengths are the overall mission and direction proposed. There is growing evidence for the role of peer support in health care and prevention¹⁻⁴ including strong evidence for contributions in management of diabetes and other diseases,⁵⁻⁸ growing evidence for cost effectiveness,⁹⁻¹⁴ major opportunities through the Affordable Care Act,¹⁴ and strong potential for both engaging the socio-economically disadvantaged and ethnic minority "hardly reached" whom prevention and care initiatives too often fail to reach,^{15,16} as well as for addressing mental health issues¹⁷⁻²⁰ and the high levels of avoidable care costs that often accompany them.^{21,22}

An additional major strength is the general strategic decision to be an Institute focused on facilitating work in this area rather than focusing on promoting and commercializing a single curriculum.

Barriers include the fact that this area is drawing increased interest with multiple groups active in it, e.g., a strong Community Health Worker Section of the American Public Health Association, a Community Health Worker interagency committee of the federal government, the Earth Institute's call for 1 Million Community Health Workers in Sub-Saharan Africa³⁴ and a strong emphasis on Community Health Workers in the World Health Organization's Global Health Workforce Alliance.³⁵ Additionally, Community Health Worker groups are active in many states, pursuing recognition of their roles, certification, reimbursement through Affordable Care Act and other mechanisms, and promoting the field through continuing education. All of these raise the importance of clarity as to the proposed Institute's mission and niche.

Strengthening the proposal might include more specific consideration of the strengths of Allina Health and Abbott Northwestern Hospital *vis a vis* this terrain and articulation of a more specific mission and niche for the Institute. What are the already developed foci, concerns, networks, linkages, etc. of the hospital and Allina and how might they focus efforts on particular populations, areas of prevention and care, or provider groups for further program development and dissemination efforts?

2. Is the proposal sufficiently clear about the results and impact sought?

The report does not provide great detail regarding previous or planned evaluations.

- The statement on p. 47 that "Care Copilot has reached over 214,000 individuals and organizations through research publications, articles, exhibiting, presentations, website hits and partnerships solely in the last year" is very broad.
- The statement that 5,000 individuals have received Care Guide services is not well documented in the Report.
- The outcomes of the Care Guide applications to date do not appear to be documented. This includes the recent paper by Adair et al. which is cited but not described in much detail in the Report.

P. 47 projects the numbers to be reached as a proportion of the 133 million the CDC estimates to be living with chronic disease in the US. It says, "...the team estimates it has the potential engage one-tenth of 1% of that market through lay roles in year one and double each subsequent year for the first five years. With that, the Care Copilot Institute would reach 133,000 individuals in year one and expand our dissemination to over 4.2 million individuals by year five." While it is modest to project reaching 1/10 of 1%, the numbers are large and the documentation of how specific activities will yield this reach is not apparent.

In general, the progress report and projections do not provide tight arguments linking concrete evaluation results or documentation of accomplishments with proposed activities, proposed evaluations, and projected outcomes.

3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

The identities, roles and accomplishments of the current and proposed Institute staff were not detailed in the Report. Perhaps other documents provide these, but I do not believe I have seen them. It is difficult to appraise the readiness of the group to achieve the very ambitious tasks it has set for itself without more detail in these areas.

The Report does not detail how the Institute might take advantage of strategic strengths of Allina Health, other than brief mention of congruence of the Institute with the mission of Allina Health on p. 4.

As mentioned in response to question #1, there are a number of organizations active in the field. Their roles and how they provide a context for the proposed Institute or for Allina's role as hosting the Institute are not elaborated in the Report.

The one organization that is mentioned several times in some detail is the MacColl Center in Seattle headed by Ed Wagner and which is the organizational base for Wagner and colleagues' promotion of the highly influential Chronic Care Model. The Report includes plans to collaborate in gaining information about use of lay roles in a number of the clinical settings the MacColl Center is coordinating through the RWJF-sponsored LEAP program. Page 29 quotes a personal communication from the MacColl group this April, and outlines planned collaboration. It would be good to have more concrete indication of commitment to this plan.

4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?

These questions are difficult to answer. The Report names groups with which the Institute is currently collaborating and a larger number of organizations with which it might collaborate, but documentation is not extensive.

It is not clear why dissemination through Allina Health has not been a focus of a first phase. Perhaps this is included in the Report and I have missed it.

There is a large and growing body of information on lay roles in health care available to most health systems. I do not have documentation of this, but it increasingly is my experience that most health systems in the US already utilize some version of patient navigator, health coach, community health worker, etc.

As a result, the task is to help them expand, increase quality, make more scalable, etc. but they are unlikely to see themselves as needing the proposed Institute simply to "have a program."

The planned use of the IT platform as an incentive to offer potential members is attractive. Clearly, as proposed, systems interested in incorporating lay roles would find such a platform of value in coordinating and scaling programs to reach populations. However, the field is likely to grow crowded as the many developers of patient monitoring systems (e.g., those that link patients and providers with smart phone monitoring of individual data and provision of personalized feedback) are coming to see peer support as a natural extension of their work. Similarly, EHR providers are likely to expand the range of personnel their products encompass to include lay roles. The key role proposed for the technology platform and the plan to contract with an outside group for the IT capacity to develop that platform, raise concerns about "contracting out core business."

5. Is the business plan inherent in the proposal viable?

- Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?

The market for services does not appear to be assessed other than through the listing of potential sites and members and the projections of reach such as documented above based on 1/10 of 1% of the 133 million US citizens with chronic diseases.

There is broad interest in lay roles in health care and prevention, but "demand" is less clear. The "hook" of the IT platform may be effective, but see notes above on the crowding in that field and the capacity of the applicants.

- Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?

The report does not provide this evidence. The outcomes of the study by Adair et al. cited in the Report are impressive but not detailed in the Report. There is a growing body of literature documenting cost effectiveness of peer support, 9-14 but this is not detailed in the Report.

- Are the revenue projections realistic?

A major source of projected revenue is software, e.g., \$5.4 million by 2018-19. The rationale for this seemed to be confined to the brief discussion on p. 54. I am neither an accountant nor a "finance person," but found that discussion very difficult to follow.

- Can the Institute be self-sustaining after the initial grant support is over?

Given the concerns noted above, I have strong doubts that this is likely. But perhaps a somewhat more modest program of work focused on establishing Allina as the model for lay health roles in a comprehensive health system (see my comments at end, below) would be worthy of ongoing funding from the Foundation.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

As noted above, the IT development is attractive and smart in that there is likely to be demand for such resources. However, the capacity of the applicants to be successful in what is likely to be a crowded market is not clear. As noted above, the revenue projections do not, as far as I can tell, make a strong case for the revenue projected through the IT product.

What would be the advantage, instead of funding the IT, to develop the Institute as a *pro bono* entity and look to partner with an IT company. The IT company could provide in kind technical knowledge and the Institute provide in kind expertise in lay roles?

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

The detail provided by the budget is not clear to me. For example, it calls for \$250,000 in 2014-15 for platform development and also substantial sums for content management and customer relationships management. The overall costs may all be fine, but it would be good to have greater detail as to what specific expenses would be covered by which line items. Also, it would be good to know which of those IT-related line items were to be offset by projected revenues. This might be the case, for example, with the learning management system that starts at \$250,000 in 2014-15 and increases to \$304,000 in 2018-19.

Putting aside the IT platform and just in terms of the many activities and services proposed (pp. 37-42), the overall budget of about \$8 million for five years plus those web and related IT expenses to support those activities and networking is reasonable. It would be helpful to have greater articulation of the roles of the individuals and the activities/services proposed. The Budget Justification provides some of this, but greater alignment of staff roles with activities would be helpful.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

ACA and related developments make this definitely the right time for this kind of work. See, e.g., the attached Peers for Progress brief on "Opportunities for Peer Support in the Affordable Care Act" and http://peersforprogress.org/idea_exchange_category/affordable-care-act.

I think there is definitely a role for Allina, the Robina Foundation, and for something like the proposed Institute at this time.

At the same time, the speed of developments in the area, the broad interests in the US driven by ACA, and the many players already in the field make it important to think clearly about strengths to be brought to the area and the specific niche to be filled.

9. What additional advice or comments would you give to the Robina Foundation?

Relative to current activities, accomplishments, and budget, this proposal is extremely ambitious. Might a more doable proposal for a still ambitious set of activities be to establish Allina as *the model for lay roles in a comprehensive health system*. This would enable those involved in the Institute to focus on dissemination within their own system, develop systems for fulfilling ACA opportunities for funding of community health worker and other lay roles, take advantage of the strong internal base from the work of Dr. Adair and others, etc. It could also include selected collaborations such as that proposed with the MacColl Center, Ed Wagner and colleagues. It could include selected nationally visible activities such as a yearly conference on a key issue in the field (e.g., lay roles and behavioral health in chronic disease), bringing together lay health workers, clinicians, and managers from Allina with invited national experts and generating a timely report. It surely would include an outward facing website, sharing the tools and lessons learned within Allina with health systems nationally and globally. It would create an organizational node for opportunistic endeavors, e.g., PCORI grants or exploring the IT platform without making that an essential component of the program and its financial model. It would reduce the demand for broad dissemination to health care organizations widely dispersed across the US and internationally. It would take full advantage of a great strength, the strong institutional commitment of Allina to making the activities a success. (Based on experience trying to gain vigorous commitment from system leaders, I can assure you that this is a great strength.) It would have as its objective making Allina the model of lay roles in a comprehensive system, in the ways in which Geisinger, Kaiser, Group Health, and other leaders have gained prominence in other areas.

References

1. Swider SM. Outcome effectiveness of community health workers: an integrative literature review. *Public Health Nurs.* 2002;19:11-20.
2. Viswanathan M, Kraschnewski JL, Nishikawa B, et al. Outcomes and costs of community health worker interventions: a systematic review. *Med Care.* Sep 2010;48(9):792-808.
3. Gibbons MC, Tyus NC. Systematic review of U.S.-based randomized controlled trials using community health workers. *Prog Community Health Partnersh.* Winter 2007;1(4):371-381.
4. Perry HB, Zulliger R, Rogers MM. Community health workers in low-, middle-, and high-income countries: an overview of their history, recent evolution, and current effectiveness. *Annu Rev Public Health.* 2014;35:399-421.
5. Hunt CW, Grant JS, Appel SJ. An integrative review of community health advisors in type 2 diabetes. *J Community Health.* Oct 2011;36(5):883-893.
6. Brownstein JN, Chowdhury FM, Norris SL, Horsley T, Jack L. Effectiveness of community health workers in the care of people with hypertension. *American journal of preventive medicine.* 2007;32(5):435-447.
7. Heisler M, Vijan S, Makki F, Piette JD. Diabetes control with reciprocal peer support versus nurse care management: a randomized trial. *Annals of Internal Medicine.* 2010;153(8):507-515.
8. Fisher EB, Boothroyd RI, Coufal MM, et al. Peer support for self-management of diabetes improved outcomes in international settings. *Health Aff (Millwood).* Jan 2012;31(1):130-139.
9. Whitley EM, Everhart RM, Wright RA. Measuring return on investment of outreach by community health workers. *J Health Care Poor Underserved.* Feb 2006;17(1 Suppl):6-15.
10. Brownson CA, Hoerger TJ, Fisher EB, Kilpatrick KE. Cost-effectiveness of Diabetes Self-management Programs in Community Primary Care Settings. *The Diabetes Educator.* Jul 21 2009;35(5):761-769.
11. Sledge WH, Lawless M, Sells D, Wieland M, O'Connell MJ, Davidson L. Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatr Serv.* May 2011;62(5):541-544.
12. Margellos-Anast H, Gutierrez MA, Whitman S. Improving asthma management among African-American children via a community health worker model: findings from a Chicago-based pilot intervention. *J Asthma.* May 2012;49(4):380-389.
13. Brown HS, 3rd, Wilson KJ, Pagan JA, et al. Cost-effectiveness analysis of a community health worker intervention for low-income Hispanic adults with diabetes. *Prev Chronic Dis.* 2012;9:E140.
14. Fisher EB, Coufal MM, Parada H, et al. Peer Support in Health Care and Prevention: Cultural, Organizational and Dissemination Issues. In: Fielding J, Brownson RC, Green L, eds. *Annual Review of Public Health.* Vol 35. Palo Alto: Annual Reviews; 2014:363-383.

15. Moskowitz D, Thom DH, Hessler D, Ghorob A, Bodenheimer T. Peer coaching to improve diabetes self-management: which patients benefit most? *J Gen Intern Med.* Jul 2013;28(7):938-942.
16. Piette JD, Resnicow K, Choi H, Heisler M. A diabetes peer support intervention that improved glycemic control: mediators and moderators of intervention effectiveness. *Chronic Illn.* Dec 2013;9(4):258-267.
17. Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health.* Aug 2011;20(4):392-411.
18. Pfeiffer PN, Heisler M, Piette JD, Rogers MA, Valenstein M. Efficacy of peer support interventions for depression: a meta-analysis. *General hospital psychiatry.* Jan-Feb 2011;33(1):29-36.
19. Patel V, Weiss HA, Chowdhary N, et al. Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *Br J Psychiatry.* Dec 2011;199(6):459-466.
20. Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet.* 2008;372(9642):902-909.
21. Chan JC, Sui Y, Oldenburg B, et al. Effects of telephone-based peer support in patients with type 2 diabetes mellitus receiving integrated care: a randomized clinical trial. *JAMA internal medicine.* Jun 1 2014;174(6):972-981.
22. Forchuk C, Martin ML, Chan YL, Jensen E. Therapeutic relationships: from psychiatric hospital to community. *J Psychiatr Ment Health Nurs.* Oct 2005;12(5):556-564.

Andrea Kabcenell, RN, MPH

Andrea Kabcenell, RN, MPH, is Vice President at the Institute for Healthcare Improvement. There she serves as a core member of the IHI's Innovation group and leads multiple improvement initiatives, including those in care for older adults, successful innovation, and leadership in health care. In her 19 years with IHI, Ms Kabcenell has helped to develop knowledge and foster action on numerous topics, including Pursuing Perfection in health care, chronic illness and end-of-life care, and collaborative improvement methods. Prior to work with IHI, Ms. Kabcenell was a Senior Research Associate at Cornell University's Department of Policy, Analysis, and Management, and served as a Senior Program Officer at The Robert Wood Johnson Foundation.

THE ROBINA FOUNDATION
Kabcenell: Review of Proposal for Care COPILOT Institute

This proposal from Allina to create a Care COPILOT Institute comes at an important time. The Institute is designed to advance the employment of lay workers in pursuit of better health and better health care. The approaches proposed are many: discovering and harvesting ways to use lay workers; research and analysis of the impact of lay workers on important outcomes; providing tools to aid the lay workers and their employers; specifically building and selling use of a IT solution to guide lay workers' practice as well as to document patient and service information for management and for research purposes; coaching specific organizations on integrating lay workers into practice; disseminating lessons from research and demonstrations; creating a virtual gathering place for sharing information; consolidating support for use of lay workers among key stakeholders; and inform important policy discussions. The Institute will fill a gap in leadership for this very promising approach at a time when leadership is needed. The business plan for the Institute is to offer a mixture of free services and membership, and balance that with sales of access to a technological support for lay workers and consulting services. The aim is financial independence from the Robina Foundation funding in four years.

Due to the length and expansiveness of this proposal, I will use the framing questions as a structure for comments and ideas.

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

Strengths:

The proposal covers many of the avenues for developing the lay worker practice. It is based on sound planning and thoughtful intelligence. The authors clearly are expert in this part of the field.

It is notable that the authors are responding to a real need in the environment, created by political changes, financing changes and delivery system issues. They recognize that the timing is right to move forward, and that the unchanged payment structure will continue to make employment of lay workers difficult. Through research and market research, they are making well-informed recommendations. Moreover, the proposal describes the current trends and activities, like the Patient Centered Medical Home and the use of EHRs, with which the Institute efforts must be aligned. Clear recognition of the need for partners and an inclusiveness of other types of lay workers, like promotoras and navigators, are a strength.

From a practical perspective, the proposed Institute is well-staffed. The authors recognize the business issues well, and suggest using all kinds of support. Also impressive is the understanding of iterative cycles of testing approaches and learning along the way what will be needed, and updating the designs and plans accordingly.

21 July 2014

The approach to analysis, data sharing, and even development of different features of the technology are good examples of the "learn as you go" approach.

Barriers:

→ * The barriers to the success of this effort are few but important. They fit into two categories: Lack of demand and need for credibility and leverage. As noted in the proposal, most of the health care organizations are still relying on business models that survive on volume. Most health care delivery systems have less than 60% of their business on a risk basis, and many still have none at all. The pressures of value-based purchasing are still a distant concern for the majority. Of course, the upper Midwest is an exception. It is too early for most health care providers in the US to make the leap. So demand will be low for several years to come. The second issue is that the field of lay workers is crowded and others have been in the business longer than the leaders in the Institute. That they have good research behind them is helpful, but not enough to make an easy step to national leadership. Lay care guides are one of many types of lay workers. The authors will have some challenges finding the spot that consolidates the interests of the vast array of workers, and yet this will be essential.

Strengthening the Proposal:

To raise the chances for success, there are many things that can be done, but a few stand out. First, the business case for Care Guides has to be clear. The spending projections and cost analysis, once completed, will be key to clarifying the motivation for adopting care guides. Second, a wider array of lay workers should be considered for inclusion, including doulas, faith-based workers, and even models from other countries. Understanding what these workers have in common and using their success stories will gather more support for the Institute and the efforts to spread the use of lay workers. Many other countries have been using lay workers to good effect for decades, and there is a lot to learn about successes and failures. Finally, the network model proposed is limited in connections and potential for success. It matches models that have been tried and failed repeatedly, including some that IHI has used. Some rethinking and retooling would raise the likelihood of a growing and sustainable network.

2. Is the proposal sufficiently clear about the results and impact sought?

The proposal focuses on measures of connection and engagement: the number of organizations engaged, care guide programs developed, and patients served, along with social media contacts. Missing for me are the impacts on outcomes and return on investment. Even a "back of the envelope" estimate, with all its limitations, would be reassuring.

3. What in your view do the leaders of the Care COPILLOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

The leaders of the CCI have passion, know-how and research credibility. They have immersed themselves in this field and can be seen as experts. Because of Allina's long

21 July 2014

history, they are probably among just a handful of organizations in the US who could lead this work. I do not know of other not-for-profit organizations that are seeking to do the same for this scope of work, but I admit that this is not my field of expertise. Given the wide range of lay worker types, I am concerned that the leaders of the CCI will have enough expertise and political clout on their own to be seen as leaders. That is why it is good that they are seeking partners. The nature of the partnership will be important. I believe that the MacColl Institute does have that type of leverage, and I would be even more optimistic if the proposal had included a letter or other direct evidence of a strong partnership with MacColl.

4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?

I think the potential is there with some adjustments to the plan. I had an opportunity to study networks and design a similar type of effort for RWJF. We learned the dos and don'ts of building a network, relying heavily on lessons from successful networks and researchers like Peter Gloor and Rob Cross. Here is the essence:

- Start with the "cool kids." These are the doers with real life successes, and not just the talkers.
- Support the connections they already have and help them promote the network.
- Build on the values and passion of the participants
- Build only the technology that they really want, not what you think they need.

With this in mind, here are a few ideas. A guiding coalition and the partners must be put together with an eye to attractors. The "cool kids" in the field should be at the table. The Institute must be seen as "the place" for everyone, and not just the research community and academics. Have the guiding coalition co-design the membership arrangements and technology for support. This is just an extension of what is already planned. A membership organization may work with various levels of engagement. None should be free. Every participant should put in something, whether it is a nominal fee or a commitment to work on behalf of the network. Work might be sponsoring or facilitating chats, promotion or presentation at local or regional meeting, interviewing and creating stories to share, etc. If the network cannot be self-sustaining after four to six years, it probably has not found a viable niche.

5. Is the business plan inherent in the proposal viable?

Overall, there is some uncertainty about the business prospects for this effort, but that does not mean it should not be tried.

- Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?

The authors have probably over-estimated the market for their services in the near term. A good business case, examples of success, and continued focus on value based purchasing in the US will potentially draw a growing audience.

- Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?

It does not yet do so. I would expect the cost analysis to be completed before any larger grant is given. Perhaps another developmental year is needed?

- Are the revenue projections realistic?

They are probably higher than is likely in the first two to three years. A longer time horizon might be needed.

- Can the Institute be self-sustaining after the initial grant support is over?

Based on my experience, I would be surprised if this was the case. I suspect that the health care payment environment will not move that fast. This is not a stopper for the project, however. A more gradual timeline with milestones along the way that would allow decisions based on experience would be safer, and more practical.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

If the customers say that the technology is essential, I believe them, but it would have to be a thoughtful argument. I can see how the platform for guiding the lay workers would be valuable, if designed based on experience. I do not see health care organizations clamoring for the platform if they have something else that will work well enough. Again, a gradual build based on the needs of the lay worker and the organizations they serve will lower the risk of this investment. It will also allow the CCI to build based on real-time conditions, and prevent the immediate obsolescence that can plague these types of IT solutions.

I would not rely solely on the IT platform for the CCI. That is why some revenue from the membership organization and network would be desirable. Other revenues could keep the network together whether or not the IT solution sells. One can always back off on fees for a service, but it is difficult to offer a free service and then ask customers for a fee later.

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

* | I am unclear about what the venture capitalist will actually support and how reliable those funds would be. The assumption that this effort could capture 1% of the market seems unrealistic, or at least hard to substantiate. If the partnerships and a guiding coalition could be expanded to be "irresistible," I would be less concerned about the finances. Also, if the partners were also contributing resources, much like with ICSI, the finances would seem more secure. Be wary of the technology leading the endeavor. It could be like the tail wagging the dog.

If the cost analysis was favorable to this approach, and the Institute could become "the place to be" much like other foundation funded national program offices, then the return on investment would be solid. The benefits to patients and communities and the learning for health care organizations would be impressive.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

Implementing the ACA is a long process. If it succeeds and does not wither away like the HMO movement of the '80s, it will drive the need for lay workers and make the Institute an excellent idea. I might say that it is a bit early for a full-court press on the Institute, but not too early to get started.

9. What additional advice or comments would you give to the Robina Foundation?

As you can tell, I am impressed with the lay worker models and eager to learn more about the finances and impacts. In total, I suggest that you proceed but go slowly to develop the evidence and social foundation for dissemination and scale-up of this approach. There will be time to understand what approaches will be viable and design the Institute to deliver them.

Thank you for the opportunity to review the proposal. I am glad to answer any questions you or the applicants may have.

Frederick W. Miller

Fred Miller serves as a strategic advisor to GHR Foundation. In this role, he leads strategic planning for the Foundation and manages its Health Program, which focuses on curbing the impact of Alzheimer's disease by investing in prevention research and therapies.

Mr. Miller is a Director Emeritus of McKinsey & Company having served the company for more than 27 years. He launched McKinsey's Minneapolis office and spent the past decade as a leader in the firm's healthcare practice where he helped guide business strategy, new product development and commercial operations for Fortune 500 healthcare companies. Mr. Miller has a wealth of experience leading corporate strategies with a focus on growth and innovation.

Mr. Miller earned his Master of Business Administration degree at the University of Chicago where he was a Kemper Fellow. Mr. Miller received his bachelor's degree in mathematics and economics summa cum laude from DePauw University where he was a National Merit Scholar.

To: Penny Hunt
From: Fred Miller
Date: July 27, 2014
Subject: Proposal Review

Thank you for the opportunity to review the proposal from Abbott Northwestern to the Robina Foundation. I reviewed the proposal as a Director Emeritus from McKinsey & Company who is currently serving as a strategic advisor to GHR Foundation.

Executive Summary

Both Abbott-Northwestern and Robina Foundation should be commended for venturing into a new approach to managing chronic disease. The Care Guide program represents a promising innovation. The idea of embedding lay healthcare workers into the healthcare delivery team has the potential to improve quality of care at reasonable cost. However, I am concerned that the plan to build an Institute may be overly aggressive given the state of the market. I also question whether building this new organization is the best use of Robina's philanthropic funding. Finally, I will offer some suggestions for next steps. The remainder of this review will be structured around the following 4 topics.

1. Care Guide is a promising innovation
2. Scale-up plan seems overly ambitious
3. CCI may not be a good fit for Robina
4. Suggested next steps

1. Care Guide is a Promising Innovation

Chronic disease management is a lucrative target of opportunity for many healthcare organizations. Belief in the opportunity is based on an underlying premise that investing in more active management of individual patients could simultaneously achieve better outcomes and lower total system costs. Health insurers have often taken the lead in experimenting with novel approaches. From these experiments, disease management has proven to be beneficial in disease states that require intensive management, e.g., diabetes and hypertension.

Care Guide represents a meaningful improvement on the typical disease management model. The improvement comes from 2 primary advancements: (1) embedding the disease management into the primary care team; and (2) performing the work with lay personnel. These innovations are significant because they could lead to better outcomes and lower costs than the traditional disease management model.

The initial tests generated positive results at Abbott-Northwestern. Both the pilot study and the clinical trial generated favorable health outcomes and improvements in patient satisfaction. The results are consistent with the experience of health insurers in these disease states, but also represent possible improvements in both cost and quality.

For the innovation to be truly valuable, there needs to be some way for implementing organizations to benefit. Disease management has traditionally been less attractive for provider systems because it involves extra costs with no offsetting gain in revenue. In fact, the revenue effects for the provider system could also be negative. Here are 3 possibilities for how that could change:

1. Reimbursement coverage. Most provider systems do not perform disease management services because the costs are typically not reimbursed. If a compelling case could be made to change reimbursement policy, then disease management would be quickly adopted.
2. Market share gains. In some cases, provider systems may be willing to invest in ways to improve the quality of care and/or patient satisfaction as a way to gain market share, even if those activities are not reimbursed.
3. Accountable Care Organizations. The Affordable Care Act has created a set of pilots for Accountable Care Organizations where the hospital system receives a fixed payment for a set of individuals. This new payment regime creates incentives for hospital systems to innovate in finding ways to lower the overall cost of care.

All in all, the Care Guide program appears to be a promising innovation. At a minimum, the Care Guide program can help Abbott-Northwestern improve the quality of care, gain market share and adapt to the emerging healthcare landscape. Depending on how the payment coverage evolves, Care Guide could well become a new standard across the industry.

2. Scale-up plan seems overly ambitious

With a promising innovation such as Care Guide, there is an important strategic decision to be made about how to share the innovation. The innovator can (a) keep it proprietary to gain competitive position, (b) share the results with the field, or (c) turn it into a new business. So far, the Care Copilot team has opted for strategy b. The new proposal represents an attempt to switch to strategy c and build a new business.

The Care Copilot team has benefited from the opportunity to survey the market and talk to a number of prospective clients. These discussions have clarified the fragmented state of the market. In the absence of reimbursement for disease management, few organizations are interested in directly implementing Care Guide for disease management. The interested organizations appear to be doing so for a variety of reasons—help with implementing federal and state guidelines (EMR, Patient-centered Medical Home, etc.), improving customer satisfaction, or solving other problems such as excessive ER usage. There could be interest among ACO pilot organizations.

The current strategy envisions broadening the Care Guide approach to cover more situations involving lay personnel. I am concerned that broadening the strategy beyond what was implemented in the Abbott Northwestern pilot adds risk and deviates from the fundamental mission.

In particular, the strategy calls for heavy investment in a systems-intensive approach. There is a big open question about whether it is possible to define a common set of software that meets all the needs of the new strategy. The broader the strategy, the more complex and expensive the new software becomes. In addition, it could be risky to build a system when the market needs are so uncertain.

In a new business situation, it is important for entrepreneurs to listen to the market and adjust their business plan accordingly. The Care Copilot team is to be commended for doing exactly that. However, the broad strategy seems to be dependent on philanthropic

support. I would encourage the Care Copilot team to consider a more incremental strategy that builds gradually as the market needs become clearer and is less dependent on philanthropic support.

3. CCI may not be a good fit for Robina

Despite the embryonic state of the market and the strategic questions, it is quite possible that the Care Copilot Institute could be successful. There are likely to be many market opportunities involved in the conversion to a prevention-oriented, primary care-focused healthcare system. With a dedicated entrepreneurial team, Care Copilot could find its niche.

However, as a philanthropist, I question whether funding the Care Copilot Institute is the best use of Robina's resources. My understanding is the Robina's primary mission is to advance the causes of its four beneficiary organizations. Developing and implementing Care Guide squarely fits this mission. Sharing the knowledge from Care Guide to help shape the field also fits the mission. Funding systems development and consulting for the Institute is much less of a fit.

Even if the business is successful, the Care Copilot Institute is not likely to become a core part of Abbott-Northwestern or Allina. The business will likely be small and in an area outside the core interests of the institution. Brand halo effects will probably be modest, and influenced mostly by the success or failure of the institute. It would be possible to achieve most of the brand halo effects by simply sharing knowledge rather than building a business.

For Robina Foundation, there should be plenty of other opportunities to support the work of Abbott Northwestern in areas that are more directly aligned with its core mission.

4. Suggested next steps

For Robina Foundation, I would suggest 3 broad next steps.

- 4.1 Confirm the conclusions in this review. To that end, I have attached a series of questions that may help guide the discussion.
- 4.2 Explore a more measured approach to implementing the disease management concept. That could entail philanthropic funding for:
 - a. internal implementation across diseases
 - b. further study of total cost and quality effects
 - c. support for reimbursement coverage
 - d. external speaking and publications.
- 4.3 Conduct a dialog with Abbott-Northwestern to assess the importance of this initiative to the institution and identify other initiatives that could be higher priority.

I hope this review has been helpful. Please feel free to contact me if there are any questions.

Follow-up Questions.

- What is the current status of disease management across the field?
- What results have been achieved by the implementation at Abbott Northwestern?
- Is Allina an Accountable Care Organization pilot?
- What would be required to gain reimbursement coverage for disease management?
- What market segments will be targeted by the Care Copilot Institute?
- How feasible is it to design a system for all market segments?
- How could the institute be built with a more incremental strategy that is not so dependent on philanthropic funding?

Edward H. Wagner, M.D., M.P.H., M.A.C.P.

Dr. Wagner is a general internist/epidemiologist and Director Emeritus of the MacColl Center for Health Care Innovation at the Group Health Research Institute. He and his MacColl Institute colleagues developed the Chronic Care Model (CCM), an integral part of the Patient-centered Medical Home Model (PCMH), and are involved in multiple efforts to use these models to improve ambulatory care nationally and internationally. He has written two books and over 300 peer-reviewed publications. Current research interests include the development and testing of population-based care models for chronic illnesses including cancer; the evaluation of the health and cost impacts of chronic disease and cancer interventions; and interventions to improve the coordination of care. He is an elected member of the Institute of Medicine of the National Academies, and was the recipient of the 2007 NCQA Health Quality Award, the 2007 Picker Institute Award for Excellence in Patient-centered Care, and the 2011 William B. Graham Prize for Health Services Research.

THE ROBINA FOUNDATION

Review of Proposal for Care COPILOT Institute—Ed Wagner

The Robina Foundation strives to provide funding for programs that have significant impact on important issues. With that in mind, briefly comment on the importance of the Care COPILOT Institute project. In doing so, we would appreciate your input on the following questions:

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

The major strengths of the proposed program are threefold. First, the topic is of major practice and policy relevance. The program is based on an intervention that meets major health care needs at low cost, and is backed by rigorous evidence. Two, the Allina group has energy and commitment; the strong support of their home organization, and a relationship with the highly effective ICSI. The relationship of the Institute to the Care Co-Pilot Initiative is a strength and yet a possible liability. The potential downside is that the Care Co-Pilot Intervention is only one of several interesting lay roles in ambulatory care, some of which also are supported by evidence (e.g., community health workers, promotoras, peer mentors, patient navigators, etc.). Unless the Institute can convince the field that it has expertise and helpful resources and support for a broader range of lay roles, I think its impacts will be limited. Much of the experimentation and use of lay roles in American health care has taken place in safety net settings. The Allina team should rapidly identify potential partners and even staff from the safety net practice community.

Another potential barrier to success is the absence of a conceptual framework that could help interested parties better understand the opportunities and limits in using trained lay-persons in the delivery of care. The proposal describes CARE CO-Pilot as a model. In their proposed discovery work, they will search for other "models", and disseminate them. In my view, they will find considerable functional overlap among these "models". Smart practice organizations may well prefer to develop their own lay roles based on which key functions are most urgently needed by their clientele, rather than replicate a specific model. It may ultimately be much more helpful to dissect each "model" including Care Co-Pilot in order to identify the key functions that are being provided—e.g., self-management counseling, patient monitoring, care coordination, linkage with community resources. A comprehensive conceptual framework would help clarify the scope of the Institute's focus, and the specific competencies and activities that enable trained laypersons to improve the effectiveness and efficiency of health care.

2. Is the proposal sufficiently clear about the results and impact sought?

The proposal ambitiously seeks to create an Institute that becomes "the preeminent source of knowledge for lay roles in health care delivery" and "to improve the quality and value of care for 260,000 patients across the country." That's pretty clear. It is somewhat less clear how and whether the proposed plan will enable them to reach those goals.

3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

As mentioned above, the strengths of the Allina team are its energy, commitment, and, most of all, the experience and luster of the randomized trial. The Allina organization's respected commitment to the public good hopefully will help distinguish this activity from the myriad commercial ventures being spun off by health care organizations looking for additional revenue. I am not aware of any organization focusing comprehensively on lay roles in health care delivery other than the LEAP project. There are federal and other organizations that are providing advocacy, training, and other support for specific roles such as community health worker or cancer patient navigator.

