

**Evaluation Report for
The Health Foundation of
Central Massachusetts:
Analyses of Their
First Five Years of
Grantmaking
(2000-2005)**

**Written by: Pamela Imm, Ph.D.
Abraham Wandersman, Ph.D.
Beatrice Lane Estrada, L.M.S.W.
Jennifer McNair, Support Staff**

Date of Report: December 1, 2005

About the Authors

Pamela S. Imm, Ph.D.

Pamela Imm received her doctorate degree in Clinical and Community Psychology from the University of South Carolina in 1996. She has extensive experience in the areas of program development, program evaluation, and applied research. She has presented at national conferences and has served as an evaluation consultant for the Center for Substance Abuse Prevention, the Department of Education, and the Community Anti-Drug Coalitions of America. Dr. Imm is a co-author of the empowerment evaluation manual: Getting to Outcomes(GTO): Methods and Tools for Planning, Self-Assessment, and Accountability which was named the Best Self-Help Manual from the American Evaluation Association in 2001.

Abraham Wandersman, Ph.D.

Abraham Wandersman is a Professor of Psychology at the University of South Carolina-Columbia. Dr. Wandersman performs research and program evaluation on citizen participation in community organizations and coalitions and on interagency collaboration. He is a co-editor of two books on empowerment evaluation, and a co-author of Getting To Outcomes. In 1998, he received the Myrdal Award for Evaluation Practice from the American Evaluation Association. In 2000, he was elected President of the Society for Community Research and Action (SCRA). Most recently, he was awarded the Distinguished Theory and Research Contributions Award by SCRA.

Beatrice Lane Estrada, L.M.S.W.

Beatrice Lane Estrada received her degree in social work from the University of South Carolina. Her professional experiences include services to victims of interpersonal violence and sexual violence, advocacy, chemical dependency and prevention services. She is experienced in program development, program implementation, program monitoring, and is a certified grant writer. Ms. Estrada is currently a member of the University of South Carolina Empowerment Evaluation Team that is working on the development of empowerment evaluation systems using the Getting to Outcomes Model in the areas of intimate partner violence prevention and sexual violence prevention for the Center for Disease Control and Prevention's Center for Injury Prevention.

Table of Contents

Background for this Report	1
Purpose of this Report	1
Overview of this Report	2
Figure 1: THFCM Logic Model	3
The Mission of THFCM	4
THFCM’s Grantmaking Agenda	4
Results-Oriented Grantmaking/Grant Implementation (ROGG)	5
Figure 2: ROGG Partnership Model	5
Table 1: GTO Accountability Questions	6
Overview of the Evaluation	7
Evaluation Methods	7
 Part I	 8
Evaluation Question #1: How are the Foundation staff and Board working to accomplish the mission of THFCM through its grantmaking agenda?	8
THFCM’s Grantmaking Agenda and Principles of Grantmaking	8
Capacity Building for THFCM Staff, Board Members, and Grantees	9
Collaboration: A Key to Success	10
Utilization of Data to Make Decisions.....	11
Systemic Changes: Strategies to Ensure Sustainability	12
Summary Evaluation Findings for Evaluation Question #1	13
 Part II	 15
Evaluation Question #2: How are the goals of the Synergy Initiative being accomplished?	15
Overview of the Synergy Initiative	15
Criteria for a Successful Synergy Initiative Grant.....	15
Selection of the Health Care and Health Promotion Synergy Initiative Grantees	16
Table 2: Summary of Funding for Synergy Initiative Grantees	16
Creating Long-Term Impacts: Highlights of Success.....	17
Organization of the Reporting on the Synergy Initiative Grantees.....	18
Central Massachusetts Oral Health Initiative (CMOHI)	20
Overview, Mission, and Goals of the CMOHI	20
Overview and Goals of the OHINCM	21
Overview of TFK.....	21
Overview of CAPPCC.....	22
Evaluation Methods and Data Sources Reviewed for Evaluating the Synergy Initiative 23	23
Format for Reporting Evaluation Data for the Synergy Initiative Grantees	23
Assessment of Synergy Initiative Grantees by Funding Criteria	23
Summary Key Evaluation Findings for Synergy Initiative	42

