

Quality of Life Foundation

Community Resource Coordinator Program

A PLAN OF ACTION
FOR A GRASSROOTS APPROACH TO A NATIONAL RESPONSIBILITY



How a Grateful Nation Honors and Supports
Families of Severely Wounded Service Members

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The Quality of Life Foundation is a 501(C)(3) tax-exempt public charity formed to develop, support or implement strategies that improve the quality of life by enhancing the ability of individuals, groups or communities to overcome limiting barriers.

A chance meeting between the foundation's chairman, Michael Zeiders, and the spouse of a severely injured Marine was the catalyst for the Quality of Life Foundation to begin researching the unique challenges faced by families of severely injured service members. The goal of the research was to document these families' experiences and identify the resources they require to respond to this life-changing event.

In April, 2009, the Quality of Life Foundation published the Wounded Warrior Family Care Report detailing their research and their recommendations for improving support for these families. The report was distributed to the Department of Defense, the Department of Veterans Affairs, the House and Senate Committees on Veterans Affairs, and many non-profit and veterans service organizations. Since that time, the Quality of Life Foundation has met with all to discuss the report's recommendations.

In May, 2009, the Quality of Life Foundation hosted a workgroup of five family members of severely wounded service members and over 40 representatives from non-profit, veterans service, Department of Defense and Department of Veterans Affairs organizations to further refine one of the report's key recommendations; a private sector Community Resource Coordinator Program for post-transition families. The enclosed plan of action is a result of that workgroup.

The foundation's recommendation for a Community Resource Coordinator program was cited in testimony at the June 4th, 2009 Meeting the Needs of Family Caregivers of Veterans Hearing before the Subcommittee on Health of the House Committee on Veterans Affairs. In addition, the foundation provided testimony at the July 23rd, 2009 Examining Quality of Life and Ancillary Benefits Issues Hearing before the Subcommittee on Disability Compensation of the House Committee on Veterans Affairs.

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THE WOUNDED WARRIOR FAMILY CARE REPORT FINDINGS

The heroic efforts of family members to help their severely wounded service members recover from catastrophic wounds are but one of many testaments to their strength, courage, and perseverance. Those attributes however, are not enough to sustain families who face the life-long challenges catastrophic injuries bring.

The Quality of Life Foundation surveyed family caregivers of severely wounded warriors to identify their unique support needs and how existing resources met those needs. Additionally, we interviewed government and non-profit case managers who provide services to wounded families, reviewed testimonies from congressional hearings and read reports from presidential commissions related to the care of the wounded. We also analyzed data from over 160 non-profit organizations that provide services to the wounded. The data from these sources culminated in the April, 2009 publication of the **Wounded Warrior Family Care Report**. The report, which was subsequently cited in congressional testimonies, addresses the immediate and immense needs of family caregivers, and provides recommendations for incorporating a comprehensive model of support across the wounded warrior support community. We shared the report with leaders of the Department of Defense, the Department of Veterans Affairs, the House and Senate Committees on Veterans Affairs, and veterans service and non-profit organizations with the hope that each would evaluate the services they currently provide against the needs illustrated in the model of support.

This research determined that the most significant gap between resources and needs for a family of a catastrophically injured service member occurs after they make the transition to home-based care. During this phase, families literally move away from the safety net of 24-hour hospital staff support and the in-person contact with their federally funded case managers. They assume a 24/7/365 care-giving role for the veteran and resume the responsibilities of running a home. While federally funded case managers continue to support post-transition families, their remote distance makes it difficult to assess family well-being thoroughly. In addition, federally funded case managers have direct access only to government resources to solve problems. Those resources include other government programs, information, and referrals to non-government organizations; but no ready access to discretionary funds for meeting urgent needs. While self-help Web sites and referrals certainly have value, family caregivers often lack the time and emotional energy to investigate these myriad resource links fully. This predominant reliance on government resources and referrals makes it very difficult for federally funded case managers to leverage non-profit and local resources fully to address post-transition challenges.

THE CRCP SOLUTION

To address the increasing family support needs inherent in providing 24/7/365 home-based care to a severely wounded loved one, we recommend a private-sector, Community Resource Coordinator Program (CRCP) to supplement government-provided post-transition services. The CRCP will leverage valuable community, non-profit and veterans service organization resources to aid in the recovery process of the severely wounded family. This program will provide in-person support from a well-trained and fully equipped local coordinator who augments the services provided by federally funded case managers. This community-based coordinator will provide the following services that remotely located, federally funded case managers are restricted from providing:

- **Conduct home visits** to develop tailored solutions to unmet, or underserved, needs.
- **Physically visit, research, and facilitate access to, community-based support.** (i.e., community service boards and local faith-based, non-profit and veterans service organizations)
- **Recruit and manage local volunteers** who want to support these families.
- **Raise and access funds required to meet emergency needs.**

To refine the key components of this program, the Quality of Life Foundation hosted a workgroup of five family members of severely wounded warriors and over 40 representatives from non-profit, veterans service, and government organizations to identify how all can work together to develop, implement, and sustain the CRCP. (See page 15 for a list of participating organizations.) Figure 1 illustrates a concept the workgroup developed that synergizes family support resources available from federal, private-sector, local and national organizations.

