

Potential Volunteer Phone Screening Checklist

Potential Volunteer Information

Applicant Name	Email	Phone	Programs Interested In	Screening Date
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***** <u>NEEDS TO BE VERIFIED/DETERMINED BEFORE ONBOARDING</u> *****		
	<u>Done (Y/N)</u>	<u>Needs determined</u>
Program leader needs		
Grant needs		
Geographic needs		
Identify what upcoming training would be a good fit		
Identify who will pay for this leader training		
Identify a workshop to schedule this candidate into once training has been completed:		
This candidate can facilitate the following area of the County:		

Partners in Care Foundation Background

Partners in Care Foundation is a non-profit organization that has 20 years of experience delivering programs and services that protect and support adults with complex health and social service needs, frail elders, people with disabilities, caregivers and families. The organization’s mission is to shape the evolving health system by developing and spreading high value models of community-based care and self- management. Our department, Health Self-Management Services, focuses on delivering evidence-based programs throughout the County of Los Angeles. Our workshops are designed to help participants develop the skills and confidence they need to manage their chronic conditions, maintain independence, prevent falls and make a genuine difference in their life.

Any questions so far?

Opportunity Details

□ Purpose

Partners has been recognized as a national leader in the implementation and spread of evidence-based health self-management education at the national, state and local level. We wouldn't be able to do this if it weren't for our volunteers.

□ Volunteer Job Description

It is essential that volunteers leading these programs have a clear understanding of the framework for development, and ensure the program's content and fidelity will be consistent in all settings. Volunteer Leaders play an important role in upholding the quality of evidence-based programming and offering workshops in line with the program standards. A leader's words and actions must adhere to the program scripts and fidelity, so we can ensure the safety, quality, and proven benefits of the program for all participants. Leaders serve as facilitators rather than lecturers. Facilitators focus on process – helping create a sense of connection among group members and leaders to create a safe and optimum environment of mutual learning and support. Leaders are expected to respect other people's time by arriving 15-30 minutes early and organizing themselves. They always start and end the workshops on time and model the behavior that they want to see in the participants.

□ Commitment

Because we invest a lot of time and resources in our Volunteer, we ask that each volunteer makes a commitment of, between 4-6 hours a week for six to ten weeks and facilitate a minimum of three workshops per year for at least one year. The one-year commitment begins when the training program ends. Workshops take place Monday through Friday from 8:00a – 5:00p.

Clarify exact commitment based on program interests/needs

Does this sound like it would work for you?

□ Support

Discuss coordinator availability:

In office typically from 8a - 4p; Available to reach by cell phone and text from 8a - 4p; If the situation is URGENT please text (response time 2 hrs or less)

Kinds of support and assistance to expect:

Workshop implementation questions (i.e. site, materials, co-leader, parking); Workshop facilitation questions; Leader training questions; Evidence-based program questions

Potential Volunteer Application Verification

I'd like to see if you have any questions, or want to back out before we move on with the screening questions? Now we'd like to ask you a few questions regarding your experiences and expectations to see if we'd be a good fit.

Verify the following information:

Name:	
Address:	
City:	
Zip:	
Email Address:	
Phone Number:	

Are you fluent (reading, writing and speaking) in any of the following languages?

- English
- Spanish
- Chinese (Mandarin)
- Korean
- Russian
- Japanese
- Other (Please specify) _____

Please indicate availability:

Primary method of transportation:

Day of Week

Time

Monday

Tuesday

Wednesday

Thursday

Friday

Willingness to Travel:

Clarify with candidate that background check must be successfully completed to start onboarding process. Y N

Interview Questions

Each workshop requires an average of 3-5 hours of your time per week. How many workshops, per week, can you commit to facilitating?

Please share with us, what evidence-based program(s) are you most interested in?

Why are you interested in this program(s)?

What attracted you to Partners in Care Foundation? How did you learn about Partners?

Why do you want to volunteer in this position?

What experiences have you had in working with older adults in a volunteer or employment setting? How do those experiences prepare you for our volunteer work?

What do you feel would be challenging for you as a volunteer with us, if any?

If you were leading a program and a participant was disrupting the class by talking with you or other participants what would you do?

Skills/Qualities	Yes/No	Notes
Commitment to following EBP program script and adhering to fidelity		
Has worked with seniors, people with disabilities, or veterans		
Has experience problem solving with others		
Comfortable in front of a group		
I recommend this person for a volunteer position		
I am excited about this candidate because...		
I have the following concerns about this candidate...		
The candidate can participate in the next orientation session:		



**VOLUNTEER ORIENTATION PACKET
2017**

Dear _____,

We are grateful that you have chosen to be a volunteer with Partners in Care Foundation and for your commitment to serving the community. Without your hard work and dedication, it would be impossible for us to fulfill our core mission of shaping the evolving health system by developing and spreading high value models of care and self-management.

Your commitment to serving older adults helps to provide a wide array of health self-management programs. In 2016, we reached 2,243 older adults throughout the County of Los Angeles. Many adults depend on health self-management programs to achieve healthier lifestyles. Your willingness to facilitate these workshops shows that you are truly invested in the well-being of others; a character trait that we seek in our potential volunteers.

Each of our volunteers is key to our success as an organization. Many of you dedicate your time to teaching older adults about the benefits of physical activity, eating healthy and effectively managing a wide array of chronic conditions. You bring your expertise, personal experiences, and passion for the content to these workshops, which in turn empowers participants to better manage their health.

We are very appreciative for your devotion to adults and their health. We warmly welcome you to Partners in Care Foundation, and thank you for your time and effort spent empowering and promoting independence to individuals who struggle with a variety of chronic conditions. We hope this volunteer orientation packet provides useful information that aids in making your experience meaningful. We are delighted to have you on our team.

Sincerely,

Dianne Davis

Partners in Care Foundation

Senior Director

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PARTNERS IN CARE FOUNDATION BACKGROUND

Partners in Care (Partners) is a non-profit organization that works to develop more effective and more efficient approaches to improve quality of life for diverse individuals and communities, targeting the most at-risk. Successful models are replicated in leading local, regional and national organizations. Partners was founded in 1997 and is based in San Fernando, California.

Mission Statement

Our mission today, is to shape the evolving health system by developing and spreading high value models of community-based care and self-management.

Organizational Values and Objectives

PARTNERSHIP

Partners collaborates with physician networks, health plans, community-based organizations, and federal and state agencies to deliver programs and services that protect and support adults with complex health and social services needs, frail elders, people with disabilities, caregivers and families. Our programs have been demonstrated to significantly reduce costly hospital readmissions, ED visits, and nursing home placements, resulting in improved health outcomes at lower cost through better coordinated care.