Part III	44
Evaluation Question #3. How are the goals of the Activation Fund being accomplished?	44
Overview of the Activation Fund.....	44
Great Brook Valley Health Center On-Site Dental Laboratory	45
Southbridge Interfaith Hospitality Network’s Shelter and Social Services for Homeless Families (SIHN).....	46
Family Health Center of Worcester, Inc., Renovation to Establish a School-Based Health Center	46
Connection for Caregivers	47
Pernet Family Health Services Family Partner Program	47
Family Services of Central Massachusetts, Workplace Violence Prevention Program	47
Blackstone Valley Vocational Regional District, Assessment, Intervention and Services for Adolescent Wellness	48
Mt. Wachusett Community College, Practical Nursing Certificate Program at West River Health Center	48
Genesis Wellness Project.....	49
Family Health Center Pharmacy Development Project	50
American Cancer Society, New England Division, Cancer Resources Center	50
UMass Medical School, Center for Mental Health Services and Research, Central Massachusetts Services Study.....	51
UMass Medical School, Center for Adoption Research, Assessing Efficacy of Attachment Therapy	51
Baldwinville Nursing Home, Depot Pond Village – Affordable Community Living Services.....	52
Youth Opportunities Upheld, Adolescent Substance Abuse Treatment Needs Assessment	52
Summary of Key Evaluation Findings for the Activation Fund.....	52
Part IV.....	54
Description of the Board Designated Grants.....	54
Description of Other Public Policy Activities.....	54
Part V	56
The Grantmaking Accountability of THFCM in its First Five Years	56
Health Care and Health Promotion Synergy Initiative	56
Activation Fund	57
Board Designated Grants	58
Public Policy Change.....	58
Continuous Quality Improvement and Growth: Suggestions for Future Consideration and Exploration.....	58
Concluding Comments.....	63
Appendix A	64

Background for this Report

Formally established in 1999, The Health Foundation of Central Massachusetts, Inc. (THFCM) currently has assets of approximately \$58 million which resulted from the sale of Central Massachusetts Health Care, Inc., a physician-initiated, not-for-profit HMO. As a conversion foundation, THFCM is bound to apply the assets to continue serving a similar purpose and population, or geographic area as the original HMO. As a result, THFCM developed this mission: *to use its resources to improve the health of those who live or work in the Central Massachusetts region, with particular emphasis on vulnerable populations and unmet needs.*

To guide the implementation of the mission, the following set of guiding principles were adopted:

- *be cognizant of, and responsive to, the changing health needs of the region;*
- *combine its charitable mission with a commitment to innovation;*
- *hold prevention, education, provision of health services and research as tenets, with a recognition that these concepts are the cornerstone of improving health;*
- *function primarily by awarding grants and may also from time to time initiate its own programs;*
- *endeavor to leverage its resources as a catalyst for positive change; and*
- *use the term "health" in its broadest sense, drawing upon the World Health Organization's definition as "complete physical, mental, and social well-being, and not merely the absence of disease or injury."*

Following from the mission and guiding principles, the initial grantmaking agenda was developed. In order to set the initial grantmaking agenda, the first step entailed an environmental scan of what other health-related programs in the region were funded by the state or area philanthropies. This review enabled THFCM to determine where it could add the greatest value with its limited resources of approximately \$2.5 million a year. As a result, THFCM created the ***Health Care and Health Promotion Synergy Initiative*** through which it intended to distribute approximately 80 percent of its grant funds to a few, 3-5 year projects designed to redress significant health disparities by enhancing systemic access to care and promoting healthier lifestyles with integrated, comprehensive strategies, and also the ***Activation Fund*** through which it intended to distribute approximately 20 percent of its grant funds to support smaller, one-year, discrete projects to generate action beyond the routine. These grantmaking avenues were announced to the region in March 2000 and grants from each fund were first made that year. THFCM also allowed a small portion of its annual grantmaking to be ***Board Designated***, as opposed to solicited, to enable THFCM to participate in opportunistic ventures that did not fit the guidelines for the Activation Fund or the Health Care and Health Promotion Synergy Initiative (Synergy Initiative).