The CRCP fortifies the foundation of total care coordination for the family by assigning a local advocate to coordinate local community and non-profit resources to meet family support needs and encourage connections with appropriate government case managers and resources.

The CRCP is a collaborative effort among Participating Organizations that serve these families — because no single entity (government or non-profit) can meet the needs of every severely wounded family on its own. While there must be a single point of oversight and quality control for the program, it is envisioned that the program eventually will be executed through a coordinated network of Participating Organizations.

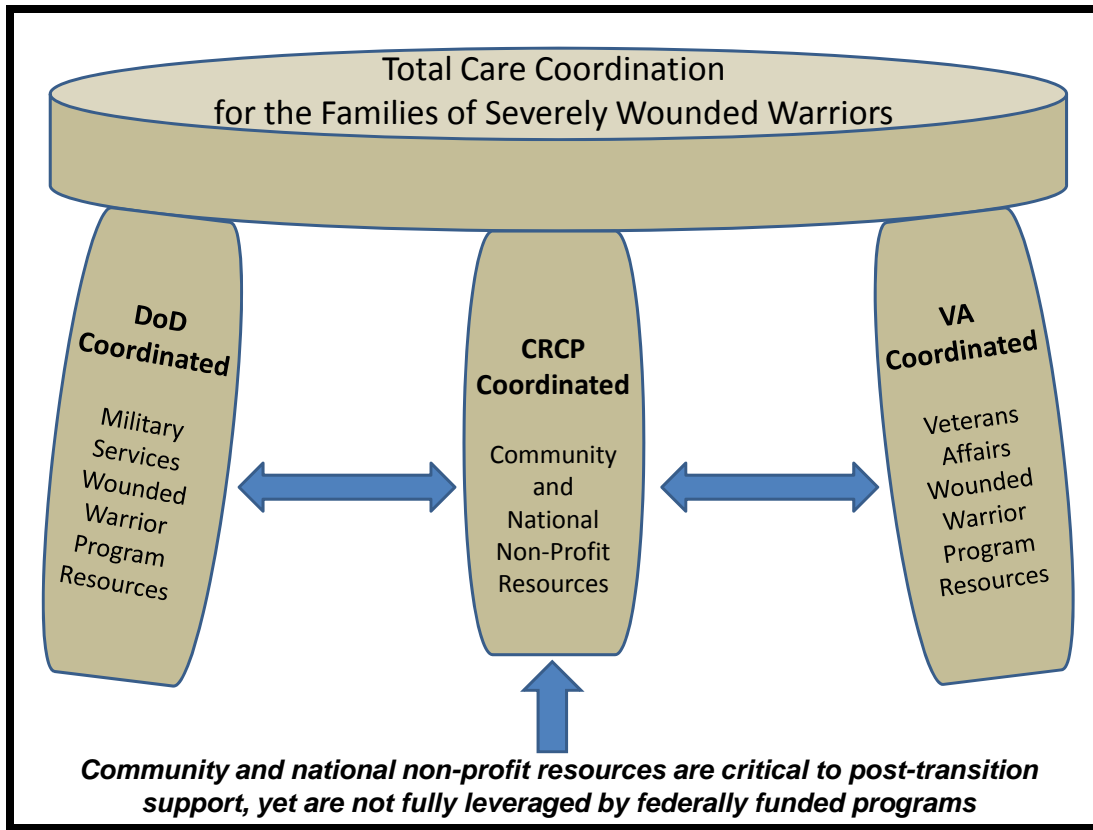


Figure 1

The CRCP trains and equips people from many non-profit, veterans service, faith-based, and community-based organizations to become certified Community Resource Coordinators who provide in-person support to families of severely wounded service members, in their own communities, with a standard level of care. It does not matter to which Participating Organization a coordinator belongs, it matters only that they are fully-trained and equipped to coordinate and deliver resources to meet the needs of families of severely wounded warriors. Americans genuinely want to show their appreciation to these families; they just need to know how. By positioning a local Community Resource Coordinator to recruit and manage these volunteers, the CRCP effectively taps into a national volunteer work force. Perhaps the best way to illustrate how this program will work is with an example.

A CASE SCENARIO

A severely injured service member (let's call him Joe) leaves inpatient care after 16 months of treatment for a severe Traumatic Brain Injury and below-the-knee amputation. While he no longer needs acute medical attention, he does require extensive rehabilitative therapy and assistance with activities of daily living (i.e., bathing, eating, using the toilet, dressing, etc). He requires a wheelchair for sustained mobility. His primary caregiver is his spouse (let's call her Jill) who has spent the past 16 months at his bedside at Military and VA hospitals. Jill left her full-time job to care for Joe and left their two school-age children under the care of grandparents. Joe and Jill currently face financial strain as a result of Jill's lost income. They have been working with their Army Wounded Warrior Program Advocate, their VA Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Care Manager and their VA Federal Recovery Coordinator to prepare to make the transition home. These federally funded case managers work diligently to connect Jill to the resources her family needs: VA grants and compensations, Social Security, Tricare Medical services, home health-care agencies, and other programs.

