1 BALDWIN STREET,
MONTPELIER, VT 05633-5701

PHONE: (802) 828-2295
FAX: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Nathan Lavery, Fiscal Analyst

Date: July 14, 2010

Subject: JFO #2447, #2448, #2449

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2447 — $100,000 grant from the U.S. Administration on Aging to the Vermont Department of Health. These funds will support efforts to build state infrastructure to implement evidence-based chronic disease self-management programs (Blueprint for Health). This grant is awarded under the American Recovery and Reinvestment Act.
[*JFO received 6/04/10*]

JFO #2448 — $10,000 grant from the National Alcohol Beverage Control Association to the Department of Liquor Control. These funds will be used to provide "seed" money for the creation of an on-line education program for sellers of alcohol in Vermont.
Note: The Joint Fiscal Committee requests updates on the status of this project at their January, 2011 and July, 2011 meetings. These updates should include information on revenues and expenses of the project, number of participants, adjustments to the course fee, and uses of any net revenues.
[*JFO received 6/04/10*]

JFO #2449 — Request from the Vermont Public Service Department to establish one limited service position. Funding for this position is available through an award from the American Recovery and Reinvestment Act.
[*JFO received 6/04/10*]

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Wendy Davis, Commissioner
Michael Hogan, Commissioner
David O'Brien, Commissioner

1 BALDWIN STREET,
MONTPELIER, VT 05633-5701

PHONE: (802) 828-2295
FAX: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members

From: Nathan Lavery, Fiscal Analyst

Date: June 10, 2010

Subject: Grant Requests

Enclosed please find three (3) requests that the Joint Fiscal Office has received from the administration. These requests include the establishment of one (1) limited service position.

JFO #2447 — $100,000 grant from the U.S. Administration on Aging to the Vermont Department of Health. These funds will support efforts to build state infrastructure to implement evidence-based chronic disease self-management programs (Blueprint for Health). This grant is awarded under the American Recovery and Reinvestment Act.
[*JFO received 6/04/10*]

JFO #2448 — $10,000 grant from the National Alcohol Beverage Control Association to the Department of Liquor Control. These funds will be used to provide "seed" money for the creation of an on-line education program for sellers of alcohol in Vermont.
[*JFO received 6/04/10*]

JFO #2449 — Request from the Vermont Public Department to establish one limited service position. Funding for this position is available through an award from the American Recovery and Reinvestment Act. **Only the position requires JFC approval, but information detailing the funding source has been attached for your information.**
[*JFO received 6/04/10*]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by June 24 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner
Wendy Davis, Commissioner
Michael Hogan, Commissioner
David O'Brien, Commissioner

Form ESR-2

ARRA ACTIVITY ACCEPTANCE REQUEST ☒ ARRA Competitive Grant (Alternate Form AA-1) ☐ Other ARRA Activity (Not Subject to AA-1 Process)

Revision ☐ Revision Date

RECEIVED JUN 04 2010 JOINT FISCAL OFFICE

TRK DB: 76 JFO 2447

INSTRUCTIONS: This form must be completed in its entirety and is required for:
1) acceptance of all ARRA Discretionary Grants, and
2) PRIOR to receipt of all ARRA Formula/Block Grants, and
3) PRIOR to receipts of all ARRA funding for Individual Entitlement Programs.

NOTE: Incomplete forms will be returned to departments and will result in the delay of spending authority release.

BASIC ARRA INFORMATION

1. Agency (ARRA-F): AHS	**2. Department** (ARRA-F): Health (Bus. Unit #03420)	**3. DUNS #** (ARRA-C): 80-937-6155
4. Office Location:	**City/town:** Burlington	**County**: Chittenden
5. ARRA Activity (ARRA 1-01): Chronic Disease Self-Management		**6. ARRA Code** (ARRA 2-1): **E09.04**
7. Legal Title of Grant: Vermont Chronic Disease Self-Management Program Collaborative		
8. Federal Agency Award # (ARRA-B): 90RA0029/01		**9. CFDA #** (ARRA-E): 93.725
10. Federal Funding Agency's US Treasury Account Symbol (TAS):		75-0942 (if provided by the federal funding agency)
11. Federal (or VT) Funding Agency (ARRA-A): Administration on Aging		**12. Award Date: 3/31/2010**
13. Award Amount $100,000		**14. Check if this amount is an estimate:** ☐
15. Grant Period (ARRA-H) **From:** 3/31/2010	**To:** 3/30/2012	
16. Date by which ARRA funds must be: ☒ **Obligated by Date: 3/30/2012 and/or** ☒ **Spent by Date: 6/30/2012**		

17. Purpose of Grant/ARRA Narrative (ARRA 2-02):
To build state infrastructure to implement evidence-based chronic disease self-management programs.

18. Area that will Benefit (name the state, county, city or school district): Vermont

19. Impact on existing program if grant is not Accepted:
None

20. BUDGET INFORMATION (Note: Total of Columns A-C must equal the total of columns D-F)

Column Reference	A	B	C	D	E	F
	←State Fiscal Year		→	←Federal Fiscal Year		→
Fiscal Year	**SFY 2009**	**SFY 2010**	**SFY 2011 & Beyond**	**FFY 2009**	**FFY 2010**	**SFY 2011 & Beyond**
Expenditures:						
Personnel Costs	$	$0	$0	$	$0	$
3rd Party Contracts	$	$0	$0	$	$0	$
Operating Expenses	$	$0	$22,200	$	$22,200	$
Grants/Sub-Awards	$	$0	$77,800	$	$77,800	$
Total Expenditures	$	$0	$100,000	$	$100,000	$
Revenues:						
State Funds:	$	$	$	$	$	$
Cash	$	$	$	$	$	$
In-Kind	$	$	$	$	$	$
ARRA Federal Funds:	$	$	$	$	$	$
(Direct Costs)	$	$0	$100,000	$	$100,000	$
(Statewide Indirect)	$	$0	$0	$	$0	$
(Dept'l Indirect)	$	$0	$0	$	$0	$
Sub-total ARRA Funds	$	$0	$100,000	$	$100,000	$
Other Funds:	$	$	$	$	$	$
(Other Federal)	$	$	$	$	$	$
(list source)	$	$	$	$	$	$
Total Revenues	$	$0	$100,000	$	$100,000	$

Comments about expenditures or revenues may be made in the space provided below:

21. VISION Tracking Information:

DeptID/Appropriation:	Other VISION Chartfield (funds, programs or projects)	Total Amount (all FYs)	Comments
3420021700	New program code will be assigned only upon JFC approval.	$100,000	
		$	
		$	
		$	
		$	
	Total	$100,000	This Total MUST agree with the total of Item 10, columns A+B+C above

PERSONAL SERVICE INFORMATION

22. Will monies from this grant be used to fund one or more Personal Service Contracts? ☐ Yes ☒ No
If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Agreed by: ____________ (initial)

23. State Position Information and Title(s):	# Existing Positions Retained	Est. Annual Regular Hours	# Positions Created (New)	Est. Annual Regular Hours
Total Positions				

24. Is the appropriate Position Request Form attached for new position(s) listed in Line 12 above?
☐ **YES – Form attached** or ☒ **No new positions created**

25. Equipment and space for these positions: ☐ Is presently available. ☐ Can be obtained w/available funds.

26. Does this qualify as "Infrastructure"? ☐ Yes ☒ No | If Yes complete next line:

27. Infrastructure Rationale (select one) (ARRA 2-06):
1. ☐ To Preserve & create jobs & promote economic recovery.
2. ☐ To assist those most impacted by the recession.
3. ☐ To provide investment needed to increase economic efficiency by spurring technological advances in science & health.
4. ☐ To invest in transportation, environmental protection, & other infrastructure that will provide long-term economic benefits.
5. ☐ To stabilize State & local government budgets, in order to minimize & avoid reductions in essential services & counterproductive state & local tax increases.