4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?

The focus on membership seems to assume that organizations will want or need an ongoing relationship with the Institute to get what they need. I'm not convinced that this is the case. It seems more likely that organizations will have time-limited needs—they want new lay workers trained, or they want support for a 12 month learning community. The proposal in my opinion does not make a convincing case for starting as free-membership based other than as building a structure for collecting dues in the future. The proposal is also not clear as to what information and resources would be available only to members. The ultimate success of the Institute will depend on its ability to:

- a. Build interest in layperson roles, among individuals and organizations with influence on primary care, especially in the commercial sector, and
- b. Demonstrate that it can be helpful to organizations wanting to employ laypersons.

To meet these goals, it seems to me that the Institute should try to get their message and resources in front of as many people and organizations as possible. I'm having trouble seeing how membership helps meet these goals.

5. Is the business plan inherent in the proposal viable?

- Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?

Lay roles are very familiar to safety net practices, but not so with private practices. Initial Institute activities must address this. Early activities should focus on building understanding and interest in the private practice community by writing papers, giving presentations, building a useful website, and working with as many learning communities and organizations interested in these roles as possible. It won't be the IT that will convince organizations to move in this direction.

- Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?

There are many reasons to consider adopting these roles even if they don't save a nickel, so I would hope that cost reduction isn't the only argument made. Lay roles often fill gaps in services that are not provided by usual medical care, so that patients receive more attention, support and help. Lay roles give patients another, more approachable source of information to help them understand and participate in their health care. Lay roles help providers better understand and respond to patient needs. I could go on.

But I do believe that some lay roles have the potential to reduce costs by reducing hospitalizations or ED visits, or by providing services that are often given by expensive professionals. But it's going to take more research, not more rhetoric, to convince our increasingly cynical medical community that a good idea really will save money.

- Are the revenue projections realistic?

Probably not.

- Can the Institute be self-sustaining after the initial grant support is over?

Organizations with a similar agenda that I know of sustain themselves through diversified revenue streams. They will continue to apply for grants for new, related projects. They will provide consultation services by contract. They will offer trainings. A useful model is the successful University of Washington's AIMS Center: Advancing Integrated Mental Health Solutions. They don't count on a single product, even though they have developed a useful IT program.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

I think that the emphasis on technology development is excessive. Even if it were only supporting the dissemination of Care Co-pilot, I think that consultation and training will be more in demand and profitable than IT. I'm surprised that the proposal doesn't give more attention to training.

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

I think that their proposed grant program could be an excellent use of funds. Providing grants to diverse organizations that can help spread the message and contribute needed data could help meet important early needs. The personnel budget includes a lot of money devoted to marketing, sales, etc. In the early years, much of that money might be better spent supporting Institute "faculty", who can help build the Institute's reputation in the field. These can be part-time contributions by academics, ICSI staff, or respected folks from the practice community. As the Institute becomes established, and its product line clarified, then spend more on marketing and sales.

I believe that with the right people, a more comprehensive agenda than just Care Co-pilot, and consultation with other organizations working on primary care transformation such as the UW AIMS Center, this could be a wise investment by the Robina Foundation.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

The emphasis on primary care and the expansion of coverage to lower income Americans should increase interest in innovations such as lay health workers. There are primary care transformation activities going on in the majority of states across the country. It is a good time for innovations of this sort.

9. What additional advice or comments would you give to the Robina Foundation?

WAGNER'S FOLLOW-UP TO ALLINA VISIT

From: "Wagner, Ed" <wagner.e@ghc.org>
Subject: RE: Robina Foundation Request
Date: July 22, 2014 at 7:15:07 PM CDT
To: "Penny Hunt" <pennhunt@gmail.com>

Dear Ms. Hunt,

The Allina Care COPILOT team came to visit us in Seattle today to talk about our mutual interests in layperson roles. They explained their plans for the Institute, and answered questions about them. The discussion helped me better understand certain aspects of their proposal. Since we are talking about working with the Care COPILOT Institute, I am not an unbiased observer. And, unlike other reviewers, I've had an opportunity to clarify aspects of their proposal. However, the additional information obtained has alleviated two major concerns that I expressed in my submitted review, and I wanted to share my altered views with you.

Specifically, I now understand better two areas that concerned me in my review of the written proposal.

1. I expressed concern about their membership model, and the possibility that it might limit their ability or motivation to reach a larger audience. They explained that they see membership not as revenue generating, but as a mechanism for engaging interested organizations in a network that would encourage interaction and deeper involvement in lay roles. They understand the importance of reaching beyond members.
2. They explained their interest in technology more crisply than what appeared in the proposal. They see the technology primarily as a tool to enhance the relationship and communication between the care guide and their patients. It offers new opportunities for care guides to communicate securely with patients in different ways, remind them, collect clinical or other information, as well as share relevant data with the EMR. This could be a major enhancement to the Care Guide's work with patients and may actually allow guides to care for more patients. There are still major questions in my mind about the feasibility of building reliable software that can do all they hope it will do, and whether organizations will buy it. But, the rationale for the IT is clearer and more convincing than I indicated in my written review.

I would understand if you decided not to include this new information in your deliberations. Thank you.

Ed Wagner

STEVE SCHROEDER'S SUMMARY OF THE REVIEWS

Care Co-Pilot Reviews:

July 28, 2014

I. Ed Wagner

A. Strengths:

- Relevance of topic
- Commitment of Allina

B. Limitations:

- No explicit link to safety net institutions
- No conceptual framework; overlap with other similar models

C. Business plan

- Issue of membership problematic, though this *was clarified during a visit with Wagner that it will be a connecting process rather than a revenue-generator*
- Better fit with safety net institutions
- • Revenue projections overly optimistic; need to diversify the revenue stream

D. IT component

- Seems excessive
- Better to focus more on consultation and training
- *Subsequent visit emphasized that the software would help connect guides, providers, and patients*

E. Grants program makes a lot of sense and would help to grow the movement

II. Eric Coleman

A. Proposal visionary, on target, ahead of its time

B. Major reservations re the IT component

- IT development a risky proposition
- IT space crowded and doesn't necessarily play to Allina's strengths
- Might instead want to consult with existing IT vendor(s)

C. Need to market product and concept to potential user community

- Clarify who are potential adopters and how to market the concept
- Validate utility re feedback, forums, etc.
- Get feedback re pricing
- Potential competitive model that uses care guides on the cheap or for free

D. Business plan

- • Doubt that it can be self-sustaining
- Technology component too costly and handicaps likelihood of breaking even

E. Summary: "To restate, this is a high-risk project with a potentially high-payoff. To mitigate risk, consider de-coupling or reconfiguring the technology elements from the national institute role".

III. Edwin Fisher (Note that he raises potential conflict of interest because he is involved with a similar program under development at American Academy of Family Practice)

A. Strengths:

- Validity of the concept
- Not locked into a rigid formula, but promoting the general adoption of this new role

B. Barriers

- Crowded field
- Need for Allina/Abbot to find its special niche

C. Business model

- A number of requests for more specificity ,including with budgetary items
- - Revenue estimates seem unduly optimistic
- Doubt that the Institute can be self-sustaining
- IT important, but a crowded field
- Why not link with an existing IT company?

(7) (D. Final recommendation: consider developing the concept within Allina, so that it can emerge as an outstanding model for the field.

IV. Jim B-Reay

A. Overall sense: blurred line between statement of the potential benefits of the lay role in health care and the actual work of the Institute in delivering value, with a cost per member

B. Business plan

-
- Price may not be competitive
 - May need tiered membership, depending on size and interest in Institute's products
 - Clarify value proposition of the Institute
 - Specify FTEs in the budget (e.g., 0.5)
 - Costs of building IT structure seem reasonable
 - Partnership with vendor might be fragile/unstable because the field is in flux and the program would supply insufficient revenue to sustain interest)
 - Staffing disjunction: staff focus on administration , sales, and marketing, but the core value will be in the technology platform to enable workflows, both of which are outsourced

C. In order to be a market leader, will need thought leadership, best practices development, and usable technology

D. Summary:

- Great need for an entity that can provide "bootstrap" services for organizations
- But unclear how CCI will do this.

V. Andrea Kabcenell

A. General support for the plan and its timing. Allina uniquely positioned among non-profit organizations to do this work

B. Barriers

- • Lack of demand for the Institute's services and products, because most revenue still volume-based.
- Need for credibility and leverage. How to stand out in a crowded field?

C. How strengthen the proposal?

- Clarify the business case
- Consider wider array of lay workers
- Network model is limited in connections and potential. It should be broadened and modified
- Clarify impact on outcomes (the ROI for this product)
- In order to increase organizational clout, should seek partners such as MacColl. (*But note that Eric Coleman feels Wagner and MacColl exaggerate their own impact*)
- Some specific ideas about how to grow the network

D. Business plan

- • Probably overstates demand and revenue
- Unclear about ROI estimates
- Doubt can become fully self-sustaining

E. Summary recommendations: proceed but slowly.

- Develop the evidence and social foundation for dissemination
- Scale-up the approach

VI. Fred Miller

A. Care Guide is a promising innovation that could at the least benefit Allina

B. But, scaling it up seems overly ambitious

1. Market conditions still evolving
2. Trying to devise new software at this time is neither feasible nor reasonable. "The broader the strategy, the more complex and expensive the new software becomes. In addition, it could be risky to build a system when the market needs are so uncertain."
3. Build more incrementally and thus be less dependent on philanthropic support

C. CCI may be outside the interests of Robina, because it should focus more on the four beneficiaries. (*Editor's note from SAS: Here I think that Miller misses the urge for our grants to be transformative not only for the institution but for the field. Our endowment of the Yale School of Drama program doesn't so much change Yale as it changes American theater*).

Schroeder summary:

1. Very ambitious project, building off the first Abbott grant. Substantial risk of underachievement, but some potential for helping to transform medical care.
2. The reviewers offer a lot of wisdom, and make some common points, especially about the IT component.
3. No reviewer raised the issue of who at Allina will be driving this effort. If Kim Radel, is she the right person?
4. Will be very interesting to see the Allina response to the reviewers.
5. At this point I would favor going forward, but slower, with a shorter phase I grant that will give them time to get a better lay of the land. Will also be very interested in the response of other Robina board members.

Response to Reviewer feedback on the Care Copilot Institute Proposal

The Care Copilot Institute (CCI) appreciates the opportunity to submit our proposal and to respond to the Board's and reviewers' comments and questions. The following document will briefly respond to the most pressing questions and concerns. We look forward to the face to face meeting with the Board on August twelfth to continue the discussion.

There were a number of positive and supportive comments relayed through the set of reviews. Overall, the reviewers collectively supported the idea of developing an organization focused on lay healthcare workers as the care delivery landscape has and will continue to change. With this, there were three strong themes that emerged:

1. **The focus is right.** Reviewers reiterated the belief that lay healthcare workers offer an opportunity to improve quality of care and patient experience at a low cost. There is no other organization supporting all types of lay healthcare workers. We can garner more support for these roles by being the convener and collector of knowledge in the field and strengthening the case for these roles in healthcare delivery.
2. **The need exists.** In the current resource constrained environment, without the specialized expertise that the Institute will build, it will be difficult for organizations to make effective changes. Reviewers noted that there is limited support for the adoption and evaluation of these roles in care delivery organizations. The Institute fills this gap. The Institute supports organizations, big and small, through the three-pronged approach of Discover, Translate and Implement as described in our full proposal.
3. **The timing is right.** While some reviewers cautioned that this work is on the front-end of change in healthcare, other reviewers stated that the proposal is particularly well timed. The Institute is aware that the lay healthcare worker field is in its early stages and firmly believes that because of that, the timing is right. The Institute has the opportunity to shape and influence the direction of the field through policy, continued research, and application into practice.

2. After careful consideration of the reviewers' comments, they highlight concerns in two areas, technology and membership, which are tantamount to questioning the proposed business model. We are not surprised by reviewers' questions about the best path to a financially self-sustainable institute. This is a new concept and with it comes uncertainty regarding the rate of membership growth, how quickly healthcare providers will adopt the models and other externalities, such as the transfer of financial risk to provider organizations, that will affect the requirement to provide better, more efficient care. As we progress into the next phase as an institute focused on more than just the Care Guide model, we will be attentive and responsive to market needs and expert opinion. Our strategic approach to ensure that the Institute is positioned to succeed includes:

- **Listen.** We will continue to listen to the needs of current and prospective customers.
- **Seek advice.** We will establish a panel of national experts to advise us based on their knowledge and expertise.
- **Partner.** We will establish partnerships with other key organizations in addition to the MacColl Institute ("cool kids").
- **Diversify.** We propose a diverse set of revenue streams including: technology platform, technology services, model implementation services, referral fees, grants and sponsorships.

What follows is more detail regarding the question of technology and membership:

1. **The need for a technology solution exists.** While some reviewers viewed our technology solution as attractive and valuable (the "hook" for organizations adopting lay roles), others questioned the value of the software and, as a result, its strength as a source of income for the proposed institute. We are fully aware that the market of emerging software solutions is competitive. However, the following are key differentiators that make this solution valuable:
 - **Building a workforce means building tools.** One challenge that must be solved for lay roles to succeed in a resource constrained world is greater efficiency without sacrificing rapport and trust built through relationship. In addition to increasing patient panel capacity, the value that the Institute's proposed technology solution brings is three-fold:
 - *Patient engagement.* The Institute's technology platform would accommodate modern technological advances (i.e., smartphones and tablets) and allow lay healthcare workers to uniquely interact with patients in a medium that is convenient for them.
 - *Link to providers' workflow.* A critical component of the proposed technology solution is its ability to link back to an organization's electronic health record system. The lay healthcare worker's role does not function in a silo, and this solution ensures that information influencing patient care is integrated back into patients' records.
 - *Seamless program evaluation.* Since lay healthcare workers are newly entering the field, we recognize the importance of closely monitoring their use as they become widespread. The Institute's technology solution allows for organizations to aggregate data reflecting the effectiveness of lay healthcare workers in real-time, thus enabling fine-tuning of the role on an ongoing basis. From an Institute perspective, we will be able to monitor the role's overall effectiveness and share lessons learned with the larger community of members and partners.
 - **Technology based on research.** The Institute's alignment with a technology firm allows for us to leverage their existing product and tailor a solution founded on a growing base of research, testing and evaluation. The product that we will license and customize has been fully vetted in various clinical settings and is highly influenced by user feedback.
2. **The membership model enables connections.** Reviewers have discordant opinions on the utility of a membership model to achieve our mission. While some reviewers have reservations about the Institute's ability to build a robust membership base, others are confident that the membership base will be established in due time. The Institute's membership model is not intended to be a revenue generating source, but a mechanism for engaging interested organizations in a network that would encourage interaction and deeper involvement in lay roles. Further, the model uniquely allows for the Institute to closely monitor how members are using resources and provides valuable insight on members' current needs.

The Institute offers free membership in order to provide unrestricted access to new care delivery models and practical implementation tools. Though there is significant value to the tools and resources offered to members, we realize that given competing priorities in the current healthcare landscape, a free membership removes barriers to accessing knowledge and tools while uniquely allowing us to monitor use and make real-time adjustments.

We appreciate the opportunity to provide this response. The vision we have established, to see lay roles become a customary part of health care delivery, is vital to the transition healthcare, including Allina Health, is currently undertaking. We hope that the feedback from well-established reviewers leads the Board to support our proposal and we will provide any additional information the Board requires to make its decision.

8/1/14

2

Doesn't address ?'s re: revenue assumptions.

ROBINA FOUNDATION

TO: Robina Board of Directors

FROM: Kathleen Blatz

RE: Grant Discussion

DATE: August 11, 2014

After almost 10 years of grant making, the Robina Foundation is at a pivotal moment in its history: multi-year grant commitments to our four Robina Grantees are winding down and will end in 2017; we have identified and funded highly effective transformative grants, which we may want to sustain in the future; and we have established constructive relationships with our grantees and know them well. This is the perfect time to discuss our grant making now and in the future. Rest assured that Robina Grantees are eager to learn what's next as we move forward!

To answer that question, we have allotted considerable time at this meeting for a free-flowing discussion and exchange of views on past experience and opportunities for the future. Although we may want to change plans as our discussion progresses, following is information and ideas for the discussion:

Pre-Reading / Thinking

Peter's recent article "Philanthropy Re-Imagined" and Steve's article "When Execution Trumps Strategy," which follow, provide interesting perspectives on philanthropy and our work with Robina.

Part of our discussion will focus on Robina's current grants to help us think about how they might be continued and perhaps enhanced. The attached worksheet is designed to guide our thinking and help us gauge our assessment of the grants. The worksheet is just a starting place to stimulate thinking, but I urge you to jot down your thoughts before we meet for your own benefit and to give us a common platform for our discussion. The question at the bottom of the chart invites us to think broadly about the future of the Foundation. You won't be asked to turn in your worksheet, but it is my hope that everyone will share their thoughts regarding where we've been and where you think we should be going.

The attached "Grant Facts" provide information about Robina's grants to help you complete the worksheet.

Monday Night

To inspire our thinking and our discussion, during our opening dinner, Susan and Peter will engage us in a high-level discussion about philanthropy – themes, accomplishments, pitfalls, approaches, lessons learned.

Tuesday Afternoon

We'll have about three hours on Tuesday afternoon to discuss Robina's grant program now and in the future. We don't have a set agenda for the afternoon, but I anticipate that we'll follow up on ideas discussed on Monday night and on our responses to the questions and ideas identified on our worksheets.

I hope our discussions will help us:

- Assess where we are with each grantee and program;
- Gain consensus on principles to guide our work;
- Arrive at a tentative agreement about the future direction of the Foundation as we spend down;
- Identify next steps in the process.

We may identify other or different goals during the course of our discussions.

One other piece of information

2023 (?)
2025 (?)
The current Board directive is that Robina will sunset no later than December 31, 2025. Although no decision has been made to shorten that timeline, Steve Lewis thought it would be helpful to understand the impact of setting a different date for spending down the Foundation's assets. We have asked Mike Sullivan to provide us with information outlining grant making necessary if the target date were set at 2018 or 2022, assuming that the spend down would begin next year with roughly equal grant payments during the remaining life of the Foundation.

I am very excited about this discussion and look forward to an energetic, productive meeting. Please feel free to contact me in advance of the meeting if you have questions or concerns.

Philanthropy Re-Imagined

What poem will philanthropy write?

Peter Karoff – founder The Philanthropic Initiative

Advisors in Philanthropy conference Chicago, April 24th 2014

A frame for this discussion on philanthropy re-imagined by Ron Gallo, President and CEO of the Santa Barbara Foundation:

“A great community foundation must be intentional about... building into our DNA a zeal for reimagining our responsibilities and our aspirations as an institution, but far more importantly, for reimagining what we can do as a community.”¹

And this poetic frame from T.S. Elliot:

“We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time.”²

Not to take the wind out of the sails of this talk before we even begin, I couldn't help but be struck by this quote from Don Draper in the first episode of the final season of 'Mad Men' when he tells a stewardess “I keep going to a lot of places and ending up somewhere I've already been”. And a reminder from my TPI colleague Maureen O'Brien of these lyrics from a Justin Timberlake song – “What goes around, goes around, goes around/comes all the way back around”.

So it really is a turn, turn kind of world!

Philanthropy Re-imagined, with a few global trends thrown in, seemed like a perfectly good subject for a speech, especially since we are celebrating TPI's 25th year. But like a lot of seemingly good ideas, this has been a hard one to make sense of, and you will of course be the judge.

First, a little context about TPI, and about me:

In twenty-five years of helping our clients achieve greater impact, we have had the extraordinary gift of working with more than 500 families and private foundations, wealthy individuals, corporations, regional associations of grantmakers, and community foundations. TPI has directed over a billion dollars of philanthropy and social investing, and influenced billions more. So we have done a lot.

TPI is a pretty long-term nonprofit social business, even if that term wasn't around much in 1989. In other words we have earned our own way in a viable, sustainable, economic model, and consistently given back to the field through extensive pro bono efforts designed to promote philanthropy, and elevate the discourse within the field.

And I have written a lot - about generosity, about donor expectations and motivation , about the art of strategic philanthropy, a term TPI did not invent in 1989 when we started our work but

¹ from “reIMAGINE, Santa Barbara Foundation Magazine, Spring 2014

² From “The Wasteland” by T.S. Elliot



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

This chapter, "When Execution Trumps Strategy," written by Steve Schroeder is from Peter Karoff's book: *Just Money: A Critique of Contemporary American Philanthropy*, published by TPI Editions in 2004. There is a back story to this paper, since it led James Binger and Jane Mauer to fly to San Francisco to ask me to become a founding member (and the only non-Minnesotan) of the Robina Board. As you know, the rest is history.

STEVEN A. SCHROEDER, M.D.

When Execution Trumps Strategy:

Looking Back on Twelve Years
at the Robert Wood Johnson Foundation

THE PRIVILEGE of serving as the president of the Robert Wood Johnson Foundation—RWJF—between 1990 and 2002 was the highlight of my professional life and a rich source of lessons, insights, and reflections about conducting successful philanthropy. The particular history of this foundation, as well as my earlier career, are germane to the story, so let me begin with a glimpse of each.

A Brief History

Robert Wood Johnson, the son and nephew of the founders of Johnson and Johnson, lost his father in 1910, when he was only seventeen. Rather than attending college, he went to work in the company, and he quickly rose to become its highly successful CEO. A visionary businessman and entrepreneur, in 1936 Johnson established a local founda-

Steven A. Schroeder is the Distinguished Professor of Health and Health Care in the Department of Medicine at the University of California, San Francisco. A graduate of Stanford University and Harvard Medical School, he founded the division of general internal medicine at UCSF and is currently chairman of the American Legacy Foundation. He has published extensively in the fields of clinical medicine, healthcare financing and organization, prevention, public health, and the workforce. Schroeder was president and CEO of the Robert Wood Johnson Foundation from 1990 to 2002.



Partially Scanned Material

The remainder of this page/item has not been digitized due to copyright considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

**ROBINA FOUNDATION
GRANT FACTS
August 2014 Board Meeting**

ANWH / ALLINA HEALTH

Total grant payments and commitments: \$21,051,454

Active grants:

LifeCourse:

2011, 2013 and 2014: grants totaling \$14,926,454. Allina anticipates future requests of ~\$10M for 2016 – 2018, which would bring the total for LifeCourse to ~\$25M.

Care COPILOT institute:

~\$2M remaining at the completion of the Care Guides in the Primary Care Office initiative funded by Robina

Request under consideration: \$7,430,619

Completed Grants:

Planning Grants: \$125,000

Care Guides in the Primary Care Office: \$6M

COUNCIL ON FOREIGN RELATIONS

Total grant payments and commitments: \$22,916,517

Active grants:

IIGG: \$18,305,357: annual support for 2008 – 2016.

Enhanced Diversity Initiatives:

Initial program / grant: ^{1,274,248}~~4~~ year grant totaling ^{1,274,248}~~\$1,289,248~~. Last payment: 2014

³
HIA Diplomacy & Diversity Program + additional support for CFR: 3-year grant totaling \$2,575,357. Last payment: 2015.

Completed grants:

Planning Grant: \$50,000

Online Video Project (Technology Grant): \$696,555

UNIVERSITY OF MINNESOTA LAW SCHOOL

Total grant payments and commitments: \$29,514,747

Active grants:

Robina Institute on Criminal Law and Criminal Justice:

2011: \$7.5 million payable over 5 years to support all parts of the Institute. Final payment: 2016. 2013: Five-year grant totaling ~\$4.4 million to support "Sentencing Enhancements." In 2015, the Board will review the implementation of the enhancements using the Law School's Timeline and Deliverables, with payments for years four and five to be provided, assuming satisfactory progress. Final payment: 2017

The Robina Board anticipates that this grant is the Foundation's last grant to support the Institute.

Center for New Americans:

2013: ~\$4.5 million grant for four-year pilot. Benchmarks to be used to evaluate the pilot phase annually and at the end of year 3 (2015) as part of the Foundation's deliberation concerning the U's request for an endowment of ~\$25 million to support the initiative in perpetuity.

Public Interest Scholars:

~ \$3.5M. Final payment: 2016

Scholarships:

\$1,25M. Final payment: 2016

Completed grants:

Planning grants: \$125,000

Special grant to support new dean: \$250,000

Program on Law, Public Policy and Society: \$8,061,399

YALE UNIVERSITY

Total grant payments and commitments: \$29,050,000

Active grants:

Yale Law School: Robina Foundation Human Rights Fellowship Initiative

2008 – 2014: \$7M (\$1M / year – last payment made)

Completed grants:

Planning grant: \$50,000

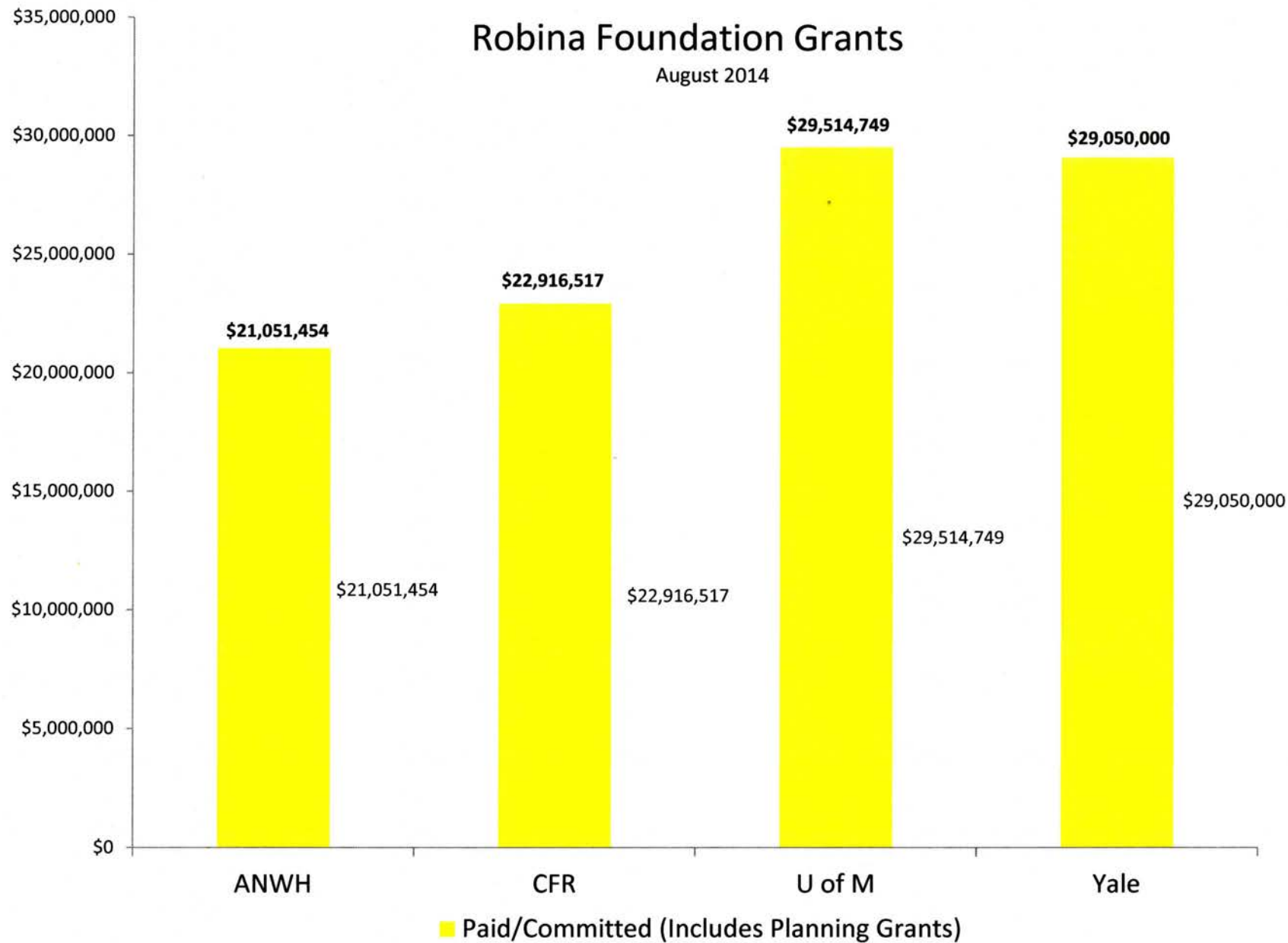
Scholarships in memory of Tom: \$200,000

Yale School of Drama / Binger Center for New Theatre: \$21,800,000: \$3,800,000 in annual operating support from 2008-2011; \$18,000,000 grant allocated as follows: \$15M endowment fund; \$3M current use fund. Robina's \$18M grant was the present value of \$23M identified by Yale for the funding of the Center over 10 years.

	ROBINA FOUNDATION GRANTS PAID/COMMITTED														
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
ANWH															
Care Guides	1,253,535	2,373,233	2,373,232												6,000,000
LifeCourse: Late Life Supportive Care + Additional Funding					2,356,696	4,245,492	4,334,266								10,936,454
LifeCourse: Transition Phase								3,990,000							3,990,000
														ANWH Total	20,926,454
CFR															
IIGG	2,000,000	2,000,000	2,000,000	2,000,000	2,046,627	2,034,671	2,034,971	2,074,424	2,114,664						18,305,357
Online Video Project				419,750	276,805										696,555
Expanded Diversity Initiative				15,000	377,034	426,492	470,722								1,289,248
Expanded Diversity Initiative - Additional Activities - HIA						837,344	858,278	879,735							2,575,357
														CFR Total	22,866,517
U of M															
LaPPS	1,400,000	1,436,750	1,480,338	2,850,854	893,457										8,061,399
Institute of Criminal Law & Justice					847,190	1,494,134	1,750,900	1,771,752	1,639,451						7,503,427
Sentencing Law Program Enhancements (CL&CJ)						820,056	844,658	869,997	896,097	922,980					4,353,788
Scholarships					250,000	250,000	250,000	250,000	250,000						1,250,000
Public Interest Scholars					379,800	694,544	809,355	813,736	804,188						3,501,623
Center for New Americans						1,349,393	1,022,887	1,039,869	1,057,361						4,469,510
														U of M Total	29,139,747
YALE															
Yale Drama															
CNT	750,000	750,000	1,350,000	950,000	18,000,000										21,800,000
Yale Law															
Human Rights	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000								7,000,000
Yale University															
Thomas M. Crosby, Jr. Scholarship							200,000								200,000
														Yale Total	29,000,000
TOTAL	6,403,535	7,559,983	8,203,570	7,235,604	26,427,609	13,152,126	13,576,037	11,689,513	6,761,761	922,980				TOTAL	101,932,718
YEAR END NET ASSETS*															
*Estimated by Mike Sullivan based upon the projected grant programs and using asset allocation and assumed return assumptions.															
August 2014 Board Meeting															
Planning Grants in 2005-2008 not included above: Abbott - \$125,000; CFR - \$50,000; U of M Law School - \$375,000; Yale University - \$50,000															
Miscellaneous Grants not included above: ArtPlace Initiative - \$500,000; Aspen Institute: Justice and Society Program - \$130,575; The Center for Victims of Torture - \$26,000															

Robina Foundation Grants

August 2014



**Robina Foundation
Meeting Minutes
May 13, 2014**

A meeting of the Board of Directors of the Robina Foundation, a Minnesota nonprofit corporation, was held on May 13, 2014, via conference call.

Directors present: Gordon Aamoth, Susan Berresford, Kathleen Blatz, Peter Karoff, Steve Lewis, Marianne Short and Steven Schroeder.

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

Mary Lou White was present and served as recorder.

Welcome and Call to Order

Blatz, Chair, called the meeting to order and welcomed Board Members.

Minutes of March 5, 2014 Board Meeting

A motion made and seconded to approve the Minutes of the March 5, 2014, Meeting included in the Board Book was approved unanimously by the Board.

Executive Director's Report

Hunt mentioned that the review of CFR's Expanded Diversity Initiatives may be pushed back to the fall to permit assessment of programs taking place during the summer. Board Members agreed that this revised timetable is preferable.

Treasurer's Report

Lewis led a discussion of the Assets and Grants Report, Mike Sullivan's quarterly report, and US Bank's Quarterly Performance Report. Lewis noted in particular:

- The Foundation's portfolio continues to be a little heavy on equities, although equities have been reduced from 40% to 34% of the portfolio;
- We recently reduced our position in money markets to invest in three funds that will provide more current income with little principal risk;
- The portfolio is currently meeting the Foundation's blended benchmarks;
- Both Lewis and Sullivan agree that a rough timetable for the sunseting of the Foundation will help inform the allocation of Foundation assets;
- The Foundation's current portfolio attempts to balance potential upside gain in the market with downside risk, taking into account the Board's comfort with risk;
- Funds needed for grant payments in the near future are not at risk in the market.

Legal Report

Board Members reviewed the memorandum provided by the Foundation's legal counsel Gina Kastel of Faegre Baker Daniels. Blatz noted that JPMorgan will withhold a total \$50,000 to cover any remaining legal fees to McDermott Will & Emery and Briggs & Morgan. To date, \$27,000 in fees have been generated. The remainder of the Estate, less the attorney fee reserve, will be transferred to the Foundation after the Closing Agreement is signed. Blatz also reminded Board Members that with the execution of the settlement agreement, the Foundation will release all possible claims with respect to the estate and that, per Kastel, settlement of the various lawsuits concerning the estate included release of all claims by the various parties to the lawsuits.