The day Joe and Jill arrive home, they return to a structure that does not meet Joe's needs. For example, their bathroom is too small to permit wheelchair access to the tub, shower, sink or toilet. They also need to enlarge their bedroom and widen their hallways and doorways to allow room for Joe's wheelchair. They need ramps into and out of the house; one at the front door, one at the back door, and one from the garage. While they have submitted an application for a VA Specially Adapted Housing Grant, the grant has not yet been awarded. When awarded, the grant will cover up to \$60,000 of home-modification expenses and be paid directly to a VA-approved contractor. In anticipation that the modification cost will exceed \$60,000, the VA OEF/OIF Care Manager advised Jill that VA loans are available to fund additional expenses associated with this necessary home modification.

Jill also returns to the everyday responsibilities associated with home and family -- bills; home and auto maintenance; lawn care; grocery shopping; meal preparation; dental and medical appointments; homework support for their children, and extracurricular activities. Additionally, she must accompany Joe to medical appointments and participate in his home therapy.



This life-changing event noticeably affects the mental health of the whole family. Jill experiences compassion fatigue associated with the dramatic change in her husband's physical condition and the weight of responsibility she now shoulders for the household, the family and Joe's care. Jill and Joe's two children need mental-health services as they come to terms with the fact that their Dad, who once epitomized the pillar of strength, now is quite vulnerable. While the family is eligible for mental-health care through Tricare, it is difficult to locate a network provider who provides age-appropriate services at a time Jill is available to take her children to an appointment. Jill turns to the VA to seek in-home respite care to allow her time away to take her children to these appointments.

And finally, Jill contemplates the possibility that at some point, she no longer may be able to meet the physical demands of care-giving for an adult dependent. She desires to develop a plan for that possibility.

Now let's describe how the CRCP can help this family as they return to their home in Liberty, Mo. Upon notification from the VA Federal Recovery Coordinator (with the family's permission), the CRCP recruits an individual who lives in, or near Liberty, to become the Community Resource Coordinator for the family. The CRCP looks to other non-profit organizations, local faith-based organizations, and other community groups to recruit a person to fill this position. The CRCP then trains, certifies, and provides equipment and software to the Coordinator as necessary to deliver services.

The Community Resource Coordinator then arranges a meeting with the family, preferably at their residence, and lets the family guide the discussion regarding what is needed to help them restore quality to their lives. In this case scenario, Jill may tell her Coordinator that she needs the following:

- ✓ Help with lawn care;
- ✓ Help with getting their automobile adapted;
- ✓ Help with obtaining respite care so Jill can take her children to after-school activities;
- ✓ Supplemental funding for necessary home modifications;
- ✓ Help with finding a mental-health care provider for the children; and
- ✓ Help with researching long-term care options within the local community.

The Coordinator may observe other needs as well and suggest that Jill also might benefit from:

- ✓ Mental-health care for herself;
- ✓ Help with general household responsibilities; and
- ✓ A financial management course to prepare for expenses related to Joe's long-term care.

With an agreed-upon list of prioritized needs, the Community Resource Coordinator investigates and recruits local resources to help the family. For example, a local veterans service organization may know someone who can mow the lawn for the family on a regular basis. A local church may have volunteers who are willing to help with household chores. The Coalition for Independence, a locally-based non-profit dedicated to helping those with disabilities live independent lives, also might be a good resource. The Coordinator will investigate these, and other, local resources to find rapid solutions to the family's needs; in effect, becoming a local resource expert and removing the burden of research from the family caregiver and their federally funded, remotely located case managers. The Coordinator will document and report all actions to both the CRCP, and the family's VA Federal Recovery Coordinator*.

**Note Regarding Case Managers:* When a service member is injured, their military service assigns a Wounded Warrior Program case manager to support them and their families with issues that arise as a result of the injury. (Each military service operates its own program and has different titles for their case managers.) In addition, the most severely wounded who are identified as likely to be medically separated from military service are assigned a VA Federal Recovery Coordinator to serve as a coordinator of case managers. And finally, when a seriously injured service member makes the transition to VA health care, the VA assigns an OEF/OIF Care Manager. The point is, not every family has the same case management support from the same programs. As a result, the CRCP must be able to work with whichever federally funded program (DoD or VA) has overall case-management responsibility for the family.

Some communities lack local resources; in those instances, the Community Resource Coordinator will broaden their search to include national non-profit organizations and will turn to the CRCP national non-profit subject matter expert for advice on which organizations might be positioned best to help. As a last resort, when existing resources cannot meet existing needs, the Coordinator will request funds from the CRCP Emergency and Unmet Needs Fund to purchase whatever service or product the family requires.

To ensure total care coordination (as illustrated on page 3 in Figure 1), Community Resource Coordinators will document every action taken on behalf of the family and report those actions to the CRCP and the referring DoD or VA federally funded case manager. In addition, these data will be reported at an aggregate level to participating organizations.