28. AUTHORIZATION AGENCY/DEPARTMENT SIGNATURES

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable). I/we further certify that these funds will be used only in accordance with the federal American Recovery & Reinvestment Act and all federal and state rules and regulations pertaining thereto:

ARRA Activity Manager: [signature]	Date: 4/12/2010
Name: Jenney Samuelson	Title: Community & Self Management Director
Department Head: Wendy Davis MD [signature]	Date: 4/21/10
Name: Wendy Davis, MD	Title: Commissioner of Health
Agency Secretary (if required): Patrick Flood [signature]	Date: 5/10/10
Name: PATRICK FLOOD	Title: DEPUTY SECRETARY

29. REVIEW BY FINANCE & MANAGEMENT (continue on separate sheet if necessary)

☐	√To Release Spending Authority in VISION:	FY 20______ $	[illegible]tion(s):

Analyst (initial):	LH	Date: 5/18/10	[redacted]	Commissioner Finance & Management initial):	[initial]	Date: 5/18/10
[redacted]	Assigned ESR Director's Signature:	[signature]				Date: 05/12/10

*** Section 30 through 33 are required ONLY when Form ESR-2 is used in lieu of Form AA-1 ***

30. SECRETARY OF ADMINISTRATION

☑	Check One Box: Accepted	(Secretary's signature or designee) [signature]	Date: 5/19/10
☐	Rejected		Date:

31. ACTION BY GOVERNOR

☑	Check One Box: Request to JFO	(Governor's signature or designee) [signature]	Date: 5/21/10
☐	Rejected		Date:

32. SENT TO JFO

☑	Sent to JFO		Date: 5/24/10

[illegible]

☐ **Notice of Award or Proof of Award (REQUIRED)** ☐ Request Memo ☐ Grant Agreement	☐ Dept. project approval (if applicable) ☐ Governor's Certification (if applicable) ☐ Notice of Donation (if any) ☐ Position Request Form(s)	☐ Grant (Project) Timeline (if applicable) ☐ Request for Extension (if applicable) ☐ Form AA-1PN attached (if applicable)

Department of Health
Business Office

MEMORANDUM

To: Jim Giffin, AHS CFO

From: Leo Clark, VDH CFO

Subject: ARRA Grant Acceptance Request

Date: April 16, 2010

The Department of Health (VDH) has received an ARRA grant award from the U. S. Administration on Aging for $100,000 to build state infrastructure to implement evidence-based chronic disease self-management programs (Blueprint for Health). This funding will support the Blueprint efforts to deploy evidence-based chronic disease self-management programs that will:

1) Empower older people with chronic diseases to maintain and improve their health status;

2) Strengthen and expand existing capacities of the aging and public health networks to deliver these programs at the local level; and

3) Embed these structures into statewide systems that provide community-based services and supports to assist older adults in maintaining their health and independence.

I have attached several documents required for grant acceptance, including:

1) Request for ARRA Grant Acceptance (ESR-2),

2) Original and Revised Grant Award Notices,

3) Original Grant Application and Revised Grant Budget for $100,000; and

4) Summary of Spending Authority Needed for FY11

Please let me know if you need further information or wish to discuss any details of the Health Department's request for acceptance of this new ARRA grant.

Thank you.

REC'D MAY 11 2010

VERMONT DEPARTMENT OF HEALTH

SFY11 & 12 Chronic Disease Self-management ARRA Grant Budget*

(*Note: No Expenditures will occur in SFY10)

VISION Account	Admin & Support	Public Health	VDH Total
	(3420010000)	(3420021000)	
Employee Salaries	$0	$0	$0
Fringe Benefits	$0	$0	$0
3rd Party Contracts	$0	$0	$0
Total Personal Services	$0	$0	$0
Supplies (Training Materials)	$0	$1,100	$1,100
Other (HSA Marketing $950 x 13)	$0	$13,000	$13,000
Travel (Mandatory Grant Meetings)	$0	$8,100	$8,100
Total Operating Expenses	$0	$22,200	$22,200
Grants/Sub-Awards (MOU with DAIL)	$0	$77,800	$77,800
Total Grants	$0	$77,800	$77,800
Total Direct Costs	$0	$100,000	$100,000
Total Indirect Costs	$0	$0	$0
Total SFY11 Costs	$0	$100,000	$100,000

Appropriation Summary

	Admin & Support	Public Health	VDH Total
Total Personal Services	$0	$0	$0
Total Operating Expenses	$0	$22,200	$22,200
Total Grants	$0	$77,800	$77,800
	$0	$100,000	$100,000

1.RECIPIENT

SAI NUMBER:

Department of Health and Human Services
Administration On Aging
Notice of Award (NOA)

PMS DOCUMENT NUMBER:
90RA002901

1. AWARDING OFFICE:	2. ASSISTANCE TYPE:	3. AWARD NO.:	4. AMEND. NO.:
Administration On Aging	Coop agreement	90RA0029/01	

5. TYPE OF AWARD:	6. TYPE OF ACTION:	7. AWARD AUTHORITY:
DEMONSTRATION	New	P.L. 111-5

8. BUDGET PERIOD:	9. PROJECT PERIOD:	10. CAT NO.:
03/31/2010 THRU 03/30/2012	03/31/2010 THRU 03/30/2012	93725

11. RECIPIENT ORGANIZATION:
Vermont Department of Health
Health
108 Cherry Street, Box 70
Burlington VT 05402
Wendy Davis, Commissioner of Health

12. PROJECT / PROGRAM TITLE:
Vermont Chronic Disease Self-management Program Collaborative

13. COUNTY:	14. CONGR. DIST:	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:
	00	Jenny Samuelson , Community and Self-management Direc

16. APPROVED BUDGET:

Item		Amount
Personnel	$	0
Fringe Benefits	$	0
Travel	$	3,103
Equipment	$	0
Supplies	$	1,552
Contractual	$	77,931
Facilities/Construction	$	0
Other	$	17,414
Direct Costs	$	100,000
Indirect Costs At % of $	$	0
In Kind Contributions	$	0
Total Approved Budget	$	**100,000**

17. AWARD COMPUTATION:

A. NON-FEDERAL SHARE	$	0	0.00 %
B. FEDERAL SHARE	$	100,000	100.00 %

18. FEDERAL SHARE COMPUTATION:

A. TOTAL FEDERAL SHARE	$	100,000
B. UNOBLIGATED BALANCE FEDERAL SHARE	$	
C. FED. SHARE AWARDED THIS BUDGET PERIOD	$	100,000

19. AMOUNT AWARDED THIS ACTION:	$	100,000
20. FEDERAL $ AWARDED THIS PROJECT PERIOD:	$	100,000

21. AUTHORIZED TREATMENT OF PROGRAM INCOME:
ADDITIONAL COSTS

22. APPLICANT EIN:	23. PAYEE EIN:	24. OBJECT CLASS:
1-360000274-B8	1-360000274-B8	41.45

25. FINANCIAL INFORMATION: DUNS: 809376155

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
AoA	90RA002901	75-9/0-0942	2010 299999N	$100,000		

26. REMARKS: (Continued on separate sheets)

Paid by DHHS Payment Management System (PMS), see attached for payment information.
This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.
This includes requirements in Parts I and II (available at http://www.hhs.gov/grantsnet/adminis/gpd/index.htm) of the HHS GPS.
Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 74 or 92, directly apply to this award apart from any coverage in the HHS GPS.
This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html.