INNOVATION

We believe that health happens at home. Through unique, evidence-based interventions like our HomeMedsSM program, a national, in-home medication review and safety program, we shift the emphasis of health care from catastrophic care to preventative care, reducing costs and enabling adults of all ages, especially seniors, to live with the dignity and independence they deserve.

IMPACT

Partners' many advances have been adopted by numerous healthcare providers and community-based organizations, becoming nationally recognized as models-of-care.

- HomeMedsSM received a Strong Evidence Rating on the US Agency for Healthcare Research and Quality (AHRQ) Innovation Exchange
- *Partners* was among a select group of community-based organizations (CBOs) working under a grant from the Centers for Medicare and Medicaid Services (CMS) to implement care transitions programs
- The quality of *Partners'* complex case management program has recently been recognized with a three-year accreditation by the prestigious National Committee for Quality Assurance (NCQA)

ABOUT EVIDENCE-BASED PROGRAMS

What are Evidence-Based Programs?

When a program is “evidence-based” this means it has been rigorously tested in academic settings, proven effective, and translated into practical models that are widely available in the community. Evidence-based programs are structured programs, generally utilizing a curriculum outlined in a manual and individuals interested in being leaders of a program attend training to be sure that it is offered the same way every time – no matter who is providing it. This is important because the programs are created to give each participant an equivalent experience and produce positive health changes. Examples of some of these positive changes are:

- Improved quality of life
- Increased mobility
- Reduced disability
- Reduced pain
- Improved ability to manage one’s health

Because evidence-based programs have consistent benefits, they are desirable for organizations wanting to make positive changes in their community.

How does *Partners* Cover the Cost of Providing Evidence-Based Programs?

Evidence-based programs are paid for in many ways. One of the most consistent sources of funding is from federal, county, or city governments. To be able to receive this funding, the programs we offer must meet strict standards in addition to being evidence-based – these programs are called “highest-tier” evidence-based programs. Everything *Partners* offers is considered highest-tier by the Administration for Community Living. In addition to government funding, we also receive grants from private foundations and have contracts with organizations that want evidence-based programs. We offer an opportunity for workshop participants to donate to *Partners* if they wish to help support the cost of programming. You will be provided with a script to use when discussing donations with participants and given donation cards that participants can use - the donation cards are part of your leader kit.

ROLE OF *PARTNERS* & HEALTH SELF-MANAGEMENT IN IMPLEMENTING EVIDENCE-BASED PROGRAMS

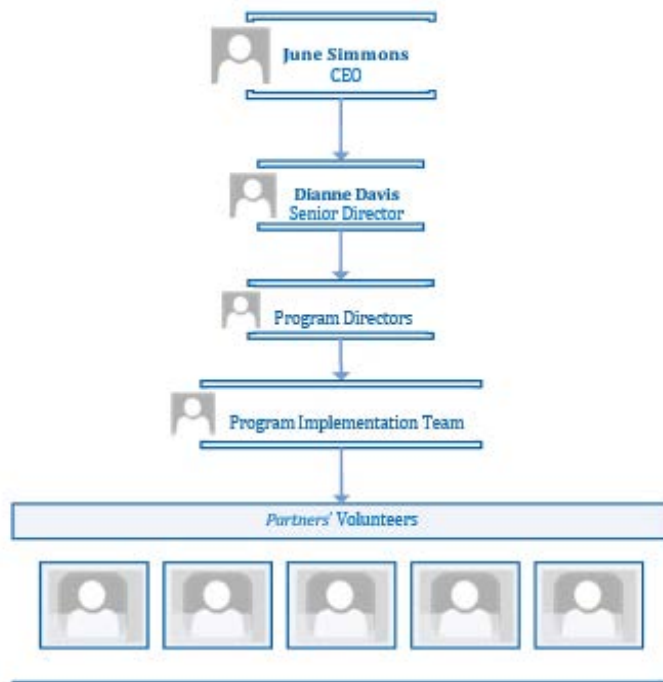
Partners in Care Foundation facilitates seamless coordination between state, local, and community-based organizations to implement and expand program offerings while maintaining high fidelity standards. Our organization provides:

- Program licensing and day-to-day technical assistance that appropriately represents the various evidence-based health self-management programs
- State level leadership and administrative support to the California Healthier Living Coalition (www.cahealthierliving.org/)
- Creation of universal marketing materials to brand evidence-based programs throughout the California
- Collaboration in providing evidence-based program leader trainings
- Maintenance of statewide databases of Master Trainers, workshop leaders, and participant information

- Support for data collection and data analysis for programs offered across California

Partners in Care Foundation, through the Health Self-Management Services (HSM) staff, is one of the primary providers of health self-management evidence-based programs for older adults throughout the County of Los Angeles.

Health Self-Management Organizational Chart



Health Self-Management Mission Statement

HSM staff provides health promotion programs to diverse communities and establishes innovative partnerships, while maintaining a standard of excellence and cultural humility.

Health Self-Management Departmental Values

INDIVIDUAL IMPACT

- To help older adults have better health outcomes
- Share self-management knowledge with others to become a healthier community

- Empowering others to become self-sufficient

BUILDING CAPACITY/SUSTAINABILITY

- To collaborate with partnering agencies
- To meet responsibilities of grants/contracts

HEALTH SELF-MANAGEMENT TEAM CULTURE

- Support diverse viewpoints
- To mentor each other and grow
- To contribute to the greater organization of *Partners*

COMMUNITY HEALTH IMPACT

- Help reduce medical costs and usage of emergency services
- To expand access to health programs
- Provide community health programs in underrepresented communities

EVIDENCE-BASED PROGRAMS CURRENTLY OFFERED THROUGH HEALTH SELF-MANAGEMENT AT *PARTNERS*

Healthier Living (Chronic Disease Self-Management Program/CDSMP)

Healthier Living is a program developed for people with chronic health conditions. Participants develop practical skills for living a healthy life and managing their chronic conditions. The workshop provides support for normal daily activities and dealing with the emotions created by chronic conditions. It also addresses topics such as problem solving, nutritious eating, relaxation techniques and how to communicate effectively with family, friends, and health professionals. Results include improved health status, increase in exercise, reduction in pain and proper utilization of the health care system.

Tomando Control de Su Salud

Tomando Control de Su Salud is the Spanish language, culturally appropriate version of the Healthier Living/Chronic Disease Self-Management Program. Participants learn to self-manage their chronic conditions using similar tools as the English version to obtain the same health outcomes.

Diabetes Self-Management Program (DSMP)

Patients with type 2 diabetes learn to take charge and control their diabetes, understand and deal with emotions, manage medications, make weekly action plans for exercise and healthy eating and how to communicate effectively with family, friends, and health professionals. The workshop is led by trained peer leaders in familiar community venues and designed to empower participants through a mutually supportive and interactive education process.