Grant Request

Board Members discussed ANWH/Allina's request for \$7,430,619 for the Care COPILOT Institute, noting that the Board urged Allina to "think big" about how to disseminate information on the use of lay professionals in health care. After discussion, the Board decided to forego a decision on the grant request at this time and to engage outside reviewers to inform the Board, particularly with respect to the viability of the business case for the Institute and the necessity and appropriateness of the proposed technology. Hunt will engage reviewers to provide input for the Board's consideration of the proposal at the August Board Meeting.

Grant Reports

Council on Foreign Relations: *CFR Expanded Diversity Initiatives and CFR-HIA Expanded Diversity Initiative*

Board Members discussed the two reports, noting in particular:

- The importance of tracking participants in the programs to determine the extent to which these programs play a role in participants' future involvement in international affairs;
- Continued concern about whether and how CFR and HIA are working together;
- Questions about how to sustain the HIA-CFR programs in the future if programs are found to be effective;
- Opportunity for CFR to develop a "junior fellows" program to provide longer-term engagement at CFR.

University of Minnesota Law School: *Sentencing Enhancements and Public Interest Scholars*

In addition to discussing the two grant reports, Board Members discussed topics for an upcoming lunch with Dean Wippman, including law school education in the new environment of reduced applications and law jobs and US News and World Report's law school rankings.

Yale Law School: *Human Rights Fellowship Initiative*: Annual Report and Assessment

Hunt noted that this is the first report integrating the yearly assessment into the annual report on the work of the Initiative. The tracking tool set up by the Law School seems to be providing important information on the various elements of Robina's *Human Rights Fellowship Initiative* and the work of students after graduation.

August Board Meeting Agenda Discussion

Board Members reviewed ideas for the August meeting agenda, focusing in particular on the importance of a lengthy discussion of the Foundation's future grantmaking. All agreed that the Board needs to go deeper to identify opportunities for the future, to shape the Foundation's next round of grants, and to understand Robina Grantees better. Lewis noted that the Foundation should consider challenging Robina Grantees through matching grants. To assure that the agenda includes sufficient time for an in-depth discussion, Board Members agreed that Monday night's dinner should be a working dinner.

Other Business

Board Members discussed proposed dates for meetings in 2015 and agreed to consider 2016 dates at the August Meeting.

Adjournment

There being no other business, the meeting was adjourned.

Respectfully Submitted,

Susan Berresford, Secretary

Date

**ROBINA FOUNDATION
BOARD OF DIRECTORS MEETING
August 13, 2014
EXECUTIVE DIRECTOR'S REPORT**

As always, the bulk of my time during the past several months has been spent following up on the May meeting and preparing for the August meeting. Here are a few highlights.

Grantmaking Discussion

With considerable involvement of Susan, Peter, Kathleen and Steve Lewis, I spearheaded plans for the Board's grantmaking discussion and developed materials to facilitate the discussion.

Foundation Finances

Steve Lewis and I developed hypothetical Robina sunseting scenarios and worked with Mike Sullivan to provide those for the Board as part of his quarterly report.

ANWH / Allina

Dinner with Allina Leadership and LifeCourse Team

When Steve Schroeder was in Minnesota for a meeting in June, he and I had dinner with Penny Wheeler, Eric Anderson, Sandy Schellinger, Kim Radel, and Heather Britt. Our gathering gave us the chance for a quick update on LifeCourse and Care COPILOT, as well as Allina as a whole.

Care COPILOT Institute

To help Board Members assess Allina's request for funding to support the Care COPILOT Institute, I identified and engaged six people with expertise in some aspect of the proposed institute to provide written reviews on the proposal. To help all of us better understand the proposal and the reviews, I asked Steve Schroeder to synthesize the reviews.

Council on Foreign Relations

Expanded Diversity Initiative

In late May I attended the Humanity in Action Fellows' day at CFR, as well as several meetings of the Diplomacy and Diversity program, which were held in CFR's Washington DC office at the same time. This is the second year I have attended the CFR day for HIA Fellows. Once again, CFR organized an outstanding day with remarkable speakers, and the students responded with thought-provoking, insightful questions. The day included practical information about working in international affairs and discussions about issues in Europe, where the students were headed as part of the fellows program.

At the CFR event I met Rachel Landry, an HIA Fellow in 2013 who now works for CFR in the New York office. She was understandably very enthusiastic about her experience as a fellow and the doors it helped open at CFR.

Cyberspace Initiative

I recently learned that Megan Garcia is leaving the Hewlett Foundation where she conceptualized and launched Hewlett Foundation's Cyber Initiative designed to build the field of cybersecurity and Internet policy. Hewlett has launched a search for a Program Officer for the Cyber Initiative whose primary responsibility will be to continue developing and begin implementing this new area of funding for Hewlett. You will recall that I spoke with Megan when Robina was considering CFR's cyberspace proposal and received feedback from her about the CFR proposal. She served on one of the advisory committees CFR set up in connection with its work on cyberspace issues. I will miss her insights on activity in this area and foundation funding of initiatives.

University of Minnesota Law School

All of the Minnesota Board Members and I had lunch in May with Dean Wippman to learn more about the challenges the Law School is facing and the U's programs and changes to address the application, enrollment and job issues impacting the school. Dean Wippman will undoubtedly talk further about this when he meets with the entire board.

Attendees at the luncheon asked me to find out the status of the Law School's campaign as well as a University-wide campaign that is in the works. Information from David follows.

Yale University

In June Gordy and I had lunch with Yale President Salovey and Patty Pedersen, Associate Vice President for Development, Director of University Corporate and Foundation Relations, when they were in town for meetings with Yale Alums. Among other things, we talked about Robina's gift to Yale in honor of Tom and a recent article about the Thomas M. Crosby, Jr. Scholarship in Yale's publication, ELI. Nancy and I will pass out the publication at the meeting.

From: David Wippman <dwippman@umn.edu>

Subject: Re: U of MN Law School Campaign

Date: June 11, 2014 at 10:48:24 AM CDT

To: Penny Hunt <pennhunt@gmail.com>

Cc: Michael Tompos <mjtompos@umn.edu>, Mimi Tung <tungx003@umn.edu>

Hi Penny,

I'm happy to provide a campaign update. As shown on the attached statement, we are at \$66 million and think it likely we will reach our campaign goal of \$70 million this year. (Note that the University system incorrectly labels some of our scholarship gifts as "undergraduate" scholarships; they are, of course, actually law student scholarships.) Assuming we do finish our Generations campaign this year, we will be a year and a half or so ahead of schedule.

The University is in the planning stage of a University-wide campaign that is likely to have a public launch in 2018. As part of the University, the Law School will participate in that campaign. There will be some "reach back" process to recognize the support of major donors who have contributed to the Law School's current campaign, so that their support is recognized in the new campaign. We're not sure yet exactly what form that "reach back" will take.

Let me know if you would like any further background on this.

All best, David

Hi David,

Do you have - or could someone prepare - an update on the status of the capital campaign you launched several years ago? One of the Robina Board Members mentioned that the U is about to embark on a campaign. How does the Law School fit into that campaign?

Thanks for any guidance you can give me.

Warm regards,
Penny

Use Analysis

Law 2009-2016 Campaign Totals as of 11-JUN-2014		
Use	Donors	Commitments
Academic Program Support	3,737	\$29,227,075
Graduate Fellowships	548	\$6,289,163
Professional Scholarships	28	\$231,634
Student Support	95	\$264,419
Undergraduate Scholarships	465	\$4,773,149
Research	5	\$559,667
Faculty Support	36	\$3,681,865
Strategic Initiatives	7	\$21,130,135
Totals	4,188	\$66,157,107

Fiscal Year Analysis

Campaign Analysis

University of Minnesota Foundation | McNamara Alumni Center | 200 Oak Street S.E. | Suite 500 | Minneapolis, MN 55455 | 612-624-

3333

ROBINA FOUNDATION

TO: Robina Foundation Board of Directors
FROM: Penny Hunt
RE: CFR / Diversity Review
DATE: August 12, 2014

CFR is about to launch an external review of the diversity initiatives funded by Robina. Board Members have expressed the desire to provide input on the reviewers and the review process. Now is the time!

Background

Robina is currently funding two diversity initiatives at CFR:

1) "An Expanded Diversity Initiative in Foreign Policy"

- 3-year grant totaling \$1,274,248 (last payment in 2014)
- Supports:
 - participation of 10 diverse fellows in Humanity in Action's Fellows Program;
 - expansion of CFR's Franklin Williams Internship Program;
 - partnership with the International Career Advancement Association to include broader minority participation at the annual Conference on Diversity in International Affairs;
 - increased participation in career fairs that target diverse student populations

CFR committed to implement an external review of the initiative in year 3 with the idea that the external review committee's findings and recommendations would heavily influence the proposal that CFR would submit to Robina to fund years four and five of the expanded diversity initiative.

2) "Expanded Diversity Initiative in Foreign Policy – Additional Activities"

- 3-year grant totaling \$2,575,357 (last payment 2015). We indicated that Robina should not be expected to be the sole funder of this initiative after the first three years.
- Supports:
 - an enhanced and deepened partnership with HIA through what is now called "Diplomacy and Diversity" fellows program;
 - creation of the post of Diversity Coordinator at CFR to oversee and direct the day-to-day activities of the Expanded Diversity Initiative;
 - modest expanded support for the annual Conference on Diversity in International Affairs.

CFR agreed to review the additional activities as part of the external assessment of the overall program during year three, as described above.

External Review

Following is information from Jim Lindsay on CFR's plans for the review. I expressed to Jim my concern that CFR was moving forward with plans for the review without affording Robina the opportunity to suggest reviewers and identify questions the reviewers should address. I also expressed concern that all of the proposed members of the review panel are CFR members and indicated that we will want to propose reviewers who are not connected with CFR or HIA, who have knowledge of the field of foreign affairs and experience with efforts aimed at involving minority young people in career paths in which they are under represented.

Jim assured me that CFR's plans are not cast in stone. He is waiting for input on potential reviewers and questions for reviewers and understands that we may ask them to revamp the review panel and the process.

Email from Jim Lindsay about CFR plans for the Review

"To follow up on our conversation about the diversity review, we have asked Sergio Galvis, Joan Spero, and Mona Sutphen to serve as reviewers. Sergio is a partner at Sullivan & Cromwell, Joan is a former undersecretary of state, and Mona is a former White House deputy chief of staff. As you can see from their short bios below, they all have exceptional experience and expertise.

As I mentioned when we last talked, we are asking the review committee to assess the four sets of activities that the grant supports: 1) the two Humanity in Action programs; 2) CFR's expanded Franklin Williams Internship program; 3) CFR's annual diversity conference hosted in cooperation with the International Career Advancement Program and the Global Access Pipeline; and 4) CFR's expanded effort to recruit staff at career fairs at colleges and universities with a significant minority student population. We do not plan to give the members of the review committee a detailed list of questions. We instead will ask them to a) evaluate the value of each of these activities in light of the grant's objectives and b) suggest any changes, including possible new activities, they believe might improve the initiative's overall effectiveness. (As I mentioned to you when we last spoke, we will make clear to the members of the review committee that we are not asking them to evaluate Humanity in Action's traditional summer program; the question to them instead is whether underwriting the participation of fifteen minority students each year is a cost-effective way of achieving the initiative's stated objectives.) We certainly can pass along any specific questions that you or the Robina Board would like the reviewers to consider.

CFR will provide the members of the review committee with documentation that details the initiative's specific activities. CFR will also put the members of the review committee in touch with staff and program participants at CFR and collaborating organizations. Kate Collins, whose last day is today, has been working with Judy and her team to assemble relevant background material on the two Humanity in Action programs."

Sergio Galvis—Partner, Sullivan & Cromwell, LLP

Sergio J. Galvis is widely recognized for his broad-based international experience. He represents a diverse group of clients including government bodies, corporations, investment banks and other organizations.

For more than 25 years, Mr. Galvis has advised our clients on significant matters in a number of practice areas and industry sectors, including:

- Mergers and Acquisitions
- Private Equity
- Project Finance
- Securities
- Sovereign and Corporate Debt Restructurings
- Oil and Gas
- Metals and Mining

Mr. Galvis heads our Latin America Group and coordinates our practice in Spain. He is also Head of Global Recruiting.

Mr. Galvis has been recognized in a number of publications, including *Chambers*, *Euromoney*, *IFLR* and *Latin Lawyer*. In 2008, he was named by *The National Law Journal* as one of "The 50 Most Influential Minority Lawyers in America" and by *HispanicBusinessmagazine* as one of "The 100 Most Influential U.S. Hispanics." Mr. Galvis writes frequently on international legal and financial matters. He received the Burton Award for Legal Achievement in 2004 for his article "Sovereign Debt Restructurings – the Market Knows Best," published in *International Finance*; in 2010 for the article "Latin American Firms Pursue Global Status," co-authored with Frank Aquila and published in the *Latin Business Chronicle*; and in 2011 for the article "Introducing Dodd-Frank," co-authored with Samuel Woodall and published in *Latin Lawyer*. Mr. Galvis was part of a group of eminent practitioners convened by a G-10 Working Group in 2002 to help develop collective action clauses for sovereign debt financings and was a participant in Secretary Henry M. Paulson Jr.'s 2007 Conference on U.S. Capital Markets Competitiveness.

Mr. Galvis is involved with a number of not-for-profit and foreign policy organizations, including the Council on Foreign Relations and the Council of the Americas.

In February 2010, he received the Distinguished Global Citizen Award at the Global Kids annual benefit, where he was honored for his commitment to organizations that promote educational opportunities, arts education and international cooperation.

Mr. Galvis was born in Colombia and is fluent in Spanish.

Joan E. Spero—Senior Research Scholar, Columbia University; Former Under Secretary of State for Economic, Business, and Agricultural Affairs

Joan E. Spero is a Senior Research Scholar at Columbia University's School of International and Public Affairs, where she researches and writes about international philanthropy and its role in the global system. From 2009 to 2010, Ms. Spero was a Visiting Scholar at the Foundation Center, where she conducted research on the role of American private foundations in U.S. foreign policy and in the global system. That research culminated in 2010 with the publication titled *The Global Role of U.S. Foundations*. From 1997 to the end of 2008, Ms. Spero served as President of the Doris Duke Charitable Foundation; President of the Duke Farms Foundation, a 2,700 acre property in New Jersey devoted to environmental stewardship; and the Doris Duke Foundation for Islamic Art, whose mission is the study and understanding of Islamic arts and culture.

From 1993 to 1997, Ms. Spero served in the U.S. Department of State as Undersecretary for Economic, Business, and Agricultural Affairs. From 1981 to 1993, she held several offices with American Express Company, the last being Executive Vice President, Corporate Affairs and Communications. She was Ambassador to the United Nations for Economic and Social Affairs from 1980 to 1981 and an Assistant Professor at Columbia University from 1973 to 1979. She graduated Phi Beta Kappa from the University of Wisconsin and holds a master's degree in international affairs and a doctorate in political science from Columbia University. She also studied at the Institut d'Études Politiques in Paris and is fluent in French.

Ms. Spero has authored several books, including *The Politics of International Economic Relations* (7th Edition, 2009) and *The Failure of the Franklin National Bank* (1980). She also has contributed to numerous professional journals. Active in professional associations in foreign affairs and economics, Ms. Spero is a member of the Council of American Ambassadors, the Academy of Diplomacy and the American Philosophical Society. She serves as Trustee of the Wisconsin Alumni Research Foundation and the Morgridge Institute for Research, as well as a Director of the International Center for Transitional Justice. She is also a Trustee Emeritus of Columbia University, Amherst College, the Council on Foreign Relations, and the Brookings Institution. Ms. Spero is a Director of IBM and International Paper.

Mona K. Sutphen— Managing Director, UBS AG; Former White House Deputy Chief of Staff for Policy

Mona Sutphen is a Managing Director at UBS AG, covering geopolitical risk and macro- policy trends, and also is a member of the President's Intelligence Advisory Board (PIAB). She served as White House Deputy Chief of Staff for Policy for President Barack Obama from 2009 until March 2011. From 2001 to 2008, she was Managing Director at Stonebridge International, a global strategy consulting firm advising multinational corporations and financial institutions. Prior, Ms. Sutphen was a U.S. Foreign Service Officer (1991-2000), serving in the Clinton Administration on the staff of the National Security Council, the U.S. Mission to the United Nations, the Office of the High Representative in Sarajevo, the State Department and at the U.S. Embassy in Bangkok. She is co-author of *The Next American Century: How the U.S. Can Thrive as Other Powers Rise* (Simon & Schuster, 2008). Ms. Sutphen is a member of the Council on Foreign Relations and on its International Affairs Fellowship selection committee. She also serves on the Boards of Human Rights First and the UBS Savings and Investment Plan.

COUNCIL *on* FOREIGN RELATIONS

58 East 68th Street, New York, New York 10065
tel 212.434.9400 fax 212.434.9800 www.cfr.org

Carla A. Hills
Co-Chairman

Robert E. Rubin
Co-Chairman

David M. Rubenstein
Vice Chairman

Richard N. Haass
President

Board of Directors

John P. Abizaid

Peter Ackerman

Zoë Baird

Alan S. Blinder

Mary McInnis Boies

David G. Bradley

Tom Brokaw

Nicholas Burns

Steven A. Denning

Blair Effron

Martin S. Feldstein

Laurence D. Fink

Stephen Friedman

Ann M. Fudge

Pamela Brooks Gann

Thomas H. Glacer

Richard N. Haass, *ex officio*

Peter B. Henry

J. Tomilson Hill

Susan Hockfield

Donna J. Hrinak

Shirley Ann Jackson

Jami Miscik

Eduardo J. Padrón

John A. Paulson

Ruth Porat

Colin L. Powell

Richard E. Salomon

James G. Stavridis

Margaret G. Warner

Vin Weber

Christine Todd Whitman

Daniel H. Yergin

Peter G. Peterson
Chairman Emeritus

David Rockefeller
Honorary Chairman

Maurice R. Greenberg
Honorary Vice Chairman

Leslie H. Gelb
President Emeritus

July 21, 2014

Ms. Penny Hunt
Executive Director
Robina Foundation
80 South 8th Street, Suite 4900
Minneapolis, MN 55402

Dear Penny:

I am pleased to submit the annual progress report for the Council on Foreign Relations International Institutions and Global Governance (IIGG) program. The reporting period is from July 1, 2013, to June 30, 2014.

As multiple crises erupted across the globe during the past year, IIGG continued its groundbreaking work to encourage and improve international cooperation on a wide range of issues, from improving governance of extractive industries to protecting the safety of medicines to safeguarding the global commons.

IIGG convened prominent experts and injected cutting-edge insights and promising solutions into global policy debates. Over the past year, IIGG has gathered senior medicine regulators from a dozen countries, assembled prominent mining and oil officials from Africa and Europe, and convened high-level U.S. and foreign policymakers in four productive conferences of its marquee Council of Councils (CoC) initiative.

IIGG's collaboration with the U.S. Food and Drug Administration (FDA) and its international partners culminated in two workshops that generated insights on how to protect the global supply chain for medicines. Regulators told IIGG Director Stewart Patrick that the first workshop in September was enormously valuable, and at the request of the director of the FDA, Margaret Hamburg, IIGG convened a follow-up meeting in June to help regulators consider how best to design a coalition of regulatory authorities for globally manufactured medicines.

Ms. Penny Hunt

July 21, 2014

page 2

Also during the year, IIGG hosted a timely workshop on improving governance of the extractives industries—particularly in the oil and mining sectors—to ensure that corporate operations contribute to good governance rather than increase corruption and that investment delivers benefits to local communities. The gathering drew government officials from Africa, the European Union, and the United States, in addition to nongovernmental organizations, international institutions, and representatives from major mining and oil companies. It provided a rare platform for parties who often see themselves in conflict to share perspectives and consider opportunities to cooperate. The gathering suggested a number of promising policy innovations that participants left eager to implement in their respective institutions.

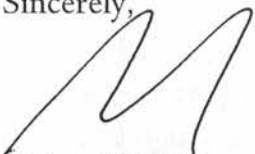
The CoC continued to flourish, becoming a mainstay for leading policy analysts worldwide who seek both global perspectives on foreign policy challenges and avenues for conveying potential solutions to their respective foreign policy communities. Beyond meeting for its annual conference in New York, the CoC convened in Rome, Sydney, and Mexico City, paying special attention to regional challenges. In February 2014, the CoC also launched a website, providing a platform to showcase meeting reports and Global Memos written by experts from CoC member institutions.

Finally, IIGG improved public understanding of global challenges, the obstacles to multilateral cooperation, and offered strategies to overcome them. In February, the redesigned Global Governance Monitor launched with compelling, state-of-the-art technology. The new version allows users to enjoy additional viewing options, including the ability to read the Monitor on tablets and smartphones. In the five months since its launch, page views have more than doubled.

Three years into Phase II of the Robina Grant, IIGG has cemented its position as a leader in new thinking about global cooperation. IIGG's research, analysis, and convening power are an indispensable asset to policymakers seeking to cooperate effectively at home and abroad to confront common challenges.

Please contact me or Stewart if you have any questions or if you need additional information about this project report. Stewart can be reached at 202.509.8482 or spatrick@cfr.org.

Sincerely,



Richard N. Haass

President

tel 212.434.9540 fax 212.434.9880

resident@cfr.org

Yub Rept better. more requests GGM

Annual Report Executive Summary

International Institutions and Global Governance Program

In the past year, the International Institutions and Global Governance (IIGG) program continued to reinforce its position as the premier resource for policymakers seeking solutions to tackle transnational challenges. Throughout the year, the program injected fresh proposals for encouraging multilateral cooperation into high-level policy debates.

IIGG leveraged its convening power to equip policymakers with innovative and practical recommendations. The program's meetings expanded connections among diverse actors—including government officials, nongovernmental organizations (NGOs) and private sector groups. In particular, the two workshops held in collaboration with the U.S. Food and Drug Administration helped U.S. and foreign health inspectors design a network to coordinate inspection of medicine production around the world to ensure that drugs are safe. Similarly, IIGG held a workshop on regulating oil and mining industries, which allowed Congolese, European, and U.S. representatives to identify how to reduce corruption and make investments more transparent.

In addition, IIGG roundtables provided a venue for experts to help policymakers fashion new strategies for cooperation on a number of global governance problems. At one event, the secretary-general of the Organization of American States offered a blunt assessment of the failed "drug war" in Latin America and the associated scourge of violent crime. The meeting inspired senior staff at the State Department to request advice from IIGG Director Stewart Patrick on how countries can build new regional partnerships to tackle this scourge. Another event, with Stephen Pomper, special assistant to the president on multilateral affairs and human rights, assessed U.S. government performance in stopping mass atrocities. It marked the first time that the Obama administration explained its new strategy to an outside audience—and the first opportunity for external experts and advocates to weigh in with their own recommendations for enhancing U.S. efforts.

Another roundtable series on digital policy facilitated crucial communication between the private sector and the U.S. government. CFR Senior Fellow for Digital Policy Karen Kornbluh held a meeting, for example, that allowed technology companies to explain to senior White House officials how its proposed digital policies would harm the overseas operations of U.S. businesses. After the meeting, companies provided specific guidelines that government officials should use when they consider trade agreements or changes to U.S. digital policy. In addition, Mark Lagon, adjunct senior fellow for human rights, also organized a workshop about how international actors can support nonviolent grassroots movements. That meeting spurred subsequent conversations with the State Department about making small grants to civil society groups that are fighting for democracy abroad.

Briefings for members of Congress and their staff also provided the country's top policymakers with essential background and new strategies for forging international partnerships. Stewart Patrick delivered two presentations—on the struggle of the Group of Twenty (G20) in managing the world economy and on potential policy responses to containing threats from failed states. CFR fellows offered advice to lawmakers and their staff on grave challenges such as the legality of international intervention in Syria, Syrian chemical weapons disarmament, and the future of the Nuclear Nonproliferation Treaty (NPT).

IIGG pursued a robust research agenda to generate new ideas about forging cooperation in an increasingly globalized world. Stewart Patrick's essay in *Foreign Affairs* recommended that world

leaders take advantage of ad hoc coalitions to pursue more focused goals. State Department officials then solicited briefings from Stewart Patrick about his proposal, and international leaders like UN deputy secretary-general Jan Eliasson wrote to Stewart saying they found the piece useful. An IIGG working paper written by Yanzhong Huang, CFR senior fellow for global health, and Jia Ping, a leader from a Chinese NGO, assessed how one of the world's largest global health organizations, the Global Fund, could improve its fight against AIDS. The paper, which was read by officials at the Chinese Ministry of Health, also identified how China could improve collaboration with NGOs.

The Global Governance Monitor (GGM) and the Global Governance Report Card (GGR) remained premier resources on multilateral cooperation. The GGM was redesigned with the latest technology. Its viewership doubled in the five months after its re-launch, bringing total views to 330,000. The GGR achieved similar success online—reaching more than 250,000 people on twitter in its first three weeks.

The enthusiasm that the Council of Councils (CoC) network generated during the year underscored how vital the network is for advancing global dialogue. Three member institutions held meetings at their headquarters in Italy, Mexico, and Australia. These conferences allowed the CoC to inject its creative global governance solutions into policy debates in the host countries. For example, CoC experts engaged with the former prime minister of Australia and the Italian minister of foreign affairs.

IIGG elevated its online presence to help educate the public about the need for international cooperation in an era of globalization. The new CoC webpage launched in February provided a platform for CoC experts to post articles on topics in the news, shedding light on global perspectives. The new webpage also provides meeting notes that summarize each conference. IIGG also conducted outreach campaigns on Facebook that tripled the number of people who receive updates when IIGG posts on its page. Finally, Stewart Patrick's blog viewership continued to grow: one blog post about the need to encourage international cooperation on " (scientific experiments to reverse climate change) was shared almost four thousand times on Facebook.

Next year, IIGG will launch four new projects that will advance its mission to help policymakers improve multilateral cooperation. First, to maximize the CoC's impact and succinctly display assessments of global governance by top thinkers around the world, IIGG will ask the heads of CoC institutions to evaluate the ten most pressing global governance challenges. The results will be published as a CoC Report Card that identifies the most promising areas where policymakers could overcome obstacles to cooperation in the coming year. Second, IIGG will hold a major conference in Addis Ababa, Ethiopia, the seat of the African Union, to develop recommendations for enhancing regional responses to African security challenges. Third, IIGG will run a meetings series on the future of U.S. sovereignty. Finally, IIGG will identify institutional reforms that policymakers can use to reform or reconstitute international organizations to adapt to twenty-first century challenges.

International Institutions and Global Governance Program Annual Report to the Robina Foundation

Project director: Stewart M. Patrick, senior fellow and director of the International Institutions and Global Governance program

Reporting Period: July 1, 2013–June 30, 2014

Report Due: July 25, 2014

The Council on Foreign Relations (CFR) is pleased to submit the sixth annual report of the International Institutions and Global Governance (IIGG) program. To accompany this narrative, we attach the financial statement for the current grant period, two annexes summarizing the program's fiscal year (FY) 2014 research projects and initiatives, and our anticipated work plan for FY2015.

Outline the goals and objectives established in your grant proposal.

The IIGG program maps the requirements for effective multilateral action, conducts research on how to reform international institutions to allow them to tackle twenty-first century challenges, and provides policymakers and critical constituencies with concrete recommendations for managing the world's most pressing problems.

Over the past year, the program focused on four themes outlined in the grant proposal: confronting transnational threats; exploiting the capacities of ad hoc frameworks; leveraging the contributions of rising powers; and managing the global commons. These four themes often overlapped and were addressed in IIGG meetings, publications, and research projects throughout FY14.

Provide a summary of your activities during the reporting period and how they relate to achievement of the ultimate goal/purpose of the program.

In FY2014, the IIGG program pursued a pioneering plan of work that produced innovative solutions to global governance challenges and injected them into foreign policy debates in the United States and abroad. In addition, IIGG continued to expand its outreach efforts to ensure that its products reach influential audiences and help educate the public about multilateral cooperation.

Connecting policymakers with fresh ideas

Since its inception, IIGG has leveraged CFR's convening power to develop new options for tackling grave global challenges and deliver them to the people in charge of making important decisions.

Notably, IIGG's collaboration with the U.S. Food and Drug Administration (FDA) culminated in two events where IIGG facilitated a discussion with regulators that inspect medicine supply chains in countries that manufacture and import a majority of the world's drugs. Representatives from the European Union and twelve countries, including emerging powers like China, Brazil, and South Africa gathered to discuss how to design a network to coordinate international action on drug safety.

The first workshop in September 2013 provided drug agencies with the opportunity to learn from other sectors that monitor complex supply chains—including forestry, technology, and trade. The second workshop then helped regulators consider how to structure an international institution they hope to build. Margaret Hamburg, commissioner of the FDA, and her colleagues praised the first conference as a "truly world class event," that "help[ed] to highlight the key areas for focus" as they proceed with designing an international coalition.

Other IIGG events provided a rare platform for constructive discussion between policymakers and civil society or private sector representatives that often see themselves in conflict.

In addition, IIGG held a workshop to gather a diverse set of actors who operate in extractives industries like oil and mining. The event took stock of existing efforts to ensure that local communities benefit from their natural resources. European, Congolese, and U.S. officials in charge of regulating these industries in their countries joined World Bank advisers, environmental activists, and representatives from major mining and oil companies—among others. During the conversation, participants highlighted that government officials from poor countries often lack the resources or experience to drive hard bargains during negotiations with corporate giants. The nongovernmental organization (NGO) representatives and government officials present noted that this was an overlooked area where they would suggest that their institutions offer training and support.

Similarly, IIGG's U.S. and the Future of Global Governance roundtable series served as a venue for policymakers to candidly discuss hurdles to international cooperation and solicit suggestions from analysts, academics, and civil society. For example, on the twentieth anniversary of the Rwandan genocide, IIGG arranged a roundtable to discuss the Obama administration's atrocity prevention efforts with Stephen Pomper, special assistant to the president on multilateral affairs and human rights. The event allowed civil society members to convey to policymakers major gaps that they have witnessed on the ground in conflict-ridden countries. At the same time, government representatives explained where they thought NGO initiatives might be most effective in the struggle to reduce mass slaughter of civilians.

IIGG held another noteworthy event with the secretary-general of the Organization of American States, Jose Miguel Insulza. The event examined the transnational drug trade in the Americas, the unintended consequences of the "war on drugs" (including a surge in violence in many countries), and ways that governments could continue to collaborate even as some seek to decriminalize narcotics. The meeting led senior officials from the State Department's Bureau for International Narcotics and Law Enforcement to contact IIGG director Stewart Patrick for advice on how the Obama administration should respond to fast-moving hemispheric developments.

IIGG also facilitated dialogue between U.S. and international policymakers on managing revolutionary challenges to the health of the planet. At a June roundtable Frank Loy, former undersecretary of state for global affairs, joined experts from the National Aeronautics and Space Administration, CalTech's Jet Propulsion Laboratory, and the Bipartisan Policy Center to discuss emerging geoengineering science, which involves experiments to combat the effects of climate change. At the meeting, participants formulated strategies to lay out international rules that would prevent a desperate country or actor from launching a potentially dangerous experiment.

Also in June, IIGG hosted an event on "Governing the Oceans Commons," building on recent initiatives that the U.S. secretary of state, John Kerry, launched to protect the marine environment and freedom of the seas. The event spurred the private sector, government officials, and nonprofit leaders to rethink strategies for protecting oceans given the U.S. Senate's opposition to the UN Convention on the Law of the Sea.

Finally, IIGG continued to support the work of multiple CFR fellows as they craft strategies for managing the global commons—and discuss them with relevant policymakers to ensure that the

recommendations are practical and reach the officials in charge of policies that affect the global commons.

For example, CFR's new senior fellow on digital policy, Karen Kornbluh, established a roundtable series on international cooperation on Internet governance that highlighted the need for the United States to develop a "foreign policy of the Internet." One event with the chair of the Obama administration's Council of Economic Advisers, Jason Furman, allowed technology companies to explain how proposed policies would hurt their businesses. Two other events with Federal Trade Commissioner Julie Brill, and the State Department coordinator for information policy allowed private sector representatives to help these government officials develop strategies for responding to privacy concerns at home and abroad.

In addition, Mark Lagon, the CFR adjunct senior fellow for human rights, organized a major workshop on "Winning Human Rights and Democracy: Grassroots Nonviolent Movements and International Actors." The workshop brought together a diverse group of actors to discuss the best means to support civic action abroad in order to bring about democratization. Peter Ackerman, a CFR board member and cofounder of the International Center on Nonviolent Conflict described it as an "amazingly productive" and "illuminating" day. The event spurred subsequent briefings with senior State Department officials who are responsible for U.S. policy on emerging democracies. Lagon discussed with them how to shift toward giving small grants to civil society groups that are fighting for democracy.