Purpose of this Report

After five years of implementing this initial grantmaking agenda, THFCM has commissioned external evaluators to assess the results and lessons learned. The overall goal of

this evaluation report is to provide an assessment of how effective the Synergy Initiative, Activation Fund, and Board Designated grants and other complementary activities that comprise THFCM's initial grantmaking agenda have been in fulfilling the mission of THFCM. The report assesses the grantmaking accountability of THFCM in its first five years by reflecting on highlights of the grantmaking agenda and is not designed to be a reiteration of details regarding THFCM's strategies or those of their grantees. This report is focused on describing the key accomplishments that are impacting those who live and work in Central Massachusetts. Details of THFCM's activities and those of their grantees can be obtained from the Foundation.

The report can be used by THFCM's staff and Board to provide ideas for continuous quality improvement in future grantmaking. The report will also be useful for stakeholders throughout Central Massachusetts to assess THFCM's contributions thus far to the health of the region. THFCM understands that its work will continuously evolve over the years as it seeks to fulfill its mission-- a mission that, by its very nature can never be fully accomplished. However, making significant progress toward the mission will require continuous investment, evaluation, and an emphasis on systems-level change.

Overview of this Report

At its beginning, THFCM embarked on a set of activities to develop: clear goals, a grantmaking agenda to accomplish the goals, and a process to assess implementation and outcomes. In order to achieve results, THFCM developed a focused grantmaking agenda and a detailed grantmaking process to build capacity to reach results.