Chronic Pain Self-Management Program (CPSMP)

This program was developed for people who have a primary or secondary diagnosis of chronic pain to assist them with developing new coping skills. In research results from this highly participative workshop, patients report that they have more energy, experience less pain and depend less on others. They also enjoy improved mental health, more satisfaction with their lives and more involvement in everyday activities compared to people who have not taken the workshop.

A Matter of Balance (MOB)

A Matter of Balance is a program for people who have fallen in the past, have a risk of falling and who may be reducing their activities due to a fear of falling. Participants learn to change their environment to reduce fall risk factors, to view falls and the fear of falling as controllable, set realistic goals to increase activity and exercise to increase strength and balance.

Arthritis Foundation Exercise Program (AE)

The Arthritis Foundation Exercise Program offers low-impact exercises and gentle activities to help increase joint flexibility and range of motion, and to help maintain muscle strength. Developed specifically for people with arthritis, the program is also beneficial to those

without arthritis. Different classes are available to fit each individual's fitness level with exercises done while sitting, standing or on the floor.

Arthritis Foundation Walk with Ease Program (WWE)

The Arthritis Foundation Walk with Ease program was developed to help individuals create and implement a walking plan to meet their needs. This program encourages participants allowing them to stay motivated, manage their pain and learn to exercise safely to keep muscles strong and joints stable. The program helps boost participant energy, reduce stress and control weight.

Tai Chi for Arthritis

The Tai Chi for Arthritis program is appropriate for people with mild, moderate and severe joint involvement and back pain. Each session includes Tai Chi principles, including those relating to improving physical and mental balance, Tai Chi movements, and breathing techniques.

Tai Ji Quan: Moving for Better Balance

Tai Ji Quan: Moving for Better Balance program is designed to improve strength, balance, mobility and daily functioning, and prevent falls in older adults and individuals with balance disorders. The focus of this program is community-dwelling older adults and people with a history of falls, balance disorders, leg muscle weakness, abnormal gait or walking difficulty.

VOLUNTEER SPECIFIC INFORMATION

THE IMPORTANCE OF OUR VOLUNTEERS

Partners has been recognized as a national leader in the implementation and spread of evidence-based health self-management education at the national, state and local level. We wouldn't be able to do this if it weren't for our volunteers. It is essential that volunteers leading these programs have a clear understanding of the framework for development, and

the dissemination process, to ensure the program's content and fidelity will be consistent in all settings.

Health self-management education is all about equipping people who have multiple chronic conditions with techniques to stabilize and improve their health condition. Providing these participants with factual information to help them choose the most nutritious foods, exercise appropriately, minimize symptoms and build relationships with others who face similar life challenges are some of the strategies for better living learned in health self-management workshops. Sharing knowledge of these strategies contributes to our volunteers' love for what they do.

WHY VOLUNTEER WITH *PARTNERS*?

The Title III-D Disease Prevention and Health Promotion Program (DPHP) is designed to assist older adults prevent illness and manage chronic physical conditions, prolonging their independence and improving their quality of life. The need for home and community-based services is substantially increasing as the older adult population continues to grow. Improved and expanded education on health-related issues, nutrition and exercise is necessary to help older adults maintain their independence, remain active, and strive toward a healthier lifestyle.

Partners' goal, to promote an environment that is sensitive to the needs of older adults and to enhance their quality of life, ultimately helping them to maintain their independence and improve their overall health and well-being, cannot be reached without our volunteers. As a Volunteer Leader, you play an important role in upholding the quality of evidence-based programing and offering workshops in line with the program standards. As a leader, your words and actions must adhere to the program scripts and fidelity, so we can ensure the safety, quality, and proven benefits of the program for all participants.

PARTNERS' VALUES FOR VOLUNTEER INVOLVEMENT

- Volunteer involvement strengthens communities
- Volunteer involvement promotes change and community development by identifying and responding to community needs
- Volunteer involvement mutually benefits the volunteer, participants and the organization

- Volunteer involvement increases the capacity of organizations to accomplish their goals and provides volunteers with opportunities for personal development and to contribute to their communities
- Volunteer involvement is based on relationships and trust

VOLUNTEER RESPONSIBILITIES

Code of Conduct

- I will inform Partners in Care Foundation of **any and all** activity I engage in related to the assigned evidence-based program (EBP) to ensure activities adhere to licensing requirements.
- I will attend/complete all required trainings and paperwork.
- I am willing to make a commitment of between 4-6 hours a week for six to eight weeks.
- I will remain in contact with the Program Coordinator regarding any concerns/support.
- I will treat all workshop participants with courtesy and respect.
- I will maintain participant/client confidentiality (HIPAA compliant).
- I will set-up the classroom/training area prior to beginning the workshop, as well as, return the classroom/training area back to its original arrangement at the conclusion of the workshop.
- I am responsible for ensuring the site/facility provides a safe environment and meets any applicable requirements of the program.
- I will **ensure the security and safety of all Data Forms** I collect from workshop participants and make sure the Data Packet is returned to Partners in Care Foundation per protocol via fax or hardcopies by the date indicated on the workshop leader kit cover sheet.
- I will prepare for each workshop by reviewing the corresponding EBP manual and program materials.
- I will encourage interactive discussion about the concepts and skills presented.

- I will monitor and connect with each participant, including those with special needs.
- I will recruit and advertise for workshops using materials provided by Partners in Care that includes their name and/or logo.
- I will promote socialization and a solution-oriented environment among the participants.
- I will **serve as a facilitator rather than a lecturer**. Facilitators focus on process – helping create a sense of connection among group members and leaders to create a safe and optimum environment of mutual learning and support.
- I will disallow any form of promotional content for another program or service.
- I will not alter the number of workshops, duration of workshops, nor the content of the workshop.

Administrative Documents that Volunteers Complete

- Volunteer Leader Application
- Volunteer Leader Training Agreement
- Public Information Consent Release Form
- Non-Disclosure Agreement
- Security Training Acknowledgement
- IRS Form W-9 (for volunteers receiving Per Diem)
- Photo/Scanned copy of driver's license and auto insurance policy
- Volunteer Sign-In Sheet
- Per Diem Request Form

Monthly Timesheet (Hours Form)

- Volunteer hours are recorded on the “Volunteer Sign-In Sheet”
- Due signed and dated **BEFORE** the 8th of every month for previous month
- If assigned multiple workshops in a single day, you may use one sheet per workshop assigned
- Reminder: **sign and date** at the bottom of the page every month

Respect for Diversity

- *Partners* celebrates the diversity of our community. We believe no one should be discriminated against or the target of ridicule, disrespect or gossip due to their

ethnicity, religion, gender, national origin, age, physical disability, political affiliation, sexual orientation, color, marital status, veteran status or medical condition.