Congressional briefings supported by the Robina Foundation helped clarify policy options for top government officials who take critical decisions. Notable examples include:

- **"Legality of Intervention in Syria"** for Senator James Risch (R-ID) with John B. Bellinger III, CFR adjunct senior fellow for international and national security law, September 3, 2013.
- **"G20 and Global Governance"** for congressional senior staffers with Stewart M. Patrick, CFR senior fellow and director of IIGG, September 13, 2013.
- **"Syrian Chemical Weapons Disarmament"** for the House Committee on Foreign Affairs with Paul B. Stares, CFR General John W. Vessey senior fellow for conflict prevention and director of the Center for Preventive Action, September 26, 2013.
- **"Failed States and Threats to International Security"** for congressional senior staffers with Stewart M. Patrick, CFR senior fellow and director of IIGG, March 14, 2014.
- **"Past, Present, and Future of the NPT"** for congressional senior staffers with Frank G. Klotz, CFR senior fellow for strategic studies and arms control, March 21, 2014.

Enriching research on global governance

During the year, IIGG continued to publish in-depth and distinctive analyses on options for addressing transnational threats and managing the global commons. IIGG heard from multiple policymakers that its unique analysis proved critical as they sought to fashion long-term strategies and responses to crises that flared up during the year.

In the January/February issue of *Foreign Affairs*, Stewart M. Patrick published an essay about "The Unruly World: The Case for Good Enough Global Governance," which assessed how ad hoc frameworks and coalitions of like-minded countries can achieve focused goals. Both policymakers and civil society groups that analyze global governance praised the piece's unique proposals for improving cooperation despite the growing "global disorder." Multiple civil society forums, such as New York

University's "GovLab," Real Clear World, and the International Relations and Security Network, used the piece to call attention to the need for global governance. Keith Porter of the Stanley Foundation wrote to Stewart noting that, "[I] shared it with my board of directors because I know it will deepen their understanding of global governance and the current state of multilateral cooperation." Frank Rose of the State Department's Bureau of Arms Control, Verification, and Compliance also asked Stewart to brief his department on the article's findings. Finally, the UN head of policy planning gave the piece to UN deputy secretary-general Jan Eliasson who found the piece useful.

IIGG's marquee product, the Global Governance Report Card (GGR), provided concrete indicators for understanding multilateral action in 2013 on six global issues: climate change, global finance, public health, nuclear nonproliferation, terrorism, and armed conflict. Released just as the Group of Seven summit convened for the first time since suspending Russia from its ranks, the report card identified a dangerous trend of declining global cooperation and underscored a lack of U.S. leadership. Compared to the 2008–2012 period, the grades for global cooperation dropped in three of six issues (terrorism, nuclear nonproliferation, global finance) while the grade for the climate change regime remained a D. Meanwhile, the grades for U.S. leadership declined on every issue except public health.

These findings helped analysts communicate to government officials and the public about the importance of shoring up multilateral cooperation to safeguard global goods. It provided a "summary [that] doesn't beat around the bush—a format that should be user-friendly for the busy policymaker" in the words of one expert from Rand Corporation.

The Report Card gained significant traction online, underscoring its utility to the media and civil society as they seek to highlight how policymakers should improve international cooperation. On twitter, the GGR reached more than 260,000 individuals within three weeks. Its findings were also referenced by prominent foreign policy opinion leaders—including Micah Zenko, one of the foreign policy "twitterati" and issue-specific twitter feeds like MacroPrudential with 44,000 followers. In addition, *Foreign Policy* chose to feature it at the top of their South Asia Daily newsletter that is distributed to 100,000 readers. Stewart M. Patrick's summary blog post on the report card's main findings was also featured by the International Press Agency and Reuters. Last year's report card was also featured on university syllabi that were publicly available online from Bradley University and the University of Ottawa during the fall and winter of 2014, underscoring their utility for students.

In addition, IIGG released publications with recommendations for engaging emerging powers to confront transnational challenges. First, Yanzhong Huang, CFR senior fellow for global health, coauthored an IIGG working paper with Jia Ping, the chief director of the Health Governance Initiative in China. The paper, "The Global Fund's China Legacy," assessed the activity in China of one of the world's largest health NGOs, the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The paper was translated into Chinese and reached influential officials, including the director-general of international affairs at the Chinese Ministry of Health and Family Planning. Top officials at the Global Fund such as George Shakarishvili, who designs the Fund's strategies for bolstering health systems, solicited briefings from the authors about the paper's conclusion. Ambassador Jack Chow, the assistant director-general of the World Health Organization (WHO) on HIV/AIDS, Tuberculosis, and Malaria, called the paper "an important milestone." Second, Mark Lagon briefed several NGOs on his 2012 IIGG policy innovation memo, "A Global Trust for Rule of Law," to help the Walk Free Foundation shape a \$100 million fund to fight human trafficking, which they launched in September 2013.

IIGG convened another conference in Istanbul, Turkey to help bridge important gaps between U.S. and Turkish policy communities. Turkish journalists, academics, former government officials, and

businessmen joined a diverse CFR delegation. The event, “Turkey: An Emerging Power in a Changing Middle East,” built on past sessions in the Enlisting Middle-Tier Emerging Powers series. The entire workshop was on the record to allow for its contributions to reach a wide audience. Participants expressed their appreciation for the opportunity to understand how Turkish domestic politics explains the country’s policies—from the Egyptian political revolutions to the civil war in Syria and the exploding conflict in Iraq. Turkish participants described the workshop as exceptionally helpful as it shed light on the U.S. government’s decision-making procedures and priorities in the Middle East.

Several IIGG publications offered insight on regulation of the global commons, including two Global Memos on governing cyberspace, and six blogs on The Internationalist. In one blog, titled “Re-Engineering the Earth’s Climate: No Longer Science Fiction,” Stewart called attention to the issue after the IIGG roundtable on the topic. The blog was shared almost four thousand times on Facebook, reaching an untold number of people online. Finally, at the request of the National Intelligence Council, IIGG hosted Pascal Lamy, the former director of the World Trade Organization, to discuss strategies for getting policymakers to prioritize long-term strategies for the planet.

Advancing the global dialogue on shared challenges

In the past year, IIGG cemented its position as a leading source of expertise and dialogue on global governance, with the power to convene policy elites and influential thinkers from around the world to discuss the most pressing transnational issues of the twenty-first century.

IIGG’s flagship meeting series, the Council of Councils (CoC), gathered twenty-four premier policy institutes for four conferences on three continents to inject its insights into policymaking decisions around the world. Roughly representing the member countries of the G20, the CoC network provides an unprecedented opportunity for intellectuals from major and emerging economies to help each other understand competing visions for world order, debate flashpoints of global governance, and consider strategies for improving cooperation despite disagreements.

At three regional conferences in Italy, Mexico, and Australia, the CoC met to focus on specific challenges confronting each region and engage with high-level policymakers in CoC host countries. This also provided a special forum for outsiders to both deepen their understanding of regional priorities and also to offer creative approaches drawing from experience with politics in their own region. In Italy, Emma Bonino, the Italian minister of foreign affairs, spoke to CoC members about how to develop a coherent strategy to contain the violence in Syria. In Mexico, Sergio Werlang, the former deputy governor of the Brazilian Central Bank, detailed the complex considerations informing his country’s financial policies. Lastly, the conference in Australia provided a unique opportunity for top Australian Navy officers to explain to CoC experts what measures China and other countries (including the United States) could take to build trust and prevent a dangerous miscommunication between navies that operate in the region.

At the annual conference in May, forty CoC representatives from twenty countries debated how to confront today’s most pressing problems. These sessions, enriched by presentations from CFR fellows, helped experts hone their understanding of critical challenges ranging from public health to the proliferation of drones—and allowed them to return home with constructive suggestions that they could communicate to policymakers in their countries. In addition, former U.S. national security adviser, Thomas E. Donilon, spoke to the CoC about how to stem the civil war in Syria in a conversation moderated by Richard Haass. In keynote addresses from Jan Eliasson, UN deputy secretary-general, and Christine M. Cumming, first vice president of the Federal Reserve Bank of New

York, they answered questions about how their respective institutions weigh international consequences in developing and implementing policy.

Finally, the CoC illuminated diverse perspectives on global governance to the public in eight Global Memos published on the CoC website. These also provided policy options on major issues, including cybersecurity, Arctic governance, and global trade. The [Arctic Global Memo](#) was particularly successful, receiving 1,895 likes and 192 shares on CFR's Facebook page.

Elevating Online Presence

Over the past year the IIGG program continued to enhance its web presence to expand the conversation about how to tackle global governance challenges. First, the Council of Councils [webpage](#), which launched in February, provides a central clearinghouse of CoC activity to establish the network as a primary resource for global governance analysis. It showcases conference agendas and meeting notes, in addition to publications by member institutions.

In February, IIGG launched a redesign of its award-winning interactive, the [Global Governance Monitor](#) (GGM). The GGM underwent a complete makeover to dramatically improve the viewing experience and allow users to access it on tablets and mobile phones. Moreover, the Monitor's content will now appear on Google searches, allowing researchers around the world to discover its analysis.

A complete overhaul of the armed conflict component also delved more deeply into the Syrian conflict, as well as the evolution of peacekeeping operations—including the potential consequences of incorporating drones into such missions. The relaunch doubled the monitor's viewership during the five-month period after its release, bringing total GGM views to over 330,000. The armed conflict GGM was recognized again with a Telly Award and was twice selected as an honoree in the Webby Awards. Furthermore, the GGM continued to be used to educate students about global governance in classrooms at universities ranging from the University of Michigan to Middlebury's Monterey Institute of International Studies.

Lastly, IIGG continued to expand the use of social media tools to reach new audiences. Stewart Patrick launched a twitter focusing on sovereignty, global challenges, and international order, as well as IIGG activities. [IIGG's Facebook page](#) has 6,451 followers, and posts frequently earn between one hundred and three hundred likes, from individuals around the globe. Several of Stewart's blogs from The Internationalist have been republished by the *Atlantic*, which has a readership of five million people. One post on Russia's annexation of Crimea called attention to the need for U.S. and European leaders to send a powerful message about disrupting the post-Cold War order.

Describe any unanticipated results, and lessons learned during the past year, and any changes you have made or propose to make to the project or the timing of the project.

Over the past year, IIGG took advantage of numerous opportunities to enhance its research on global governance and inject these conversations into policy debates. At the same time, IIGG streamlined its focus on high-impact projects, resulting in staffing changes. Programmatic modifications include:

- redirecting publication efforts toward briefer publications like Policy Innovation Memoranda that are more likely to reach busy policymakers
- concentrating IIGG staff members in CFR's office in Washington, DC, where they can interact with IIGG director Stewart M. Patrick in person
- postponing until FY15 programmatic activities on the future of U.S. sovereignty.

Is there information on any other issues or matters you would like to highlight for the Robina Board? Is there anything Robina could do differently to enable you to work well with the support given by Robina?

This year's reporting cycle of submitting only an annual report was very successful from CFR's perspective. Beyond maintaining that schedule, we have no additional suggestions.

Please share with us your thoughts about ideas/needs/trends related to your field of work that Robina might want to consider as we move forward.

In the past year, a number of violent conflicts have exploded that foreshadow major challenges to regional stability in the Middle East and North Africa, while Cold War tensions appear to be returning. Moreover, the growing specter of cyber threats and unprecedented hazards posed by climate change, water scarcity, and biodiversity extinction will require innovative solutions.

Attach an income and expense statement for this grant period as well as your original budget. Please include a narrative explanation for any line item differences between the original budget and actual expenses.

The IIGG program had a balance of \$106,727 at the end of the sixth year, which is year two of Phase II and year three of the Council of Councils. This balance will be applied to year-seven activities.

IIGG continued to fulfill its ambitious mandate while delivering cost-savings for the program. The largest savings were generated by lower personnel costs associated with the affiliated staff that the IIGG program supports. IIGG's management of Council of Councils also generated savings as a result of lower expenses for publication costs and contributions from CoC members that sponsored regional meetings.

Communications/outreach expenses were lower than expected because IIGG publicized its work on social media campaigns on free platforms (like twitter or placing articles on news sites) that are more effective. Multimedia projects also generated savings as CFR staff produced the second version of the Report Card. Similarly, as IIGG leveraged in-house expertise for many of its publications, these authors did not require payment, resulting in reduced costs.

IIGG took advantage of the opportunities to convene government officials from around the world for workshops on medicines regulation and on extractives governance, and to hold nine roundtables on pressing issues that came to the fore in FY14. The program therefore incurred additional costs for research-related travel and events.

Financial Statement
Robina Foundation
July 1, 2013 - June 30, 2014

Year two award in Phase II	\$2,034,671
Balance as of June 30, 2014 applied to year seven activities	\$106,727

	<u>Year Six Budget</u>	<u>Actual Expenses (7.1.13-6.30.14)</u>
Core Staff	\$486,030	\$486,070
Senior Fellows and Studies Staff	\$466,140	\$388,275
Events	\$151,348	\$214,519
Research Travel	\$74,031	\$121,297
Publications	\$83,643	\$72,131
Multimedia	\$122,828	\$71,326
Council of Councils (CoC)*	\$257,950	\$220,048
Research Materials	\$20,442	\$21,944
Outreach/Communications	\$78,224	\$38,300
Project Management	\$265,392	\$265,392
Total	<u>\$2,006,028</u>	<u>\$1,899,301</u>

*Note the CoC approved budget reflects the year three CoC budget since expenses are based on the initiative's second year of activity. All other budget categories follow IIGG's year one approved budget.

International Institutions and Global Governance Program

Annex I: FY14 Activities and Outputs

Program Director: **Stewart Patrick**, senior fellow and director of the International Institutions and Global Governance program

Reporting Period: July 1, 2013–June 30, 2014

Report Due: July 25, 2014

Council of Councils (CoC)

- CFR hosted the Third Annual Conference in New York City (May 10-12, 2014). Sessions included:
 - “Humanitarian Intervention Since Rwanda”
 - “The Future of Internet Governance”
 - “Conversation on a Pressing Global Challenge”
 - “Governing Global Finance: Recent Progress, Remaining Gaps”
 - “Emerging Global Health Challenges: Biosecurity, Infectious Diseases, and Noncommunicable Diseases”
 - “Climate Change: Do Global Institutions Matter?”
 - “Proliferation of Unmanned Aerial Vehicles: The Future of Drones”
 - “Wrap-Up: Where Do We Go From Here?”

Regional Conferences:

- The Third Regional Conference, “Europe and the Future of Global Governance,” was cohosted by CFR and the Italian Institute of International Affairs in Rome, Italy (September 8–10, 2013). Sessions included:
 - “The European Crisis: The Eurozone's Future and the European Union's Role in Global Governance”
 - “The Transatlantic Trade and Investment Partnership, the Trans-Pacific Partnership, and the Future of International Trade”
 - “Transformation in the Arab World: The Role of Regional and Global Institutions”
 - “The BRICS: What Contribution Do They Give to Global Governance?”
 - “The Geopolitics Of Energy: The European Case”
 - “The Future of the Group of Twenty”
- The Fourth Regional Conference, “The Future of the Americas in Global Governance,” was cohosted by CFR, the Mexican Council on Foreign Relations, and the Getulio Vargas Foundation in Mexico City, Mexico (November 24–26, 2013). Sessions included:
 - “Is There a Latin America?”
 - “Latin America in Regional and Global Trade Arrangements”
 - “The Group of Twenty and Global Governance”
 - “Organized Crime and Narcotics”
 - “Energy Security in Latin America”
- The Fifth Regional Conference focused on the Asia Pacific region and was cohosted by CFR and the Lowy Institute for International Policy in Sydney, Australia (February 23–25, 2014). Sessions included:
 - “How to Revitalize the G20: A View from the Australian Chair”
 - “How to Respond to the Global Challenge of Iran”

- “Minilateralism Versus Multilateralism in Asia”
- “Maritime Security in the Asia Pacific”
- “The Trans-Pacific Partnership and Global Trade”
- “Should There Be Rules for How States Exploit Cyberspace?”

CoC “Global Memo” Expert Briefs (provided by CoC members):

8

- The African Union and Security
- Civil Diplomacy’s Role in the East China Sea
- The High Stakes in Regional Trade Talks
- Global Summits to Watch in 2014
- Building a Better Drug Control Regime
- Indonesia’s Struggle Against Terrorism
- A Liberal Coalition for Internet Governance
- Next Steps in Arctic Governance

Roundtables:

- Global Stakes in Human Rights Roundtable Series: 8
- The United States and the Future of Global Governance: 9
- Global Health Governance Roundtable Series: 2
- International and National Security Law: 3
- U.S.-UN Roundtable Series: 3
- Roundtable Series on the Rule of Law and U.S. Foreign Policy: 5
- Roundtable Series on Digital Policy: 5
- Opportunity and Exclusion in the Global Economy: 4
- Roundtable Series on Technology, Innovation, and American Primacy: 8
- Transnational Movements and Organizations Roundtable Series: 3

Workshops and Study Groups:

- Making Multilateralism Work: 2
 - Governing Extractives on a Global Scale: Challenges and Opportunities
 - Winning Human Rights and Democracy: Grassroots Nonviolent Movements and International Actors
- The Global Regulation of Medicines: 2
 - Ensuring the Safety and Quality of the Global Supply Chain for Medicines: Regulatory Challenges and Lessons from Other Sectors
 - Designing a Global Coalition of Medicines Regulators: Questions on Governance, Membership, and Representation
- Emerging Powers and International Institutions: 1
 - Turkey: An Emerging Power in a Changing Middle East

Congressional Meetings and Briefings:

- Expert Bank Briefings: 40
- Congressional Senior Staff Roundtables: 12
- Foreign Policy Breakfast Forums: 14
- Senate Chiefs of Staff Dinners: 2

Publications, Meetings, and Briefings by Stewart Patrick:

- Blog Posts: 40

- Briefings of Government Officials or Prominent Experts: 20
- Articles: 3

IIGG Publications

Working Papers: 2

- The Global Fund's China Legacy
- Making Sense of the "International Community"

Global Governance Report Card (Launched June 4, 2014)

In addition to background and an evaluation of the major players, the Report Card graded six global issues according to the following criteria:

- Climate Change
 - "Understanding Climate Change Threats"
 - "Curbing Emissions and Protecting Low Carbon Development"
 - "Monitoring and Enforcing Emissions Cuts"
 - "Financing Emissions Cuts and Adaptation"
 - "Adapting to Climate Change"
 - "Utilizing Carbon Sinks"
- Global Finance
 - "Managing Financial Crises"
 - "Coordinating Macroeconomic Policies and Exchange Rates"
 - "Regulating Financial Institutions, Bank Capital, and Liquidity"
 - "Supporting Development"
 - "Reforming Governance of International Financial Institutions"
- Nuclear Nonproliferation
 - "Strengthening Normative and Legal Frameworks"
 - "Checking State Proliferators"
 - "Interdicting Illicit Nuclear Transfers"
 - "Securing Fissile Material"
 - "Oversight of Civil Nuclear Programs"
 - "Disarmament"
- Armed Conflict
 - "Conflict Prevention and Mediation"
 - "Strengthening Peace Operations"
 - "Preventing and Responding to Mass Atrocities"
 - "Peace-building and State-building"
- Public Health
 - "Targeting Noncommunicable Diseases"
 - "The Continuing Battle Against HIV/AIDS"
 - "Managing Acute Pandemics"
 - "Addressing Other Infectious Diseases"
 - "Managing Biosecurity"
 - "Developing Health Systems"
 - "Ensuring Global Health Financing"
- Terrorism
 - "Establishing Counterterrorism Norms"
 - "Combating Terrorist Financing"
 - "Stemming the Threat of WMD Terrorism"
 - "Fighting Terrorism While Protecting Human Rights"

– “Developing Effective Terrorism Prevention Strategies”

Global Governance Monitor:

- Relaunch Updates:

9

International Institutions and Global Governance Program

Annex II: FY 13 Anticipated Activities

Program Director: **Stewart Patrick**, senior fellow and director of the International Institutions and Global Governance program

Reporting Period: July 1, 2013–June 30, 2014

Report Due: July 29, 2014

The International Institutions and Global Governance (IIGG) program will devote its seventh year to expanding on several projects initiated in FY2014. These include: maximizing the impact of the Council of Councils; assessing the effectiveness of regional organizations in providing security; analyzing trade-offs between conventional sovereignty and global integration, and crafting institutional innovations where formal multilateral organizations have failed.

Maximizing the Impact of the Council of Councils

After a year of successfully building the Council of Councils initiative, the IIGG program will seek to maximize the impact of the network's intellectual power and prestige and ensure that insight or policy recommendations from the meetings are injected into foreign policy debates. As part of this campaign, IIGG will launch a CoC Report Card in January 2015. The CoC Report Card will survey the heads of the twenty-four policy institutions and ask them to rate global governance cooperation on ten pressing issues:

- | | |
|--------------------------------|-----------------------|
| 1. Intrastate Violent Conflict | 6. Cyber Governance |
| 2. Interstate Violent Conflict | 7. Global Development |
| 3. Global Economic System | 8. Global Trade |
| 4. Terrorism | 9. Climate Change |
| 5. Nuclear Nonproliferation | 10. Global Health |

In addition, IIGG will continue to work with experts from CoC member institutions to publish global memos foreshadowing or assessing major international events. IIGG will also canvass CoC member institutions for short 150-word submissions immediately following a notable crisis (like Russia's intervention in Ukraine) to provide a survey of rapid reactions from around the globe. Finally, IIGG will focus on maximizing the impact of the CoC. To do so, IIGG will work with CFR's Global Communications Department to increase outreach efforts by launching a Facebook page for the Council of Councils. The Global Communications Department will also coordinate with member institutions' communications departments to increase the visibility of the network in other countries.

Assessing Effectiveness of Regional Organizations in Improving Security

As geopolitical tensions and isolationist sentiment complicate U.S. and UN management of conflicts around the world, regional organizations are growing stronger in some regions—like Africa—but

weaker in others. The IIGG program will build on past work assessing regionalism in Asia with a conference on the African Union to help policymakers identify opportunities for improving regional efforts to confront violent conflict on the continent. In addition, IIGG will assess the ability of regional organizations to address security challenges in an interactive publication.

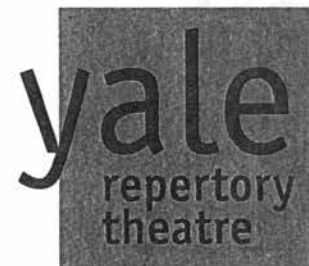
Crafting Institutional Innovations

In the face of rapid technological revolutions, a diverse set of rising powers, and emerging transnational problems, many multilateral organizations and institutions inherited from the past no longer have the capacity to fulfill their missions. IIGG will explore the challenges and dilemmas confronting these bodies and develop recommendations about how best to update, reform, reconstitute, or (in some cases) bypass them. IIGG will hold three workshops to explore new approaches to governance in areas where existing approaches are outdated or inadequate: energy, environmental governance, and Internet governance (which IIGG plans to hold in San Francisco to leverage expertise from the private sector companies and Internet policy analysts that are concentrated in San Francisco).

Exploring the Future of U.S. Sovereignty

In a new book, "True Sovereignty: Controlling America's Destiny in a Global Age" (working title) Stewart Patrick will explore the challenges posed to traditional U.S. conceptions of sovereignty in an increasingly globalized world. The book will examine the U.S. position on sovereignty as it relates to specific issues, including the expanding frontiers of international law, the management of transnational threats, the management of the international economy, the policing of the global commons, and the quest for democratic accountability in international institutions. The book will argue that the effective exercise of U.S. sovereignty in the twenty-first century will require the United States to exchange some national autonomy for the promise of greater control over its destiny. A draft of the manuscript will be ready by late summer 2015, with publication slated for late spring/early summer 2016. Major milestones will include holding one workshop, and two manuscript review sessions in FY2015.

Asked by Denis Duke
Fdn to apply for grant.
Mellon grant running
out.



JAMES BUNDY,
ARTISTIC DIRECTOR

VICTORIA NOLAN,
MANAGING DIRECTOR

YALE REPERTORY THEATRE
PO BOX 208244
NEW HAVEN, CT 06520

PHONE: 203.432.1559
FAX: 203.432.2562

yalerep@yale.edu
yalerep.org

July 28, 2014

Ms. Penny Hunt
Executive Director
Robina Foundation
80 South 8th Street, Suite 4900
Minneapolis, MN 55402

Dear Penny,

It is my pleasure to provide you and the Trustees of the Robina Foundation with this annual report for the FY2014 activities of the Binger Center for New Theatre.

Provide the goals and objectives established in your grant proposal.

The Binger Center for New Theatre is an initiative to commission, develop, and produce new work for the stage, thereby cultivating the skills and nurturing the talents of playwrights and other theatre professionals.

Goals

- To keep writers of outstanding potential engaged in the profession.
- To establish a new standard of artist-centered development and production.
- To create a pipeline of new talent and new works for theatre companies across the country.
- To broaden the experiences and expertise of Yale students and embolden them to imagine new possibilities for the stage.
- To serve as a model for the training of theatre professionals in the production of new work.

Objectives

- To support a significant number of Yale Rep-commissioned plays and musicals and provide commissioned artists with readings and workshops, as well as residencies at the School of Drama.
- To produce work of the highest possible artistic standards at Yale Rep and to encourage the advancement of plays commissioned, developed, and produced through the Binger Center for New Theatre.
- To promote partnerships through the Production Enhancement Fund, a mechanism that helps to underwrite multiple productions of Yale-commissioned plays and musicals at theatres across the country.
- To introduce writing-centered, collaborative, and integrated workshops, laboratories, and short courses to the Yale School of Drama curriculum, focusing specifically on musical theatre (including libretto, lyric, and music composition for the stage).

Provide a summary of your activities during the reporting period and how they relate to achievement of the ultimate goal/purpose of the program.

In the sixth year of the Binger Center for New Theatre's work, we have maintained our commitment to commissioning, while increasing the scope and scale of development activities and production opportunities offered to our commissioned artists.

Commissions

- In FY2014, we commissioned five new plays by Karen Hartman, Rolin Jones, Caroline V. McGraw, Julie Marie Myatt, and Christopher Oscar Peña.
- A new draft of Julie Marie Myatt's *Opium Den* was submitted following its July 2013 workshop. [We decided not to produce *Opium Den* and released it back to Julie so she could pursue other productions.]
- Following the October 2013 workshop of Paula Vogel and Rebecca Taichman's *Rehearsing Vengeance*, Yale Rep and co-commissioner Oregon Shakespeare Festival (OSF) reached out to La Jolla Playhouse as a potential producing partner for future production. [Yale Rep and La Jolla have committed to produce the play in 2015] OSF remains a partner in the development of the play, but has not yet made a commitment to produce it. All three theatres will partner on a workshop of the play in the fall of 2014.
- Three commissioned plays are scheduled for world premiere productions in the Yale Rep 2014-15 season: *War* by Branden Jacobs-Jenkins, *Familiar* by Danai Gurira, and *Elevada* by Sheila Callaghan.
- A new draft of Dan LeFranc's *In the Labyrinth* was submitted following its November 2013 workshop. We decided not to produce *In the Labyrinth* and released it back to Dan so he could pursue other productions.

- We currently are developing Christina Anderson's *Knuckle Down*, Noah Haidle's *Playscape*, and Alice Tuan's *Private Rivals*.

Workshops, Readings, and Residencies

The Binger Center continues to provide ample development opportunities for our commissioned artists and their collaborators. In FY2014, we produced 14 workshops/readings and 8 residencies (an increase from 8 workshops and 6 residencies in FY2013).

- Workshop of Sheila Callaghan's *Elevada* (New York, July 2013)
- Workshop of Julie Marie Myatt's *Opium Den* (New York, July 2013)
- Writers Residency: Noah Haidle (New Haven, July/August 2013)
- Yale School of Drama Bootcamp Residency, which included commissioned writers Aditi Brennan Kapil, Julie Marie Myatt, Dan LeFranc, Lucy Thurber, Carson Kreitzer, and Alice Tuan; nine MFA playwriting students; three first-year MFA directing students; and YSD playwriting faculty Paula Vogel, Sarah Ruhl, and Jeanie O'Hare (New Haven, August 2013)
- Writers Residency: Rolin Jones (September 2013)
- Reading of Christina Anderson's *Knuckle Down* (New York, October 2013)
- Writers Residency: Matt Gould and Carson Kreitzer (New Haven, October 2013)
- Workshop of *Lempicka* by Carson Kreitzer and Matt Gould (New Haven, October 2013)
- Workshop of *Rehearsing Vengeance* by Paula Vogel (New York, October 2013)
- Writers Residency: Rolin Jones (New Haven, November 2013)
- Writers Residency: Christina Anderson (New Haven, November 2013)
- Workshop of Dan LeFranc's *In the Labyrinth* (New York, November 2013)
- Workshop of Alice Tuan's *Private Rivals* (New York, December 2013)
- Workshop of Danai Gurira's *Familiar* (New York, February 2014)
- Writers Residency: Lucy Thurber (New Haven, February/March 2014)
- Writers Residency: Noah Haidle (New Haven, April 2014)
- Reading of Noah Haidle's *Playscape* (New Haven, April 2014)
- Reading of Danai Gurira's *Familiar* (New York, April 2014)
- Reading of *War* by Branden Jacobs-Jenkins (New York, May 2014)
- Workshop of *War* by Branden Jacobs-Jenkins (New York, June 2014)
- Yale Institute for Music Theatre: *Afterland* by Benjamin Velez and Kathryn Hathaway; *Clouds Are Pillows for the Moon* by Tidtaya Sinutoke and Ty Defoe (New Haven, June 2014)

New Play Production

The Binger Center supported three productions in the Yale Rep 2013-14 season: *The Fairytale Lives of Russian Girls*, by Meg Miroshnik; *These Paper Bullets!*, adapted by Rolin Jones, with songs by Billie Joe Armstrong; *The House that will not Stand* by Marcus Gardley.

- Meg Miroshnik's *The Fairytale Lives of Russian Girls* ran in New Haven February 6 to 22, 2014. Meg, a graduate of Yale School of Drama's playwriting program, has also been commissioned to write a new play for Yale Rep. The production of *Fairytale Lives*, directed by OBIE-award winner Rachel Chavkin, received mostly positive reviews. The *Hartford Courant* called the play "wildly imaginative, wickedly funny" and raved that it "receives a fierce and fabulous production here with a terrific cast that doubles as its own punk band accompaniment, all under the nervy direction of Rachel Chavkin." The *New Haven Independent* praised Meg's sure-handed storytelling and commitment to bringing strong female roles to the stage: "Adding to the joy is the excitement of seeing a challenging play written for such a wide variety of female actors. Meg Miroshnik isn't just raising cultural awareness—by writing such ambitious female-ensemble shows, she's providing a genuine public service to the American theater."
- * *These Paper Bullets!* ran March 20 to April 5, 2014, and it was one of the most anticipated new plays of the 2013-14 season. The *New York Times* ran a feature article about the Binger Center's development of *These Paper Bullets!* prior to its opening. The production received five awards from the Connecticut Critics Circle for Outstanding Production of a Play, Outstanding Director (Jackson Gay), Outstanding Scenic Design (Michael Yeargan), and Outstanding Costume Design (Jessica Ford), plus a special award was given to Billie Joe Armstrong for the songs.
- Marcus Gardley's *The House that will not Stand* was produced by Yale Rep in association with Berkeley Repertory Theatre. The world premiere ran at Berkeley Rep through March 23 and then at Yale Rep April 18 to May 10. The production received Connecticut Critics Circle Award nominations for Outstanding Supporting Actress (Hatriett D. Foy), Outstanding Director (Patricia McGregor), and Outstanding Production.

Production Enhancement Fund

The Production Enhancement Fund supported the premiere of Will Eno's *The Realistic Joneses* at Broadway's Lyceum Theatre. The production, directed by Sam Gold, featured Toni Colette, Michael C. Hall, Marisa Tomei, and Tracy Letts. It ran March 13 to July 6, 2014. This is the first Yale Rep-commissioned play developed through the Binger Center to move to Broadway.

The Fund will support Woolly Mammoth's production of David Adjmi's *Marie Antoinette* in the 2014-15 season. Yale Rep began conversations with Woolly Mammoth more than two years ago as it was seeking a producing partner to premiere the play. When it became clear that a co-production was not practical between our two organizations for several reasons (including conflicting production calendars and casting challenges), we maintained contact with the theatre and encouraged them to consider their own production. Given the size and scale of the show, a production was still challenging for the Washington, D.C. theatre, but their commitment to

David Adjmi as an artist and to the play itself was strong. We are pleased the Fund could be leveraged to finally support the production at Woolly Mammoth.

Describe any unanticipated results or lessons learned and any changes you have made or propose to make to the project or the timing of the project. Provide information on any other issues or matters you would like to highlight to the Robina Board.

How?
Jennifer
K. Trecho
The robust work of the Binger Center has continued since we met with the Robina Board in February 2014, at which time we reported on the current year's activities, as well as any unanticipated results or lessons learned. The observations noted in the February report remain relevant. We are continuing to address the recommendations set forth in the report from the Binger Center Review Committee, specifically with regard to involving the playwriting students and the larger Yale School of Drama community in the activities of the Binger Center. We have no new issues or matters to highlight to the Robina Board at this time.

Additionally, please let us know if there is anything Robina could do differently to enable you to work well with the support given by Robina. Also share with us your thoughts about ideas/needs/trends related to your field of work that Robina might want to consider as we move forward.

→ One of the highest trending topics of discussion in the field has focused on the art's inability to capture productivity gains. As arts organizations undergo de-capitalization, it becomes increasingly difficult to underwrite the risk of producing large-scale new plays that celebrate theatrical spectacle and imagination. Other national funders, such as the Andrew W. Mellon Foundation and the Doris Duke Charitable Trust, have begun to fund programs that commission, develop, and produce plays of scale and encourage long-term relationships between playwrights and commissioning theatres. These interventions into the field by funders validate and highlight the successful practices of the Binger Center. The fact that we have a proven track record of commissioning and producing new work and supporting the future life of those plays through the Production Enhancement Fund puts the Binger Center at the forefront of this important conversation in the field.