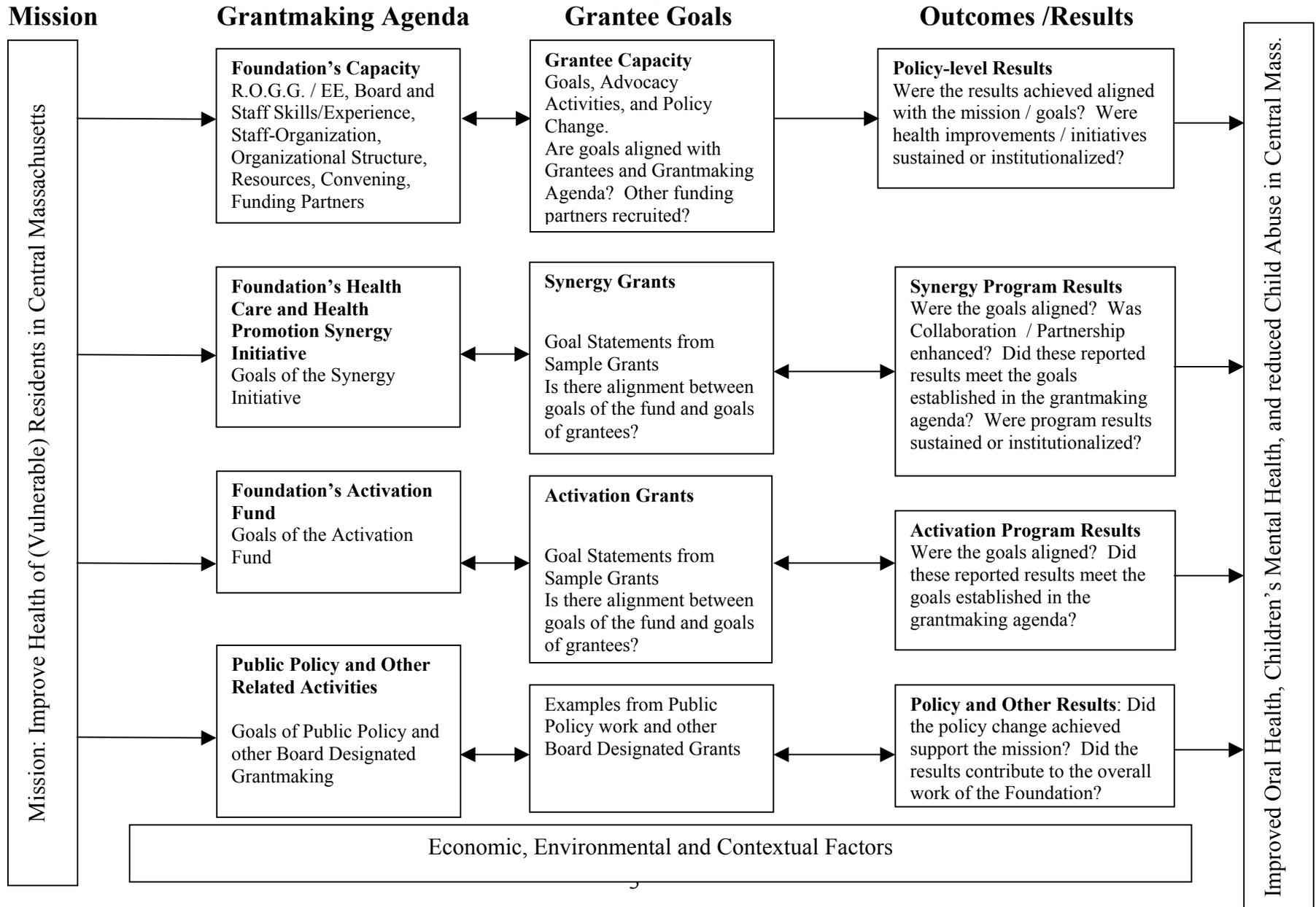
A Logic Model for THFCM

Evaluators look for the links between needs, activities, and desired outcomes in order to determine if the links between these major categories are logical. For this evaluation report, the evaluators developed a logic model (i.e., a conceptual picture of how a program or intervention is intended to work) in collaboration with THFCM staff to assess the process (e.g., activities) and outcomes or results of THFCM's capacity building and grantmaking efforts (See Figure 1). There is a philosophical underpinning of THFCM's approach, or logic model, that stresses the importance of knowledgeable, experienced staff at both the Foundation and the grantee level, and the capacity of the organization receiving funds to provide fiscal management and leadership to the project. Moving from left to right in the logic model, Figure 1 illustrates the logic of THFCM's overall and specific strategies to achieve outcomes.

Figure 1.

**The Health Foundation of Central Massachusetts, Inc.
Report on Results of First Years of Grantmaking 2000- 2005**

Mission: To use its resources to improve the health of those who live or work in Central Massachusetts with particular emphasis on vulnerable populations and unmet needs



The Mission of THFCM

In the first column of Figure 1, the mission takes into account the needs of the community.

THFCM's Grantmaking Agenda

The second column of Figure 1 indicates that there are four aspects of the grantmaking agenda:

- THFCM's Capacity

THFCM uses the Results-Oriented Grantmaking/Grant implementation (ROGG) process to determine grant funding, monitoring of results, and to determine needs for technical assistance. THFCM's Board and staff skills are key components of the THFCM logic model. Data to evaluate THFCM's capacity is provided in Evaluation Question #1, How are the Foundation staff and Board working to accomplish the mission of THFCM through its grantmaking agenda? (Part I)

- Health Care and Health Promotion Synergy Initiative

THFCM developed the Synergy Initiative with the goal of targeting *significant anomalies of poor health status in Central Massachusetts with integrated, comprehensive strategies designed to redress the disparities by enhancing systemic access to care and promoting healthier lifestyles*. Data to evaluate THFCM's Synergy Initiative are provided in Evaluation Question #2, How are the goals of the Synergy Initiative being accomplished? (Part II)

- Activation Fund

THFCM developed the Activation Fund with the goal of providing a *“venture capital” type fund to generate action beyond the routine that fits the Foundation's mission*. Data to evaluate THFCM's Activation Fund are provided in Evaluation Question #3, How are the goals of the Activation Fund being accomplished? (Part III)

- Board Designated Grants

THFCM's Board reserves a small portion of its annual grantmaking budget to allow for the participation in opportunistic ventures that arise and do not fit the guidelines of the Synergy Initiative or Activation Fund. In total during the first five years of grantmaking, THFCM has expended \$916,817 or 9% of its grantmaking on Board Designated opportunities. Part IV of this report includes details of two Board Designated Grants (i.e., Better Ending Initiative, Worcester Education Partnership) that most accurately reflect the scope of this particular funding stream.