- Leaders who exhibit prejudiced and discriminatory behavior could lose their affiliation with *Partners*.

Program Fidelity

- Program fidelity refers to how closely leaders and others involved in the program delivery (i.e., Trainers, evaluators, and even funders) follow the program as designed. This includes consistency of delivery, properly trained Leaders and Trainers as well as program timing and costs. Not adhering to the fidelity of these evidence-based programs can and will result in a loss of affiliation with *Partners*.

Show Your Professionalism by Being a Team Player

- Be punctual. Respect other people's time by arriving 15-30 minutes early and organizing yourself. Always start and end the workshop on time. Model the behavior that you want to see in the participants.

THANK YOU!!

PARTNERS IN CARE FOUNDATION VOLUNTEER ORIENTATION PACKET ACKNOWLEDGMENT

Welcome to the *Partners'* Volunteer Leader Program. We rely heavily on the help of our volunteers. We appreciate your participation and hope your work with us is fulfilling and helpful in your personal growth.

To best serve the needs of our clients, it is important that you be responsible and maintain the trust we have put in you. Therefore, we ask you to consider the directives below:

1. I agree to abide by all policies and procedures for the *Partners'* Volunteer Program as set forth in the Volunteer Application, Leader Agreement, Non-Disclosure Agreement for Data Collection and Data Entry Personnel, and Public Information Consent Release Form.
2. I will keep all client and agency information confidential and secure.
3. I will follow the standardized program/workshop as presented in the corresponding Leader Manual.
4. I will facilitate a minimum of three workshops per year for at least one year. The one-year commitment begins when the training program ends.
5. I will report participant data accordingly and when needed from the workshops I facilitate.
6. I will ensure that all program forms, participant surveys, participant release forms, are signed by and collected from every new participant and submitted it to Partners in Care Foundation.
7. I will attend meetings and mandatory new/update trainings required by the program.
8. I will be responsible for contacting Partners in Care Foundation if I am unable to come to my workshop.
9. If I do not fulfill these commitments, I am aware that my status as a volunteer will be reviewed.

By signing below, I acknowledge that I have received the *Volunteer Orientation Packet* as presented in previous pages. I also understand that failure on my part adhere to this agreement and to other program policies and code of conduct can result in a loss of my status as a Partners in Care Foundation Volunteer Leader.

I further understand that if I have any questions about the interpretation or application of any policies contained in the Volunteer Orientation Packet, I should direct these questions to the onsite Volunteer Coordinator.

Signature

Date

Printed Name

WELCOME TO Partners in Care Foundation

Volunteer Leader Orientation



Partners in Care
FOUNDATION

Changing health care systems, changing communities, changing lives

Partners in Care (*Partners*) is a non-profit organization that works to develop more effective and more efficient approaches to improve quality of life for diverse individuals and communities, targeting the most at-risk. Successful models are replicated in leading local, regional and national organizations. Partners was founded in 1997 and is based in San Fernando, California.



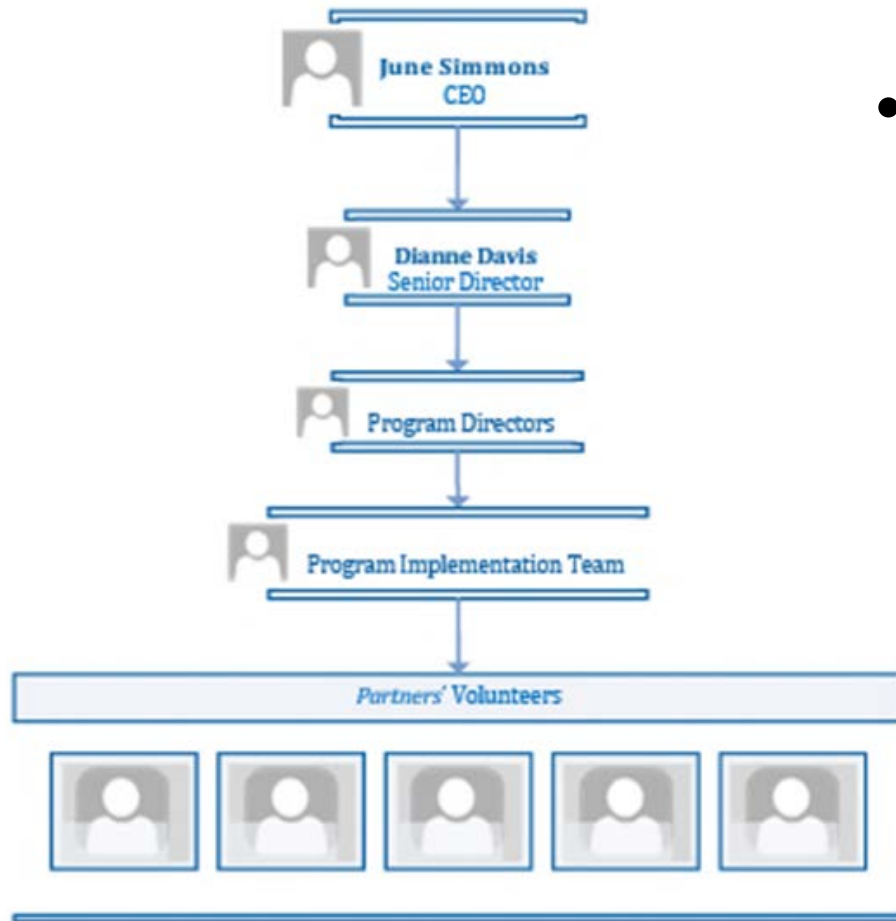
Partners' Values for Volunteer Involvement

Volunteer involvement:

- strengthens communities
- promotes change and development by identifying and responding to community needs
- mutually benefits both the volunteer and the organization
- increases the capacity of organizations to accomplish their goals and provides volunteers with opportunities to develop and contribute
- is based on relationships



Meet the Health Self-Management Services Staff



- HSM staff provides health promotion programs to diverse communities and establishes innovative partnerships, while maintaining a standard of excellence and cultural humility.

Agenda

- Introductions
- About Evidence-Based Programs
- Who attends our workshops and why?
- Volunteer Responsibilities and Paperwork
- Workshop Kit Process
- Fidelity Support
- Client Intake Forms
- All Workshop Forms
- Q & A



Introductions



- Please tell us your:
 - NAME
 - WHAT DO YOU HOPE TO GET OUT OF VOLUNTEERING WITH *PARTNERS*?
 - WHAT YOUR FAVORITE **WORD** IS AT THE MOMENT?