27. SIGNATURE - AOA GRANTS OFFICER	DATE:	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY	
AoA GMO Rimas Liogys	03/29/2010	George S. Hagy	03/29/2010

29. SIGNATURE AND TITLE PROGRAM OFFICIAL(S)	DATE:
Edwin L. Walker, Deputy Asst Sec For Policy and Programs	03/29/2010

DGCM-3-785 (Rev. 86) (RA)

Budget Narrative/Justification

Budget: $100,000

	Year 1	Year 2	Total
Personnel			**0**
Fringe Benefits			**0**
Travel			**$8,100**
National Meeting	$1,800	$1,800	$3,600
Participant Travel CDSMP Leader Refresher	$1,000		$1,000
Participant Travel DSMP Leader Training		$3,500	$3,500
Equipment			**0**
Supplies			**$1,100**
CDSMP Leader Refresher	$500		$500
DSMP Leader Training		$600	$600
Contractual			**$77,800**
Department of Aging Disabilities and Independent Living	$38,900	$38,900	$77,800
Other			**$13,000**
Marketing	$13,000		$13,000
		Total Direct	$100,000
		Total Indirect	0
		Total Proposal	**$100,000**

Personnel: $0

The State of Vermont will administer the program using existing personnel.

Fringe: $0

Travel: $8,100

Funding will cover expenses for two required AoA sponsored events, one each year of the project period.

	Year 1	Year 2
Lodging ($200/night * 4)	$800	$800
Meals ($32/day * 5)	$160	$160
Airfare	$750	$750
Ground Transportation	$90	$90
Total	**$1,800**	**$1,800**

CDSMP Refresher Training Participant Travel $1,000): One CDSMP leader recertification training will be offered for current CDSMP leaders. The training will be one days long. Participants will be reimbursed for mileage at the federal rate of $0.50 per mile. Lunch and morning and afternoon refreshments will be provided through group catering.

Participant travel reimbursement	$700
Meals ($25each for 12 participants)	$300
Total	**$1,000**

DSMP Training Participant Travel $3,500: One four-day new DSMP leader training will be offered. Participants will be reimbursed for travel expenses including meals provided at $36 per diem per day through group catering and mileage at the federal reimbursement rate of $0.050 per mile.

Participant travel	$1,500
Meals	$2,000
Total	**$3,500**

Equipment: $0

Supplies: $1,100

CDSMP Refresher ($500): One CDSMP leader recertification training. Training will be one and a half days long. Supplies will be required for training events including leader note books, easel paper, markers, tape, etc.

Diabetes New Leader Training ($600): One four-day new DSMP leader training will be offered. Supplies will be required for the leader training including leader note books, easel pads, markers, etc.

Contractual: $77,800

Department of Disabilities, Aging, and Independent Living Sub-recipient Grants($77,800): The 5 Vermont AAAs will be eligible to receive funding from DAIL to work with the regional coordinators to identify and deploy best-practices for recruiting older adults into the Healthier Living and Healthier Living with Diabetes workshops, including:

- Meeting at least twice annually with the hospital and VDH District Office to review process and evaluation data and from that data to develop a plan to address any issues identified or to improve the implementation of the program.
- Presentations of information about the program at local meals sites and other areas where older adults congregate
- Assessing the effectiveness of marketing materials to reach older adults
- Assisting in identifying and approaching new sites to offer the program that best meet the needs of older adults
- Working to connect clients and the regional coordinators to resources to overcome individual or group barriers to attending the program such as transportation

Grants will be given based on the number of hospital service area within the region a AAA serves and are intended to cover personnel expenses.

Northeastern Vermont Agency on Aging • Newport • St. Johnsbury	$5,550	$5,500
Champlain Valley Agency on Aging • St. Albans • Burlington • Middlebury	$8,350	$8,350
Central Vermont Council on Aging • Morrisville • Barre • Randolph	$8,350	$8,350
Southern Vermont Council on Aging • Rutland • Bennington	$5,550	$5,500
Council on Aging for Southeastern Vermont • White River Junction • Mt. Ascutney • Brattleboro • Springfield	$11,100	$11,100

Other: $13,000

Marketing ($13,000): The State of Vermont will work with the local collaboratives to determine their marketing needs. Most regions find local newspaper print adds to be effect marketing methods. Hospital service areas will be strongly encouraged to pool their funds in regional marketing efforts, with approximately $930 per HSA allocated in the budget to cover additional marketing needs targeted at older adults and adults with disabilities that are identified. Funds will be added to the AAA or CDSMP hospital grants to cover these expenses.

Project Narrative

i. Summary/Abstract

In 2008 there were over 124,102 (20%) Vermonters sixty years of age and older. It is anticipated that 54% have one or more chronic conditions (BRFSS 2008). To reduce the health and economic burden of the most common chronic diseases the Blueprint for Health (Blueprint 2009 Annual Report is at: http://healthvermont.gov/prevent/blueprint/documents/Blueprint_2009AnnualRpt_0110.pdf), introduced the Stanford University Chronic Disease Self-management Program (CDSMP) to Vermont in 2005. Now it is being implemented statewide under the name Healthier Living Workshops (HLW) and a strong infrastructure has emerged. Between January 1, 2009 and December 30, 2009 fifty-six workshops were held. In 2009 the Diabetes Self-management Program (DSMP) was introduced and is slated for expansion over the next two years.

Although there is great need for the CDSMP and DSMP in Vermont, fifteen workshops were canceled last year due to low enrollment (less than 10 registrants). The Vermont Department of Health (VDH), in collaboration with the Department Disabilities, Aging and Independent Living (DAIL), Area Agencies on Aging (AAAs), and the hospitals statewide strive to recruit a greater number of older adults and adults with disabilities to participate in the program.

To increase and retain a larger number of older adults and adults with disabilities we have identified 3 areas for enhancement:

Connecting with older Vermonters

- Recruitment strategies that target older adults
- Collaboration between the local Department of Health District Offices, AAAs and hospitals
- Enhancing the IT infrastructure

Ensuring program fidelity

Building the capacity to deliver the Diabetes Self-management Program

Local collaboratives involving the regional AAAs, VDH District Offices, and community hospitals will be established to address these issues. In addition, the Blueprint for Health, DAIL and Office of Vermont Health Access (Medicaid) will continue to build systems that support the programs and enhance the IT infrastructure and data sharing between Departments, community-based self-management programs, and primary care providers.

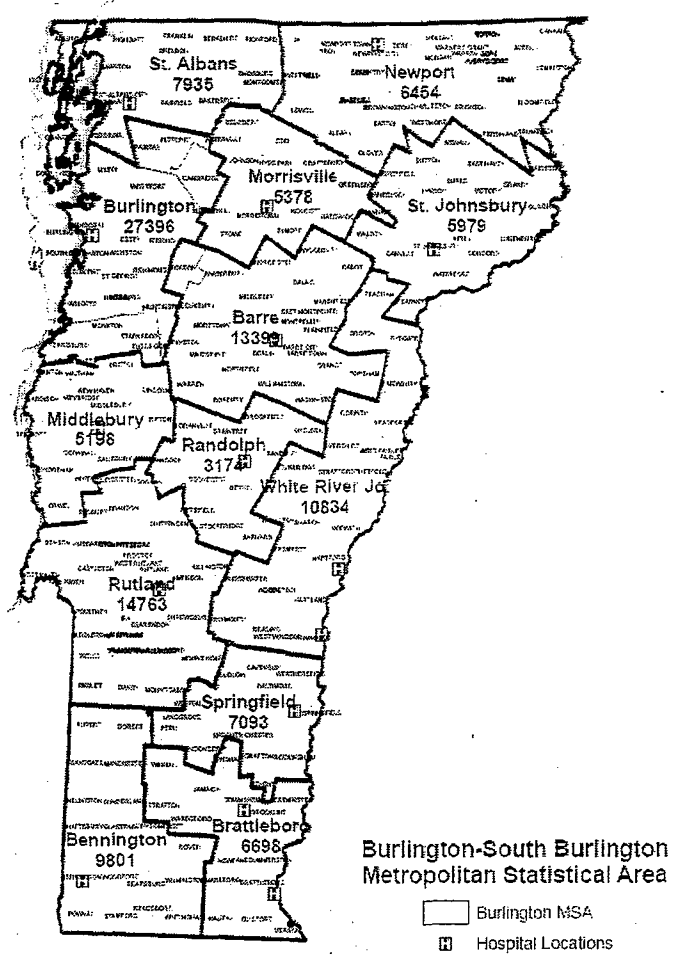
ii. Problem Statement

In Vermont the Stanford University Chronic Disease Self-management Program is being implemented statewide under the name Healthier Living Workshops. Between January 1, 2009 and December 30, 2009 there were 56 workshops offered in the state with 760 people who registered for the program; Of the 585 people who attended at least one workshop and completed a survey, 378 (64%) were 60 or older; and 465 people completed the program (defined as attending at least 4 workshops). Currently the state has 75 trained and active leaders, 23 potential master trainers, and 1 t-trainer.