Community Resource Coordinators will continue to meet with families until their support needs are met or the family opts out of the program.

THE CRCP PILOT

What actions must we take to implement this program and ensure it puts families first, maintains the individual integrity and identity of participating organizations, and coordinates with existing programs to maximize collaboration and avoid duplication of effort?

We begin with a pilot program organizationally structured to meet those goals. Figure 2 illustrates the CRCP structure.

Functional Organization Chart for the CRCP Pilot

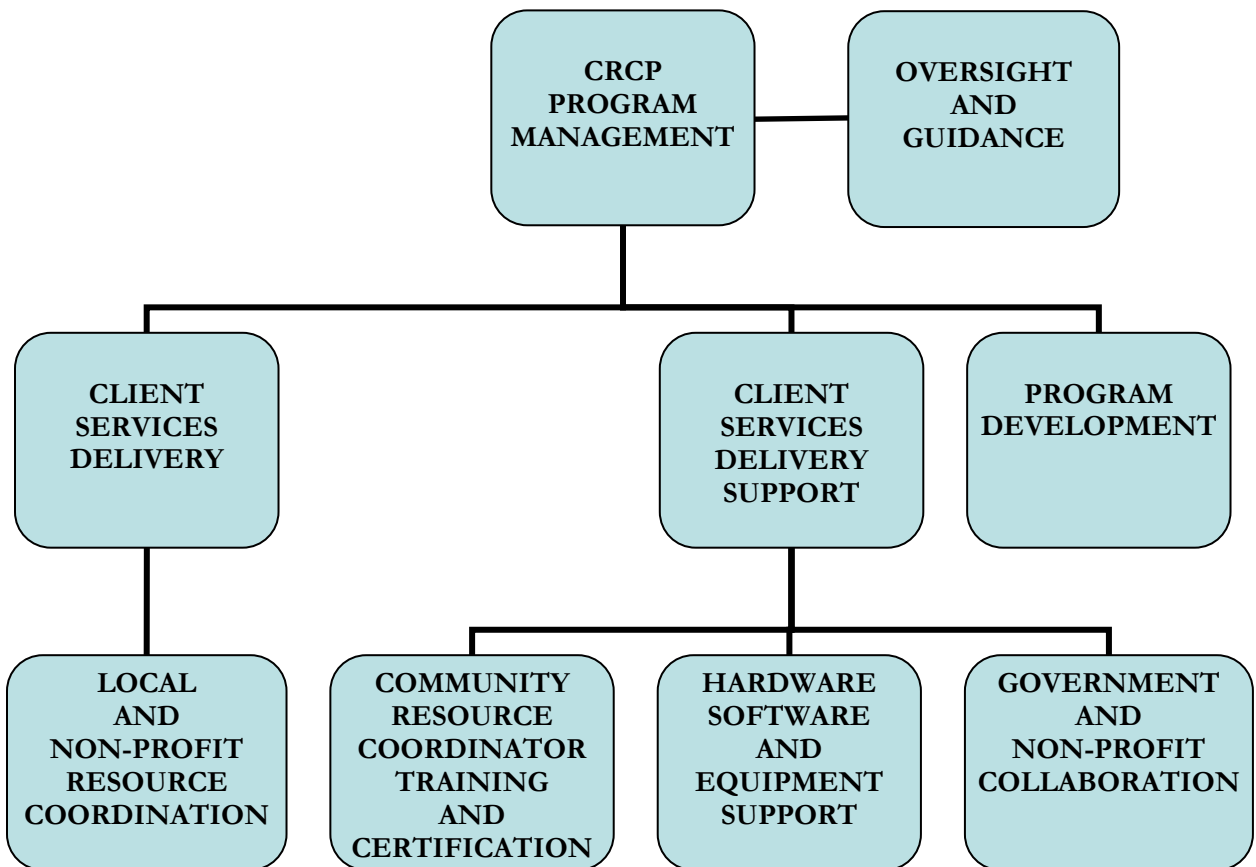


Figure 2

The following pages briefly describe the responsibilities associated with each CRCP function.

CRCP
PROGRAM
MANAGEMENT

Manage Pilot CRCP (in collaboration with other participating organizations) to deliver community-based, reintegration support to families of severely wounded service members. Incorporate lessons learned to develop CRCP expansion strategies.

Who: The Quality of Life Foundation will serve as Program Manager.

Responsibilities:

- Secure funding for the pilot.
- Identify pilot participant families.
- Recruit advisory committee members for the oversight and guidance function.
- Recruit headquarters staff for the pilot.
- Develop standard Community Resource Coordinator job descriptions.
- Develop standard CRCP volunteer agreements.
- Define background and security-check requirements.
- Define Participating Organization roles and develop partnership agreements.
- Recruit Participating Organizations.
- Create and maintain a reporting mechanism to:
 - Capture and record services provided to clients;
 - Report quantifiable data to Participating Organizations for future needs analysis and documentation.
- Oversee client services delivery, client services delivery support, and program development functions.
- Report program performance to advisory committee.
- Develop guidelines and procedures for Emergency and Unmet Needs Fund.