Evidence-Based Programs

- To be able to receive funding, the programs we offer must meet strict standards in addition to being evidence-based – these programs are called “highest-tier” evidence-based programs.
 - Supported by extensive research (RCT)
 - Generally utilize a curriculum
 - Standardized leader training
 - Standardized program implementation
 - Measurable, proven outcomes to achieve specific goals



Positive Health Changes

Examples of positive health changes produced by evidence-based programs:

- Improvement in mood
- Improved quality of life
- Increased mobility
- Reduced pain
- Improved ability to manage one's health



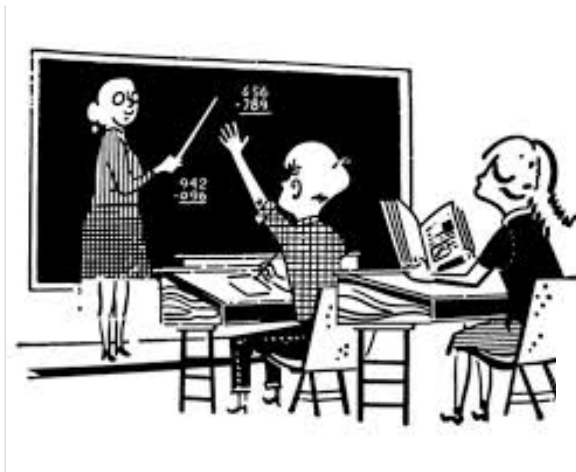
Who Attends our Workshops?

- Older adults
- Adults with disabilities
- Caregivers
- Grandparents
- Family members



Why Do Participants Attend?

- To learn to manage a chronic condition
- To support someone with a chronic condition
- To overcome a fear of falling
- To increase strength and mobility
- To socialize
- To acquire resources



Evidence-Based Programs

- Chronic Disease Self-Management Education Suite
 - Chronic Disease Self-Management / Tomando Control de su Salud (Healthier Living)
 - Chronic Pain Self-Management / Manejo Personal del Dolor Crónico
 - Diabetes Self-Management / Manejo Personal de la Diabetes



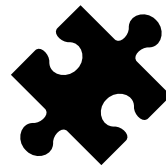
Evidence-Based Programs

- Arthritis Foundation Exercise Program
- Arthritis Foundation Walk With Ease
- A Matter of Balance
- Tai Chi for Arthritis



Why Volunteer with *Partners*?

- Because it's fun!
- Give back to and help build the community
- To share the wealth of knowledge to the underserved, older adult population
- Develop skills as a peer educator
- Meeting new people



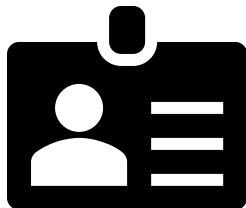
Why *Partners* Needs You?

- Older adult population continues to grow
- Increased need for education on health related issues
- Volunteers play an important role in upholding the quality of evidence-based programs by offering our workshops



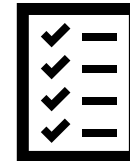
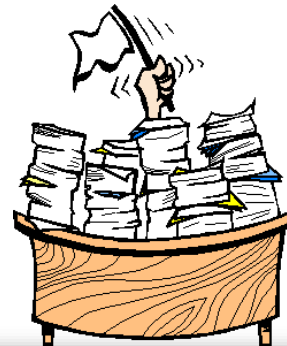
Volunteer Responsibilities

- Your words and actions must adhere to the program scripts and fidelity
- Adhere to code of conduct
- Complete workshop paperwork and timesheets timely
- Respect diversity
- Show your professionalism by being a team player



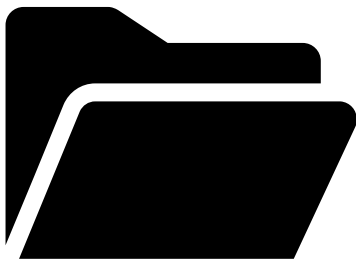
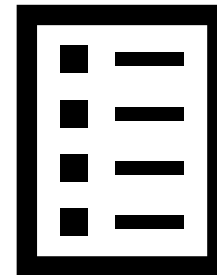
Paperwork

- All leader “Administrative Documents” must be completed during orientation.
- The forms that need to be completed are:
 - Non-Disclosure Agreement
 - Security Training Acknowledgement
 - Photo/Scanned copy of driver’s license and auto insurance policy
 - W-9 (for Per Diem)
 - Volunteer Orientation Packet Acknowledgement



Additional Volunteer Documents

- Per Diem Request Form



Monthly Timesheet (Hours Form)



Partners in Care
FOUNDATION
Amplifying the change of healthcare

Workshop Volunteer Sign-In Sheet

Name: _____ Month of: _____ 20____

	Date	Workshop	Time In	Time Out	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hours for the Month: _____

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

- This needs to be turned in by the 8th of every month for the previous month.
 - Ex.: Due date is July 8th for the workshop hours in June.
- If you have multiple workshops in one day, you may use 2 sheets.
- Please remember to sign this form prior to submitting.

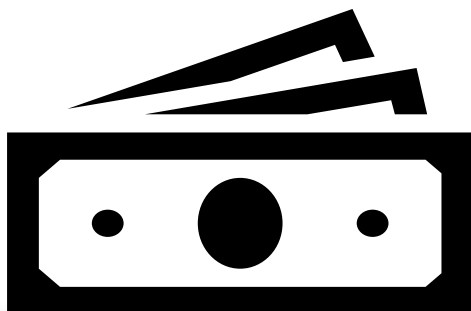




Per Diem Form



- You will receive a new Per Diem Request form for every workshop you facilitate
- Leaders must turn in their post workshop paperwork in order to receive their *per diem*



732 Mott Street
Suite 150
San Francisco, CA 94140
Phone 818-837-3775
Fax 818-837-3199
www.picf.org

Per Diem Request Form

Complete all fields and return to the *Coordination Team (Attn: Melissa Reynosa)* within one week of workshop completion to receive the *Volunteer Per Diem*.