Attach an income and expense statement for this grant period along with your original budget for the period and a narrative explanation for any line item differences between the original budget and actual expenses. (Income for the project should include a list of additional funders and the amounts they provided.)

As agreed in January, our income and expense statement for FY2014 will be submitted to the Foundation on August 5. The (unaudited) value of the Binger Center Endowment as of June 30, 2014 was \$17,739,859. Income from the Endowment in FY2014 was \$751,435.

We remain enormously grateful to the Foundation for its extraordinary investment in the Binger Center for New Theatre.

Sincerely,

A handwritten signature in cursive script, appearing to read "James Bundy".

James Bundy

ARTIST BIOS

Karen Hartman is the award-winning author of over twenty plays and musical works, including *Goldie, Max, and Milk*; *Gum*; *Wild Kate*; *Goliath* (Dorothy Silver New Play Prize); *Leah's Train* (Weissberger Award Finalist); *Going Gone* (NEA New Play Grant); *Girl Under Grain* (Best Drama, NY Fringe); and her Euripides adaptation *Troy Women*, which has become a staple of college theaters. Ms. Hartman's plays have also been performed in New York at the Women's Project, National Asian American Theatre Company, Page 73, and Summer Play Festival, and at regional theaters including Florida Stage, Baltimore's Center Stage, ACT Conservatory, Cincinnati Playhouse, Dallas Theater Center, the Magic Theatre, Phoenix Theatre (Indianapolis), and elsewhere. They are published by Theatre Communications Group, Dramatists Play Service, Playscripts, Autumn House Press, Back Stage Books, and NoPassport Press. She has been commissioned by McCarter Theatre, La Jolla Playhouse, American Conservatory Theater, South Coast Repertory, California Shakespeare Theater, DreamWorks Animation/Franco Dragone, and others. Her essays have been published in the *New York Times* and the *Washington Post*.

Current projects include a New Play Frontiers Residency and Commission at People's Light and Theatre Company, where Ms. Hartman spent 2013-14 observing Project Dawn Court, an alternative justice system for Philadelphia women convicted of prostitution. Also in the 2013-14 season, her newest play, *Forty*, had readings at New Dramatists and Salvage Vanguard in Austin and was part of the Little Festival of the Unexpected at Portland Stage in Maine. Ms. Hartman was awarded a Promise Award last year from the Sustainable Arts Foundation. *The Book of Joseph*, a semi-documentary theatre piece based on the most important collection of letters to survive the Krakow Ghetto, will premiere at Chicago Shakespeare Theater in 2016.

A New Dramatists alumna and past Core Writer of the Playwrights' Center, Ms. Hartman has been supported by a Jerome Fellowship, the Rockefeller Foundation Bellagio Center, the National Endowment for the Arts, Princeton's Hodder Fellowship, the Helen Merrill Foundation, the MacDowell Colony, the O'Neill Playwrights Conference, a Daryl Roth Creative Spirit Award, a Joe A. Callaway Award from New Dramatists, Voice & Vision's ENVISION Retreat, and a Fulbright Scholarship. She has been a guest artist at the National Theatre of Great Britain. Ms. Hartman graduated from Yale University and Yale School of Drama. She has taught writing extensively, including at Yale, New York University, and in ongoing workshops for professional writers in New York. In the fall of 2014, she will join the faculty of University of Washington, Seattle, as Senior Artist in Residence.

Julie Marie Myatt's plays *The Happy Ones* and *My Wandering Boy* both had their world premieres at South Coast Rep. Her play *Someday* was commissioned by and premiered as part of Cornerstone Theater Company's Justice Cycle. *Welcome Home, Jenny Sutter* premiered at Oregon Shakespeare Festival, and a tour of that production went on to the Kennedy Center as part of the Kennedy Center Fund for New American Plays. *Boats on a River* was commissioned by and premiered at the Guthrie Theater, was a finalist for The Susan Smith Blackburn Prize, and was recorded for the L.A. Theatre Works Radio Play Series. Her ten-minute play, *Mr. and Mrs.*, premiered at the 2007 Humana Festival. *The Sex Habits of American Women* premiered at the Magic Theatre in San Francisco and was produced by the Guthrie Theater, among others. Her

play *Flooded*, a Denver Center Theatre commission, was featured in the 2009 New Play Summit and developed at the 2010 Perry-Mansfield New Works Festival. Her work has been developed or seen at Actors Theatre of Louisville, Seattle Repertory Theatre, Cherry Lane Theatre, A.S.K. Theater Projects, LAByrinth Theater Company, among others. Ms. Myatt has received a Walt Disney Studios Screenwriting Fellowship, a Jerome Fellowship at the Playwrights' Center, and a McKnight Advancement Grant. She has been awarded commissions from Yale Rep, ACT Seattle, and Roundabout Theatre Company.

Christopher Oscar Peña is an American playwright, originally from California, now residing in Manhattan and Los Angeles. Selected plays include *maelstrom*, *icarus burns*, *alone above a raging sea*, *l(y)re*, *the suicide tapes*, and *awe/struck*. His work has been developed or seen at the Public Theater, the Goodman Theatre, Two River Theater, INTAR, the Ontological-Hysteric INCUBATOR, Playwrights Realm, Son of Semele Ensemble (LA), American Theater Company (Chicago), Rattlestick Playwrights Theater, the Old Vic, Theater for the New City, the Orchard Project, Naked Angels, and New York Theatre Workshop, among many others. After successful workshop productions in L.A. and New York, his play with composer Melissa Lusk *i wonder if it's possible to have a love affair that lasts forever? or things I found on craigslist* closed the University of Illinois at Chicago School of Theatre and Music's LAUNCH year season in 2014. He is the creator and co-star of *80/20*, a new series for the web, which was recently named an Official Selection at the 2013 New Media Film Festival in L.A. and won the 2013 Outstanding Achievement in Writing from LAWEBFEST. His newest play, *TINY PEOPLE (or, it gets better)*, was a finalist for both the 2013 O'Neill Playwrights Conference and Sundance Theatre Lab and was featured in the 2013 Crossing Borders Festival at Two River Theater. Awards/fellowships: Latino Playwriting Award (Kennedy Center), New York Theatre Workshop Emerging Artists Fellow, Playwrights Realm Writing Fellow, Sewanee Writers' Conference Fellow, TS. Eliot US/UK Exchange (Old Vic New Voices). His play, *a cautionary tail*, received its professional world premiere at The Flea Theater in Tribeca in spring of 2013. He is working on a new commission from Chicago's Goodman Theatre where has been a member of their Playwrights Unit. He was the Lark Play Development Center's 2012-2013 Van Lier Fellow and is currently a 2013-2014 Fellow in the Lark's Playwrights Workshop, where he is working on a new play. In 2014, he was a fellow at the Sundance Institute Playwright's Retreat at Ucross, and his first collection of published plays is forthcoming from NoPassport Press. He is a member of New Dramatists. He received his B.A. in Drama from UC Santa Barbara, where he studied with Naomi Iizuka, and holds an M.F.A. in Dramatic Writing from NYU's Tisch School of the Arts.

Rolin Jones's first commission for Yale Rep was *These Paper Bullets!*, his adaption of William Shakespeare's *Much Ado About Nothing*, which was produced in the 2013-14 season. *These Paper Bullets!* received the Connecticut Critics Circle Award for Outstanding Production of a Play. Mr. Jones's play *The Intelligent Design of Jenny Chow* received the 2006 OBIE Award for Excellence in Playwriting. *Jenny Chow* was a finalist for the Pulitzer Prize in Drama and was produced at the Atlantic Theater Company (NYC), South Coast Repertory, Old Globe Theatre, Yale Rep, Studio Theatre (D.C.), Portland Center Stage, San Jose Repertory, and Collaboration (Chicago), among others. His play, *The Jammer*, was produced Off-Broadway last season at Atlantic Theater Company. He has written several short plays for Actors Theatre of Louisville's Humana Festival, including *Sovereignty*, *Ron Robby Had Too Big a Heart*, *The Mercury and the Magic*, *Extremely*, and *Chronicles Simpkins Will Cut Your Ass*. He has written for the television

shows *Weeds*, *Friday Night Lights*, and *Boardwalk Empire*. His *Friday Night Lights* episode, "The Son," received an Emmy Award Nomination for Outstanding Dramatic Writing and was named by *Time* magazine as the best episode of television for the year 2010. He is currently the Co-Creator/Executive Producer of *Knifeman*, a serialized drama, for the AMC television network and is writing the film adaptation of *American Idiot* for Universal Pictures.

Caroline V. McGraw's plays include *The Ultimate Beauty Bible*, *The Bachelors*, *Tall Skinny Cruel Cruel Boys*, *The Vaults*, *Debut Track One Chord One Verse One (or, The Shed)*, *Trade*, and *The King is Dead*. Her work has been produced and developed all around the country, including at Cherry Lane Theatre by Young Playwrights Inc., the Abingdon by Highwire Theatre, Yale Cabaret, Washington Ensemble Theatre, American University's New Works Series, WordBRIDGE Playwrights Laboratory, AracaWorks, New Georges, Intiman Theatre Festival/One Coast Collaboration, Naked Angels, Theatre Seven of Chicago, Rattlestick Playwrights Theater, the Satori Group, Portland Center Stage, Washington National Opera/The Kennedy Center, Second Stage, Williamstown Theatre Festival, Studio 42, Page 73, and Yale School of Drama, among others.

Works in progress include *Embarrassing Stories*, a play in creation with the Satori Group; a romantic comedy about LARPing first developed at Second Stage with director Portia Krieger; and *...baby no more times*, a pop spectacular with director Mary Birnbaum and Melissa Lusk of the band Boy Girl Party, which was featured at Ars Nova ANT Fest in June 2014. Ms. McGraw is the winner of the Young Playwrights Inc.'s National Festival, Highwire Theatre's Testing the Line Competition, and the AracaWorks Graduate Playwriting Award. She is a member of the Jam, New George's gathering of emerging women theatre artists, and an alum of Interstate 73. Ms. McGraw was the 2013 Page 73 Playwriting Fellow.

She has worked with Young Playwrights Inc., Astoria Performing Arts Center, and the Horizon Theatre's Young Playwrights Festival as a mentor, dramaturg, and teaching artist. She has taught playwriting at New Haven Co-op Arts High School, Wesleyan University, Yale, and City College of New York. She is a graduate of the Playwriting M.F.A. program at Yale School of Drama, where she studied under Paula Vogel. A native of Cleveland, Ohio, she is based in New York.

Binger Center for New Theatre
FY14

	FY2014 Binger Center Budget	FY2014 Other Sources Budget	FY2014 Center for New Theatre Total	FY2014 Binger Center Actuals	FY2014 Other Sources Actuals	FY2014 Center for New Theatre Total
Income						
Binger Center Endowment & Treasury Bills ⁽¹⁾	1,098,200		1,098,200	1,132,199		1,132,199
Robina Production Enhancement Funds	100,000		100,000	90,000		90,000
Andrew W. Mellon Foundation		200,000	200,000		187,200	187,200
Other (Foundation, Individual, and University support) ⁽²⁾		307,700	307,700		536,356	536,356
Grand Total Income	1,198,200	507,700	1,705,900	1,222,199	723,556	1,945,755
Expenses						
Literary Manager & Artistic Associate: Salary and Benefits ⁽³⁾	161,700		161,700	144,910		144,910
Commissions ⁽⁴⁾	208,100		208,100		85,000	85,000
Workshops, Residencies and Retreats	78,000	15,000	93,000	116,356	8,040	124,396
Production Expenses ⁽⁵⁾	492,300	200,000	692,300	798,212	293,740	1,091,952
Enhancement Support ⁽⁶⁾	100,000		100,000	90,000		90,000
Yale Institute for Music Theatre	158,100		158,100		107,215	107,215
YSD Playwriting Lecturers		73,000	73,000		118,973	118,973
YSD Key Staff Time ⁽⁷⁾		219,700	219,700	72,721	110,587	183,308
Program Review			-			-
Grand Total Expenses	1,198,200	507,700	1,705,900	1,222,199	723,556	1,945,755

(1) Actuals include \$276,500 of carry-over Treasury bills income from FY2013

(2) Additional income for the project came from K Unterberg (\$50K), Beinecke Playwriting Residency (\$43.5K), CT Direct (\$39.6K), NEA (\$30K), CT Humanities (\$25K), Center for New Theater endowment (\$21.1K), Friends of YIMT (\$1.7K), General Operating (\$325.6K)

(3) Proposal budget assumed 100% for both these positions; charged salary and fringe to reflect actual effort of Literary Manager (85%).

(4) Commission fees are fluid, depending on when drafts are completed, and extend over fiscal years

(5) Actual productions larger than scope of productions in proposal budget

(6) Production Enhancement Fund supported *Marie Antoinette* at Woolly Mammoth and Soho Rep, and *The Realistic Joneses* at the Lyceum Theatre, Broadway

(7) Key Staff Time reflects charging 88% of Artistic Coordinator salary and 50% Associate Artistic Director salary and fringe to reflect actual effort.

Yale School of Drama/Yale Repertory Theatre

Center for New Theatre Annual Report

July 29, 2014

Financial Information

Page 1 of 1

The Binger Center for New Theatre Funds Report (revised)
as of June 30, 2014

Overall Endowment Performance FY13-14

Yale's endowment earned a 20.2% investment return for the year ending June 30, 2014. The endowment value grew from \$20.8 billion on June 30, 2013, to \$23.9 billion on June 30, 2014, net of spending. The University benefited from investment gains of approximately \$4.0 billion. Spending from the endowment for Yale's 2015 fiscal year is projected to be \$1.1 billion, representing approximately 34% of the University's net revenues. Endowment distributions to the operating budget have nearly doubled in the last decade. The University's longer term results remain in the top tier of institutional investors. Yale's endowment returned 11.0% per annum over the 10 years ending June 30, 2014, surpassing broad market results for domestic stocks, which returned 8.4% annually, and for domestic bonds, which returned 4.9% annually. Relative to the estimated 7.6% average return of college and university endowments, over the past decade Yale's investment performance added \$8.4 billion of value in the form of increased spending and enhanced endowment value. During the 10-year period, the endowment grew from \$12.7 billion to \$23.9 billion, net of spending.

The Binger Center for New Theatre Endowment Fund

Original Investment	\$15,000,000.00
Principal	\$15,000,000.00
Market Value	\$18,173,603.86
Expendable Income	\$ 751,435.20

The Binger Center for New Theatre Current Use Fund – Interest Bearing

Original Investment	\$3,000,000.00
Balance	\$2,418,470.00

The ten-year United States Treasury Bond yield on June 12, 2012*: 1.619%

		FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	Total
Beginning Gift Balance		\$3,000,000	\$2,723,500	\$2,418,470	\$2,085,630	\$1,731,410	\$1,404,150	\$1,102,310	\$749,530	\$418,850	\$108,710	\$3,000,000
<i>Support for program:</i>												
Prescribed distribution	(1)	(\$276,500)	(\$305,030)	(\$332,840)	(\$354,220)	(\$327,260)	(\$301,840)	(\$352,780)	(\$330,680)	(\$310,140)	(\$108,710)	(\$3,000,000)
Interest income	(2)										(206,302)	(\$206,302)
Total support for program		(\$276,500)	(\$305,030)	(\$332,840)	(\$354,220)	(\$327,260)	(\$301,840)	(\$352,780)	(\$330,680)	(\$310,140)	(\$315,012)	(\$3,206,302)
Ending Gift Balance		\$2,723,500	\$2,418,470	\$2,085,630	\$1,731,410	\$1,404,150	\$1,102,310	\$749,530	\$418,850	\$108,710	\$0	\$0
Interest Income		\$44,093	\$39,155	\$33,766	\$28,032	\$22,733	\$17,846	\$12,135	\$6,781	\$1,760	\$0	\$206,302

(1) The prescribed distribution is made available to the program on July 1st of each fiscal year.

(2) Interest income is calculated on the balance after the annual distribution is made on the first of each fiscal year and is distributed to the program in FY22

* Gift credit date

ROBINA FOUNDATION

TO: Robina Foundation Board of Directors
FROM: Penny Hunt
RE: Governance Discussion and Action: Background Information
DATE: August 13, 2014

Following is background information for the Board discussion of various governance issues and action on several items:

Robina Board of Directors

- Attachment 1 is a Job Description for Robina Board Members. This was prepared during the early years of the Foundation.
- Size: Robina Foundation Bylaws call for a board of not "fewer than three and no more than seven" Board Members "as determined by resolution of the Board." (Article IV, Section 2)
- Term/Term Limits: Three year term of office. At the August 2013 Annual Meeting, the Board passed a resolution setting a limit of four three-year terms for Board Members.
- Composition: Directors: Must be at least 18 years old and no more than 79 when elected to the Board. Need not be a resident of Minnesota or formally affiliated with a Robina Grantee.
- Compensation: Attached is a memo from Susan about compensation of Board Members and information on compensation from 2011. Attachment 2 also includes information from the Association of Small Foundation's 2013 Foundation Operations and Management Report, the most recent such publication.
- Lead Directors: Attachment 3 is a Job Description for Robina's Lead Directors. Current Lead Directors are as follows: ANWH/Allina: Steve Schroeder; CFR: Gordy Aamo; University of Minnesota Law School: Kathleen Blatz overall; Susan Berresford for the Center for New Americans; Yale: Peter Karoff.

Officers

- Term: According to the Bylaws, officers serve at the pleasure of the Board and hold office until their successors are elected or appointed. Two or more offices may be held by the same person. (Article VI, Section 2). At the 2011 Annual Meeting, the board approved a motion setting officers' terms at three years, renewable at the end of each term.
- Compensation of Chair: At the 2013 Annual Meeting, the Board approved compensation of \$15,000 for the services of the Chair.

Election of Directors and Officers: Attachment 4 includes information on Robina Officers and Board Members. As noted on the attachment, Susan and Kathleen are up for reelection to a second term.

Conflict of Interest Policy/Board Member Disclosure: Attachment 5.

ROBINA FOUNDATION

JOB DESCRIPTION DIRECTOR, ROBINA FOUNDATION

PURPOSE: To act as a voting member of the Board of Directors of the Robina Foundation, with full authority and responsibility to develop policies, procedures and regulations for the operation of the organization; to monitor Robina's finances, programs, and overall performance; and to provide the President with the resources to meet the needs of Robina and the community it serves.

Title: Director

Term: Three (3) year term, renewable, expiring at the Board of Director's Annual Meeting

Attendance: Attend quarterly Board Meetings, retreats, and special events

Responsibilities:

- Establish policy
- Hire and fire Robina President and CEO
- Monitor finances
- Fill Board vacancies
- Review grants and approve, or disapprove
- Meet with grantees
- Monitor grantees for performance
- Assure finances are adequate for current and long-term commitments
- Review and revise Investment Policy Statement
- Approve spending and Spending Policy Statement
- Review and approve audit
- Assure management has appropriate policies to identify conflicts of interest and is diligently administering and enforcing Board policies, including laws affecting the Robina Foundation
- Read and be prepared to comment on information in the quarterly Board Meeting books
- Provide candid and constructive criticism, advice, and comments

Board Members Can Expect:

- Staff support
- Meeting dates long in advance
- Board Books in advance of meetings
- A positive "Board culture" that allows your contribution to further the mission, vision, and goals of the Robina Foundation

ROBINA FOUNDATION

TO: Robina Board of Directors

FROM: Susan Berresford

RE: Board Compensation

DATE: August 13, 2014

I have made calls to update our approach to trustee fees. Here is what I offer as a summary. I hope this is helpful.

Most foundations do not pay trustee fees. But fees at paying foundations that one might consider comparable to Robina are in the \$20k to \$35k range. They are reviewed and sometimes changed at 3 to 5 year intervals.

But there is no simple formula that foundations follow. Instead, the best practice takes account of the level of trustee responsibility, time on tasks and travel, and peer comparisons.

In Robina's case, as you know, for the last three years since we reviewed and set the fees using the attached chart, we seem to have covered things well. We allowed for 13 days of work/travel that included 8 and 1/2 days for meetings and related travel, 4 and 1/2 days in addition to specific board meetings. After considering various ways to calculate fair pay, we settled on a basic retainer of \$15,000 and two levels of meeting fees (\$3,000 for the August and February meetings and \$2,000 for the May and November meetings).

Now, 3 years later, I sense that we may be needing to spend a bit more time on our work. As we approach the end of our spend down period, some time in the next decade, we may need to be a bit more hands-on, and more engaged in policy questions about last stage finances and program decisions. And if we take on a new and final program thrust, more time may be required than in the past. So we need to think carefully about what we expect of the board in this coming period. This board meeting provides a good opportunity for this.

Also, we ought to discuss what we believe is the right daily rate to apply to the days we estimate we will be working— just to be sure we are in the right range, more or less. As you remember, we did not simply take the number of days and multiply them against a daily fee to arrive at the current board pay level. But some such calculation helped us think about the final number. Three years ago we used \$2,000 as a daily level. Now it seems Robina has been paying some of our consultants approximately \$3,000 a day, and I have found that fees at that level are not uncommon for high level professional consultants to other foundations.

In sum, we should soon determine how much time we believe trustees will need to allocate to Robina business over the next 3 to 5 years, and what level of daily level pay seems appropriate as a background for calculating the right remuneration.

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: \$3000/mtg: \$6,000

May and November: \$2000/mtg: \$4,000

TOTAL: \$25,000

Board Meeting: 8/24/2011

Expense Reimbursement

Nearly two-thirds (64%) of foundations reimburse board members for expenses incurred while on foundation business (e.g., travel, hotel accommodations, meals). Generally, those foundations with greater assets are more likely to reimburse board members.

TABLE 3
Expense Reimbursement, by Foundation Type and Asset Size

Overall	Type		Asset Size					
	Family Foundations	Non-Family Foundations	< \$1M	\$1–4.9M	\$5–9.9M	\$10–24.9M	\$25–49.9M	\$50+M
64%	62%	65%	33%	55%	60%	67%	77%	67%

Board Compensation

Just over one-third (36%) of foundations compensate board members for routine board and committee service distinct from any additional compensation for advisory or staff services. Among those foundations, 56% pay an annual fee to board members, 32% pay per board meeting, and 13% compensate using a combination of annual and per meeting fees. Of the foundations surveyed, 14% compensate extra for committee meetings. Foundations with more assets tend to be more likely to compensate board members, as are non-family foundations.

TABLE 4
Type of Board Compensation, by Asset Size

	Overall	Asset Size					
		< \$1M	\$1–4.9M	\$5–9.9M	\$10–24.9M	\$25–49.9M	\$50+M
Percentage of foundations that compensate board members	36%	10%	35%	35%	33%	42%	44%
Of foundations compensating board members, percentage that pay:	56	33	69	47	59	43	59
Only an annual fee							
Only a fee per meeting	32	67	22	40	35	38	23
An annual fee plus a fee per meeting	13	0	9	13	6	19	18
An additional fee per committee meeting	14	0	0	3	17	19	24

TABLE 5

Board Compensation, by Foundation Type and Asset Size

	Type			Asset Size					
	Overall	Family Foundations	Non-Family Foundations	< \$1M	\$1–4.9M	\$5–9.9M	\$10–24.9M	\$25–49.9M	\$50+M
Overall annual compensation per board member*									
Average	\$11,621	\$8,994	\$13,677	**	\$9,291	\$8,164	\$13,244	\$8,986	\$16,783
Median	\$6,000	\$5,000	\$8,000	**	\$4,000	\$4,200	\$7,100	\$6,800	\$12,000
(n)	(189)	(83)	(106)	**	(31)	(29)	(52)	(35)	(39)
Typical board member receives annual fee only									
Average	\$16,420	\$17,029	\$18,153	**	\$12,381	\$13,528	\$20,842	\$12,612	\$18,696
Median	\$10,000	\$7,500	\$12,000	**	\$5,000	\$8,000	\$15,350	\$10,000	\$12,000
(n)	(103)	(41)	(62)	**	(21)	(14)	(30)	(14)	(23)
Typical board member receives fee per board meeting only									
Average	\$921	\$1,015	\$807	**	\$671	\$850	\$721	\$1,086	\$1,619
Median	\$600	\$900	\$500	**	\$500	\$500	\$600	\$550	\$1,750
(n)	(62)	(34)	(28)	**	(7)	(12)	(19)	(14)	(8)
Compensation per committee meeting									
Average	\$502	\$401	\$530	**	**	**	\$611	\$344	\$552
Median	\$475	\$500	\$400	**	**	**	\$500	\$250	\$450
(n)	(28)	(6)	(22)	**	**	**	(9)	(7)	(11)

* Overall annual board compensation includes board members who receive annual fees only; those who receive per meeting fees only (multiplied by the number of board meetings per year); and those who receive a combination of annual and per meeting fees.

** Insufficient data (five or fewer cases) to report.

ROBINA FOUNDATION

ROBINA FOUNDATION "LEAD DIRECTORS"

Although all Board members will have full responsibility and voice as to all work of the Foundation, from time to time the Board of Directors may designate "Lead Directors" for the Robina Foundation's four designated recipients and for other key activities (e.g. financial issues) of the Foundation.

Goals: The goals of the Lead Director concept are to:

Connect an individual Director with a specific grantee or Foundation activity to deepen understanding of one funding area or Foundation issue;

Facilitate resolution of simple questions/issues that need not involve the entire Board;

Provide Executive Director with a sounding board to discuss Foundation grantees, proposals and concerns; and

Assure efficient use of Board members' time.

Role of the Lead Directors: Although no Director will "own" a particular grantee or area, Lead Directors will:

Pay particular attention to grants, reports, issues, etc. related to their designated grantee or area;

As appropriate and useful to the work of the Foundation, develop personal relationships with representatives of the grantee; and

Be available to consult with the Executive Director as requested and provide counsel and advice.

Note:

Notwithstanding the designation of "Lead Directors," the Executive Director will continue to be the primary contact for all grantees.

3/10/10

ROBINA FOUNDATION

DIRECTORS AND OFFICERS August 13, 2014

OFFICERS and EXECUTIVE DIRECTOR

- Chair – Kathleen Blatz (Term: 9/1/13 – 8/31/16)
- Vice Chair – Steve Schroeder (Term: 9/1/12 – 8/31/15)
- Treasurer – Steve Lewis (Finish Blatz term: 9/1/12 – 8/31/15)
- Secretary – Susan Berresford (Term: 9/1/12 – 8/31/15)
- Executive Director – Penny Hunt

ELECTION OF DIRECTORS: Susan Berresford and Kathleen Blatz

Name/Office	1st Term	2 nd Term	3 rd Term	4 th Term
Gordon Aamoth	9/1/04 – 8/31/07	9/1/07 – 8/31/10	9/1/10 – 8/31/13	9/1/13 – 8/31/16
Susan Berresford Secretary	9/1/11 – 8/31/14 (1)	9/1/14 – 8/31/17		
Kathleen Blatz Chair	9/1/11 – 8/31/14 (2)	9/1/14 – 8/31/17		
Peter Karoff	12/1/06 – 8/31/09	9/1/09 – 8/31/12	9/1/12 – 8/31/15	
Steve Lewis Treasurer	10/1/13 – 8/31/16			
Steven Schroeder Vice Chair	9/1/04 – 8/31/07	9/1/07 – 8/31/10	9/1/10 – 8/31/13	9/1/13 – 8/31/16
Marianne Short	10/1/13 – 8/31/16			

(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.

A resolution passed at the 2013 Annual Meeting limits board members to four (4) terms of three years each.

ROBINA FOUNDATION

Conflict of Interest Acknowledgment (2014)

I hereby certify that I have reviewed, and agree to abide by, Robina Foundation's Director and Officer Conflict of Interest Policies and Procedures as currently in effect. I acknowledge that failure to comply with the Director and Officer Conflict of Interest Policies and Procedures is grounds for my removal as an officer or director of the Foundation.

Signature: _____ Date: _____

Print Name: **Penny Hunt, Executive Director**

Robina Foundation 2014 Board Meeting Dates

DATE (2014)	PLACE/TIME
March 3-5, 2014 (Mon, Tues, Wed) Yale University Lodging: The Study New Haven, CT	Yale University Monday, March 3 – 6:30 p.m. Dinner (EST) Tuesday, March 4 – 8:00 a.m. – 4:00 p.m. (EST) Tuesday, March 4 – 6:00 p.m. Dinner (EST) Wednesday, March 5 – 8:00 a.m. to 12 noon (EST)
May 13, 2014 (Tuesday) Conference Call	10:00 a.m. to 12 noon (CDT)
August 11-13, 2014 (Mon, Tues, Wed) Annual Meeting Minneapolis, Minnesota	Minneapolis, MN Monday, August 11 – 6:00 p.m. Dinner (CDT) Tuesday, August 12 – 8:00 a.m. to 4:00 p.m. (CDT) Tuesday, August 12 – 6:00 p.m. Dinner Wednesday, August 13 – 8:00 a.m. to 12 noon (CDT)
November 18, 2014 (Tuesday) Conference Call	10:00 a.m. to 12 noon (CST)

* Yoffe – event for Center for New Americans:
Sept. 30 –
4:00 – Symposium + reception.

Calendar for year 2014 (United States)

January Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1.● 7.● 15.○ 24.● 30.●	February Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 6.● 14.○ 22.●	March Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1.● 8.● 16.○ 23.● 30.●
April Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 7.● 15.○ 22.● 29.●	May Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 6.● 14.○ 21.● 28.●	June Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 5.● 13.○ 19.● 27.●
July Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 5.● 12.○ 18.● 26.●	August Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 3.● 10.○ 17.● 25.●	September Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 2.● 8.○ 15.● 24.●
October Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1.● 8.○ 15.● 23.● 30.●	November Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 6.○ 14.● 22.● 29.●	December Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 6.○ 14.● 21.● 28.●

Holidays and Observances:

Jan 1 New Year's Day	May 11 Mothers' Day	Oct 31 Halloween
Jan 20 Martin Luther King Day	May 26 Memorial Day	Nov 11 Veterans Day
Feb 14 Valentine's Day	Jun 15 Fathers' Day	Nov 27 Thanksgiving Day
Feb 17 Presidents' Day	Jul 4 Independence Day	Dec 24 Christmas Eve
Apr 13 Thomas Jefferson's Birthday	Sep 1 Labor Day	Dec 25 Christmas Day
Apr 20 Easter Sunday	Oct 13 Columbus Day (Most regions)	Dec 31 New Year's Eve

Calendar generated on www.timeanddate.com/calendar

Robina Foundation 2015 Board Meeting Dates

DATE (2015)	PLACE/TIME
March 2-4, 2015 (Mon, Tues, Wed) <i>NYC? Club or NY Comm Fdn.</i>	Place/Times to be Determined At the August 2014 Annual Meeting
May 12, 2015 (Tuesday) Conference Call	10:00 a.m. to 12 noon (CDT)
August 31-September 2, 2015 (Mon, Tues, Wed) Annual Meeting Minneapolis, Minnesota	Minneapolis, MN Monday, August 31 – 6:00 p.m. Dinner (CDT) Tuesday, September 1 – 8:00 a.m. to 4:00 p.m. (CDT) Tuesday, September 1 – 6:00 p.m. Dinner Wednesday, September 2 – 8:00 a.m. to 12 noon (CDT)
November 19, 2015 (Tuesday) Conference Call	10:00 a.m. to 12 noon (CST)

Calendar for year 2015 (United States)

January Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 4:○ 13:● 20:● 26:○	February Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 3:○ 11:● 18:● 25:○	March Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 5:○ 13:● 20:● 27:○
April Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 4:○ 11:● 18:● 25:○	May Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 3:○ 11:● 18:● 25:○	June Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 2:○ 9:● 16:● 24:○
July Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1:○ 8:● 15:● 24:○ 31:○	August Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 6:● 14:● 22:○ 29:○	September Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 5:● 13:● 21:○ 27:○
October Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 4:● 12:● 20:○ 27:○	November Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3:● 11:● 19:○ 25:○	December Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 3:● 11:● 18:○ 25:○

Holidays and Observances:

Jan 1 New Year's Day	May 25 Memorial Day	Nov 11 Veterans Day
Jan 19 Martin Luther King Day	Jun 21 Fathers' Day	Nov 26 Thanksgiving Day
Feb 14 Valentine's Day	Jul 3 'Independence Day' observed	Dec 24 Christmas Eve
Feb 16 Presidents' Day	Jul 4 Independence Day	Dec 25 Christmas Day
Apr 5 Easter Sunday	Sep 7 Labor Day	Dec 31 New Year's Eve
Apr 13 Thomas Jefferson's Birthday	Oct 12 Columbus Day (Most regions)	
May 10 Mothers' Day	Oct 31 Halloween	

Calendar generated on www.timeanddate.com/calendar

Calendar for year 2016 (United States)

January Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 2: 9: 16: 23: 31:	February Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 8: 15: 22:	March Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1: 8: 15: 23: 31:
April Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 7: 14: 22: 29:	May Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 6: 13: 21: 29:	June Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 4: 12: 20: 27:
July Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 4: 11: 19: 26:	August Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 2: 10: 18: 24:	September Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1: 9: 16: 23: 30:
October Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 9: 16: 22: 30:	November Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 7: 14: 21: 29:	December Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 7: 13: 20: 29:

Holidays and Observances:

Jan 1 New Year's Day	May 30 Memorial Day	Nov 11 Veterans Day
Jan 18 Martin Luther King Day	Jun 19 Fathers' Day	Nov 24 Thanksgiving Day
Feb 14 Valentine's Day	Jul 4 Independence Day	Dec 24 Christmas Eve
Feb 15 Presidents' Day	Sep 5 Labor Day	Dec 25 Christmas Day
Mar 27 Easter Sunday	Oct 10 Columbus Day (Most regions)	Dec 26 'Christmas Day' observed
Apr 13 Thomas Jefferson's Birthday	Oct 31 Halloween	Dec 31 New Year's Eve
May 8 Mothers' Day	Nov 8 Election Day	

Calendar generated on www.timeanddate.com/calendar

Response to Reviewer feedback on the Care Copilot Institute

The Care Copilot Institute (CCI) appreciates the opportunity to submit our response to the Board's and reviewers' comments and questions. The following document addresses the most pressing questions and concerns. We look forward to the face to face meeting on August twelfth to continue the discussion.