- Other Public Policy Activities

From time to time, THFCM supports public policy change that complements its grantmaking and mission. THFCM has been engaged in public policy to catalyze systems change to accomplish its mission. Highlights of these activities are also provided in Part IV of this report.

Grantee Goals

The third column of the figure indicates the alignment of grantee goals and activities with THFCM’s grantmaking agenda.

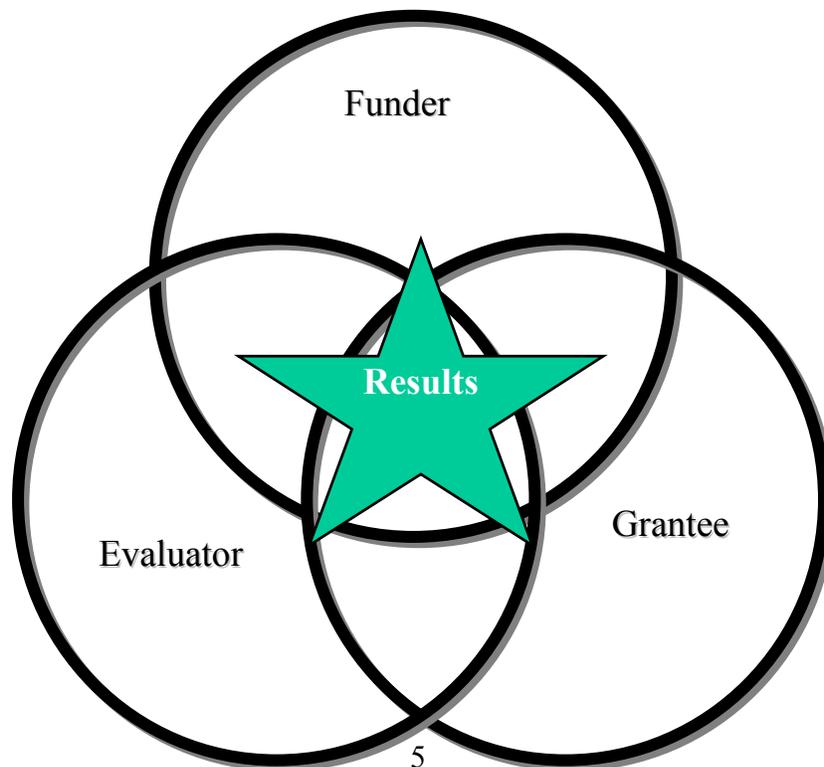
Outcomes/Results

The fourth column represents the outcomes and results of THFCM’s agenda and activities. The evaluation of grantees’ goals and outcomes/results are examined in the evaluation questions that correspond to the grantmaking agenda.

Results-Oriented Grantmaking/Grant Implementation (ROGG)

THFCM refined the use of the Results-Oriented Grantmaking and Grant-Implementation (ROGG) system to incorporate results-based accountability concepts and practices into program development, implementation, and evaluation of the grantmaking process. The ROGG accountability system depends on a partnership among the funder, evaluator, and grantee working together to achieve results. This is symbolized by cooperative and somewhat overlapping relationships among the partners (see Figure 2).

Figure 2. ROGG Partnership Model



The ROGG system utilizes ten accountability questions to guide grantees through a comprehensive process that addresses planning, implementation, and evaluation issues to help reach results. Addressing the ten questions involves a comprehensive approach to results-based accountability that includes evaluation and much more. It includes: needs and resource assessment, identifying goals, target populations, desired outcomes (objectives), science and best practices, logic models, fit of programs with existing programs, planning, implementation with fidelity, process evaluation, outcome evaluation, continuous quality improvement, and sustainability (Table 1).