The Diabetes Self-management Program is being piloted in the state's largest hospital service area and will be piloted in to two more hospital service areas over the next two years. Since May 2009, VDH has trained 1 t-trainer, 1 master trainer, and 17 leaders in the diabetes program. One diabetes workshop was held with 12 participants (8 sixty years and older) who started the program, and 11 (7 sixty years or older) who completed the program.

CDSMP and DSMP (in one hospital service area) are currently administered by grants to Vermont hospitals and community organizations in collaboration with their hospitals through the Blueprint for Health.

Hospital Service Areas.
With Number of Residents Aged 60+



Vermont partners, through this grant, are excited by the opportunity to enhance the programs. In Vermont in 2008 there were over 124,102 (20%) people age of sixty years and older. It is anticipated that 54% have one or more chronic conditions (BRFSS 2008). Although there is great need for the program, fifteen workshops were canceled around the state due to low enrollment (less than 10 registered). The Vermont Department of Health, in collaboration with the Department Disabilities, Aging and Independent Living, AAAs, Vermont hospitals, OVHA (Medicaid) care coordinators and where applicable community health teams, strive to recruit a greater number of older adults and adults with disabilities to participate in

the program. To increase and retain a larger number of older adults and adults with disabilities we have identified 3 areas of the program that need enhancement.

Connecting with older Vermonters

We need to:

- Recruit more older adults and adults with disabilities to enroll and participate in CDSMP and DSMP.
- Formalize the partnerships between the local VDH District Offices, AAAs, Vermont hospitals, OVHA (Medicaid) care coordinators and, where applicable, community health teams (CHT - locally-based multi-disciplinary teams establish in health systems that provide care coordination for patients, see the description of Blueprint for Health) to provide an infrastructure that can be used to implement evidence based programs for older adults. Currently these partnerships exist in some regions of the state and have been used to implement programs such as Bone Builders, PEARLS, and Strong Living. Formalizing local collaborative efforts will allow additional programs to be implemented statewide more efficiently. Each organization can leverage their relationships and program strengths to embed CDSMP and DSMP within the current infrastructure serving older adults. Examples of how this partnership might change the program include: advertising workshops in agency newsletters, increasing the number of senior centers and meals sites that offer the program, recruiting participants who are involved in other programming coordinated by the AAAs and facilitating transportation of older adults through existing transportation networks to CDSMP and DSMP.
- Add a module to the statewide clinical registry, DocSite, that allows referrals directly to the CDSMP and DSMP from health care providers, community health teams, and OVHA (Medicaid) care coordinators. The module would then allow data from the workshops to flow back to health care providers, CHT, and OVHA (Medicaid) care coordinators. Currently IT systems or paper based systems are set up in many areas of the state, which need to be systematizing and synchronized with electronic health records to ensure it is happening consistently in all HSA.

The connection of DocSite and the health information exchange to other health information will be explored as an avenue to further evaluate the effectiveness of the program. beyond the self-reported survey data. VDH Blueprint will also review how Vermont's Multi-Payer Claims Database might be able to linked to the CDSMP and DSMP data.

Ensuring program fidelity

- Leaders need refresher training. Many Vermont leaders were trained 3 or more years ago. Each has conducted at least 1 workshop every 24 months. Though they have maintained familiarity with the program, we feel strongly that refresher training will increase program fidelity and participant retention.
- Leaders need to be audited to ensure program fidelity. Audits of leaders by a master trainer need to occur at least once every 24 months. The process of auditing current leaders was started in October 2009 and will be complete in June 2011.
- Review of program evaluations with leaders needs to occur systematically after every workshop. Currently some, but not all regional coordinators, do post workshop evaluation and review.
- Statewide data should include and be analyzed by VDH to evaluation process outcomes including the number of people who drop out of workshops, number of no-shows to the first workshop, and overall satisfaction with the workshops by participants. Currently only outcomes data is analyzed and it is done in aggregate for the state.

Building the capacity to deliver the Diabetes Self-management Program

- DSMP is in the pilot phase in Vermont with the first workshop offered in summer 2009 and leader cross-trainings hosted in October 2009 and January 2010. The CDSMP infrastructure exists to implement the program statewide quickly, but the diabetes-specific infrastructure needs refinement. Vermont needs to evaluate the utility of DSMP in communities across the state considering that all the hospital service areas already have professionally led diabetes self-management education programs, and some professionals are unsure about the effects of adding DSMP. Most of these

communities also offer the CDSMP, which diabetes professionals view as a good complement to their diabetes education programs. Some have the capacity and interest to incorporate the DSMP into their programs. Networking and further discussion need to occur among the CDSMP regional coordinators and the certified diabetes educators to evaluate how the DSMP program can be incorporated.

iii. Goals and Objectives

Connecting with Older Vermonters

Recruitment -

Goal: To increase the participation of Vermont's older adults or those living with a disability into the Healthier Living and Healthier Living with Diabetes Workshops.

Objective: 350 Vermonters sixty years of age or older will participate in the Healthier Living Workshops between January 1, 2010 and December 30, 2010.

Objective: 400 Vermonters sixty years of age or older will participate in the Healthier Living Workshops between January 1, 2011 and December 30, 2011.

Infrastructure building -

Goal: To build the local infrastructure to implement evidence-based chronic disease programs.

Objective: By June 2010, establish 5 regional collaboratives focused on deploying the Healthier Living Workshops and where appropriate Healthier Living with Diabetes Workshops within their communities.

Objective: By June 30, 2011 build a module to capture program participation data through DocSite, the web-based health information registry used by the State.

Program Fidelity

Goal: To reduce the health and economic burden of chronic disease through the Stanford Chronic Disease and Diabetes Self-management programs.

Goal: The CDSMP will be implemented in Vermont statewide with fidelity.

By October 2010. each hospital service area will systematically implement the post workshop evaluation and will have a process in place to review the data with each pair of leaders following every workshop.

Objective: All active Vermont leaders will have at least one class of a workshop audited by a master trainer by June 2011.

By January 2011, the VDH Health Surveillance and the Blueprint will develop a report of process measure for each hospital service area, which will be provided to the local collaborative at least once annually.

Objective: By December 2011, 65% of leaders trained on or before December 30, 2007 will participate in refresher training on the CDSMP.

Diabetes Self-management Program

Goal: To implement the Stanford Diabetes Self-management program in Vermont.

Objective: Healthier Living with Diabetes Workshops will be offered in 2 hospital service areas in Vermont by March 1, 2011.

iv. Proposed Project

The CDSMP program is and will continue to be implemented statewide. DSMP will be introduced into at least 5 hospital service areas in the first year of the grant. Both programs will be implemented with fidelity, reduce the economic and health burden of chronic disease, and achieve a high degree of participant satisfaction.

Partners and Networks

The main focus of efforts under this grant will be to strengthen the partnerships and systems to enhance the capacity of communities to implement evidence-based programs within the network of service providers serving older adults and adults with disabilities. Specifically the project will formalize relationships between the Vermont Department of Health District Offices, 5 regional agencies on aging, the hospitals, OVHA (Medicaid) care coordinators, and where applicable community health teams.

The table below outlines the overlap of the AAA, hospital, and VDH District Office service areas.