There were a number of positive and supportive comments relayed through the reviewers collectively supported the idea of developing an organization focused on lay healthcare workers as the care delivery landscape has and will continue to change. With this, there were three strong themes that emerged:

1. **The focus is right.** Reviewers reiterated the belief that lay healthcare workers offer an opportunity to improve quality of care and patient experience at a low cost. There is no other organization supporting all types of lay healthcare workers. We can garner more support for these roles by being the convener and collector of knowledge in the field and strengthening the case for these roles in healthcare delivery.
2. **The need exists.** In the current resource constrained environment, without the specialized expertise that the Institute will build, it will be difficult for organizations to make effective changes. Reviewers noted that there is limited support for the adoption and evaluation of these roles in care delivery organizations. The Institute fills this gap. The Institute supports organizations, big and small, through the three-pronged approach of Discover, Translate and Implement as described in our full proposal.
3. **The timing is right.** While some reviewers cautioned that this work is on the front-end of change in healthcare, other reviewers stated that the proposal is particularly well timed. The Institute is aware that the lay healthcare worker field is in its early stages and firmly believes that because of that, the timing is right. The Institute has the opportunity to shape and influence the direction of the field through policy, continued research, and application into practice.

After careful consideration of the reviewers' comments, they highlight concerns in two areas, technology and membership, which are tantamount to questioning the proposed business model. We are not surprised by reviewers' questions about the best path to a financially self-sustainable institute. This is a new concept and with it comes uncertainty regarding the rate of membership growth, how quickly healthcare providers will adopt the models and other externalities, such as the transfer of financial risk to provider organizations, that will affect the requirement to provide better, more efficient care. As we progress into the next phase as an institute focused on more than just the Care Guide model, we will be attentive and responsive to market needs and expert opinion. Our strategic approach to ensure that the Institute is positioned to succeed includes:

- **Listen.** We will continue to listen to the needs of current and prospective customers.
- **Seek advice.** We will establish a panel of national experts to advise us based on their knowledge and expertise.
- **Partner.** We will establish partnerships with other key organizations in addition to the MacColl Institute ("cool kids").
- **Diversify.** We propose a diverse set of revenue streams including: technology platform, technology services, model implementation services, referral fees, grants and sponsorships.

Care COPILLOT
Institute
Reviews
and
Response
by Alina + Steve
S.

What follows is more detail regarding the question of technology and membership:

1. **The need for a technology solution exists.** While some reviewers viewed our technology solution as attractive and valuable (the “hook” for organizations adopting lay roles), others questioned the value of the software and, as a result, its strength as a source of income for the proposed institute. We are fully aware that the market of emerging software solutions is competitive. However, the following are key differentiators that make this solution valuable:
 - **Building a workforce means building tools.** One challenge that must be solved for lay roles to succeed in a resource constrained world is greater efficiency without sacrificing rapport and trust built through relationship. In addition to increasing patient panel capacity, the value that the Institute’s proposed technology solution brings is three-fold:
 - *Patient engagement.* The Institute’s technology platform would accommodate modern technological advances (i.e., smartphones and tablets) and allow lay healthcare workers to uniquely interact with patients in a medium that is convenient for them.
 - *Link to providers’ workflow.* A critical component of the proposed technology solution is its ability to link back to an organization’s electronic health record system. The lay healthcare worker’s role does not function in a silo, and this solution ensures that information influencing patient care is integrated back into patients’ records.
 - *Seamless program evaluation.* Since lay healthcare workers are newly entering the field, we recognize the importance of closely monitoring their use as they become widespread. The Institute’s technology solution allows for organizations to aggregate data reflecting the effectiveness of lay healthcare workers in real-time, thus enabling fine-tuning of the role on an ongoing basis. From an Institute perspective, we will be able to monitor the role’s overall effectiveness and share lessons learned with the larger community of members and partners.
 - **Technology based on research.** The Institute’s alignment with a technology firm allows for us to leverage their existing product and tailor a solution founded on a growing base of research, testing and evaluation. The product that we will license and customize has been fully vetted in various clinical settings and is highly influenced by user feedback.
2. **The membership model enables connections.** Reviewers have discordant opinions on the utility of a membership model to achieve our mission. While some reviewers have reservations about the Institute’s ability to build a robust membership base, others are confident that the membership base will be established in due time. The Institute’s membership model is not intended to be a revenue generating source, but a mechanism for engaging interested organizations in a network that would encourage interaction and deeper involvement in lay roles. Further, the model uniquely allows for the Institute to closely monitor how members are using resources and provides valuable insight on members’ current needs.

The Institute offers free membership in order to provide unrestricted access to new care delivery models and practical implementation tools. Though there is significant value to the tools and resources offered to members, we realize that given competing priorities in the current healthcare landscape, a free membership removes barriers to accessing knowledge and tools while uniquely allowing us to monitor use and make real-time adjustments.

We appreciate the opportunity to provide this response. The vision we have established, to see lay roles become a customary part of health care delivery, is vital to the transition healthcare, including Allina Health, is currently undertaking. We hope that the feedback from well-established reviewers leads the Board to support our proposal and we will provide any additional information the Board requires to make its decision.

STEVE SCHROEDER'S SUMMARY OF THE REVIEWS

Care Co-Pilot Reviews:

July 28, 2014

I. Ed Wagner

A. Strengths:

- Relevance of topic
- Commitment of Allina

B. Limitations:

- No explicit link to safety net institutions
- No conceptual framework; overlap with other similar models

C. Business plan

- Issue of membership problematic, though this *was clarified during a visit with Wagner that it will be a connecting process rather than a revenue-generator*
- Better fit with safety net institutions
- Revenue projections overly optimistic; need to diversify the revenue stream

D. IT component

- Seems excessive
- Better to focus more on consultation and training
- *Subsequent visit emphasized that the software would help connect guides, providers, and patients*

E. Grants program makes a lot of sense and would help to grow the movement

II. Eric Coleman

A. Proposal visionary, on target, ahead of its time

B. Major reservations re the IT component

- IT development a risky proposition
- IT space crowded and doesn't necessarily play to Allina's strengths
- Might instead want to consult with existing IT vendor(s)

C. Need to market product and concept to potential user community

- Clarify who are potential adopters and how to market the concept
- Validate utility re feedback, forums, etc.
- Get feedback re pricing
- Potential competitive model that uses care guides on the cheap or for free

D. Business plan

- Doubt that it can be self-sustaining
- Technology component too costly and handicaps likelihood of breaking even

E. Summary: "To restate, this is a high-risk project with a potentially high-payoff. To mitigate risk, consider de-coupling or reconfiguring the technology elements from the national institute role".

III. Edwin Fisher (Note that he raises potential conflict of interest because he is involved with a similar program under development at American Academy of Family Practice)

A. Strengths:

- Validity of the concept
- Not locked into a rigid formula, but promoting the general adoption of this new role

B. Barriers

- Crowded field
- Need for Allina/Abbot to find its special niche

C. Business model

- A number of requests for more specificity ,including with budgetary items
- Revenue estimates seem unduly optimistic
- Doubt that the Institute can be self-sustaining
- IT important, but a crowded field
- Why not link with an existing IT company?

D. Final recommendation: consider developing the concept within Allina, so that it can emerge as an outstanding model for the field.

IV. Jim B-Reay

A. Overall sense: blurred line between statement of the potential benefits of the lay role in health care and the actual work of the Institute in delivering value, with a cost per member

B. Business plan

- Price may not be competitive
- May need tiered membership, depending on size and interest in Institute's products
- Clarify value proposition of the Institute
- Specify FTEs in the budget (e.g., 0.5)
- Costs of building IT structure seem reasonable
- Partnership with vendor might be fragile/unstable because the field is in flux and the program would supply insufficient revenue to sustain interest)
- Staffing disjunction: staff focus on administration , sales, and marketing, but the core value will be in the technology platform to enable workflows, both of which are outsourced

C. In order to be a market leader, will need thought leadership, best practices development, and usable technology

D. Summary:

- Great need for an entity that can provide "bootstrap" services for organizations
- But unclear how CCI will do this.

V. Andrea Kabcenell

- A. General support for the plan and its timing. Allina uniquely positioned among non-profit organizations to do this work
- B. Barriers
 - Lack of demand for the Institute's services and products, because most revenue still volume-based.
 - Need for credibility and leverage. How to stand out in a crowded field?
- C. How strengthen the proposal?
 - Clarify the business case
 - Consider wider array of lay workers
 - Network model is limited in connections and potential. It should be broadened and modified
 - Clarify impact on outcomes (the ROI for this product)
 - In order to increase organizational clout, should seek partners such as MacColl. (*But note that Eric Coleman feels Wagner and MacColl exaggerate their own impact*)
 - Some specific ideas about how to grow the network
- D. Business plan
 - Probably overstates demand and revenue
 - Unclear about ROI estimates
 - Doubt can become fully self-sustaining
- E. Summary recommendations: proceed but slowly.
 - Develop the evidence and social foundation for dissemination
 - Scale-up the approach

VI. Fred Miller

- A. Care Guide is a promising innovation that could at the least benefit Allina
- B. But, scaling it up seems overly ambitious
 - 1. Market conditions still evolving
 - 2. Trying to devise new software at this time is neither feasible nor reasonable. "The broader the strategy, the more complex and expensive the new software becomes. In addition, it could be risky to build a system when the market needs are so uncertain."
 - 3. Build more incrementally and thus be less dependent on philanthropic support
- C. CCI may be outside the interests of Robina, because it should focus more on the four beneficiaries. (*Editor's note from SAS: Here I think that Miller misses the urge for our grants to be transformative not only for the institution but for the field. Our endowment of the Yale School of Drama program doesn't so much change Yale as it changes American theater*).

Schroeder summary:

1. Very ambitious project, building off the first Abbott grant. Substantial risk of underachievement, but some potential for helping to transform medical care.
2. The reviewers offer a lot of wisdom, and make some common points, especially about the IT component.
3. No reviewer raised the issue of who at Allina will be driving this effort. If Kim Radel, is she the right person?
4. Will be very interesting to see the Allina response to the reviewers.
5. At this point I would favor going forward, but slower, with a shorter phase I grant that will give them time to get a better lay of the land. Will also be very interested in the response of other Robina board members.

Jim Balabuszko-Reay

Jim B-Reay has over 20 years of experience as an accomplished program manager and advisor to business, healthcare, and IT executives. His breadth of technical experience and strong interpersonal skills enable Jim to demonstrate equal comfort assessing technical details, managing a diverse project team or facilitating decisions among a group of executive and clinical sponsors. With a background in application design and data warehousing, Jim has worked with healthcare organizations to define their business intelligence strategy, implement data governance and develop information architecture for ACO and population health initiatives.

Jim is currently a principal with Aspen Advisors, a KLAS-ranked national IT strategic consulting company, where he has done IT Strategic planning work for regional and national clients, including The Cleveland Clinic, Mayo, Children's Hospital of Philadelphia, Gillette Children's, and others. Prior to joining Aspen, Jim held executive leadership roles with Ingenix (now Optum) and ExpressScripts.

Robina Foundation – Care COPILOT Proposal Review

Independent review by Jim B-Reay – 6/16/14

Documents Reviewed:

Robina May 2014 Report_Final_053014.pdf

CCI Proposal_clarifications_20140530.pdf

Understanding of Proposal:

This write-up is intended to show baseline comprehension of the proposal, to form a basis on which to make the comments in the next section.

Care COPILOT is a program that uses non-clinicians to do care coordination and patient follow-up, in the interest of better treating chronic conditions and reducing preventable readmissions. It is a set of workflows, protocols, and tools that have been developed and tested in connection with Allina.

This proposal is to build on the success of the Care COPILOT program to develop an organization and toolset that can be brought to other care systems. This expansion would include:

- Building a Care COPILOT leadership team
 - Phased expansion to support increased customer base
- Continued development of COPILOT intervention protocols and best practices
 - Further development of “Lay Roles” – non-clinical care coordinators, expanding roles beyond those developed with Allina
 - The proposal refers to these lay roles as “Care Guides”
 - Additional subject areas or disease states for templated care coordination
- Development and support of an integrated COPILOT platform that includes
 - CRM (Customer Relationship Management)
 - CCI (Clinical Care Integration – for clinical workflow)
 - CMS (Content Management System – document repository)
 - LMS (Learning Management System)
 - Communications Toolset
 - Email (with campaign tracking)
 - Video Chatting
 - Forums
 - Webinars

This integrated platform will be built from off the shelf components when possible (and custom developed when needed), and will provide an “all in one” solution for education, communication, and workflow for the Care Guides. A Care COPILOT implementation would include access to this

integrated toolset, training and support of Care Guides, and access to the library of best practices and protocols.

The proposal also goes into detail on the history of lay roles, payer reimbursement for lay activity, success of care coordination in reducing costs and improving outcomes in healthcare.

In the end, the proposal asks for \$7.4m over five years to build this organization, develop the toolset, and support expansion to other health systems. The cost model assumes that as the platform matures, it will be able to recoup costs through per-member-per-month licensing fees for the toolset (platform and knowledge), with costs covered and net revenue achieved in year five.

Response to Questions:

Is the proposal sufficiently clear about the results and impact sought?

- I felt there was a blurred line between statement of the potential benefits of the Lay Role in healthcare (which is well defined), and the actual work of the CCI in delivering value (with a cost per member).

Is the business plan inherent in the proposal viable?

- Having assessed vendor offerings in the care coordination and population health space, I will say it can be a hard sell to price on a per-member-per-month basis: It is easier to have tiers based on number of providers in the practice (which should map to number of members, but is more fixed): That way there's encouragement to intervene on the greatest number of patients rather than any internal calculations on whether enrolling a patient into the CCI program is "worth it".
- One challenge will be outlining the value of working with CCI versus simply implementing a care management tool and bringing in lay coaches: It is not explicitly stated that what CCI is selling is a set of best practices AND the tool to deliver them:
 - The current staffing plan for the CCI appears to be more administrative and operational: Development of new care pathways and best practice appears to be a Member function:
 - Is the proposal that participating in the Member group brings access to best practice from other members?
 - Is there a participation level for less mature organizations where it's more of a "you get access to leading practice developed by industry innovators?"
 - Either the toolset or the methods should be in house developed and proprietary: It may be difficult to get paying customers if the expertise is not in-house, and the toolset is not unique.
 - Development of new subject areas should be controlled and governed by CCI, not necessarily just enabled and redistributed by the Member group.

- There should be clear value to working with CCI on implementation of a program – access to best practice, leading edge research, integrated toolset, etc.
- Bottom line: the value proposition to contributing members and paying customers should be very clearly defined not just in the education of how Lay roles can help out, but SPECIFICALLY in how working with CCI will offer a direct benefit over and above of simply starting your own program using spreadsheets.
- The staffing plan would be improved with FTE equivalent expectations: The Medical and Executive Director positions would likely be fractional .25: Having that spelled out may be helpful.

Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

- It appears that good work went into evaluating the “build vs buy” decision for the core architecture: I have seen major issues in custom developed software, and partnering with a vendor for key functionality makes sense. The costs outlined make sense and do not seem excessive.
- All of the components identified as part of the CCI Platform make sense for the desired clinical workflow and outcomes. I might have liked to see it presented more as an integrated platform, with the “best of breed” vendors identified on the backside. But the architecture as specified is appropriate and workable
- One concern with partnering with a Wellframe or similar vendor will be whether CCI will provide enough revenue to keep the vendor’s attention. The current Care Coordination and Population Health Management marketplace is very fluid with a lot of vendors jockeying for position: Any agreement with a vendor needs to be made with two possible eventualities in mind:
 - The vendor may not survive the next five years, in which case CCI needs to make sure they have access to the source code and a license in perpetuity. Note that this MAY lead to increased support costs internally, as CCI would need to build out internal IT infrastructure to host the solution.
 - The vendor may merge or be acquired, in which case CCI may not be as high of a priority for support and customization.
 - Contracts will need to be written carefully to support these cases
- I believe it is very likely that implementation and support consulting dollars would be needed in year 2 as well: The role of IT Director at the salary level specified is usually a non-technical role, and there will be needs for customization and integration work as the CCI platform matures. Perhaps an Integration Architect might be a more useful role.

Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

- My major concern is that the staffing model is focused around an administrative, sales, and marketing team, but the core value of the CCI will be in the technology platform to enable the workflows, and the workflows themselves. In the proposal both of these cores (knowledge and technology) are outsourced to vendors or Member organizations.
- I believe that for this to be a viable business, the CCI will need to move beyond education and championship of Lay Roles: CCI should have a strong market positioning in thought leadership, best practice development, and enablement technology

Summary Review:

I have done a lot of work with organizations on ACO, Population Management, and Care Management: I think that the Care COPILOT model is a very strong one, as it “activates” a new set of Care Guides, increasing the number of people who can work with patients to improve care. I believe this is a growth area for healthcare organizations, and there is a great need for an entity that can provide “bootstrap” services to build out a Care Guide practice for an organization.

My challenge is that I feel the proposal is a little unfocused on exactly HOW CCI will deliver this: There is a management organization specified, technology components identified, and some partnerships outlined, but there is not a strong statement of “we are building X using Y tools, and Z best practices: We will sell A services to B clients, and we will make C money”. Perhaps a more focused executive summary would spell that out more clearly.

Eric A. Coleman, MD, MPH

Eric A. Coleman, MD, MPH, is Professor of Medicine and Head of the Division of Health Care Policy and Research at the University of Colorado Anschutz Medical Campus. Dr. Coleman is the Director of the Care Transitions Program, aimed at improving quality and safety during times of care "handoffs". He also serves as Executive Director of the Practice Change Leaders, a national program to develop, support and expand the influence of organizational leaders who are committed to achieving transformative improvements in care for older adults. Dr. Coleman was recognized as a 2012 MacArthur Fellow for his work in bridging innovation and practice through enhancing the role of patients and family caregivers in improving the quality of their care transitions.

THE ROBINA FOUNDATION

Review of Proposal for Care COPILOT Institute From Eric A. Coleman, MD, MPH June 16, 2014

- | |
|--|
| <ol style="list-style-type: none">1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative? |
|--|

Overall I offer my enthusiastic support this proposal. My comments are meant to be constructive and many are based on the experience of my program and my experiences supporting other programs launch their respective dissemination, technical assistance, and technology endeavors towards the eventual goal of becoming self-sustaining.

In 2014 the question of whether to incorporate laypersons into health delivery offers the illusion of choice. By 2020 we will inevitably embrace this step as the demand for services far outstrips the capacity of health care professionals.

Thus this proposal is ahead of its time although not by much. Incorporation of lay roles into health and health care delivery is a growing area and yet to date no organization has assumed a national leadership role by staking its claim or planting its flag. There is a clear advantage to the project team being first and also considerable responsibility for putting forth a broader vision for the field above and beyond the project team's own organizational needs or potential contributions. Having said this—there will likely be an ongoing need to balance what is best for the field versus what is required to become a self-sustaining entity as these two goals will not always be in sync.

The strengths of the proposal are many and include its aspirational reach, the credible platform of Abbott Northwestern Hospital/Allina, and the national reputation of the project team.

I applaud the aspirational reach of this proposal as modest or incremental steps will not be adequate to advance the field. The forces that maintain the status quo of the hands-on provision of health and health care are distinct from the forces that are attempting to reform health care financing and payment from volume to value. There will be natural resistance to lay roles that will likely vary by profession as well as from state-to-state.

Having the national messaging for the value of lay roles in health care emanating from the platform of Abbott Northwestern Hospital/Allina enhances credibility among key target audiences. Ultimately potential adoptees need to see this strategy as one that is embedded in organizations like their own rather than being grafted from a free-standing non-profit or governmental agency.

The project team has developed nationally-recognized expertise and is a thought leader and producer of evidence-based peer-reviewed publications which will be important to some audiences (though not all). This proposal demonstrates a high level of real-world insight into the upcoming challenges and opportunities ahead.

In terms of opportunities to strengthen the proposal, there are at least two primary opportunities—one around how technology figures into the overall plan and the other around the outcomes needed to persuade the ultimate end-adopters.

I don't wish to overstep my role as a reviewer or throw a monkey wrench into the plans around this proposal. However I might suggest the project team re-evaluate the way technology has been envisioned as a path towards producing revenue that will make the ultimate effort self-sustaining. Specifically I am concerned that advancing lay roles in health is a high risk proposition and that introducing new technology based solutions is also a high-risk proposition. An approach that combines both of these goals in an interdependent fashion seems to invite a level of risk that is daunting as well as potentially distracting. Perhaps the project team might consider uncoupling these two goals and possibly reframe the latter around a different model.

Further, the technology space is becoming more and more congested with vendors peddling poor products that are solutions in search of problems and demonstrate lack of understanding of who the "end users" are and what their needs are. Should the project team create new technology that is of value, they run the risk of the vendors spinning off countless "me-too" products that will dilute and confuse the marketplace, even with intellectual property protection.

Beyond the congestion lies the potential for role conflict and/or confusion. Does the project team wish to be the recognized leader in the field or does it wish to promote a revenue producing technology that may or may not be seen as the best solution in the market? These may not be compatible and if the technology has glitches and troubles, the national reputation becomes threatened. This role confusion could result in the project team being relegated to the vendors' tables in the refreshment room at a national forum rather than as an invited speaker in the main conference room.

Perhaps an alternative role for the project team that is more compatible with being the field leader is to be the organization that provides direction and guidance to technology vendors. In this role, the project team might offer modest financial incentives/national competitions to vendors to drive their innovation, much like the HHS-ONC has done. The Center for Technology and Aging led by David Lindeman with support from The Scan Foundation, Gordon and Betty Moore Foundation, California Health Care Foundation, ONC and state support might be a prototype to consider <http://techandaging.org/>. This approach has the advantage in that it reduces the reputational risk while at the same time extends the national reach and influence.

The second opportunity to strengthen comes from the need to convince potential end-adopters that the outcomes produced are compelling and relevant. The *Annals of Internal*

Medicine article demonstrated advantages in terms of goal achievement which might resonate with health plans as the National Committee on Quality Assurance is developing some goal metrics with support from the John A. Hartford Foundation (at this relatively early stage it is not clear to what extent these new goal metrics overlap with the ones achieved in the article).

The project team might consider the addition of a deliberate step to gain candid feedback from potential adopters across a range of providers—health plans, accountable care organizations (ACO), medical homes—to learn what they would consider compelling and relevant outcomes. This would create a forum to get feedback on whether \$286 per patient per year is in the ball park for what a health plan or ACO might consider (two financial leaders shared with this reviewer that an amount this high would not be considered). A panel of financial experts could validate assumptions and place the lay roles in context of other health care expenditures and competing priorities. The Medica Research Institute report will help inform this discussion. The potential for cost savings would without question prove to be the primary driver of adoption. There may be an opportunity to examine the Affordable Care Act and value-based purchasing opportunities with the lay roles in mind to identify where the best fits might be.

2. Is the proposal sufficiently clear about the results and impact sought?
--

The need for a more explicit focus on potential end adopters was discussed above.

In both the initial proposal and in the clarifications document, the project team expands the scope of what can be considered lay roles and considers the outcomes they have produced. While such groupings may be justifiable, the proposal would be strengthened by offering a tighter operational definition of the roles in question. This will not only be important to the ultimate identity of an Institute but it will also add clarity in term of how the proposed lay roles are similar and different from existing roles.

The project team needs to provide additional assurance that other innovators in the field will want to relinquish identity, intellectual property/control (not to mention potential revenue) to another entity. Some of the organizations that share this space are highly proprietary. Such an organized approach to dissemination has been attempted for other evidence-based chronic illness models with little success, even when supported by a common funder. The project team references the MacColl institute as a model but it should be pointed out that this group is not uniformly perceived as the leader of the field beyond the Chronic Care Model and has overstepped in terms of taking credit for others' work without attribution. Alternatively, in the event that other participants in the lay role space are willing to participate with the project team, the selection of partners or vendors could either serve to solidify a national reputation or it could create controversy if the project team inherits the new partner or vendor's "baggage".

3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?
--

Please also see response to question #1.

Other organizations in the field outside of Minnesota appear to be gravitating towards lay roles that are volunteer/unpaid. In some regions this is becoming a source of controversy with community organizations accusing hospitals and large systems of exploitation—if these roles have value than they should be compensated with salary and benefits as the project team has done (on the right side of the controversy).

- | |
|--|
| 4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure? |
|--|

As the first Institute to be established and received as credible, there is potential to attract healthcare organizations, particularly 2-5 years down the road. This visibility could be enhanced by offering regular webinars, learning communities, and technical assistance on how to implement lay roles within existing workflows and aligned with current or future financial incentives. As described above, the Institute could further solidify a national presence by offering small grants to guide and support new technology. The Institute could also be the source for national recognition awards for innovation that would firmly signal the primary leadership role in the field.

Taken even further the Institute could offer training and certification of lay roles that would be an additional source of revenue. We don't know at this time what type of tenure individuals in lay roles might have and whether they will need retention strategies, greater incentives over time, or a more defined career path or ladder.

In terms of membership and accompanying annual dues, it needs to be clear to members what value they receive. Membership does help to create "stickiness" but it can be off-putting to organizations who only wish to put in a small toe to test the water.

Offering materials or technical assistance initially at no cost and then beginning to charge at a later date can be a source of dissension among your local and national partners. Better to go with one strategy from the beginning and stick to it.

- | |
|--|
| 5. Is the business plan inherent in the proposal viable? |
|--|

- | |
|---|
| <ul style="list-style-type: none">• How much demand do you think there would be for this kind of Institute? Does the proposal realistically assess the market for the project services?• Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?• Are the revenue projections realistic?• Can the Institute be self-sustaining after the initial grant support is over? |
|---|

Key points were made earlier above. Some of these questions are difficult to answer as the data given seems speculative and the analyses exploring potential cost savings are still being developed. For these new analyses as well as for the numbers provided in the

proposal, a more detailed sensitivity analysis is needed. At this stage the business plan does not seem to suggest the enterprise will be self-sustaining. If the pending financial analyses are not favorable—all is not lost but the challenge for “selling” lay roles to financial leaders in health care will all the more challenging and will call for creative new ways for presenting lay roles—such as the ability to extend well-trained relatively expensive health care professionals or higher patient satisfaction.

There is a need to better understand policy drivers for lay roles and the project team may need to become active in policy arena. A good example of this is Steven Dawson with PHI (Paraprofessional Healthcare Institute) who has worked to engender greater respect and compensation for direct care workers in nursing homes and other settings.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

Please see response to question #1.

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

As discussed in question #1, the technology product development represents a significant portion of the budget and as such, raises the burden for the project to become self-sustaining. If this technology portion were to be reframed it might make a good return on investment more feasible.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

The project team will be trying to get their message across to leaders who have an unprecedented low attention span. Introducing the lay roles this year or in the next two years will be a real challenge, particularly if the cost analyses do not prove favorable. However waiting is not an option as relationships and workflows will be eventually be solidified. The answer seems to lie in clearly articulating the advantage of lay roles to achieving the Triple Aim and responding to new pressures of value-based purchasing.

9. What additional advice or comments would you give to the Robina Foundation?

To restate, this is a high-risk project with a potentially high-payoff. To mitigate risk, consider de-coupling or reconfiguring the technology elements from the national institute role.

Edwin B. Fisher, Ph.D.

Edwin B. Fisher, Ph.D., is Global Director of *Peers for Progress*, a program of the American Academy of Family Physicians Foundation that is dedicated to promoting peer support in health, health care, and prevention around the world. He is also Professor in the Department of Health Behavior in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. He received his Ph.D. in 1972 in Clinical Psychology from Stony Brook University. For 33 years, he was on the faculty of Washington University where he directed the Division of Health Behavior Research in the Departments of Medicine and Pediatrics and served as associate director for prevention and control of the University's NIH-funded Diabetes Research and Training Center and Comprehensive Cancer Center.



From 2002-2009, he served as National Program Director of the *Diabetes Initiative* of The Robert Wood Johnson Foundation. The *Diabetes Initiative* demonstrated the feasibility, effectiveness, and cost effectiveness of diabetes self management programs in real world settings such as Federally Qualified Health Centers and community based programs.

Having funded 14 grants to investigator teams in 9 countries on 6 continents and with over 60 collaborating groups, *Peers for Progress* is building the evidence base for peer support interventions, disseminating resources and guides for program development and quality improvement, and promoting networking among peer support programs to pursue integration of peer support in health care and preventive services around the world.

Dr. Fisher has published papers and review chapters in prevention, chronic disease management and quality of life. In addition to his extensive work in diabetes, his research has addressed health challenges in asthma, cancer, cardiovascular disease, smoking and smoking cessation (including authoring several chapters in reports of the US Surgeon General), and weight management. His approaches to these problems have included self management, social support, and community based health promotion, including studies of community based programs for underserved, minority groups.

Dr. Fisher is a past-president of the Society of Behavioral Medicine and has served on numerous government advisory panels and the boards of the International Society of Behavioral Medicine and the American Lung Association.

Review of Care CoPilot Institute for THE ROBINA FOUNDATION

Edwin Fisher, Ph.D., Global Director, Peers for Progress, American Academy of Family Physicians Foundation, Professor, Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina – Chapel Hill

Conflict of Interest

When I was contacted by Penny Hunt to review this proposal, I raised the potential of conflict of interest arising from my role as Global Director of Peers for Progress of the American Academy of Family Physicians Foundation. In reading the proposal in detail, that potential conflict is more apparent. The proposed Institute would have much the same mission and objectives of Peers for Progress. For us, our mission is to promote peer support in health, health care and prevention around the world as the “go to” source on peer support and through a) building and curating the evidence base, b) facilitating collaborative quality improvement through exchange of resources for program development, implementation, quality improvement, and evaluations, largely through our social networking (@peers4progress) and website (peersforprogress.org), and c) supporting advocacy for incorporation of peer support as a routine part of care in health systems around the world. This is very similar to the Institute’s proposed activities and strategy of becoming “an institute that discovers and promotes the adoption of lay roles in the delivery of healthcare worldwide” (p. 23 of May Report and Proposal). Thus, the proposed Institute would pursue very similar goals as Peers for Progress with very similar major activities. This overlap of goals and activities should be kept in mind in considering my comments, below.

Proposal for Care COPILOT Institute

The Robina Foundation strives to provide funding for programs that have significant impact on important issues. With that in mind, briefly comment on the importance of the Care COPILOT Institute project. In doing so, we would appreciate your input on the following questions:

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

The strengths are the overall mission and direction proposed. There is growing evidence for the role of peer support in health care and prevention¹⁻⁴ including strong evidence for contributions in management of diabetes and other diseases,⁵⁻⁸ growing evidence for cost effectiveness,⁹⁻¹⁴ major opportunities through the Affordable Care Act,¹⁴ and strong potential for both engaging the socio-economically disadvantaged and ethnic minority “hardly reached” whom prevention and care initiatives too often fail to reach,^{15,16} as well as for addressing mental health issues¹⁷⁻²⁰ and the high levels of avoidable care costs that often accompany them.^{21,22}

An additional major strength is the general strategic decision to be an Institute focused on facilitating work in this area rather than focusing on promoting and commercializing a single curriculum.

Barriers include the fact that this area is drawing increased interest with multiple groups active in it, e.g., a strong Community Health Worker Section of the American Public Health Association, a Community Health Worker interagency committee of the federal government, the Earth Institute's call for 1 Million Community Health Workers in Sub-Saharan Africa³⁴ and a strong emphasis on Community Health Workers in the World Health Organization's Global Health Workforce Alliance.³⁵ Additionally, Community Health Worker groups are active in many states, pursuing recognition of their roles, certification, reimbursement through Affordable Care Act and other mechanisms, and promoting the field through continuing education. All of these raise the importance of clarity as to the proposed Institute's mission and niche.

Strengthening the proposal might include more specific consideration of the strengths of Allina Health and Abbott Northwestern Hospital *vis a vis* this terrain and articulation of a more specific mission and niche for the Institute. What are the already developed foci, concerns, networks, linkages, etc. of the hospital and Allina and how might they focus efforts on particular populations, areas of prevention and care, or provider groups for further program development and dissemination efforts?

2. Is the proposal sufficiently clear about the results and impact sought?

The report does not provide great detail regarding previous or planned evaluations.