Recipient Name: _____

Address: _____

Phone Number: _____ Email: _____

Type of Workshop Facilitated (please circle):

Arthritis Exercise A Matter of Balance UCLA Memory CDSMP (Healthier Living / Tomando) CPSMP (Eng/Spa) DSMP (Eng/Spa) Walk With Ease

Workshop Site: _____

Workshop Leader Attendance

(Please indicated the date of the each corresponding session you facilitated, and leave blank if the session did not occur or apply to your workshop)

Session	Date	Session	Date	Session	Date
1		7		13	
2		8		14	
3		9		15	
4		10		16	
5		11		17	
6		12		18	

Recipient Signature: _____ Date: _____

Project Director Signature: _____ Date: _____

Signature: _____ Date: _____

TOTAL AMOUNT TO BE CHARGED: _____ PROJECT CODE: _____ AC CODE: _____



Partners in Care
FOUNDATION

Coordinating a Workshop Kit Pick-up

- Programs that require a kit:
 - Stanford Programs (CDSMP/Tomando, CPSMP, DSMP)
 - Matter of Balance
 - Arthritis Exercise & Walk With Ease
 - Tai Chi for Arthritis

- Contact Melissa Reynosa for kit coordination
 - Office: (818) 837-3775 ext. 112
 - Mobile/Texting: (818) 792-0577
 - mreynosa@picf.org



Workshop Kit Coordination

- *Partners* staff will work out a time and location that fits your schedule to pick-up the kit
- You/co-leader are responsible for managing and returning materials in the workshop kit
- After the workshop is completed, please contact *Partners* staff to arrange a pick-up / drop-off time to return the materials



Program Fidelity

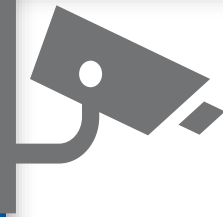
- Program fidelity refers to how closely leaders follow the program as designed.
- This includes consistency of delivery and program timing (not shortening sessions).
- **Not adhering to fidelity can result in a loss of affiliation with *Partners*.**



Fidelity Support

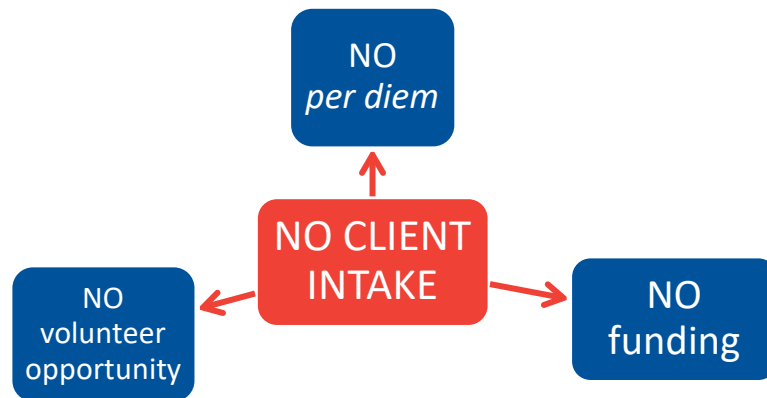
- Fidelity observations are done after a leader completes leader training
- A Master trainer of the specified program will:
 - Visit the leader's first workshop
 - Observe the session in its entirety
 - Provide coaching and support to leader for workshop implementation
- After a successful fidelity observation and completion of the first workshop, the leader then becomes ***certified*** in the program





Required Grant Documents

- “Client Intake Form” is used for demographic data collection
- Each participant must fully complete this form



-staff assisted
[initials]

Partners in Care FOUNDATION

Client Intake- Confidential
DISEASE SELF-MANAGEMENT SERVICES
DISEASE PREVENTION/HEALTH PROMOTION EVIDENCE-BASED PROGRAM INITIATIVE

FOR OFFICIAL USE ONLY:
IID County: _____
Supervisory district: _____
IID City: _____ CDBG:

PARTICIPANT PROFILE INFORMATION

Name: _____
First _____ Last _____

Home Address: _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP Code _____

Phone: (____) _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

What language do you speak at home? _____

Ethnicity Information

<input type="checkbox"/> Multiple Race	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Declined to State
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American/Alaskan Native	
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	

Income Information

Number of Household Members	Total Household Income
_____ Member(s)	<input type="checkbox"/> \$0 -\$980 Month (\$11,770 Year) or
	\$ _____ year or
	<input type="checkbox"/> Decline to State

*All income categories were provided and based on the CDBG/Income Limits for the State of California in 2015

Health Insurance Information

Do you have health insurance? Yes (please specify below) No

<input type="checkbox"/> BlueCross/BlueShield	<input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> United Healthcare	<input type="checkbox"/> LA Care	<input type="checkbox"/> Care First	<input type="checkbox"/> Humana	<input type="checkbox"/> Aetna
<input type="checkbox"/> Cigna	<input type="checkbox"/> HealthNet	<input type="checkbox"/> AARP	<input type="checkbox"/> Assurant	<input type="checkbox"/> Other: _____		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Partners in Care will use my profile information for database purposes, and it will not be shared with outside sources.

Signature: _____ Date: _____

REV. 11.30.16



Partners in Care
FOUNDATION

Required Program Documents

- Included in the Workshop Leader Kit
- Documents are different for each program
- Leaders are responsible for completion and collection of these documents
- These documents are returned with the Workshop Leader Kit at the end of the workshop
- More information during the “Data Forms” training

LA County IID

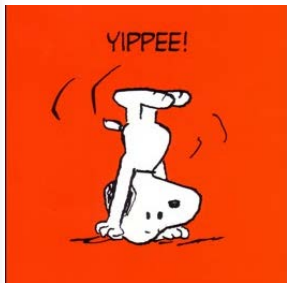
- Unique attendance reporting requirements
- Requires attendance logs to be turned into our office on a monthly basis, versus the end of the program



Thank You

We are grateful that you have chosen to be a volunteer with *Partners*.

Without your hard work and dedication, it would be impossible for us to fulfill our core mission.



Your Partners Contact

MELISSA REYNOSA

Office phone: (818) 837-3775 ext.
112

Mobile/Texting: (818) 792-0577

Email: mreynosa@picf.org



Questions





The CDA Information Security Office *Security Awareness Training*



California Department of Aging (CDA), 1300 National Drive, Suite 200, Sacramento, CA 95834

www.aging.ca.gov

Revised December 2007

Security Awareness Training References

- CA Public Records Act - Government Code §6250
- CA Information Practices Act - Civil Code §1798 et seq
- California Computer Fraud Act - Penal Code §502
- State Agency Privacy Policies - Government Code §11019.9
- State Administrative Manual, Management Memo, MM 06-12
- CA Department of Finance, Budget Letter, 05-08
- Office of Management and Budget, M-07-16

Training Objectives

To enable CDA **Affiliates** to:

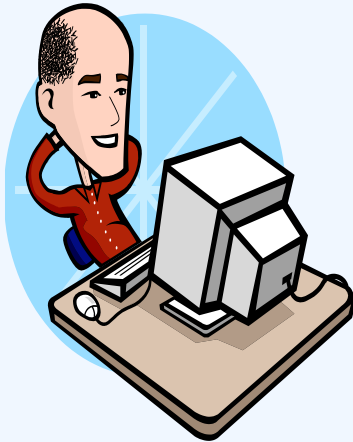
- **Understand** information security responsibilities and the consequences of infractions, and
- **Integrate** information security practices into daily work.

CDA Security Awareness Training Policy

All CDA Affiliates

**must complete security awareness training
annually by viewing this presentation
within the timeframe and terms specified in the
Affiliate's contract with CDA.**

Who are CDA Affiliates?