OVERSIGHT
AND
GUIDANCE

Shape the pilot, and expansion plans, to meet priorities and ensure all stakeholders' views are represented.

Who: Advisory Committee

The advisory committee will include, at least:

- 2 family members of severely wounded service members;
- 1 representative from a Department of Defense Wounded Warrior Program (i.e. Navy Safe Harbor Program, Army Wounded Warrior Program, etc.);
- 1 representative from the Department of Veterans Affairs (i.e., Federal Recovery Coordinator Program, OEF/OIF Care Management Program, etc.);
- 4 representatives of participating veterans service or other non-profit organizations; and
- 1 representative from the Quality of Life Foundation.

Responsibilities:

- Provide guidance regarding:
 - Program policies and procedures development;
 - Pilot implementation;
 - Pilot progress; and
 - Expansion plans.

CLIENT
SERVICES
DELIVERY

Manage Community Resource Coordinators to ensure they are prepared and equipped to deliver post-transition support to families of severely wounded service members.

Who: Quality of Life Foundation or other participating organization

Responsibilities:

- Recruit and hire local Community Resource Coordinators;
- Coordinate with Client Services Delivery Support function regarding:
 - Training;
 - Certification;
 - Equipment; and
 - National government and non-profit collaboration.
- Monitor Community Resource Coordinator performance, workload, and reporting.
- Review Emergency and Unmet Needs Fund requests for submission to CRCP program manager.

LOCAL AND
NON-PROFIT
RESOURCE
COORDINATION

Coordinate local community and national non-profit resources (services, donations, and volunteers) to meet the needs of families of severely wounded service members.

Who: Community Resource Coordinators

Community Resource Coordinators will be paid staff members who become trusted advocates and problem solvers for families. The Coordinator must be trained thoroughly, fully equipped, and possess the following core competencies to fill this important role:

- Team building and volunteer management skills;
- Computer, internet and research skills;
- Ability to solicit/recruit monetary and in-kind community resources; and
- Strong problem-solving, interpersonal, communication and organizational skills.

Responsibilities:

- Conduct in-person meetings with family, at a time and place of their choosing.
- Develop a prioritized list of needs.
- Investigate and recruit local resources to meet established needs.
- Positively connect families with local resources through introductions.
- Recruit and manage local volunteers to meet families' needs.
- Ensure local volunteers pass security checks.
- Work with CRCP government collaboration function as needed to obtain government-funded solutions.
- Work with CRCP national non-profit collaboration function as needed to procure national non-profit assistance.
- Submit request for funds from the CRCP Emergency and Unmet Needs Fund when existing resources cannot meet families' needs.
- Document actions taken on behalf of the family.
- Report actions to family federally funded case manager to avoid duplication of effort.
- Continue regular meetings with family until their support needs are met or the family opts out of the program.
- Provide feedback to CRCP program manager regarding CRCP improvement and expansion.

CLIENT
SERVICES
DELIVERY
SUPPORT

Supports client services delivery function by providing everything required to deliver community-based post-transition support to families of severely wounded service members.

Who: Quality of Life Foundation and/or other participating organizations

Responsibilities:

Community Resource Coordinator Training and Certification Sub-Function:

This function will develop and deliver classroom, webinar, and other training to ensure Coordinators are trained thoroughly to provide quality, community-based, post-transition support to families of severely wounded service members. Training and certification topics will include:

- Who the CRCP serves (i.e., military culture, typical injuries);
- What to expect (i.e., understanding the families' experiences);
- Available resources (i.e., existing government and non-profit organizations, typical community services, etc.);
- Documentation requirements (i.e., case-management software training, maintaining travel logs, etc.);
- Ethics;
- Typical unmet needs and how to recruit resources and volunteers;
- Compassion fatigue (i.e., how to recognize this condition in self and others); and
- Emergency and Unmet Needs Fund procedures.

Hardware, Software, and Equipment Support Sub-Function:

This function will be responsible for acquisition of all hardware, software, other equipment, and services required by Community Resource Coordinators and corporate staff. The following are representative of those requirements:

- Laptop computer per Coordinator and corporate staff member;
- Cell phone per Coordinator;
- Case-management software;
- Web site and e-mail service;
- Toll-free phone number;
- Office supplies and business cards; and
- Office space.

CLIENT
SERVICES
DELIVERY
SUPPORT

Continuation from previous page

Government and Non-Profit Collaboration Sub-Function:

This function will be responsible for developing and maintaining subject-matter expertise regarding all government programs, legislative bodies, and non-profit and veterans service organizations that support severely wounded service members and their families. In addition, this function includes liaison between the CRCP and the Department of Defense, the Department of Veterans Affairs, and non-profit and veterans service organizations to facilitate collaboration among all. Responsibilities include:

- Developing and maintaining relationships with key Department of Defense, Department of Veterans Affairs, and non-profit and veterans service organizations;
- Developing and maintaining subject-matter expertise regarding key government and other services for families of severely wounded service members; and
- Further developing the Quality of Life Foundation non-profit organization database to improve user satisfaction.