Table 1. Getting to Outcomes Accountability Questions

Accountability Questions	Strategic Planning/Evaluation Focus
1. What are the underlying needs and conditions that must be addressed?	<i>Needs, Assets/Resources Assessment</i>
2. What are the goals, target population, and objectives (i.e., desired outcomes)?	<i>Goal Setting</i>
3. Which science-(evidence) based models and best practice programs can be useful in reaching the goals?	<i>Consult literature & promising practice programs</i>
4. What actions need to be taken so the selected program/intervention “fits” the community context?	<i>Feedback on comprehensiveness and fit of program</i>
5. What is the plan for this program/intervention/policy change?	<i>Planning</i>
6. What organizational capacities are needed to implement the plan?	<i>Organization capacities</i>
7. Is the program/intervention/policy change being implemented with quality?	<i>Process Evaluation</i>
8. How well is the program/intervention/policy change working?	<i>Outcome and Impact Evaluation</i>
9. How will continuous quality improvement strategies be included?	<i>Lessons Learned</i>
10. If the program/intervention/policy change is successful, how will it be sustained?	<i>Sustainability Plans</i>

The ROGG system consists of a series of tools that incorporate the ten accountability questions in varying degrees of specificity. The Synergy Initiative grantees are provided training and technical assistance in the ROGG process by THFCM staff. This helps to ensure that each of the Synergy Initiative grantee’s planning, implementation, and evaluation strategies incorporate the critical elements of accountability.

Overview of the Evaluation

In order to examine how THFCM staff and Board are accomplishing the Foundation's mission, the evaluators reviewed data to provide evaluative statements about key variables necessary to accomplish the mission, such as THFCM's:

1. grantmaking agenda;
2. principles of grantmaking;
3. specific actions to build the capacities of staff, Board members, and grantees;
4. level of collaboration with other funders;
5. use of evaluation data and information for improvement; and
6. focus on public policy and systems-level changes.

The evaluation design assessed the logic model in terms of three evaluation questions:

Evaluation Question #1: How are the Foundation staff and Board working to accomplish the mission of THFCM through its grantmaking agenda?

Evaluation Question #2: How are the goals of the Synergy Initiative being accomplished?

Evaluation Question #3: How are the goals of the Activation Fund being accomplished?

Evaluation Methods

In order to assess Evaluation Question #1, the evaluators reviewed archival information from the annual reports, Board meeting and annual strategic planning session minutes, and interviewed the THFCM President and Vice President for Programs, and gathered information from THFCM's website. In order to assess Evaluation Questions #2 and #3, the grant reports from the grantees were reviewed. Because THFCM uses the ROGG process, each of the grants had submitted reports about their process activities and their results. Detailed evaluations were provided for the Synergy Initiative grants and these reports were reviewed for this report. The Activation Fund summary reports were also reviewed. In order to assess the sustainability of the catalytic roles of the Activation Fund grants, a short survey was developed and sent to the 15 grantees that had received grants in 2000-2002. The results of the Activation Fund grants are reported in Part III of this report. Part IV of this report includes information about the Board Designated Reports and information about Other Public Policy Initiatives. Part V includes the Conclusions and offers considerations for improvement.

This report is focused on describing the critical accomplishments of THFCM and its grantees by highlighting efforts to improve specific health conditions of those who live and work in Central Massachusetts. It is important to note that this report reflects the highlights of the first five years of THFCM's grantmaking and is not designed to be a reiteration of details regarding THFCM's strategies or those of their grantees. Details of THFCM's activities and those of their grantees can be obtained from THFCM as well as in the yearly evaluation reports of the Synergy Initiative grantees and in the grant summary reports of those who received funding.

Part I

Evaluation Question #1: How are the Foundation staff and Board working to accomplish the mission of THFCM through its grantmaking agenda?