- The statement on p. 47 that "Care Copilot has reached over 214,000 individuals and organizations through research publications, articles, exhibiting, presentations, website hits and partnerships solely in the last year" is very broad.
- The statement that 5,000 individuals have received Care Guide services is not well documented in the Report.
- The outcomes of the Care Guide applications to date do not appear to be documented. This includes the recent paper by Adair et al. which is cited but not described in much detail in the Report.

P. 47 projects the numbers to be reached as a proportion of the 133 million the CDC estimates to be living with chronic disease in the US. It says, "...the team estimates it has the potential engage one-tenth of 1% of that market through lay roles in year one and double each subsequent year for the first five years. With that, the Care Copilot Institute would reach 133,000 individuals in year one and expand our dissemination to over 4.2 million individuals by year five." While it is modest to project reaching 1/10 of 1%, the numbers are large and the documentation of how specific activities will yield this reach is not apparent.

In general, the progress report and projections do not provide tight arguments linking concrete evaluation results or documentation of accomplishments with proposed activities, proposed evaluations, and projected outcomes.

3. What in your view do the leaders of the Care COPILLOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

The identities, roles and accomplishments of the current and proposed Institute staff were not detailed in the Report. Perhaps other documents provide these, but I do not believe I have seen them. It is difficult to appraise the readiness of the group to achieve the very ambitious tasks it has set for itself without more detail in these areas.

The Report does not detail how the Institute might take advantage of strategic strengths of Allina Health, other than brief mention of congruence of the Institute with the mission of Allina Health on p. 4.

As mentioned in response to question #1, there are a number of organizations active in the field. Their roles and how they provide a context for the proposed Institute or for Allina's role as hosting the Institute are not elaborated in the Report.

The one organization that is mentioned several times in some detail is the MacColl Center in Seattle headed by Ed Wagner and which is the organizational base for Wagner and colleagues' promotion of the highly influential Chronic Care Model. The Report includes plans to collaborate in gaining information about use of lay roles in a number of the clinical settings the MacColl Center is coordinating through the RWJF-sponsored LEAP program. Page 29 quotes a personal communication from the MacColl group this April, and outlines planned collaboration. It would be good to have more concrete indication of commitment to this plan.

4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?

These questions are difficult to answer. The Report names groups with which the Institute is currently collaborating and a larger number of organizations with which it might collaborate, but documentation is not extensive.

It is not clear why dissemination through Allina Health has not been a focus of a first phase. Perhaps this is included in the Report and I have missed it.

There is a large and growing body of information on lay roles in health care available to most health systems. I do not have documentation of this, but it increasingly is my experience that most health systems in the US already utilize some version of patient navigator, health coach, community health worker, etc.

As a result, the task is to help them expand, increase quality, make more scalable, etc. but they are unlikely to see themselves as needing the proposed Institute simply to "have a program."

The planned use of the IT platform as an incentive to offer potential members is attractive. Clearly, as proposed, systems interested in incorporating lay roles would find such a platform of value in coordinating and scaling programs to reach populations. However, the field is likely to grow crowded as the many developers of patient monitoring systems (e.g., those that link patients and providers with smart phone monitoring of individual data and provision of personalized feedback) are coming to see peer support as a natural extension of their work. Similarly, EHR providers are likely to expand the range of personnel their products encompass to include lay roles. The key role proposed for the technology platform and the plan to contract with an outside group for the IT capacity to develop that platform, raise concerns about "contracting out core business."

5. Is the business plan inherent in the proposal viable?

- Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?

The market for services does not appear to be assessed other than through the listing of potential sites and members and the projections of reach such as documented above based on 1/10 of 1% of the 133 million US citizens with chronic diseases.

There is broad interest in lay roles in health care and prevention, but "demand" is less clear. The "hook" of the IT platform may be effective, but see notes above on the crowding in that field and the capacity of the applicants.

- Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?

The report does not provide this evidence. The outcomes of the study by Adair et al. cited in the Report are impressive but not detailed in the Report. There is a growing body of literature documenting cost effectiveness of peer support,⁹⁻¹⁴ but this is not detailed in the Report.

- Are the revenue projections realistic?

A major source of projected revenue is software, e.g., \$5.4 million by 2018-19. The rationale for this seemed to be confined to the brief discussion on p. 54. I am neither an accountant nor a "finance person," but found that discussion very difficult to follow.

- Can the Institute be self-sustaining after the initial grant support is over?

Given the concerns noted above, I have strong doubts that this is likely. But perhaps a somewhat more modest program of work focused on establishing Allina as the model for lay health roles in a comprehensive health system (see my comments at end, below) would be worthy of ongoing funding from the Foundation.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

As noted above, the IT development is attractive and smart in that there is likely to be demand for such resources. However, the capacity of the applicants to be successful in what is likely to be a crowded market is not clear. As noted above, the revenue projections do not, as far as I can tell, make a strong case for the revenue projected through the IT product.

What would be the advantage, instead of funding the IT, to develop the Institute as a *pro bono* entity and look to partner with an IT company. The IT company could provide in kind technical knowledge and the Institute provide in kind expertise in lay roles?

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

The detail provided by the budget is not clear to me. For example, it calls for \$250,000 in 2014-15 for platform development and also substantial sums for content management and customer relationships management. The overall costs may all be fine, but it would be good to have greater detail as to what specific expenses would be covered by which line items. Also, it would be good to know which of those IT-related line items were to be offset by projected revenues. This might be the case, for example, with the learning management system that starts at \$250,000 in 2014-15 and increases to \$304,000 in 2018-19.

Putting aside the IT platform and just in terms of the many activities and services proposed (pp. 37-42), the overall budget of about \$8 million for five years plus those web and related IT expenses to support those activities and networking is reasonable. It would be helpful to have greater articulation of the roles of the individuals and the activities/services proposed. The Budget Justification provides some of this, but greater alignment of staff roles with activities would be helpful.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

ACA and related developments make this definitely the right time for this kind of work. See, e.g., the attached Peers for Progress brief on "Opportunities for Peer Support in the Affordable Care Act" and

http://peersforprogress.org/idea_exchange_category/affordable-care-act.

I think there is definitely a role for Allina, the Robina Foundation, and for something like the proposed Institute at this time.

At the same time, the speed of developments in the area, the broad interests in the US driven by ACA, and the many players already in the field make it important to think clearly about strengths to be brought to the area and the specific niche to be filled.

9. What additional advice or comments would you give to the Robina Foundation?

Relative to current activities, accomplishments, and budget, this proposal is extremely ambitious. Might a more doable proposal for a still ambitious set of activities be to establish Allina as *the model for lay roles in a comprehensive health system*. This would enable those involved in the Institute to focus on dissemination within their own system, develop systems for fulfilling ACA opportunities for funding of community health worker and other lay roles, take advantage of the strong internal base from the work of Dr. Adair and others, etc. It could also include selected collaborations such as that proposed with the MacColl Center, Ed Wagner and colleagues. It could include selected nationally visible activities such as a yearly conference on a key issue in the field (e.g., lay roles and behavioral health in chronic disease), bringing together lay health workers, clinicians, and managers from Allina with invited national experts and generating a timely report. It surely would include an outward facing website, sharing the tools and lessons learned within Allina with health systems nationally and globally. It would create an organizational node for opportunistic endeavors, e.g., PCORI grants or exploring the IT platform without making that an essential component of the program and its financial model. It would reduce the demand for broad dissemination to health care organizations widely dispersed across the US and internationally. It would take full advantage of a great strength, the strong institutional commitment of Allina to making the activities a success. (Based on experience trying to gain vigorous commitment from system leaders, I can assure you that this is a great strength.) It would have as its objective making Allina the model of lay roles in a comprehensive system, in the ways in which Geisinger, Kaiser, Group Health, and other leaders have gained prominence in other areas.

References

1. Swider SM. Outcome effectiveness of community health workers: an integrative literature review. *Public Health Nurs.* 2002;19:11-20.
2. Viswanathan M, Kraschnewski JL, Nishikawa B, et al. Outcomes and costs of community health worker interventions: a systematic review. *Med Care.* Sep 2010;48(9):792-808.
3. Gibbons MC, Tyus NC. Systematic review of U.S.-based randomized controlled trials using community health workers. *Prog Community Health Partnersh.* Winter 2007;1(4):371-381.
4. Perry HB, Zulliger R, Rogers MM. Community health workers in low-, middle-, and high-income countries: an overview of their history, recent evolution, and current effectiveness. *Annu Rev Public Health.* 2014;35:399-421.
5. Hunt CW, Grant JS, Appel SJ. An integrative review of community health advisors in type 2 diabetes. *J Community Health.* Oct 2011;36(5):883-893.
6. Brownstein JN, Chowdhury FM, Norris SL, Horsley T, Jack L. Effectiveness of community health workers in the care of people with hypertension. *American journal of preventive medicine.* 2007;32(5):435-447.
7. Heisler M, Vijan S, Makki F, Piette JD. Diabetes control with reciprocal peer support versus nurse care management: a randomized trial. *Annals of Internal Medicine.* 2010;153(8):507-515.
8. Fisher EB, Boothroyd RI, Coufal MM, et al. Peer support for self-management of diabetes improved outcomes in international settings. *Health Aff (Millwood).* Jan 2012;31(1):130-139.
9. Whitley EM, Everhart RM, Wright RA. Measuring return on investment of outreach by community health workers. *J Health Care Poor Underserved.* Feb 2006;17(1 Suppl):6-15.
10. Brownson CA, Hoerger TJ, Fisher EB, Kilpatrick KE. Cost-effectiveness of Diabetes Self-management Programs in Community Primary Care Settings. *The Diabetes Educator.* Jul 21 2009;35(5):761-769.
11. Sledge WH, Lawless M, Sells D, Wieland M, O'Connell MJ, Davidson L. Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatr Serv.* May 2011;62(5):541-544.
12. Margellos-Anast H, Gutierrez MA, Whitman S. Improving asthma management among African-American children via a community health worker model: findings from a Chicago-based pilot intervention. *J Asthma.* May 2012;49(4):380-389.
13. Brown HS, 3rd, Wilson KJ, Pagan JA, et al. Cost-effectiveness analysis of a community health worker intervention for low-income Hispanic adults with diabetes. *Prev Chronic Dis.* 2012;9:E140.
14. Fisher EB, Coufal MM, Parada H, et al. Peer Support in Health Care and Prevention: Cultural, Organizational and Dissemination Issues. In: Fielding J, Brownson RC, Green L, eds. *Annual Review of Public Health.* Vol 35. Palo Alto: Annual Reviews; 2014:363-383.

15. Moskowitz D, Thom DH, Hessler D, Ghorob A, Bodenheimer T. Peer coaching to improve diabetes self-management: which patients benefit most? *J Gen Intern Med.* Jul 2013;28(7):938-942.
16. Piette JD, Resnicow K, Choi H, Heisler M. A diabetes peer support intervention that improved glycemic control: mediators and moderators of intervention effectiveness. *Chronic Illn.* Dec 2013;9(4):258-267.
17. Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health.* Aug 2011;20(4):392-411.
18. Pfeiffer PN, Heisler M, Piette JD, Rogers MA, Valenstein M. Efficacy of peer support interventions for depression: a meta-analysis. *General hospital psychiatry.* Jan-Feb 2011;33(1):29-36.
19. Patel V, Weiss HA, Chowdhary N, et al. Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. *Br J Psychiatry.* Dec 2011;199(6):459-466.
20. Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet.* 2008;372(9642):902-909.
21. Chan JC, Sui Y, Oldenburg B, et al. Effects of telephone-based peer support in patients with type 2 diabetes mellitus receiving integrated care: a randomized clinical trial. *JAMA internal medicine.* Jun 1 2014;174(6):972-981.
22. Forchuk C, Martin ML, Chan YL, Jensen E. Therapeutic relationships: from psychiatric hospital to community. *J Psychiatr Ment Health Nurs.* Oct 2005;12(5):556-564.

Andrea Kabcenell, RN, MPH

Andrea Kabcenell, RN, MPH, is Vice President at the Institute for Healthcare Improvement. There she serves as a core member of the IHI's Innovation group and leads multiple improvement initiatives, including those in care for older adults, successful innovation, and leadership in health care. In her 19 years with IHI, Ms Kabcenell has helped to develop knowledge and foster action on numerous topics, including Pursuing Perfection in health care, chronic illness and end-of-life care, and collaborative improvement methods. Prior to work with IHI, Ms. Kabcenell was a Senior Research Associate at Cornell University's Department of Policy, Analysis, and Management, and served as a Senior Program Officer at The Robert Wood Johnson Foundation.

THE ROBINA FOUNDATION
Kabcenell: Review of Proposal for Care COPILOT Institute

This proposal from Allina to create a Care COPILOT Institute comes at an important time. The Institute is designed to advance the employment of lay workers in pursuit of better health and better health care. The approaches proposed are many: discovering and harvesting ways to use lay workers; research and analysis of the impact of lay workers on important outcomes; providing tools to aid the lay workers and their employers; specifically building and selling use of a IT solution to guide lay workers' practice as well as to document patient and service information for management and for research purposes; coaching specific organizations on integrating lay workers into practice; disseminating lessons from research and demonstrations; creating a virtual gathering place for sharing information; consolidating support for use of lay workers among key stakeholders; and inform important policy discussions. The Institute will fill a gap in leadership for this very promising approach at a time when leadership is needed. The business plan for the Institute is to offer a mixture of free services and membership, and balance that with sales of access to a technological support for lay workers and consulting services. The aim is financial independence from the Robina Foundation funding in four years.

Due to the length and expansiveness of this proposal, I will use the framing questions as a structure for comments and ideas.

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

Strengths:

The proposal covers many of the avenues for developing the lay worker practice. It is based on sound planning and thoughtful intelligence. The authors clearly are expert in this part of the field.

It is notable that the authors are responding to a real need in the environment, created by political changes, financing changes and delivery system issues. They recognize that the timing is right to move forward, and that the unchanged payment structure will continue to make employment of lay workers difficult. Through research and market research, they are making well-informed recommendations. Moreover, the proposal describes the current trends and activities, like the Patient Centered Medical Home and the use of EHRs, with which the Institute efforts must be aligned. Clear recognition of the need for partners and an inclusiveness of other types of lay workers, like promotoras and navigators, are a strength.

From a practical perspective, the proposed Institute is well-staffed. The authors recognize the business issues well, and suggest using all kinds of support. Also impressive is the understanding of iterative cycles of testing approaches and learning along the way what will be needed, and updating the designs and plans accordingly.

The approach to analysis, data sharing, and even development of different features of the technology are good examples of the "learn as you go" approach.

Barriers:

The barriers to the success of this effort are few but important. They fit into two categories: Lack of demand and need for credibility and leverage. As noted in the proposal, most of the health care organizations are still relying on business models that survive on volume. Most health care delivery systems have less than 60% of their business on a risk basis, and many still have none at all. The pressures of value-based purchasing are still a distant concern for the majority. Of course, the upper Midwest is an exception. It is too early for most health care providers in the US to make the leap. So demand will be low for several years to come. The second issue is that the field of lay workers is crowded and others have been in the business longer than the leaders in the Institute. That they have good research behind them is helpful, but not enough to make an easy step to national leadership. Lay care guides are one of many types of lay workers. The authors will have some challenges finding the spot that consolidates the interests of the vast array of workers, and yet this will be essential.

Strengthening the Proposal:

To raise the chances for success, there are many things that can be done, but a few stand out. First, the business case for Care Guides has to be clear. The spending projections and cost analysis, once completed, will be key to clarifying the motivation for adopting care guides. Second, a wider array of lay workers should be considered for inclusion, including doulas, faith-based workers, and even models from other countries. Understanding what these workers have in common and using their success stories will gather more support for the Institute and the efforts to spread the use of lay workers. Many other countries have been using lay workers to good effect for decades, and there is a lot to learn about successes and failures. Finally, the network model proposed is limited in connections and potential for success. It matches models that have been tried and failed repeatedly, including some that IHI has used. Some rethinking and retooling would raise the likelihood of a growing and sustainable network.

2. Is the proposal sufficiently clear about the results and impact sought?

The proposal focuses on measures of connection and engagement: the number of organizations engaged, care guide programs developed, and patients served, along with social media contacts. Missing for me are the impacts on outcomes and return on investment. Even a "back of the envelope" estimate, with all its limitations, would be reassuring.

3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

The leaders of the CCI have passion, know-how and research credibility. They have immersed themselves in this field and can be seen as experts. Because of Allina's long

21 July 2014

history, they are probably among just a handful of organizations in the US who could lead this work. I do not know of other not-for-profit organizations that are seeking to do the same for this scope of work, but I admit that this is not my field of expertise. Given the wide range of lay worker types, I am concerned that the leaders of the CCI will have enough expertise and political clout on their own to be seen as leaders. That is why it is good that they are seeking partners. The nature of the partnership will be important. I believe that the MacColl Institute does have that type of leverage, and I would be even more optimistic if the proposal had included a letter or other direct evidence of a strong partnership with MacColl.

4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?

I think the potential is there with some adjustments to the plan. I had an opportunity to study networks and design a similar type of effort for RWJF. We learned the dos and don'ts of building a network, relying heavily on lessons from successful networks and researchers like Peter Gloor and Rob Cross. Here is the essence:

- Start with the "cool kids." These are the doers with real life successes, and not just the talkers.
- Support the connections they already have and help them promote the network.
- Build on the values and passion of the participants
- Build only the technology that they really want, not what you think they need.

With this in mind, here are a few ideas. A guiding coalition and the partners must be put together with an eye to attractors. The "cool kids" in the field should be at the table. The Institute must be seen as "the place" for everyone, and not just the research community and academics. Have the guiding coalition co-design the membership arrangements and technology for support. This is just an extension of what is already planned. A membership organization may work with various levels of engagement. None should be free. Every participant should put in something, whether it is a nominal fee or a commitment to work on behalf of the network. Work might be sponsoring or facilitating chats, promotion or presentation at local or regional meeting, interviewing and creating stories to share, etc. If the network cannot be self-sustaining after four to six years, it probably has not found a viable niche.

5. Is the business plan inherent in the proposal viable?

Overall, there is some uncertainty about the business prospects for this effort, but that does not mean it should not be tried.

- Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?

The authors have probably over-estimated the market for their services in the near term. A good business case, examples of success, and continued focus on value based purchasing in the US will potentially draw a growing audience.

- Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?

It does not yet do so. I would expect the cost analysis to be completed before any larger grant is given. Perhaps another developmental year is needed?

- Are the revenue projections realistic?

They are probably higher than is likely in the first two to three years. A longer time horizon might be needed.

- Can the Institute be self-sustaining after the initial grant support is over?

Based on my experience, I would be surprised if this was the case. I suspect that the health care payment environment will not move that fast. This is not a stopper for the project, however. A more gradual timeline with milestones along the way that would allow decisions based on experience would be safer, and more practical.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

If the customers say that the technology is essential, I believe them, but it would have to be a thoughtful argument. I can see how the platform for guiding the lay workers would be valuable, if designed based on experience. I do not see health care organizations clamoring for the platform if they have something else that will work well enough. Again, a gradual build based on the needs of the lay worker and the organizations they serve will lower the risk of this investment. It will also allow the CCI to build based on real-time conditions, and prevent the immediate obsolescence that can plague these types of IT solutions.

I would not rely solely on the IT platform for the CCI. That is why some revenue from the membership organization and network would be desirable. Other revenues could keep the network together whether or not the IT solution sells. One can always back off on fees for a service, but it is difficult to offer a free service and then ask customers for a fee later.

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

I am unclear about what the venture capitalist will actually support and how reliable those funds would be. The assumption that this effort could capture 1% of the market seems unrealistic, or at least hard to substantiate. If the partnerships and a guiding coalition could be expanded to be "irresistible," I would be less concerned about the finances. Also, if the partners were also contributing resources, much like with ICSI, the finances would seem more secure. Be wary of the technology leading the endeavor. It could be like the tail wagging the dog.

If the cost analysis was favorable to this approach, and the Institute could become "the place to be" much like other foundation funded national program offices, then the return on investment would be solid. The benefits to patients and communities and the learning for health care organizations would be impressive.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

Implementing the ACA is a long process. If it succeeds and does not wither away like the HMO movement of the '80s, it will drive the need for lay workers and make the Institute an excellent idea. I might say that it is a bit early for a full-court press on the Institute, but not too early to get started.

9. What additional advice or comments would you give to the Robina Foundation?

As you can tell, I am impressed with the lay worker models and eager to learn more about the finances and impacts. In total, I suggest that you proceed but go slowly to develop the evidence and social foundation for dissemination and scale-up of this approach. There will be time to understand what approaches will be viable and design the Institute to deliver them.

Thank you for the opportunity to review the proposal. I am glad to answer any questions you or the applicants may have.

Frederick W. Miller

Fred Miller serves as a strategic advisor to GHR Foundation. In this role, he leads strategic planning for the Foundation and manages its Health Program, which focuses on curbing the impact of Alzheimer's disease by investing in prevention research and therapies.

Mr. Miller is a Director Emeritus of McKinsey & Company having served the company for more than 27 years. He launched McKinsey's Minneapolis office and spent the past decade as a leader in the firm's healthcare practice where he helped guide business strategy, new product development and commercial operations for Fortune 500 healthcare companies. Mr. Miller has a wealth of experience leading corporate strategies with a focus on growth and innovation.

Mr. Miller earned his Master of Business Administration degree at the University of Chicago where he was a Kemper Fellow. Mr. Miller received his bachelor's degree in mathematics and economics summa cum laude from DePauw University where he was a National Merit Scholar.

To: Penny Hunt
From: Fred Miller
Date: July 27, 2014
Subject: Proposal Review

Thank you for the opportunity to review the proposal from Abbott Northwestern to the Robina Foundation. I reviewed the proposal as a Director Emeritus from McKinsey & Company who is currently serving as a strategic advisor to GHR Foundation.

Executive Summary

Both Abbott-Northwestern and Robina Foundation should be commended for venturing into a new approach to managing chronic disease. The Care Guide program represents a promising innovation. The idea of embedding lay healthcare workers into the healthcare delivery team has the potential to improve quality of care at reasonable cost. However, I am concerned that the plan to build an Institute may be overly aggressive given the state of the market. I also question whether building this new organization is the best use of Robina's philanthropic funding. Finally, I will offer some suggestions for next steps. The remainder of this review will be structured around the following 4 topics.

1. Care Guide is a promising innovation
2. Scale-up plan seems overly ambitious
3. CCI may not be a good fit for Robina
4. Suggested next steps

1. Care Guide is a Promising Innovation

Chronic disease management is a lucrative target of opportunity for many healthcare organizations. Belief in the opportunity is based on an underlying premise that investing in more active management of individual patients could simultaneously achieve better outcomes and lower total system costs. Health insurers have often taken the lead in experimenting with novel approaches. From these experiments, disease management has proven to be beneficial in disease states that require intensive management, e.g., diabetes and hypertension.

Care Guide represents a meaningful improvement on the typical disease management model. The improvement comes from 2 primary advancements: (1) embedding the disease management into the primary care team; and (2) performing the work with lay personnel. These innovations are significant because they could lead to better outcomes and lower costs than the traditional disease management model.

The initial tests generated positive results at Abbott-Northwestern. Both the pilot study and the clinical trial generated favorable health outcomes and improvements in patient satisfaction. The results are consistent with the experience of health insurers in these disease states, but also represent possible improvements in both cost and quality.

For the innovation to be truly valuable, there needs to be some way for implementing organizations to benefit. Disease management has traditionally been less attractive for provider systems because it involves extra costs with no offsetting gain in revenue. In fact, the revenue effects for the provider system could also be negative. Here are 3 possibilities for how that could change:

1. Reimbursement coverage. Most provider systems do not perform disease management services because the costs are typically not reimbursed. If a compelling case could be made to change reimbursement policy, then disease management would be quickly adopted.
2. Market share gains. In some cases, provider systems may be willing to invest in ways to improve the quality of care and/or patient satisfaction as a way to gain market share, even if those activities are not reimbursed.
3. Accountable Care Organizations. The Affordable Care Act has created a set of pilots for Accountable Care Organizations where the hospital system receives a fixed payment for a set of individuals. This new payment regime creates incentives for hospital systems to innovate in finding ways to lower the overall cost of care.

All in all, the Care Guide program appears to be a promising innovation. At a minimum, the Care Guide program can help Abbott-Northwestern improve the quality of care, gain market share and adapt to the emerging healthcare landscape. Depending on how the payment coverage evolves, Care Guide could well become a new standard across the industry.

2. Scale-up plan seems overly ambitious

With a promising innovation such as Care Guide, there is an important strategic decision to be made about how to share the innovation. The innovator can (a) keep it proprietary to gain competitive position, (b) share the results with the field, or (c) turn it into a new business. So far, the Care Copilot team has opted for strategy b. The new proposal represents an attempt to switch to strategy c and build a new business.

The Care Copilot team has benefited from the opportunity to survey the market and talk to a number of prospective clients. These discussions have clarified the fragmented state of the market. In the absence of reimbursement for disease management, few organizations are interested in directly implementing Care Guide for disease management. The interested organizations appear to be doing so for a variety of reasons—help with implementing federal and state guidelines (EMR, Patient-centered Medical Home, etc.), improving customer satisfaction, or solving other problems such as excessive ER usage. There could be interest among ACO pilot organizations.

The current strategy envisions broadening the Care Guide approach to cover more situations involving lay personnel. I am concerned that broadening the strategy beyond what was implemented in the Abbott Northwestern pilot adds risk and deviates from the fundamental mission.

In particular, the strategy calls for heavy investment in a systems-intensive approach. There is a big open question about whether it is possible to define a common set of software that meets all the needs of the new strategy. The broader the strategy, the more complex and expensive the new software becomes. In addition, it could be risky to build a system when the market needs are so uncertain.

In a new business situation, it is important for entrepreneurs to listen to the market and adjust their business plan accordingly. The Care Copilot team is to be commended for doing exactly that. However, the broad strategy seems to be dependent on philanthropic

support. I would encourage the Care Copilot team to consider a more incremental strategy that builds gradually as the market needs become clearer and is less dependent on philanthropic support.

3. CCI may not be a good fit for Robina

Despite the embryonic state of the market and the strategic questions, it is quite possible that the Care Copilot Institute could be successful. There are likely to be many market opportunities involved in the conversion to a prevention-oriented, primary care-focused healthcare system. With a dedicated entrepreneurial team, Care Copilot could find its niche.

However, as a philanthropist, I question whether funding the Care Copilot Institute is the best use of Robina's resources. My understanding is the Robina's primary mission is to advance the causes of its four beneficiary organizations. Developing and implementing Care Guide squarely fits this mission. Sharing the knowledge from Care Guide to help shape the field also fits the mission. Funding systems development and consulting for the Institute is much less of a fit.

Even if the business is successful, the Care Copilot Institute is not likely to become a core part of Abbott-Northwestern or Allina. The business will likely be small and in an area outside the core interests of the institution. Brand halo effects will probably be modest, and influenced mostly by the success or failure of the institute. It would be possible to achieve most of the brand halo effects by simply sharing knowledge rather than building a business.

For Robina Foundation, there should be plenty of other opportunities to support the work of Abbott Northwestern in areas that are more directly aligned with its core mission.

4. Suggested next steps

For Robina Foundation, I would suggest 3 broad next steps.

- 4.1 Confirm the conclusions in this review. To that end, I have attached a series of questions that may help guide the discussion.
- 4.2 Explore a more measured approach to implementing the disease management concept. That could entail philanthropic funding for:
 - a. internal implementation across diseases
 - b. further study of total cost and quality effects
 - c. support for reimbursement coverage
 - d. external speaking and publications.
- 4.3 Conduct a dialog with Abbott-Northwestern to assess the importance of this initiative to the institution and identify other initiatives that could be higher priority.

I hope this review has been helpful. Please feel free to contact me if there are any questions.

Follow-up Questions.

- What is the current status of disease management across the field?
- What results have been achieved by the implementation at Abbott Northwestern?
- Is Allina an Accountable Care Organization pilot?
- What would be required to gain reimbursement coverage for disease management?
- What market segments will be targeted by the Care Copilot Institute?
- How feasible is it to design a system for all market segments?
- How could the institute be built with a more incremental strategy that is not so dependent on philanthropic funding?

Edward H. Wagner, M.D., M.P.H., M.A.C.P.

Dr. Wagner is a general internist/epidemiologist and Director Emeritus of the MacColl Center for Health Care Innovation at the Group Health Research Institute. He and his MacColl Institute colleagues developed the Chronic Care Model (CCM), an integral part of the Patient-centered Medical Home Model (PCMH), and are involved in multiple efforts to use these models to improve ambulatory care nationally and internationally. He has written two books and over 300 peer-reviewed publications. Current research interests include the development and testing of population-based care models for chronic illnesses including cancer; the evaluation of the health and cost impacts of chronic disease and cancer interventions; and interventions to improve the coordination of care. He is an elected member of the Institute of Medicine of the National Academies, and was the recipient of the 2007 NCQA Health Quality Award, the 2007 Picker Institute Award for Excellence in Patient-centered Care, and the 2011 William B. Graham Prize for Health Services Research.

THE ROBINA FOUNDATION

Review of Proposal for Care COPILOT Institute—Ed Wagner

The Robina Foundation strives to provide funding for programs that have significant impact on important issues. With that in mind, briefly comment on the importance of the Care COPILOT Institute project. In doing so, we would appreciate your input on the following questions:

1. What are the strengths of the initiative? How could the program be strengthened to increase the potential for impact? What are the barriers to the success of the initiative?

The major strengths of the proposed program are threefold. First, the topic is of major practice and policy relevance. The program is based on an intervention that meets major health care needs at low cost, and is backed by rigorous evidence. Two, the Allina group has energy and commitment, the strong support of their home organization, and a relationship with the highly effective ICSI. The relationship of the Institute to the Care Co-Pilot Initiative is a strength and yet a possible liability. The potential downside is that the Care Co-Pilot Intervention is only one of several interesting lay roles in ambulatory care, some of which also are supported by evidence (e.g., community health workers, promotoras, peer mentors, patient navigators, etc.). Unless the Institute can convince the field that it has expertise and helpful resources and support for a broader range of lay roles, I think its impacts will be limited. Much of the experimentation and use of lay roles in American health care has taken place in safety net settings. The Allina team should rapidly identify potential partners and even staff from the safety net practice community.

Another potential barrier to success is the absence of a conceptual framework that could help interested parties better understand the opportunities and limits in using trained lay-persons in the delivery of care. The proposal describes CARE CO-Pilot as a model. In their proposed discovery work, they will search for other "models", and disseminate them. In my view, they will find considerable functional overlap among these "models". Smart practice organizations may well prefer to develop their own lay roles based on which key functions are most urgently needed by their clientele, rather than replicate a specific model. It may ultimately be much more helpful to dissect each "model" including Care Co-Pilot in order to identify the key functions that are being provided—e.g., self-management counseling, patient monitoring, care coordination, linkage with community resources. A comprehensive conceptual framework would help clarify the scope of the Institute's focus, and the specific competencies and activities that enable trained laypersons to improve the effectiveness and efficiency of health care.

2. Is the proposal sufficiently clear about the results and impact sought?

The proposal ambitiously seeks to create an Institute that becomes "the preeminent source of knowledge for lay roles in health care delivery" and "to improve the quality and value of care for 260,000 patients across the country." That's pretty clear. It is somewhat less clear how and whether the proposed plan will enable them to reach those goals.

3. What in your view do the leaders of the Care COPILOT Institute bring to efforts to improve the quality and value of care? Does Allina have any strategic advantage in this field? What are other organizations doing in this field?

As mentioned above, the strengths of the Allina team are its energy, commitment, and, most of all, the experience and luster of the randomized trial. The Allina organization's respected commitment to the public good hopefully will help distinguish this activity from the myriad commercial ventures being spun off by health care organizations looking for additional revenue. I am not aware of any organization focusing comprehensively on lay roles in health care delivery other than the LEAP project. There are federal and other organizations that are providing advocacy, training, and other support for specific roles such as community health worker or cancer patient navigator.

4. Does the Institute have the potential to attract substantial numbers of healthcare organizations and yield significant impact? Is a membership organization the best structure for the Institute or should the proposed membership structure be replaced, augmented or supplemented by another structure?

The focus on membership seems to assume that organizations will want or need an ongoing relationship with the Institute to get what they need. I'm not convinced that this is the case. It seems more likely that organizations will have time-limited needs—they want new lay workers trained, or they want support for a 12 month learning community. The proposal in my opinion does not make a convincing case for starting as free-membership based other than as building a structure for collecting dues in the future. The proposal is also not clear as to what information and resources would be available only to members. The ultimate success of the Institute will depend on its ability to:

- a. Build interest in layperson roles, among individuals and organizations with influence on primary care, especially in the commercial sector, and
- b. Demonstrate that it can be helpful to organizations wanting to employ laypersons.

To meet these goals, it seems to me that the Institute should try to get their message and resources in front of as many people and organizations as possible. I'm having trouble seeing how membership helps meet these goals.

5. Is the business plan inherent in the proposal viable?

- Does the proposal realistically assess the market for the services of the Institute? How much demand do you think there would be for this kind of project?

Lay roles are very familiar to safety net practices, but not so with private practices. Initial Institute activities must address this. Early activities should focus on building understanding and interest in the private practice community by writing papers, giving presentations, building a useful website, and working with as many learning communities and organizations interested in these roles as possible. It won't be the IT that will convince organizations to move in this direction.

- Does the proposal provide strong enough evidence that lay care guides can save sufficient costs to interest providers and insurers, public or private?