PROGRAM
DEVELOPMENT

Develop marketing and fund-raising strategies to support CRCP pilot and expansion.

Who: Quality of Life Foundation and/or other participating organizations

Responsibilities:

- Increase public awareness regarding the challenges faced by families of severely wounded service members.
- Increase Participating Organization involvement.
- Develop relationships with funding organizations.
- Manage growth to ensure standard level of care is continued.
- Fund raising for Emergency and Unmet Needs Fund and CRCP.

Incorporate input from Client Services Delivery and Client Services Delivery Support functions regarding operational lessons learned and funding needs for expansion strategy.

Issue formal report detailing the program's services and successes and distribute it to the Advisory Committee, Participating Organizations, and potential funders.

EXPANSION AND THE ROLE OF PARTICIPATING ORGANIZATIONS

As the CRCP expands, it will become more dependent on Participating Organization involvement. For example, Participating Organizations will play a significant role in recruiting Community Resource Coordinators, may offer fund-raising expertise, may contribute a webinar platform from which to conduct training, or may offer to conduct background and security checks. All will be united with one vision: to serve America's severely wounded, combining efforts and resources to serve more families than any individual Participating Organization can do on its own.

The organizations listed below have been included in the initial planning process and have indicated a preliminary interest in participating with the CRCP:

Non Profit/Veterans Service Organizations

- AUSA
- Armed Forces Foundation
- Azalea Charities
- Easter Seals
- Hope for the Warriors
- MOAA
- National Military Family Association
- Navy-Marine Corps Relief Society
- Operation Homefront
- The American Legion
- Veterans Innovation Center
- Wounded Warrior Project

DoD and VA Organizations

- NGB Warrior Transition Command
- NGB Yellow Ribbon Program
- USSOCOM Care Coalition
- US Marine Corps WWR
- US Navy Safe Harbor Program
- US Air Force WW Program
- US Army Warrior Transition Command
- VA Federal Recovery Coordinator Program

The CRCP model is designed to encourage non-profit organizations to participate. Many will benefit from CRCP-provided training and certification; increased visibility among other non-profit and government entities; and access to the CRCP Emergency and Unmet Needs Fund. Additionally, Community Resource Coordinators remain employees of their own Participating Organization and the services they provide are claimed on that Participating Organization's Web site and financial reports.

Some non-profit organizations may decline to join the CRCP because they already provide post-transition support to families within their regional reach. We support these organizations and respect the work they do. In the event a family is referred to the CRCP, and they already are being served by one of these organizations, the CRCP will offer to work with that organization to help meet the family's needs. If assistance is accepted, we will work collaboratively with that organization. Again, the goal is to provide rapid assistance to wounded warrior families through any open channel.

As the program gains funding, the best way to expand may be a gradual increase of the pilot population territory to encompass all clients within the pilot state. This method would allow us to leverage the knowledge base the pilot Community Resource Coordinator develops and quickly equip and train additional Coordinators for that state. This approach also encourages effective relationships with state-level veterans' initiatives and facilitates connection between a state's veterans and their relevant state resources.

Whatever expansion strategy is developed, the overall long-term strategy is to build a program to provide post-transition support to any family of a severely wounded service member who needs the help, wherever they live.

RESOURCE REQUIREMENTS

As detailed below, approximately \$400,000 is required to launch the pilot and build an infrastructure to allow for national expansion.

Staff	\$324,000
Office Services Support	\$ 13,200
Equipment and Office Supplies	\$ 9,600
Case-Management Software	\$ 6,800
Local Travel Expenses	\$ 4,100
Emergency and Unmet Needs Fund	\$ 50,000
Total	\$407,700

Staff – Six Full Time Equivalentents (FTEs)

Six FTEs are required to launch and manage the Pilot and prepare for national expansion. Compensation will be paid at an average annual salary of \$45,000. With taxes and benefits, this equates to \$54,000 per FTE.

- One FTE to serve as the CRCP program manager and coordinate all CRCP operations. This person will work closely with the advisory committee to develop program policy, manage program performance, and plan for national expansion.
- One FTE will be dedicated to program development to coordinate marketing and fundraising efforts. This person also will recruit additional Participating Organizations and help develop expansion plans.
- One FTE will be dedicated to training and certification to develop and deliver classroom, webinar, and written training curriculum. This person also will develop a certification process and modify training curriculum as necessary to incorporate lessons learned from the pilot.
- One FTE will be dedicated to the client services delivery function. (This pilot Community Resource Coordinator also will provide input regarding training and equipment needs, staffing levels, expansion plans, and program improvements.)
- One FTE will be dedicated to the client services delivery support function to acquire and install office equipment for CRCP staff. This person also will acquire and manage case-management software.
- One FTE will fulfill responsibilities associated with the non-profit and government collaboration sub-function.