AAA	Regional Coordinator (hospital if not the RC)	District Office
Northeastern Vermont Agency on Aging NEVAAA	Northeastern Vermont AHEC (North Country Hospital)	Newport
	Northeastern Vermont Regional Medical Center	St. Johnsbury
Champlain Valley Agency on Aging CVAA	Northwestern Medical Center	St. Albans
	Fletcher Allen Health Care	Burlington
	Elderly Services Incorporated	Middlebury
Central Vermont Council on Aging CVCOA • Morrisville • Barre • Randolph	Northeastern Vermont AHEC (Copley Hospital)	Morrisville
	Central Vermont Hospital	Barre
	Gifford Hospital	White River Junction
Southern Vermont Council on Aging SVCOA	Rutland Regional Medical Center	Rutland
	Southern Vermont Medical Center	Bennington
Council on Aging for Southeastern Vermont	Veterans Administration & Dartmouth Hospital	White River Junction
	Brattleboro Hospital	Brattleboro
	Mt. Ascutney Hospital	Springfield
	Springfield Hospital	

It is expected that a collaborative will form for each of the hospital service areas (HSA). HSA currently defines the CDSMP service areas. Once formed, the AAA, CDSMP regional coordinators, and VDH district offices can negotiate merging the collaboratives to form regional partnerships based on AAA service areas.

Current CDSMP

Locally: CDSMP is currently and will continue to be implemented statewide in Vermont as part of the Blueprint for Health through a series of grants that have established regional coordinators to serve each of Vermont's 14 hospital service areas (HSA). In 11 HSA the hospitals are the primary grantee. In two HSA the hospitals elected to partner with an Area Health Education Center as the primary grantee to

implement the program. In the 1 remaining HSA the program is administered by Elderly Services Incorporated. a local organization serving older adults.

There is a regional coordinator in each hospital service area that is responsible for logistics coordination of the program including:

1. Infrastructure Development and Capacity Building:
   a) Faculty recruitment (master trainers)
   b) Leader Training
   c) Faculty and Leader Retention
   d) Program Effectiveness
      - Review HLW evaluations
      - Plan and coordinate audits. To maintain certification each leader needs to have at least one class they teach audited by a master trainer every 2 years.
      - Plan quality improvement
2. Logistics
   a) Implement 4 to 6 workshops annually
      - Schedule and coordinate all leader and facilities logistics for workshops
      - Pay all leader stipends ($300 per leader per workshop) and expenses (mileage)
      - Purchase course materials from publisher or other commercial source
      - Participate in the HLW statewide program evaluation
      - Submit all required forms and evaluation materials to VDH
   b) Participant Recruitment
3. Establishing Partnerships
   a) Establish partnerships with community organizations to strengthen and enhance the program
   b) Collaborate with health care providers to set up systems to identify and enroll participants in the program

Statewide: Currently the Department of Health holds the statewide license for CDSMP and DSMP. The Blueprint for Health within the Department for Health coordinates the program statewide, manages certification of leaders, coordinates master training as needed, collects and analyzes program evaluation data, and provides technical assistance and training for regional coordinators.

Leader Certification - The Vermont Department of Health maintains a database of leaders, master trainers, and t-trainers who are trained in Vermont. There are currently 75 certified leaders and 23 potential master trainers in Vermont. VDH Blueprint maintains protocols that are consistent with

Stanford University to govern the certification of leaders. Each certified leader must lead at least one workshop every two years to maintain their certification. Master trainers must lead at least one leader training or workshop every year to maintain their certification. All leaders must have at least one class audited every 2 years. Complaints about leader performance are followed up by the VDH Blueprint staff.

VDH also coordinates Master level training. In 2009, VDH Blueprint and Diabetes program coordinated a cross-border CDSMP master training with New Hampshire partners. Subsequently each region of Vermont now has a master trainer or trainer-to-be who can conduct leader trainings and audits. The spread of the master trainers around the state is intended to ensure sustainability by increasing local expertise. There are now 23 potential master trainers in Vermont (versus 5 previously). VDH Blueprint will continue to ensure that master trainers are in place, offering training as needed.

Evaluation - Surveys are conducted to collect outcome and process measures to evaluate the program.

- Process Evaluation - At the end of each workshop participants are asked to fill out a participant satisfaction survey rating their experience in the program. Prior to 2009 that data was collected and monitored locally. Beginning in 2009, surveys are administered and sent to VDH for review.
- Outcomes Evaluation - Since the inception of the program in Vermont in 2005, data has been collected to monitor the outcomes for participants. The same survey is administered prior to a participant beginning the program, 6 months after the last workshop and 12 months after the last workshop. The outcomes data is analyzed at least annually to determine the program's effectiveness to reduce hospitalizations and emergency room visits, improve quality of life, and increase confidence in one's ability to manage the chronic disease. The appendix includes copies of the last report on the data as well as both the outcomes and process evaluations.

Technical Assistance and Training for Regional Coordinators - VDH Blueprint provides technical assistance and training for regional coordinators including: providing protocols and procedures,

establishing regional coordinator teleconferences and annual meetings. setting up mentoring connections. distributing marketing materials. funding the organizations to administer the program. and reviewing and responding to annual reports from each region. VDH Blueprint ensures that the program is administered within the guidelines of the Stanford licensing agreement.

Department of Disabilities. Aging and Independent Living (DAIL): DAIL's State Unit on Aging works with local providers. consumer organizations and other state agencies to facilitate the development of services and supports to meet the needs of older Vermonters and people with disabilities.

Area Agencies on Aging (AAAs): The AAAs have served the state of Vermont for over three decades and play a pivotal role in their local communities serving older Vermonters and family caregivers through the delivery of I/R/A, benefits counseling. advocacy; options education and case management- in short a diversity of programs and services that benefit the proposed target group. They are recognized leaders in their regions in planning, development and delivery of services to older Vermonters.

AoA Project

Funding from this grant will be used by VDH and DAIL to continue to enhance the CDSMP and DSMP.

Connecting with older Vermonters: At the local level, grants will be awarded to AAAs to coordinate collaboratives, which will involve the local AAA, VDH District Office, hospital and/or regional coordinator, OVHA (Medicaid) care coordinators and where applicable community care team. Each collaborative will meet at least 2 times annually to review the process and evaluation data to identify issues or areas for improvement for the program and increases in participation.

Under the direction of the AAA and regional coordinators, each collaborative will write and update program improvement plans twice annually based on the process and evaluation data. The plan will also address how the local community will recruit adults age 60 or older and those with disabilities into the workshops and will address barriers to participation including transportation, the sites workshops are

offered, time of day, quality of leaders, relevance of marketing materials to older adults, and placement of marketing materials. Members of the collaboratives will participate in implementing the action steps outlined in the work plan with emphasis on the AAA leveraging the network of service providers serving older adults and the hospitals connecting with primary care providers.

A CDSMP and DSMP module will be added to the statewide clinical registry, DocSite, to allow referrals directly to the CDSMP and DSMP from health care providers, community health teams, and OVHA (Medicaid) care coordinators. The module will facilitate data from the workshops to flow back to health care providers, CHT, and OVHA (Medicaid) care coordinators. Training will be provided for the regional coordinators and clinical staff on how to use the Module.

The connection of DocSite and the health information exchange to other health information will be explored as an avenue to further evaluate the effectiveness of the program, beyond the self-reported survey data. VDH Blueprint will also review how the Multi-Payer Claims Database might be able to linked to the CDSMP and DSMP data.

Ensuring program Fidelity: Vermont will establish protocols that ensure fidelity of the program to the Stanford model. VDH Blueprint will implement:

- A CDSMP leader refresher training for those leaders who were trained on or before December 30, 2007 and will develop a certification requirement for leader refreshers.
- Audits of leaders by a master trainer at least once every 24 months to initially be complete by June 2011.
- Establish a process for participant satisfaction surveys to be reviewed by the regional coordinator with leaders following every workshop.