There are many reasons to consider adopting these roles even if they don't save a nickel, so I would hope that cost reduction isn't the only argument made. Lay roles often fill gaps in services that are not provided by usual medical care, so that patients receive more attention, support and help. Lay roles give patients another, more approachable source of information to help them understand and participate in their health care. Lay roles help providers better understand and respond to patient needs. I could go on.

But I do believe that some lay roles have the potential to reduce costs by reducing hospitalizations or ED visits, or by providing services that are often given by expensive professionals. But it's going to take more research, not more rhetoric, to convince our increasingly cynical medical community that a good idea really will save money.

- Are the revenue projections realistic?

Probably not.

- Can the Institute be self-sustaining after the initial grant support is over?

Organizations with a similar agenda that I know of sustain themselves through diversified revenue streams. They will continue to apply for grants for new, related projects. They will provide consultation services by contract. They will offer trainings. A useful model is the successful University of Washington's AIMS Center: Advancing Integrated Mental Health Solutions. They don't count on a single product, even though they have developed a useful IT program.

6. The cost of developing and maintaining technology to support the Institute is a significant portion of the budget. Is the technology proposed necessary, and appropriate? Is it realistic to expect that the Institute will generate revenue from the technology solution sufficient to sustain the Institute?

I think that the emphasis on technology development is excessive. Even if it were only supporting the dissemination of Care Co-pilot, I think that consultation and training will be more in demand and profitable than IT. I'm surprised that the proposal doesn't give more attention to training.

7. Are there specific financial considerations that stand out in your review of the proposal budget? Do you believe the potential benefits of the Institute would provide a good return on the level of investment required?

I think that their proposed grant program could be an excellent use of funds. Providing grants to diverse organizations that can help spread the message and contribute needed data could help meet important early needs. The personnel budget includes a lot of money devoted to marketing, sales, etc. In the early years, much of that money might be better spent supporting Institute "faculty", who can help build the Institute's reputation in the field. These can be part-time contributions by academics, ICSI staff, or respected folks from the practice community. As the Institute becomes established, and its product line clarified, then spend more on marketing and sales.

I believe that with the right people, a more comprehensive agenda than just Care Co-pilot, and consultation with other organizations working on primary care transformation such as the UW AIMS Center, this could be a wise investment by the Robina Foundation.

8. The Institute is proposed at a time when healthcare is challenged on every level, including the integration of the Affordable Care Act. How do you think these major systemic changes might impact the success of the Institute and do you think overall this is the right time for this initiative?

The emphasis on primary care and the expansion of coverage to lower income Americans should increase interest in innovations such as lay health workers. There are primary care transformation activities going on in the majority of states across the country. It is a good time for innovations of this sort.

9. What additional advice or comments would you give to the Robina Foundation?

Nancy Gilberg

From: Radel, Kimberly <Kimberly.Radel@allina.com>
Sent: Friday, May 30, 2014 3:15 PM
To: Penny Hunt
Cc: Nancy Gilberg
Subject: RE: Care COPILOT

*proposal
in
"proposal
file"*

Penny,

Here is the revised proposal and the supplementary document describing the business plan and technology proposed.

You will notice that the budget in the revised proposal has been updated since the May submission. It has been adjusted to include the updated "previously approved" amount to reflect the year to date expenses, indirect costs were changed from 20% to 10% (more realistic), and a few other adjustments to the timing of onboarding staff and technologies.

The bridge funding was intended to accelerate the CCI work in the interim period before the November board meeting proposal review. Now that the proposal will be reviewed in August and we have continued to use existing funds to support our work, the need for bridge funding is no longer applicable since it is incorporated in the full proposal.

Please feel free to contact me with questions or clarifications needed before the proposal goes to the reviewers.

Have a wonderful weekend,

Kim

Kim Radel, MHA
Operations Director, Robina research projects * Division of Applied Research * Allina Health
Phone: 612-262-6086 * Kimberly.radel@allina.com<mailto:Kimberly.radel@allina.com>
Mail Route 10039 * 2925 Chicago Ave * Minneapolis, MN 55407

From: Penny Hunt [mailto:pennhunt@gmail.com]
Sent: Friday, May 23, 2014 7:24 AM
To: Radel, Kimberly
Cc: Nancy Gilberg
Subject: Care COPILOT

Hi Kim,

Several quick responses to your questions:

The dates you proposed for information on the reviewers and a revised proposal work well.

Steve Schroeder appreciated the information you provided on Arnie Milstein and would be fine substituting Eric Coleman for Arnie.

We like the idea of a short - as short as possible - separate discussion of the business plan inherent in the Care COPILOT Institute and the technology propos

Supplementary Clarifications for the Care Copilot Institute Proposal

The Care Copilot Institute (CCI) acknowledges the important questions raised by members of the board. The following document addresses the questions that followed the May CCI proposal submission. Answers are grouped thematically into two categories: Cost & Policy Implications and Technology & Revenue. We hope to clarify the logic behind our proposal to establish the Care Copilot Institute and appreciate the constructive feedback from the Robina Foundation Board.

Cost & Policy Implications

The development and adoption of all lay roles in healthcare delivery have increased in recent years in part because of the complex and costly healthcare environment in the United States. There is growing evidence that lay roles provide value by way of quality outcomes, patient experience, and cost reductions.^{1,2} Similar to results from the care guide research, a report on another lay role called a community health worker (CHW), states that programs utilizing CHWs can save money by focusing on prevention and chronic care management, which reduces hospitalizations and emergency department visits.³ In addition, in the state of Georgia, people who utilized the services of peer specialists, another lay role, saw a 55% reduction in costs for mental healthcare, which corresponded to \$2.5 million in savings per year.⁴ The Care Copilot Institute is currently engaged in studying the cost savings for the care guide role by partnering with the Medica Research Institute. We are looking at the impact care guides in the randomized controlled trial had on costs for their patients compared to patients receiving usual care. CCI will continue this work with other partners and stakeholders to study lay role cost savings as well as potential growth opportunities realized by using lay roles in care delivery.

While there is evidence pointing to cost savings for lay roles, there are a number of related challenges that the Care COPILOT Institute will address in order to increase the widespread adoption and continuing support of these roles. First, reimbursement policy is slow to change, especially for emerging innovations in healthcare delivery. However, there is currently support for some lay roles. In Minnesota, state legislation authorizes hourly reimbursement for CHWs. The approval for this reimbursement was possible because it had “support from a diverse group of stakeholders” and a “widespread recognition of the cost-effective care provided by CHWs.”⁵ Another challenge is that, in many cases with lay roles, costs are incurred at the healthcare organizational level while the actual savings occur at the payer level. More evidence is needed to demonstrate the organizational cost savings and CCI is poised to partner with organizations already engaged in this work to evaluate lay role models and their subsequent costs savings.

In addition to creating an evidence base for this important work, it is also imperative to garner support for these roles through policy and advocacy. CCI's Director for Policy & Public Relations will develop strategic coalition relationships in order to influence local, state and national policy. Essential work will include creating champions for the lay role through education and outreach. In conjunction, we will develop a public relations plan to balance the strident messages that are arising from the strong

¹ Keuhn, S. (2013). *What you need to know about state peer specialist certification in California*. Retrieved from <http://www.peersnet.org/blog/2013-12/what-you-need-know-about-state-peer-specialist-certification-california>.

² Adair, R., Wholey, D., Christianson, J., White, K., Britt, H., & Lee, S. (2013). Improving chronic disease care by adding laypersons to the primary care team: a parallel randomized trial. *Annals of Internal Medicine*, 159(3), 176-84.

³ National Conference of State Legislatures. (2008). *Community health workers: Expanding the scope of the health care delivery system*. Retrieved from <http://www.ncsl.org/print/health/chwbrie.pdf>.

⁴ Keuhn, 2013.

⁵ Brownstein, J., Chowdhury, F., Norris S., et al. Effectiveness of community health workers in the care of people with hypertension. *Am J Prev Med*. 2007;32(5):435-447. Cited in National Center for Chronic Disease Prevention and health Promotion. (n.d.). *Addressing Chronic Disease through Community Health Worker: A policy and systems-level approach*. Retrieved from http://www.cdc.gov/dhdsdp/docs/chw_brief.pdf.

healthcare professional licensure boards and unions that may oppose the roles. Over time this approach will result in policy change at the national level to recognize the lay role as a viable workforce option in transforming the way care is provided.

By studying costs and potential growth, CCI will inform the current and future needs for these roles in healthcare delivery and promote widespread change among healthcare organizations, payers, and policy makers. CCI will build on the momentum of its past work, as well as the momentum of initiatives like CHW reimbursement, to create an evidence base that bolsters education and advocacy efforts in order to create sweeping change in the development and implementation of lay roles in healthcare delivery.

Technology & Revenue

The inclusion of lay roles on healthcare delivery teams is a relatively new concept. To establish the Institute in today's current healthcare market and to offer unrestricted access to new care models and practical implementation tools, the Care Copilot Institute has determined the free membership-based model will accelerate our vision. As CCI becomes established and identifies key areas of need, our free membership may evolve into a payment model in the future. However, to begin, the primary revenue stream for the Institute will come from our technology solution.

Building a longitudinal relationship with patients is one of the essential components of the care guide model. One of the most effective ways to build relationships with patients is through quickly recalling information, which is paramount to our proposed technology solution. While it is critical that care guides are able to access the patient's medical record for specific lab values and office visit notes, it is equally as important to access information on patients that is not typically included in the electronic health record. For example, care guides in the study diligently tracked any interactions with patients—documenting information shared by their patients such as loss of insurance, birthdays, family caregivers, favorite hobbies, daily care routines, etc. With each interaction, care guides gained valuable insights on motivators and influential factors that, in turn, were used to compel patients to make behavior changes. The technology solution the Institute proposes addresses common needs found across many lay roles beyond the care guide and includes:

- maximizing workload
- increasing efficiency
- enhancing patient experience
- providing the ability to measure program efficacy and share best practices

Today, there are numerous third party vendor solutions (i.e., Wellframe, BluePrint Care Navigator, Health Leads) that exist to foster relationships similar to those described above and to offer sleek interfaces for roles similar to the care guide and patients themselves. CCI will partner with a technology firm to create the optimal technology solution to best serve lay roles in practice. The revenue from implementing the solution will continue to drive the mission of CCI. The approach we used to estimate the market for services is both a top-down (addressable market) and bottom-up (staff estimates for sales) approach to determine revenue forecasts.

For the top-down portion, we looked to industry research and chose a report from 2012 which examined the healthcare analytics market and covered the period from 2010 (retrospective) through 2017 (forecast).⁶ For 2017, the clinical analytics market, which we felt applies to the mission of the Institute, is forecasted to reach \$2,251.5M in revenue. Conservatively, we assumed the Institute would align only with the Customer Relationship Management (CRM) subcategory of clinical analytics as much of the work to be undertaken by lay roles is based on establishing and maintaining patient relationships. By

⁶ (2012). "Healthcare Analytics & Medical Analytics Market (Predictive Modeling, Clinical Analytics, Financial Analytics & Others) – Trends & Global Forecasts to 2017", *Markets and Markets*.

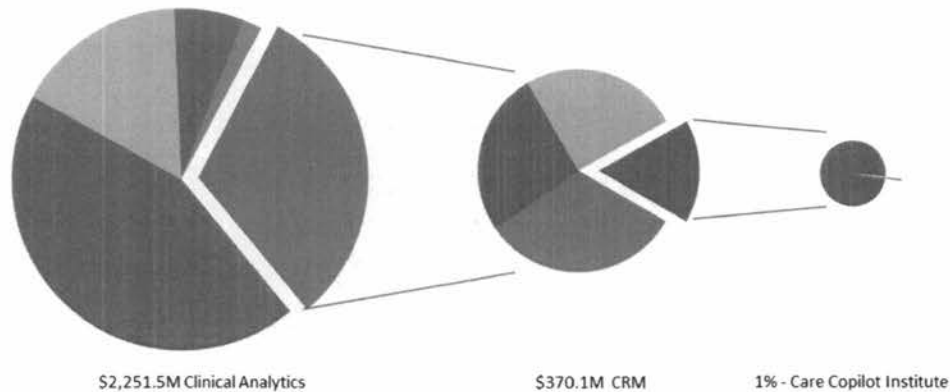
2017, the CRM subcategory in the U.S. is expected to reach \$370.1M and conservatively, we set a goal of 1% of the U.S. healthcare clinical analytics CRM category by 2017 (see Table 1 below).

Table 1. Market Forecast

Market research (2012)					
	2010	2011	2012	2017	CAGR % (2012-2017)
Clinical Analytics	721	910.2	1145.3	3419.6	24.5
CRM	122.6	153.8	192.4	560.8	23.9
US Clinical Analytics	460	583.2	736.7	2251.5	25
US CRM	78.4	98.8	123.9	370.1	24.5
Hardware	600.8	736	901.2	2410	21.7
Software	841.1	1054.4	1321.8	3897.3	24.1
Services	961.3	1213.6	1532	4548.6	24.3
Total	2403.2	3004	3755	10855.9	23.7
US Software	548.4	689.1	866.3	2591.5	24.5
US Services	626.7	93.2	1004.1	3024.6	24.7

For the bottom-up approach, we estimated that we could implement the software at 2 clinics in the first year and grow to 45 clinics by 2017. Based on price and workload assumptions (Table in section 9.2.1.), this would capture 0.88% of the 2017 U.S. healthcare clinical analytics CRM market and aligned with our goal to reach 1% of the 2017 market (see figure below).

2017 Healthcare Clinical Analytics Market Revenue (\$Million)



Supplementary Clarifications for the Care Copilot Institute Proposal

The Care Copilot Institute (CCI) acknowledges the important questions raised by members of the board. The following document addresses the questions that followed the May CCI proposal submission. Answers are grouped thematically into two categories: Cost & Policy Implications and Technology & Revenue. We hope to clarify the logic behind our proposal to establish the Care Copilot Institute and appreciate the constructive feedback from the Robina Foundation Board.

Cost & Policy Implications

The development and adoption of all lay roles in healthcare delivery have increased in recent years in part because of the complex and costly healthcare environment in the United States. There is growing evidence that lay roles provide value by way of quality outcomes, patient experience, and cost reductions.^{1,2} Similar to results from the care guide research, a report on another lay role called a community health worker (CHW), states that programs utilizing CHWs can save money by focusing on prevention and chronic care management, which reduces hospitalizations and emergency department visits.³ In addition, in the state of Georgia, people who utilized the services of peer specialists, another lay role, saw a 55% reduction in costs for mental healthcare, which corresponded to \$2.5 million in savings per year.⁴ The Care Copilot Institute is currently engaged in studying the cost savings for the care guide role by partnering with the Medica Research Institute. We are looking at the impact care guides in the randomized controlled trial had on costs for their patients compared to patients receiving usual care. CCI will continue this work with other partners and stakeholders to study lay role cost savings as well as potential growth opportunities realized by using lay roles in care delivery.

While there is evidence pointing to cost savings for lay roles, there are a number of related challenges that the Care COPILOT Institute will address in order to increase the widespread adoption and continuing support of these roles. First, reimbursement policy is slow to change, especially for emerging innovations in healthcare delivery. However, there is currently support for some lay roles. In Minnesota, state legislation authorizes hourly reimbursement for CHWs. The approval for this reimbursement was possible because it had “support from a diverse group of stakeholders” and a “widespread recognition of the cost-effective care provided by CHWs.”⁵ Another challenge is that, in many cases with lay roles, costs are incurred at the healthcare organizational level while the actual savings occur at the payer level. More evidence is needed to demonstrate the organizational cost savings and CCI is poised to partner with organizations already engaged in this work to evaluate lay role models and their subsequent costs savings.

In addition to creating an evidence base for this important work, it is also imperative to garner support for these roles through policy and advocacy. CCI's Director for Policy & Public Relations will develop strategic coalition relationships in order to influence local, state and national policy. Essential work will include creating champions for the lay role through education and outreach. In conjunction, we will develop a public relations plan to balance the strident messages that are arising from the strong

¹ Keuhn, S. (2013). *What you need to know about state peer specialist certification in California*. Retrieved from <http://www.peersnet.org/blog/2013-12/what-you-need-know-about-state-peer-specialist-certification-california>.

² Adair, R., Wholey, D., Christianson, J., White, K., Britt, H., & Lee, S. (2013). Improving chronic disease care by adding laypersons to the primary care team: a parallel randomized trial. *Annals of Internal Medicine*, 159(3), 176-84.

³ National Conference of State Legislatures. (2008). *Community health workers: Expanding the scope of the health care delivery system*. Retrieved from <http://www.ncsl.org/print/health/chwbrief.pdf>.

⁴ Keuhn, 2013.

⁵ Brownstein, J., Chowdhury, F., Norris S., et al. Effectiveness of community health workers in the care of people with hypertension. *Am J Prev Med*. 2007;32(5):435-447. Cited in National Center for Chronic Disease Prevention and health Promotion. (n.d.). *Addressing Chronic Disease through Community Health Worker: A policy and systems-level approach*. Retrieved from http://www.cdc.gov/dhds/docs/chw_brief.pdf.

healthcare professional licensure boards and unions that may oppose the roles. Over time this approach will result in policy change at the national level to recognize the lay role as a viable workforce option in transforming the way care is provided.

By studying costs and potential growth, CCI will inform the current and future needs for these roles in healthcare delivery and promote widespread change among healthcare organizations, payers, and policy makers. CCI will build on the momentum of its past work, as well as the momentum of initiatives like CHW reimbursement, to create an evidence base that bolsters education and advocacy efforts in order to create sweeping change in the development and implementation of lay roles in healthcare delivery.

Technology & Revenue

The inclusion of lay roles on healthcare delivery teams is a relatively new concept. To establish the Institute in today's current healthcare market and to offer unrestricted access to new care models and practical implementation tools, the Care Copilot Institute has determined the free membership-based model will accelerate our vision. As CCI becomes established and identifies key areas of need, our free membership may evolve into a payment model in the future. However, to begin, the primary revenue stream for the Institute will come from our technology solution.

Building a longitudinal relationship with patients is one of the essential components of the care guide model. One of the most effective ways to build relationships with patients is through quickly recalling information, which is paramount to our proposed technology solution. While it is critical that care guides are able to access the patient's medical record for specific lab values and office visit notes, it is equally as important to access information on patients that is not typically included in the electronic health record. For example, care guides in the study diligently tracked any interactions with patients—documenting information shared by their patients such as loss of insurance, birthdays, family caregivers, favorite hobbies, daily care routines, etc. With each interaction, care guides gained valuable insights on motivators and influential factors that, in turn, were used to compel patients to make behavior changes. The technology solution the Institute proposes addresses common needs found across many lay roles beyond the care guide and includes:

- maximizing workload
- increasing efficiency
- enhancing patient experience
- providing the ability to measure program efficacy and share best practices

Today, there are numerous third party vendor solutions (i.e., Wellframe, Blueprint Care Navigator, Health Leads) that exist to foster relationships similar to those described above and to offer sleek interfaces for roles similar to the care guide and patients themselves. CCI will partner with a technology firm to create the optimal technology solution to best serve lay roles in practice. The revenue from implementing the solution will continue to drive the mission of CCI. The approach we used to estimate the market for services is both a top-down (addressable market) and bottom-up (staff estimates for sales) approach to determine revenue forecasts.

For the top-down portion, we looked to industry research and chose a report from 2012 which examined the healthcare analytics market and covered the period from 2010 (retrospective) through 2017 (forecast).⁶ For 2017, the clinical analytics market, which we felt applies to the mission of the Institute, is forecasted to reach \$2,251.5M in revenue. Conservatively, we assumed the Institute would align only with the Customer Relationship Management (CRM) subcategory of clinical analytics as much of the work to be undertaken by lay roles is based on establishing and maintaining patient relationships. By

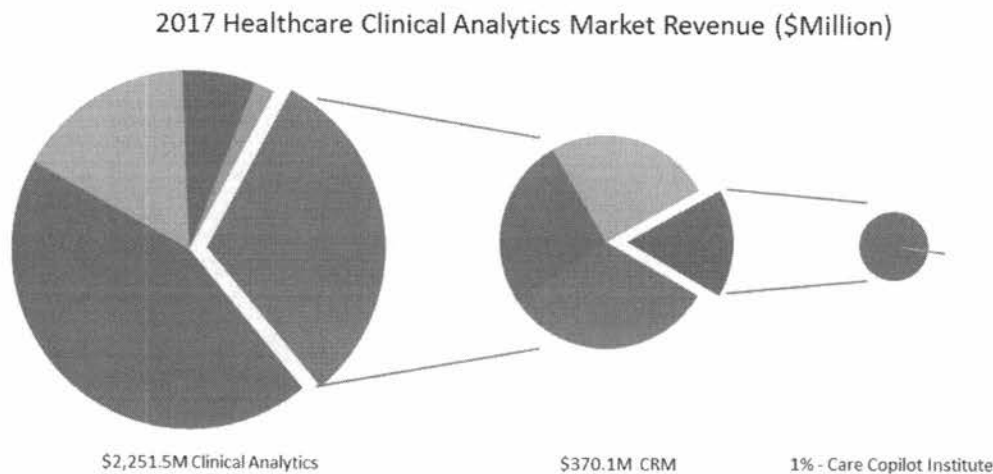
⁶ (2012). "Healthcare Analytics & Medical Analytics Market (Predictive Modeling, Clinical Analytics, Financial Analytics & Others) – Trends & Global Forecasts to 2017", *Markets and Markets*.

2017, the CRM subcategory in the U.S. is expected to reach \$370.1M and conservatively, we set a goal of 1% of the U.S. healthcare clinical analytics CRM category by 2017 (see Table 1 below).

Table 1. Market Forecast

Market research (2012)					
	2010	2011	2012	2017	CAGR % (2012-2017)
Clinical Analytics	721	910.2	1145.3	3419.6	24.5
CRM	122.6	153.8	192.4	560.8	23.9
US Clinical Analytics	460	583.2	736.7	2251.5	25
US CRM	78.4	98.8	123.9	370.1	24.5
Hardware	600.8	736	901.2	2410	21.7
Software	841.1	1054.4	1321.8	3897.3	24.1
Services	961.3	1213.6	1532	4548.6	24.3
Total	2403.2	3004	3755	10855.9	23.7
US Software	548.4	689.1	866.3	2591.5	24.5
US Services	626.7	93.2	1004.1	3024.6	24.7

For the bottom-up approach, we estimated that we could implement the software at 2 clinics in the first year and grow to 45 clinics by 2017. Based on price and workload assumptions (Table in section 9.2.1.), this would capture 0.88% of the 2017 U.S. healthcare clinical analytics CRM market and aligned with our goal to reach 1% of the 2017 market (see figure below).



Yale Law

Nancy Gilberg

From: Fitzpatrick, Tara <tara.fitzpatrick@yale.edu>
Sent: Tuesday, May 20, 2014 1:44 PM
To: pennhunt@gmail.com
Cc: Nancy Gilberg (ngilberg@robinafoundation.org)
Subject: Revised endowment budget, YLS
Attachments: ROBINA_Draft \$25M Endowment BudgetRevMay 14 .xls; RobinaRequest2012Post.pdf

Hi Penny,

Very nice to talk with you today and glad that spring has finally sprung out there on the prairie. Thanks so much for the most recent payment—I know that Robert and Jim will be thrilled that it's on the way.

As we discussed, I've attached a revised version of the proposed endowment budget we gave you in March. Continuing discussion of the most pressing needs of our students and alumni working in human rights leads us to devote substantially more of the revised budget to COAP, our student loan repayment assistance for alumni in low-paying positions, which most public interest jobs are. We have eliminated the JD Scholarship budget line and somewhat reduced the Visiting Faculty line to do so. Most of the rest of the initiative remains steady state, with the addition of a chair for Jim Silk if this request is fully funded, and the elimination of the dedicated full-time coordinator position, with that work to be absorbed by Schell Center staff. Please let me know if you have questions or would like a more substantial narrative to accompany this budget. I also attach the 2012 request from Robert (submitted as part of an omnibus proposal from the University), which forms the basis for this budget.

All the best, Tara

Yale Law School

Robert C. Post, Dean and Sol & Lillian Goldman Professor of Law



**Preserving the Positive Effects
of the Robina Human Rights Fellowship Initiative**

James Binger established the Robina Foundation to pursue innovation in critical social issues. The cause of human rights is changing the world in ways critical to the survival and dignity of human beings. By investing in the Robina Human Rights Fellowship Initiative at Yale Law School, the Robina Foundation has advanced the cause of human rights. It has transformed the teaching of human rights at the Yale Law School and empowered us to produce future leaders trained and dedicated to the effective protection of human dignity throughout the globe.

We propose that the Robina Human Rights Fellowship Initiative be itself transformed. We propose that it be endowed and renamed the Robina Human Rights Program, so that it can forever sustain the Yale Law School's efforts to produce the most well-trained human rights leaders in the world. The students of Yale Law School are among the finest of their generation. The Robina Human Rights Program will identify from among these students those who are likely to begin a career in human rights, and it will support these students in a coherent and unified manner, from the time they enter law school through graduation and beyond, as they begin careers in human rights.

Through need-based Robina J.D. Scholarships, the Program will support human rights students while they attend Yale. Through curricular enhancements like Robina Visiting Human Rights Fellows, the Robina Fund for Human Rights Clinical Education Innovation and Field Missions, and an endowed Robina Human Rights Clinical Professorship, the Program will amplify the ability of human rights students to study and pursue all aspects of human rights. Through Robina Summer Human Rights Fellowships and Post-Graduate Fellowships, the Program will offer human rights students the opportunity to acquire practical learning experiences, and it will empower them to successfully begin careers in the human rights profession. Through the law school's loan forgiveness program, "COAP" (the Career Options Assistance Program), the Robina Program will empower human rights graduates to pursue a professional human rights career despite the severe financial sacrifices that are necessarily entailed.

We fully expect that once the Robina Human Rights Program at Yale Law School is permanently endowed, it will produce cadres of human rights lawyers who will form a powerful and international network of professionals, activists, and scholars. This network will prove a

Confidential—Not for further distribution

lasting and monumental tribute to the effective philanthropic investment of the Robina Foundation.

The Robina Human Rights Fellowship Initiative is currently exceedingly effective in providing human rights training and support to Yale Law students. But in a climate of sharp budgetary asperities, the achievements of the Initiative are vulnerable to financial uncertainties. We believe that the success of the Initiative warrants its fiscal security, and we therefore ask that it be transformed into the Robina Human Rights Program with an endowment of \$25,000,000. An endowment of this amount would place it as one of the largest principal gifts ever received from a foundation by Yale Law School, and would be by far the greatest gift for human rights at the Law School. The Robina Human Rights Program would have a prominent profile within Yale Law School and Yale University. By endowing the Program, the Robina Foundation can guarantee that the substantial opportunities and accomplishments of the present Initiative be secured for future generations.

We ask for endowment support to continue the following aspects of the Initiative:

- *Robina Human Rights JD Scholarships* for students interested in studying and pursuing careers in human rights, which will help reduce their debt-burden upon graduation;
- *Robina Summer Human Rights Fellowships* for students interested in spending the summer gaining critical human rights experiences, through internships at nonprofit organizations, courts, and NGOs, or through conducting individual research projects;
- *Robina Post-Graduate Fellowships* for emerging professionals interested in entering the human rights field to spend a year working at a human rights NGO, clerking at an international court, or pursuing human rights research and writing;
- *Robina Visiting Human Rights Fellowships* for human rights professionals and/or scholars who will teach, write, conduct research, or lecture at the Law School or participate in the Law School's legal clinics and centers, and who will generally inspire future generations of international lawyers, judges, and scholars;
- *Robina Fund for Human Rights Clinical Education Innovation and Field Missions* for the development of new ventures in human rights clinical education as well as to support human rights field missions for the Allard K. Lowenstein International Human Rights Law Clinic and/or other human-rights related clinical courses; and
- *Administrative and Event Support* to facilitate the day-to-day activities of the Robina Program, conduct an annual convening of Robina and other human rights fellows, and support programs for non-law students at the University to engage and participate in human rights events.

In addition, we ask that the Foundation endow two additional components of the Robina Human Rights Program, which we feel are crucial to its success:

- *A Robina Human Rights Clinical Professorship* to teach human rights-related courses and to permanently oversee all aspects of the Robina Human Rights Program. As the Robina Foundation is aware, the Robina Initiative is currently overseen by James Silk, Executive Director of the Orville H. Schell, Jr. Center for International Human

Confidential—Not for further distribution

Rights and a Clinical Professor of Law. If we could endow a clinical professorship in this area (a professorship that we envision initially would be held by James Silk), it would ensure permanent leadership of the Robina Program by an appropriate faculty member dedicated to human rights. The Robina Foundation knows the importance of Jim's position in the Law School community, in Yale University, and in the field of human rights legal education. At Yale, he provides guidance and input to other departments and centers whose work intersects with human rights. Endowing his position would be a great boon to the Law School and to the University, as well as to the larger field of human rights.

- *Robina Human Rights Career Options Assistance Program (COAP) Fellows* for graduates working in human rights-related positions to help repay their educational loans, thereby encouraging and sustaining their continued leadership in the field. Established in 1989, COAP was one of the first loan forgiveness programs of its kind. Since its inception, it has served as a model for similar programs at law schools across the country. The loan burden of students upon graduation is high: In 2011-12, the average law school debt of a Yale Law School J.D. graduate was approximately \$111,000. Most students who work in the area of human rights must take relatively low-paying positions at NGOs or international agencies and, without COAP, would not be able to repay their law-school debts. We established COAP so that students' debt burdens would not prevent them from taking such jobs. Yet COAP is an unfunded mandate whose costs are rapidly climbing. Programs like COAP are counter-cyclical: They become most expensive when students need them most. COAP therefore puts enormous strain on the School's capacity to maintain support for graduates at their present levels. Just this year, for example, the Law School has had to adjust COAP by altering the salary threshold at which students are eligible to have their loans fully subsidized. Our students who choose to dedicate their lives to human rights need COAP now more than ever. If Robina could support our graduates who work in human rights through the COAP program, we could better support their commitment to careers in human rights.

A Robina Human Rights Program would transform the way that philanthropists invest in human rights education. By focusing on the creation of human capital, it offers lasting and critical benefits to the human condition. We believe that James Binger would have been proud to have established such a permanent legacy.

Confidential—Not for further distribution

Potential Robina Funding Strategy

Revised May 2014

Robina Program for Human Rights	Current Level of Support (7/1/2012-6/30/2015)	Proposed Annual Level of Support, 2015+	Equivalent Endowmt Request (per line item)
Kirby Simon Summer Human Rights Fellowships, Supported by the Robina Foundation* (current level supports 35-40 students)	\$200,000	\$200,000	\$4,000,000
Robina Post-Graduate Fellows (current level supports 3 fellows)	\$180,000	\$180,000	\$3,600,000
Robina Visiting Human Rights Fellows (current level supports 2-6 visiting fellows)	\$235,000	\$170,000	\$3,400,000
Robina JD Scholarships (current level supports ~10 scholarship recipients) **	\$250,000	\$0	\$0
Fund for Human Rights Clinical Education and Field Missions	\$50,000	\$50,000	\$1,000,000
Administrative Support (Including Outreach)	\$20,000	\$50,000	\$1,000,000
Robina Fellowship Coordinator (current level supports ~1 FTE)	\$65,000	\$0	\$0
NEW (not currently included in Robina Human Rights Fellowship Initiative): Robina/Binger International Human Rights Clinical Professorship (initially, Jim Silk)	0	\$200,000	\$4,000,000
NEW (not currently included in Robina Human Rights Fellowship Initiative): Robina COAP Scholars**	0	\$400,000	\$8,000,000
Total	\$1,000,000	\$1,250,000	\$25,000,000
Amount of Endowment Needed to Sustain Program (assuming 5% annual income distribution)	\$20,000,000	\$25,000,000	\$25,000,000

*Other possible titles: "Kirby Simon-Robina Summer Human Rights Fellowships" or "Robina-Kirby Simon Summer Human Rights Fellowships"

**Note that we now have other endowed funds adequate to cover JD Scholarship needs, while COAP, which provides assistance with student loan repayment for recent alumni working in low-paying human rights or public interest positions, is an increasingly pressing budgetary need and one that is so far largely not supported by gifts or grants. This would be a critical and signature element of the Robina Fellowship Initiative's investment in students and alumni who have demonstrated their commitment to careers in human rights and public service.

From: Fitzpatrick, Tara

Sent: Wednesday, July 23, 2014 4:00 PM

To: pennhunt@gmail.com; Nancy Gilberg (ngilberg@robinafoundation.org)

Cc: Silk, James; Mathieu, Pascale; Lawder, Katherine

Subject: Final financial report, FY14, YLS

Dear Penny and Nancy,

Now that the books are closed for FY14, I'm attaching our actual expenditures for 2013-14 on the Robina award. A change in our internal accounting procedures means that the expenditures for the Robina summer public interest fellowships for both summer 2013 and summer 2014 are included in these totals. We are underspent in the Post-graduate Fellowship line mainly because one of the fellows deferred his position until this coming year, and in the Visiting Fellows line, primarily because Lucas Guttentag is only here half the year. If it looks like we will be projecting a substantial balance remaining after this coming academic year, we may ask that you permit us to put it toward COAP (student loan repayment) funding for recent alumni working in low-paying human rights and public interest positions.

Please let us know if you have any questions or concerns. I hope that the summer is treating you both well!

Best regards, Tara

— — —