Office Services Support - \$13,200

While some positions will allow staff to work from home, at least two office spaces will be required for other positions requiring office support services. A monthly full-service rental rate of \$525 per office space (includes phone, internet, fax, conference room, administrative support, printers, copiers, and mail-room support) has been secured with the Quality of Life Foundation's current landlord. Estimated annual expense is \$12,600. In addition, a toll-free contact number will be established at an initial cost of \$50/month (limited usage rate) resulting in a \$600 annual cost.

Equipment and Office Supplies - \$9,600

Each staff member will require a laptop computer loaded with Microsoft Office software. Depending on the composition of part-time and full-time staff; four to seven computers will be required. At \$1,200 per computer, the cost should not exceed \$8,400. Miscellaneous office supplies also will be required (i.e. paper, printer ink, envelopes, business cards, etc). Estimated annual expense is \$1,200.

Case-Management Software - \$6,800

The accurate recording of data associated with the services delivered to the families is critically important. This data will be reported, at an aggregate level, to participating DoD, VA and other organizations to support recommendations to improve support for families of severely wounded service members. Web-based, off-the-shelf, case-management applications are available in a wide range of prices that are dependent on the number of users, the input requirements, and other factors. An initial review of available applications indicates a cost of \$400/month for an application that supports unlimited users and clients. An initial set-up cost of approximately \$2,000 will provide a tailored system to meet the CRCP specific tracking needs.

Local Travel Expenses - \$4,100

There may be air-travel expenses associated with recruiting and training the first Community Resource Coordinator. This estimate includes two trips, four days each – at a per-trip cost of \$1,500 for hotel, meals and air travel. In addition, the Coordinator will incur local travel expenses to investigate community resources (e.g. fuel, tolls, etc.). This estimate includes local travel of approximately 200 miles/week for the first two weeks for five families. Using the General Services Administration mileage reimbursement rate of 55 cents/mile, we expect an expense of \$1,100 for local travel.

Emergency and Unmet Needs Fund - \$50,000

A key element to providing relevant services to these families is the ability to procure services or programs when existing community, federal or national non-profit resources do not meet their needs. While each family will require different solutions, it is logical to assume some urgent needs may not be met with existing resources. In those instances, the program must be prepared to respond rapidly. An average of \$10,000 per family is a good start on that fund. It is important to note that the fund is not a grant mechanism for the family, but only a source of funds to address urgent or unmet needs.

Expansion Expense Consideration

As the program expands, the costs to provide direct services also will expand. Examples include: additional Coordinators, additional equipment, and additional funding requests through the Emergency and Unmet Needs Fund. Some costs will be borne by the CRCP program manager (i.e., the Quality of Life Foundation); others will be borne by Participating Organizations through their employment of Coordinators or the provision of support services (e.g. background security checks, IT support, etc.)

In the Wounded Warrior Family Care Report, the Quality of Life Foundation asserts that as of July 2008, approximately 4,400 service members were injured severely enough to require a family caregiver. (This estimate was based on Traumatic Servicemembers Group Life Insurance payments awarded for poly-trauma amputations, severe burns, and traumatic brain and spinal cord injuries.)

Assumptions:

- 1) Assume that half already found post-transition support and do not need a Community Resource Coordinator. That leaves at least 2,200 families to be served by the CRCP. (We expect this number to increase as OEF and OIF severe casualties continue.)
- 2) A family will require approximately 352 hours of Coordinator support in the first 12 months.

20 hours/week for the first four weeks	80 hours
Eight hours/week for the following 24 weeks	192 hours
Four hours/week for the following 24 weeks	<u>80 hours</u>
	<u>352 hours</u>

- 3) A family's support needs will decrease in subsequent years and eventually require only minimal, maintenance support and occasional spikes to address pop-up issues.

Community Resource Coordinator Program

- 4) For every family added to the CRCP, the following direct expenses will be incurred during the first year.

Labor 352 hours x \$26/hour	\$ 9,152
Emergency and Unmet Needs Fund	<u>\$10,000</u>
	<u>\$19,152</u>

As the number of Coordinators increase, the CRCP support staff and equipment expenses also will increase to provide training, certification, equipment and other support in a timely manner.

FUNDING SOURCES

There are multiple potential funding sources to approach for both the pilot and the expanded national program. They include:

- Other non-profit and veterans services organizations;
- Local, state, and national community foundations;
- State level wounded warrior programs;
- Corporate sponsors;
- Faith-based organizations; and
- The American public.

The Quality of Life Foundation research found that in FY 2006 over \$50 million was spent by about 30 non-profit organizations to provide “deployment support” to troops and their families. The majority of that expense was for recreational programs for deployed troops; educational programs and scholarships for military children and other dependents; general financial assistance; and care packages to deployed troops. In contrast, \$44 million was spent on wounded warrior program services, \$25 million of which was spent on advocacy and public awareness; transportation to and from medical facilities; and temporary housing at military and VA hospitals. The point is, very little was spent for program services that support post-transition family needs. Perhaps some of these organizations might be willing to direct some of their funds to post-transition support offered by the CRCP. A small 5 percent shift from deployment support to post-transition support would result in about \$2.5 million dollars.