- Identify measures including the number of people who drop out of workshops, number of no-shows to the first workshop, and overall satisfaction with the workshops by participants. Create regional reports of process and outcome measures for the local collaboratives.

Building the capacity to deliver the Diabetes Self-management Program: VDH Blueprint and Diabetes Program will work with collaboratives that have a proven track record of implementing CDSMP and an interest in adopting the DSMP. The VDH Diabetes Program will leverage existing relationships with the network of diabetes educators to foster collaboration between the AAA, regional coordinators, and local diabetes education programs.

VDH Blueprint and Diabetes Program will initially offer cross-training for current CDSMP leaders to become DSMP leaders. In 2011, funding from this grant may be used to offer a full 4-day DSMP leader training.

Regions that are participating in DSMP will implement at least 2 DSMP workshops annually. Once the outcomes and process evaluation data has been collected and analyzed for the DSMP program, VDH Blueprint and Diabetes Program, DAIL, and the relevant stakeholders will review the data to ensure the program is achieving its intended outcomes and that the state can sustain both CDSMP and DSMP. This outcomes and process evaluation data will take at least 12 months following a year of workshops to collect.

Sustainability

The Blueprint for Health was established in 2004 as a public-private partnership to reduce the health and economic impact of the most common chronic health diseases. In Vermont, the Blueprint is driving health reform including implementing payment reform, establishing a statewide health information registry that seamlessly connects with primary care practices and hospital electronic medical records, creating community health teams in pilot communities as an integral part of primary care, and beginning

the process of embedding self-management support in primary care practices (Blueprint 2009 Annual Report is at: http://healthvermont.gov/prevent/blueprint/documents/Blueprint_2009AnnualRpt_0110.pdf).

CDSMP is one component of self-management support infrastructure that is being built through the Blueprint health reform initiative. VDH Blueprint is strategically using the AoA funding to build stronger partnerships in local communities to implement the program and through VDH Blueprint funds is building the expertise of the local health system to deliver the program. Payment reform, partnerships and infrastructure are ensuring a commitment and the capacity of local communities to sustain the program.

v. Target Populations

Healthier Living Workshops serve all Vermonters living with or supporting an adult living with a chronic condition. Efforts under this application will be focused at recruiting adults sixty years and older to participate in the program. At the local level the Vermont Department of Health District Offices, AAA, hospital, OVHA (Medicaid) care coordinators, and community health teams where applicable, will work collaboratively to ensure that populations who are disproportionately affected by chronic disease have access and are referred to the program including individuals with low-incomes and those served by Medicaid.

Efforts will include hosting the program at senior meals sites and housing sites, working with Medicaid case managers to identify and refer patients to the program, and maintaining a strong link with community health teams (locally-based multi-disciplinary teams establish in health systems that provide care coordination for patients, see the description of Blueprint for Health).

vi. Anticipated Outcomes

System Outcomes

Partnerships: After 1 year VDH Blueprint and DAIL will use a coalition survey to evaluate the strength of the partnerships that have formed. We expect the partnerships to be strong.

Accessibility: Each collaborative will have created and successfully implement a plan for increasing accessibility of workshops for older adults and adults with disabilities including addressing the following barriers to participation: transportation, the sites workshops are offered, time of day, quality of leaders, relevance of marketing materials to older adults, and placement of marketing materials. The result will be a decrease in the percent of workshops cancelled due to low attendance and an increase in participants' satisfaction with the location, place, and time of the workshops.

DocSite Module: DocSite will create an information technology infrastructure to support program referrals and the sharing of information between the regional coordinators, health care providers, OVHA (Medicaid) care coordinators, and community health teams. We expect widespread adoption of the CDSMP DocSite Module measured by:

- % of regional coordinators that use the module.
- % of community health teams that use the module.
- % of OVHA (Medicaid) care coordinators that use the module.
- % of health care providers using DocSite who use the module to refer patients to CDSMP and DSMP

Leader Quality: Scores on leader audits (currently benchmarks do not exist), will be high or improving. A system for providing leader retraining will be in place.

Program Delivery Outcomes

Participation: At least 350 Vermonters sixty years of age or older will participate in the Healthier Living Workshops and Healthier Living with Diabetes Workshops between January 1, 2010 and December 30, 2010 and 400 will participate between January 1, 2011 and December 30, 2011.

CDSMP and DSMP Leaders: Each service area will have at least 5 active CDSMP leaders and those adopting the DSMP will have at least 2 active DSMP leaders.

CDSMP: Each service area will implement at least 4 CDSMP workshops annually with a minimum of 10 registrants.

DSMP: Two service areas in the state will implement at least 2 DSMP workshops annually with a minimum of 10 registrants.

Participant Outcomes

Satisfaction Surveys: Satisfaction surveys are administered at the end of each workshop. VDH will analyze the data beginning in 2010. Overall satisfaction scores will be high or improving over the project period (see the satisfaction survey).

Outcome Surveys: Current outcomes including improved self-confidence, decreased emergency room utilization and lower number of avoidable hospitalizations will continue to be reported at the same or better levels.

vii. Project Management

Blueprint for Health: The Blueprint for Health is the Stanford Licensee to administer the Chronic Disease Self-management and Diabetes Self-management programs for the state of Vermont. At the state level the Blueprint provides oversight and direction for the program and regional coordinators, monitoring of leader certification and evaluates the outcomes for participants.

Vermont Hospitals: The Blueprint for Health provides grants to the hospitals or local organizations in collaboration with the hospitals to administer the program locally. Each organization has a regional coordinator who is responsible for:

- Infrastructure Development and Capacity Building:
  a) Faculty recruitment (master trainers)
  b) Leader training
  c) Faculty and leader retention
  d) Program effectiveness and fidelity by collecting baseline surveys, tracking workshop evaluations, ensuring leaders are audited by a master trainer at least once every two years and meeting with leaders following every workshop to discuss participant feedback
- Logistics

a) Implement 4 to 6 workshops annually including scheduling the workshops, finding a location to host the workshop, contracting with leaders, and ordering and delivering materials and supplies

b) Participant recruitment

- Establish Partnerships

  a) Establish partnerships with community organizations to strengthen and enhance the program

  b) Collaborate with health care providers to set up systems to identify and enroll participants in the program

Department of Disabilities, Aging, and Independent Living (DAIL): DAIL's State Unit on Aging works with local providers, consumer organizations and other state agencies to facilitate the development of services and supports to meet the needs of older Vermonters and people with disabilities. DAIL has existing relationships with the five AAAs including providing funding for the AAA to administer programs at the local level. DAIL will provide grants and oversight of the AAAs to build the infrastructure to recruit and retain older adults in the CDSMP and DSMP.

5 Regional Area Agencies on Aging: AAA have served the state of Vermont for over three decades and play a pivotal role in their local communities serving older Vermonters and family caregivers through the delivery of I/R/A, benefits counseling, advocacy, options education and case management- in short a diversity of programs and services that benefit the proposed target group. They are recognized leaders in their regions in planning, development and delivery of services to older Vermonters.

The AAA will work with the regional coordinators to identify and deploy best-practices for recruiting older adults into the Healthier Living and Healthier Living with Diabetes workshops, including:

- Meeting at least twice annually with the hospital and VDH District Office to review process and evaluation data and from that data to develop a plan to address any issues identified or to improve the implementation of the program.
- Presentations of information about the program at local meals sites and areas and/or events that attract older adults
- Assessing the effectiveness of marketing materials to reach older adults

- Assisting in identifying and approaching new sites to offer the program that best meet the needs of older adults
- Working to connect clients and the regional coordinators to resources to overcome individual or group barriers to attending the program such as transportation and respite care.