- **CONTRACTORS:** Area Agencies on Aging, Counties, Cities, Private Non-profit Agencies, etc. receiving funding from CDA.
- **VENDORS:** Businesses providing goods/services directly to CDA and/or CDA contractors receiving funding from CDA.
- **SUBCONTRACTORS:** Contractors providing goods/services to CDA contractors receiving funding from CDA.
- **STAFF:** Employees and volunteers of CDA contractors and subcontractors.

This training module is designed for you if you are staff of a CDA Affiliate and you access, collect or store information for CDA.

Terms and Acronyms

This training module's underlined terms display a definition by holding your cursor over the word.

Access	Obtain and/or use CDA information assets.
Affiliates	CDA contractors, vendors, subcontractors, volunteers, and their staff.
CA	California
CDA	California Department of Aging
Data Subject	An individual to whom personal data relates e.g. program clients.
Disclosure	Releasing protected information.
Information Assets	(1) All categories of information, including (but not limited to) records, files, and data bases; and (2) information technology facilities, equipment (e.g. personal computers, laptops, PDAs), and software owned or leased by state agencies.
PDA	Personal Digital Assistant
PRA	California Public Records Act
Redact	Remove confidential, sensitive, or personal information from an information asset.
Security Incident	Instances when information assets are modified, destroyed, disclosed, lost, stolen or accessed without proper authorization.
Third Party	Authorized legal representative, relative or friend, business associate, financial company or business authorized by the data subject.

As a CDA Affiliate, you are responsible for adopting operational policies, procedures, and practices to protect CDA information assets.



CDA Information Assets include

(but are not limited to):

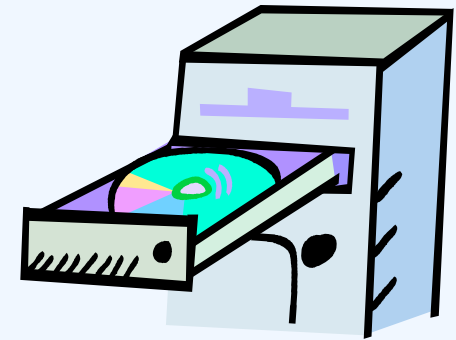
- **Information collected and/or accessed** in the administration of CDA programs and services.
- **Information stored** in any media form, paper or electronic.

**You may access
CDA information assets
for work-related purposes only.**

- **DO NOT MAKE COPIES** (photocopies, scans, photo images, etc.) Of CDA's confidential, sensitive and/or personal information for personal use.
- **DO NOT REMOVE** confidential and/or sensitive information from the work premises without authorization.
- **DO NOT MODIFY OR DESTROY** confidential and/or sensitive information without authorization.

Information assets are often stored using:

- Personal computers,
- Laptops,
- Office and workstation file drawers, and
- Portable devices such as:
thumb drives, discs, PDAs, etc.



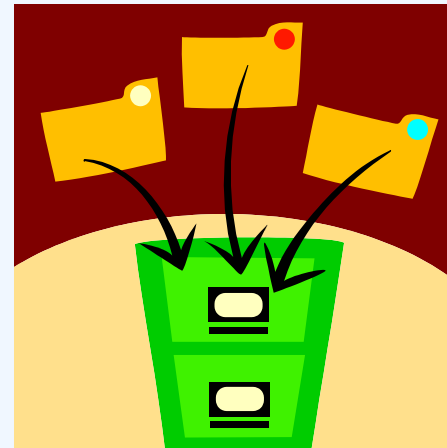
Information assets must be classified.

Classifying information enables you to:

- 1. Assign appropriate protection levels,**
- 2. Apply standard information handling practices, and**
- 3. Adhere to disclosure policies.**

As a CDA Affiliate, you work with information assets classified as:

- Public,
- Confidential,
- Sensitive, and/or
- Personal.



Public Information

Definition	<p>The California Public Records Act (PRA) defines public records as information relating to the conduct of the public's business that is prepared, collected, or maintained by, or on behalf of, State agencies. There are certain statutory exemptions and privileges that allow agencies to withhold specific information from disclosure.</p>
Examples	<p>Correspondence, program memos, bulletins, e-mails, and organization charts. Portions of a public record may include sensitive or personal information.</p>
Disclosure	<p><u>Disclosure</u> is required; however, all confidential or personal information must be redacted or blacked-out prior to disclosure. No identification from the requester is required.</p>

Confidential Information

<h2>Definition</h2>	<p>Information maintained, collected, <u>accessed</u>, or stored by a State agency or its Contractors/Vendors that is exempt from <u>disclosure</u> under the provisions of the PRA or other applicable State or federal laws.</p>
<h2>Examples</h2>	<p>Medical information, Medi-Cal provider and beneficiary personal identifiers, Treatment Authorization Requests (TARs), personnel records, social security numbers, legal opinions, and proprietary Information Technology (IT) information.</p>
<h2>Disclosure</h2>	<p><u>Disclosure</u> is allowed to:</p> <ul style="list-style-type: none"> ➤ individuals to whom the information pertains or an authorized legal representative upon his/her request (proper identification required); ➤ <u>third parties</u> with written consent from the Individual to whom the information pertains or an authorized legal representative; ➤ public agencies for the purpose of administering the program as authorized by law; ➤ fiscal intermediaries for payment for services; and ➤ government oversight agencies.

Sensitive Information

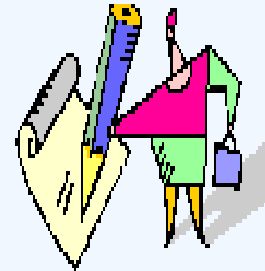
<h2>Definition</h2>	<p>Information maintained, collected, <u>accessed</u>, or stored by State agencies or their Contractors/Vendors that may not be considered confidential pursuant to law but still requires special precautions to protect it from unauthorized access, use, disclosure, loss, modification or deletion.</p>
<h2>Examples</h2>	<p>Policy drafts, system operating manuals, network diagrams, contractual information, records of financial transactions, etc.</p>
<h2>Disclosure</h2>	<p><u>Disclosure</u> is allowed to:</p> <ul style="list-style-type: none"> ➤ individuals to whom the information pertains or an authorized legal representative upon his/her request; ➤ <u>third parties</u> with written consent from the individual to whom the information pertains or an authorized legal representative; ➤ public agencies for the purpose of administering the program as authorized by law; ➤ fiscal intermediaries for payment for services; and ➤ government oversight agencies.