Many states have their own charitable foundations to support veterans, perhaps some of these would like to participate in the CRCP once it expands to their area. If each state dedicated only \$100,000 per year to the program, that would be another \$5 million. We will seek to team with State-level philanthropic and government organizations as the program expands.

Other foundations also support veterans’ initiatives – examples include Azalea Charities, the Bob Woodruff Foundation, California Community Foundation, the McCormick Foundation, Newman’s Own Foundation, the Intrepid Fund, Challenge America, and others. We will strive to meet with representatives from these and other organizations to present the CRCP concept and solicit ongoing financial support.

Multiple corporate sponsorship opportunities exist with the many national, regional and local businesses which have a desire to support America's military and their families. While large organizations which work to provide services and products to the military are natural targets for sponsorship (e.g., Northrop Grumman, SAIC, Booz Allen, Aetna Government Health Plans, UnitedHealth Military and Veteran Services, Triwest Health Care Alliance, Raytheon, General Dynamics, USAA, etc.), there are countless other small, medium and large size businesses that are searching for programs that fill the gaps in support for military families.

Faith-based organizations are another potential source of resources, especially human capital. Many of these organizations have connections with individuals who have a desire to provide personal services to those in need but just require training and equipment to do so.

And finally, the American public has proven time after time that it responds to catastrophic needs, especially the needs of its military community. In FY 2006, over \$110 million was donated to approximately 140 non-profit, 501(c)(3) organizations to provide services to military and veteran populations. This does not include the many millions donated to 501(c)(19), veterans service organizations. Creating a public awareness campaign to educate the public regarding the unique, post-transition support needs of families of severely wounded service members, and providing a credible program to meet those needs, will encourage individual Americans to respond with their time and money.

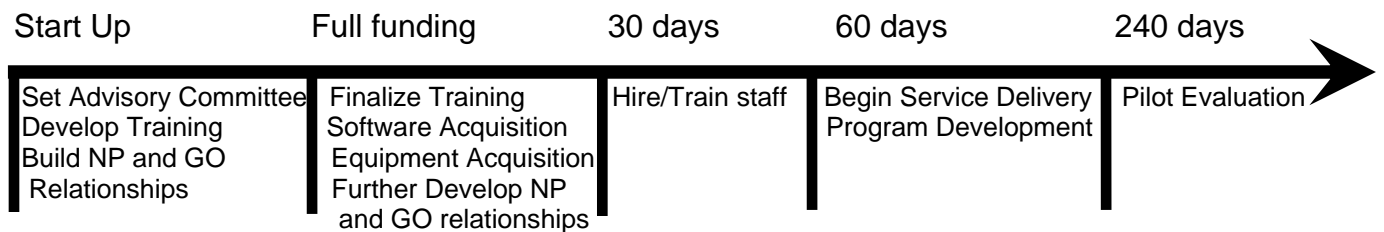
IMPLEMENTATION TIME LINE

The first step to implementing the CRCP is establishment of the Advisory Committee. This process has begun and the initial meeting should occur in November 2009. The Quality of Life Foundation will also begin development of training curricula and will continue to build relationships with potential Participating Organizations.

Once the pilot is funded fully, the Quality of Life Foundation will require two months to recruit, hire, train, and equip the pilot Community Resource Coordinator and acquire and install the case-management system. During that lead time, the support functions (e.g., client services delivery support and program development) will begin full-time efforts to develop the following:

- Training curricula and methods for delivery;
- Non-profit and government resource subject-matter expertise and partnerships;
- Program development and expansion strategies; and
- Equipment and software acquisition.

After the CRCP has been fully operational for six months, a formal evaluation will be completed to incorporate lessons learned into expansion strategies.



CONCLUSION

The most expedient, cost effective, and innovative way to fill the gap between post-transition family support needs and the existing resources to meet those needs is to leverage community-based and national non-profit resources via a local resource coordinator. The CRCP synergizes the many different community-based and grass-roots initiatives available to families of severely wounded service members and collaborates with existing government programs. By doing the leg work to connect these families with those resources and by funding emergency needs, the CRCP allows family caregivers to concentrate on their family and augments the total care coordination from federally funded case managers.

While we can do nothing to erase the event that changed these families' lives forever, we can, and must, ensure that our communities are ready to receive them in a manner worthy of their sacrifices. It is but one small way we can fulfill our moral and ethical responsibility to honor and thank the families who have given so much in defense of our nation and our way of life.

Please join us in this plan of action to develop a post-transition Community Resource Coordinator Program to support families of severely wounded service members. Working collaboratively, we can improve how our country honors them. Together, we can ensure that regardless of where a family lives, or to which branch of service their injured loved one belongs, they will have a local family advocate coordinating community-based, post-transition support - the very foundation for rebuilding quality lives. Please contact our Executive Director, Kimberly Munoz, to learn more. Her phone number is (703) 496-9050; her e-mail address is kmunoz@qolfoundation.org.