Vermont Department of Health District Offices (12): The VDH District Offices will meet with hospital-based regional coordinator and AAA to review the process and outcomes data for their community. Based on their points of leverage and expertise they will assist in developing recommendations for improvements to the local program and infrastructure. District offices may provide technical assistance with assessing the local barriers faced by communities struggling to implement the program, for example providing guidance on how to effectively conduct focus group and individual interviews to collect qualitative evaluation data.

Office of Vermont Health Access (Medicaid): OVHA care coordinators will work with the local collaboratives to refer participants to CDSMP and DSMP. They will leverage their existing resources to increase the number of Medicaid patients who participate in the program.

In addition, the OVHA Office of Health Reform is a key partner with the Blueprint in all health reform initiatives including the expansion of Vermont's health information infrastructure and implementation of electronic health records and DocSite.

viii. Project Monitoring, Evaluation, Continuous Quality Improvement

Evaluation: Surveys are conducted to collect outcome and process measures to evaluate the program.

- Process Evaluation - At the end of each workshop participants complete a satisfaction survey rating their experience in the program.
- Outcomes Evaluation - Outcomes surveys are administered prior to a participant beginning the program, 6 months after the last workshop and 12 months after the last workshop.

ix. Organizational Capacity

CDSMP: In 2009 the VDH Blueprint for Health in collaboration with the community hospitals in Vermont or their designated organization implemented 56 CDSMP workshops serving 378 adults 60 years of age or older.

Programs Serving Older Adults: DAIL and the AAAs have a track record of partnering with other community organizations and agencies to implement chronic disease self-management programs including Strong Living, Bone Builders, Healthy IDEAS, A Matter of Balance and PEARLS. Last year the AAAs statewide served over 395.000 community meals to older adults working with local senior centers and community organizations.

Combined VDH Blueprint, community hospitals, and area agencies on aging, have a proven track record implementing prevention programs, which will provide a solid foundation for increasing the number of older adults and adults with disabilities who will participate in the CDSMP and DSMP.

Health Care and IT Systems: The Blueprint for Health has also demonstrated ability to build information technology infrastructure across the health care system to facilitate communication between health care providers, community health teams, and insurers. The Blueprint is in the process of working in six hospital service areas with the plan for statewide expansion by 2011 to implement DocSite, a health information registry and other health reform initiatives. DocSite provides a platform for data sharing between the CDSMP regional coordinators, community health teams, health care providers, and Medicaid care coordinators. Connected via interfaces with health providers' electronic medical records, DocSite will also assist with statewide aggregate analysis of de-identified data. Coupled with the achievements of health care payment reform, Blueprint for Health's successes demonstrates unequivocally the ability to bring together complex partnerships to successfully build both the relationships and systems to implement chronic disease self-management programs.

The process and outcomes data will be analyzed, reviewed and reported to the collaboratives at least annually to determine participant satisfaction, and the effectiveness of the program to reduce hospitalizations and emergency room visits, improve quality of life, and increase confidence in ones ability to manage the chronic disease.

The connection of DocSite and the health information exchange to other health information will be explored as an avenue to further evaluate the effectiveness of the program beyond the self-reported survey data. VDH Blueprint will also review how the Multi-Payer Claims Database might be linked to the CDSMP and DSMP data.

Fidelity: Vermont will establish protocols that ensure fidelity of the program to the Stanford model. VDH Blueprint will implement:

- A leader refresher training for those leaders who were trained on or before December 30, 2007 and will develop a certification requirement for leader refreshers.
- Audits of leaders by a master trainer at least once every 24 months to initially be complete by June 2011. Leaders who consistently perform poorly on leader audits will be asked to retake the 4 day leader training or will lose their certification.
- Establish a process for participant satisfaction surveys to be reviewed by the regional coordinator with leaders following every workshop.
- Identify measures including the number of people who drop out of workshops, number of no-shows to the first workshop, and overall satisfaction with the workshops by participants. Create regional reports of process and outcome measures for the local collaboratives.

Process Improvement: Each local collaborative, under the leadership of the AAA and regional coordinators, will meet at least 2 times annually to review the process and evaluation data to identify issues or areas for improvement for the program and increases in participation. Each AAA will develop a program improvement plan and will update it twice annually based on the process and evaluation data. Members of the collaboratives will participate in implementing the action steps outlined in the plan.

Project Work Plan

Connecting with Older Vermonters

Recruitment:

Goal: To increase the participation of Vermont's older adults or those living with a disability into the Healthier Living and Healthier Living with Diabetes Workshops.

Objective: 350 Vermonters sixty years of age or older will participate in the Healthier Living Workshops and Healthier Living with Diabetes Workshops between January 1, 2010 and December 30, 2010.

Objective: 400 Vermonters sixty years of age or older will participate in the Healthier Living Workshops and Healthier Living with Diabetes Workshops between January 1, 2011 and December 30, 2011.

Activity	Responsible Party(ies)	Start/End Dates
Local collaboratives will form and meet including the AAA, VDH district office, hospital and or regional coordinator, and where applicable the OVHA (Medicaid) case managers and community health team coordinators.	AAA and Regional Coordinators	March 2010
Each AAA will develop a work plan specific to the needs of their communities to recruitment adults age 60 or older and those with disabilities into the workshops. Plans will address barriers to participation including transportation.	AAA	April 2010
Grants to AAAs will be generated to coordinate recruitment of adults age 60 or older and those with disabilities into the workshops.	DAIL	June 2010 – March 2012

Evaluation	Responsible Party(ies)	Start/End Dates
Narrative quarterly report of local collaboratives.	AAA, VDH district offices, and Regional Coordinators	October 2010 and then quarterly
Receipt of work plans.	DAIL	April 2010
Grant awards to 5 AAAs	DAIL	June 2010
Attendance reports from local regional coordinators. Outcomes survey. Number of people who register, attend, and complete the program who are age 60 or older or who have a disability.	Regional coordinators and VDH Blueprint	Ongoing and statewide

		reports January 2011 and annually

The VDH Blueprint and DAIL will review the AAAs proposed work plans, participant satisfaction surveys and will monitor the number of older adults and adults with disabilities who participate in the program with an expectation that satisfaction surveys will be high or improving and that there will be an increase in number of older adults who participate in the program. At least 350 Vermonters sixty years of age or older will participate in the Healthier Living Workshops and Healthier Living with Diabetes Workshops between January 1, 2010 and December 30, 2010 and 400 will participate between January 1, 2011 and December 30, 2011.

Infrastructure building:

Goal: To build the local infrastructure to implement evidence-based chronic disease programs.

Objective: By June 2010, establish 5 regional collaboratives focused on deploying the Healthier Living Workshops and Healthier Living with Diabetes Workshops within their communities.

Activity	**Responsible Party(ies)**	**Start/End Dates**
Local collaboratives will form and meet including the AAA, VDH district office, hospital and or regional coordinator, and where applicable the OVHA (Medicaid) case managers and community health team coordinators.	AAA and Regional Coordinators	March 2010
Each AAA will develop a work plan specific to the needs of their communities to recruitment of adults age 60 or older and those with disabilities into the workshops. Plans will address barriers to participation including transportation. Plan will consider site of the workshops, time of day, quality of leaders, relevance of marketing materials to older adults, and placement of marketing materials.	AAA	April 2010
Each collaborative will meet at least 2 times annually to review the process and evaluation data to identify issues or areas for improvement for the program.	AAA, Regional Coordinators, and VDH District Offices	June 2010 to March 2012
Each collaborative will write and update their program improvement plans twice annually based on the process and evaluation data.	AAA and Regional Coordinators	June 2010 to March 2012
Implement the strategies outlined in the plan.	AAA and Regional Coordinators	Ongoing

Evaluation	Responsible Party(ies)	Start/End Dates
Narrative quarterly report of local collaboratives.	AAA. VDH district offices, and Regional Coordinators	October 2010 and then quarterly
Receipt of work plans.	DAIL	April 2010
After 1 year evaluate the strength of the collaboratives.	VDH Blueprint and DAIL	June 2011
VDH Blueprint and DAIL will monitor the quarterly reports from each collaborative. After 1 year VDH Blueprint and DAIL will use a coalition survey to evaluate the strength of the partnerships that have formed. We expect the partnerships to be strong.		