Personal Information

Definition	Information which identifies or describes an individual that is maintained, collected, <u>accessed</u> , or stored by a State agency or its Contractors/Vendors.
Examples	Examples include name, social security number, home address and home phone number, driver's license number, medical history, etc.
Disclosure	<p><u>Disclosure</u> is allowed to:</p> <ul style="list-style-type: none"> ➤ individuals to whom the information pertains or an authorized legal representative upon his/her request (Note that an individual has a right to see, dispute, and correct his or her own personal information); ➤ <u>third parties</u> with written consent from the individual to whom the information pertains or an authorized legal representative; ➤ public agencies for the purpose of administering the program as authorized by law; ➤ fiscal intermediaries for payment for services; and ➤ government oversight agencies.

Written consent to access or release an individual's personal information must include:

- Signature of the individual to whom the information pertains or an authorized legal representative;
- Date signed; and
- Description of the records that the individual agrees to release.



Disclosure Verification Guide

Classification	Request	Verification
Public	In person, by mail, e-mail, fax or telephone	No identification required.
Confidential, Sensitive, and/or Personal	In person	Photo identification. (Examples: driver's license, government identification, passport, etc.)
	By mail, e-mail, or fax	Written consent by the <u>data subject</u> or an authorized legal representative and requester's photo identification.

Review

Classification	Disclosure Policy
<p>Public</p>	<p><u>Disclosure</u> is allowed. All sensitive, confidential, or personal information must be redacted. Notify the requester in writing when the information is not readily available.</p>
<p>Confidential, Sensitive, and/or Personal</p>	<p><u>Disclosure</u> is only allowed to:</p> <ul style="list-style-type: none"> ➤ verified <u>data subjects</u> or an authorized legal representative upon his/her request, ➤ <u>third parties</u> with written consent from the <u>data subject</u>/an authorized legal representative, ➤ public agencies as permitted by law.

**When you follow proper
information disclosure
policies, you protect CDA
information assets and
avoid security incidents.**



What is a security incident?

A security incident occurs when information assets are modified, destroyed, disclosed, lost, stolen or accessed without proper authorization.

What should you do in case of a security incident?

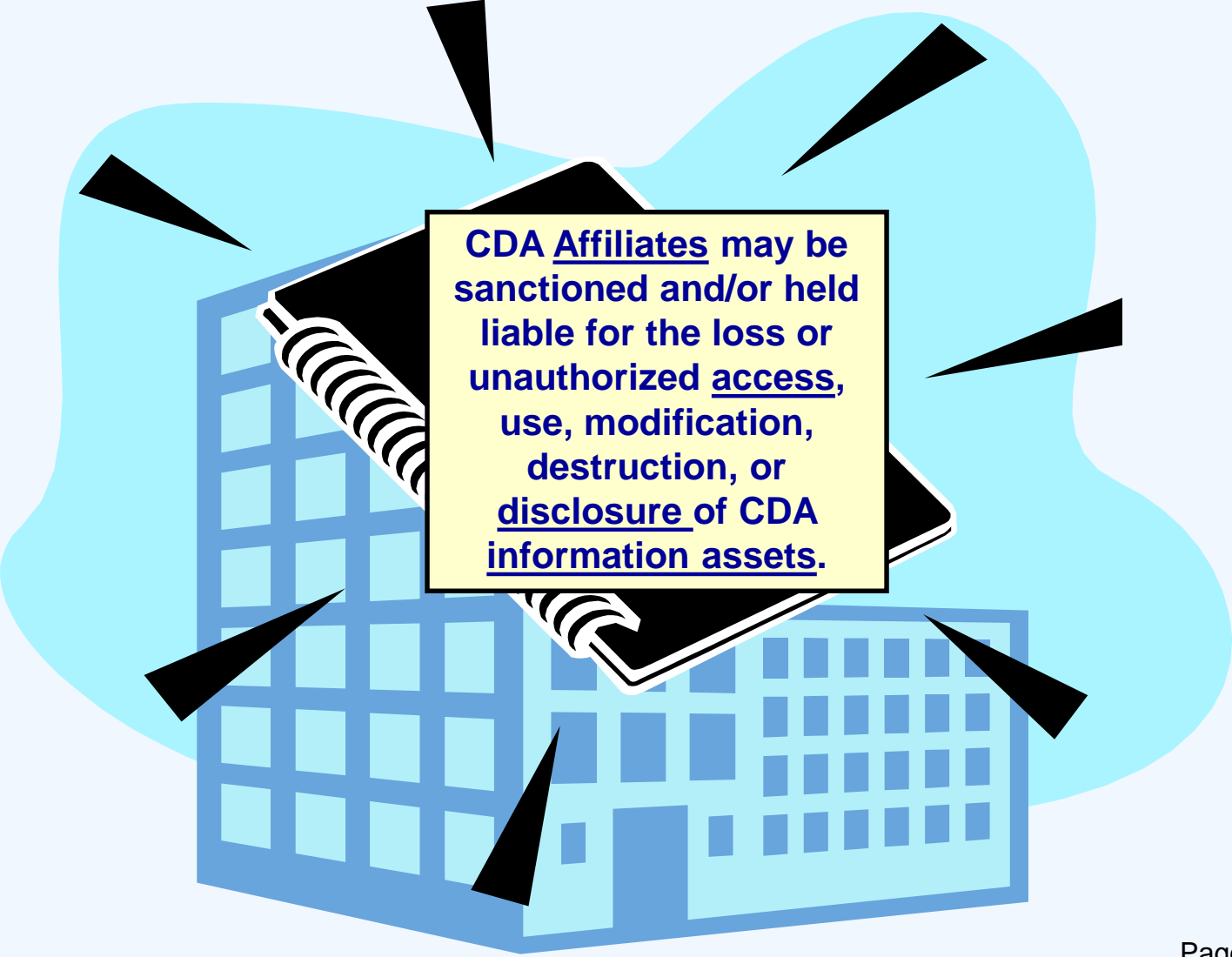
Report all incidents to the CDA Program Manager and/or the CDA Affiliate immediately upon occurrence or detection.

How do you report a security incident?

Complete and submit a Security Incident Report (CDA 1025) form to the CDA Information Security Officer within five (5) business days of date the incident occurred or was detected.



You may be sanctioned and/or held personally liable for the loss or unauthorized access, use, modification, destruction, or disclosure of CDA information assets.



CDA Affiliates may be sanctioned and/or held liable for the loss or unauthorized access, use, modification, destruction, or disclosure of CDA information assets.

You may be liable or sanctioned for:

- a security incident, or
- failure to report an incident.

The following liabilities/sanctions may apply:

- **Administrative**
(e.g. contract termination, personnel action)
- **Criminal prosecution**
- **Civil liability**



You have successfully completed CDA Security Awareness Training.

1. Click "**Print**" in the lower right-hand corner of the next slide, and
2. **Complete the certificate** on the next slide and keep a copy on file with your employer.

Thank you for your cooperation!