Objective: By June 30. 2011 build a module to capture program participation data through Docsite. the health information registry used by the State.

Activity	Responsible Party(ies)	Start/End Dates
Identify the specifications of for the CDSMP module.	VDH Blueprint	June 2010
Contract with or amend the current DocSite contract to develop the CDSMP module.	VDH Blueprint	December 2010
Develop the module within DocSite.	DocSite	January 2011 to June 2011
Train the local regional coordinators, community health teams, and OVHA (Medicaid) care coordinator to use the module.	VDH Blueprint	July 2011

Evaluation	Responsible Party(ies)	Start/End Dates
A DocSite data module is created.	VDH Blueprint and DocSite	June 2011
% of regional coordinators that use the module. % of community health teams that use the module. % of OVHA (Medicaid) care coordinators that use the module. % of health care providers using DocSite.	VDH Blueprint	January 2012
VDH Blueprint will monitor the number of sites that use the DocSite for HLW reporting and care coordination with the expectation that the tool is used by a high percentage of the target users.		

Program Fidelity

Goal: To reduce the health and economic burden of chronic disease through the Stanford's chronic disease and diabetes self-management programs.

Goal: The CDSMP will be implemented in Vermont statewide with fidelity.

Objective: By October 2010, each hospital service area will systematically implement the post workshop evaluation and will have a process in place to review the data with each pair of leaders following every workshop.

Activity	Responsible Party(ies)	Start/End Dates
Each regional coordinator will include and implement in their next grant work plan a process to review the post workshop evaluation summary with leaders within 4 weeks of the end of each workshop.	Regional Coordinators	October 2010 to March 2012

Evaluation	Responsible Party(ies)	Start/End Dates
Quarterly narrative report and post-workshop evaluation forms.	Regional Coordinators	October 2010 to March 2012
Improved scores on the post-workshop evaluation forms.	Regional Coordinators	October 2010 to March 2012
Regional coordinators will be asked to submit the post-workshop evaluation forms to the Blueprint including a date on which they met to review them with the leaders. We expect to see high or improving satisfaction scores. Regional coordinators will be expected to contact people who drop out of the program to determine why and to complete the satisfaction survey via phone or mail.		

Objective: All active Vermont leaders will have at least one class of a workshop audited by a master trainer by June 2011.

Activity	Responsible Party(ies)	Start/End Dates
Schedule Master trainers in each hospital service area to audit at	Regional	January

least one class session for each leader within the next two years.	Coordinators	2010 to June 2011
Review the audit with the leader pairs.	Regional Coordinators and Master trainers	January 2010 to March 2012
Additional audits will be scheduled for leaders who score low.	Regional Coordinator and VDH Blueprint	January 2010 to March 2012
Leaders who consistently perform poorly on leader audits will be asked to retake the 4 day leader training or will lose their certification.	VDH Blueprint	January 2010 to March 2012

Evaluation	**Responsible Party(ies)**	**Start/End Dates**
Scores on leader audits.	VDH Blueprint	January 2010 to March 2012
VDH Blueprint will monitor leader audit scores and will work with regional coordinators to address problem areas. Leader audit scores should be consistently high or improving.		

Objective: By January 2011, the VDH Health Surveillance and the Blueprint staffs will develop a report of process measure for each hospital service area, which will be provided to the local collaborative at least once annually.

Activity	**Responsible Party(ies)**	**Start/End Dates**
VDH Blueprint and VDH Health Surveillance will identify process measures that can be reported by hospital service area.	VDH Blueprint and Health Surveillance	March 2010
The layout of the reports will be presented to the regional coordinators for feedback.	VDH Blueprint	November 2010
Reports will be generated for each hospital service area.	VDH Surveillance	January 2011 then annually

Evaluation	**Responsible Party(ies)**	**Start/End Dates**
Hospital service area program evaluation reports.	VDH Blueprint and Health Surveillance	January 2011 then

		annually

Objective: By December 2011, 65% of leaders trained more than 3 years prior will participate in refresher training on the CDSMP.

Activity	Responsible Party(ies)	Start/End Dates
Identify leaders who were trained in 2007 or before.	VDH Blueprint	January 2011
Identify a curriculum for recertification.	VDH Blueprint	March 2010 to January 2011
Develop and communicate to leaders and regional coordinators a program policy for recertification training.	VDH Blueprint	December 2010
Provide recertification training.	VDH Blueprint	June 2011

Evaluation	Responsible Party(ies)	Start/End Dates
Percent of leaders who were trained 3 years ago or more that participate in recertification training with a goal of at least 65% of participation first training.	VDH Blueprint	March 2010 to June 2011

Diabetes Self-management Program

Goal: To implement the Stanford Diabetes Self-management program throughout Vermont.

Objective: Healthier Living with Diabetes Workshops will be offered in 2 hospital service areas in Vermont by March 1, 2011.

Activity	Responsible Party(ies)	Start/End Dates
Identify the hospital service areas with interest in offering the Healthier Living with Diabetes Workshops.	VDH Blueprint	January to March 2010
Ensure coordination between the HLW regional coordinator and the local diabetes education programs/diabetes educators.	VDH Blueprint and Diabetes Program	January to March 2010
Identify current HLW leaders to become cross trained in the diabetes program.	Regional Coordinators	December 2010 to March 2010

Ensure all regional coordinators implementing the diabetes program are trained in the procedures for implementing the program. which mirror the HLW protocols.	VDH Blueprint	March 2010
Offer a leader cross trainings.	VDH Blueprint and Diabetes Program	January 2010 and June 2010
Offer a 4 day leader training for new leaders (if needed).	VDH Blueprint and Diabetes Program	June 2011
Update grant work plans to include at least 2 diabetes workshops in those areas adopting the program.	Regional Coordinators	June 2010 and October 2010
Implement at least 2 diabetes workshops in each of the 2 identified hospital service areas.	Regional Coordinators	June 2010 to September 2011
Monitor the impact. if any of the diabetes workshops on the current chronic disease workshops and on the local diabetes self-management education services.	VDH Blueprint	September 2011
Determine program effectiveness compared to CDSMP.	VDH Blueprint and Health Surveillance	September 2012
Determine whether to continue the spread of the program.	VDH Blueprint and Diabetes Program Regional Coordinators	October 2012

Evaluation	**Responsible Party(ies)**	**Start/End Dates**
Number of workshops offered.	VDH Blueprint	March 2010 to March 2012
Number of people who participate in the diabetes workshops.	VDH Blueprint	March 2010 to March 2012
Confidence in managing diabetes, ability to participate in activities of daily living, changes in hospitalization, and changes in emergency room utilization.	VDH Blueprint and Health Surveillance	January 2012
Regional coordinators' quarterly reports.	Regional Coordinators	Quarterly
AAA quarterly reports.	AAA	Quarterly
Participant satisfaction surveys.	Regional Coordinators and VDH Blueprint	Ongoing

VDH Blueprint, Diabetes, and DAIL will review feedback from regional coordinators, AAA, and diabetes educators; participant satisfaction surveys; program process measures; and later participant outcome evaluations (the data lags behind the workshops by 12 months). A report will be generated on the success of the program. Working with community partners, VDH Blueprint will determine continued plans for expansion.

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STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Representative Steven Maier
Senator Douglas Racine

From: Nathan Lavery, Fiscal Analyst

Date: June 10, 2010

Subject: JFO #2447

In accordance with Sec. E.129 of Act 1 of the 2009 Special Session, Representative Michael Obuchowski asked that I forward to you a copy of the enclosed American Recovery and Reinvestment Act grant materials and cover memo (JFO #2447). He requests your observations regarding the enclosed item.

cc: Rep. Michael Obuchowski