THFCM's Grantmaking Agenda and Principles of Grantmaking

In 1999, THFCM hired a highly-regarded health philanthropy consultant, Dr. Denis Prager, to facilitate the planning for THFCM's grantmaking agenda and the strategic plan. The grantmaking agenda was finalized after a thorough review of the existing grantmaking resources in Central Massachusetts in order to determine how THFCM could fill a "funding niche," or add the greatest value in the region with its grants. The guiding principles of THFCM (listed in the Background Section of this report) distinguished the THFCM from other funders in the geographic area by ensuring that its agenda and grantmaking were based on solid principles that would increase the likelihood that improvements in health would be sustained over time. By defining the term "health" in its broadest sense, THFCM could consider funding a broad range of health issues, beyond a more limited scope of "health care". In addition, focusing on prevention ensured that a comprehensive set of strategies would be applied to alleviate the health concern. Also, THFCM chose to respond to health issues identified by the community, rather than to state its preferences for funding. For example, THFCM accepted and funded applications in which members of the community presented data to show the specific health needs in the region. The strong emphasis on oral health is a good example of this. Clearly, the extent of the oral health crisis would not have been apparent (or even assessed) in a traditional, health needs assessment process because the Massachusetts Department of Public Health did not collect data on oral health status at that time.

THFCM announced its grantmaking agenda and application process in March 2000 at Mechanics Hall with over 500 attendees, representing 301 organizations. In addition, nine applicant workshops were held throughout the region and attracted 284 attendees, representing 194 organizations. In combination, attendees at both the event and a workshop represented 381 unduplicated organizations. Countless individuals and organizations were given THFCM's grantmaking guidelines brochure as staff met with various interested applicants and groups in the throughout the region. Details about the progress and outcomes of the successful grant applicants are presented throughout this report.

The development and utilization of core principles in grantmaking is a "best practice" strategy for any funder to ensure a focus on quality (e.g., several multi-year grants) over quantity (e.g., many smaller grants). Specifically, THFCM's grantmaking agenda was designed to ensure that the THFCM's Synergy Initiative grantees would implement best practice interventions and evidence-based strategies (including administrative and public policy changes) that would lead to systemic change. The evaluators' review of numerous documents indicates that THFCM accomplished this in a variety of ways. First, THFCM ensured that they hired well-credentialed and experienced staff to ensure high quality functioning within THFCM and in the provision of technical assistance among its grantees. Second, THFCM committed to provide funding for four

projects over a sustained period of time (e.g., 3 to 5 years), provided that the grantee demonstrated adequate progress. Third, there was an emphasis on ensuring sustainability by requiring a comprehensive three-phase, results-oriented grantmaking process: 1) planning phase, 2) pilot phase, and if successful, 3) a full implementation phase. In each phase, there was an emphasis on high quality planning, implementation, and evaluation including specific plans for data collection, analyses, and sustainability.

Capacity Building for THFCM Staff, Board Members, and Grantees

In the first five years, THFCM provided opportunities to build the capacities of the staff, the Board members, and its grantees to accomplish the mission of THFCM. Specifically, *THFCM staff* engaged in professional development activities such as participating in conferences, presenting at workshops, and writing professional publications (e.g., case study chapter in Empowerment Evaluation Principles in Practice). These opportunities increased the likelihood that staff would develop new skills and expertise in their field and promote achievement and scholarship in ways that will be useful to their professional field.

THFCM staff is able to build its capacity by collaborating with local, state, and national partners through participation and consultation to other grantmakers. For example, staff participate in regional funders' networks, local and state conferences, and a variety of community events to promote health. In addition, THFCM staff are active members of and participate in the Grantmakers in Health (GIH) organization. Specifically, Dr. Yost presented on THFCM's approach to grantmaking at the GIH annual conference in February 2005, and Mrs. Smith presented on the Together for Kids initiative at a children's mental health forum held by GIH in May 2005. In the past six years, Dr. Yost presented at five annual conferences of the American Evaluation Association discussing THFCM's approach to grantmaking, the focus on evaluation, and strategies for continuous quality improvement and sustainability.

THFCM's Board members engaged in capacity building activities such as professional development (e.g., attended workshops, presentations, conferences, etc.) training events (e.g., advocacy training, evaluation, etc.) and involvement in local, statewide, and national meetings and conferences (e.g., Health Policy Conversations, Grantmakers in Health, etc.). These opportunities allowed Board members to become aware of issues related to achieving THFCM's mission and to ensure that the Board makes strategic decisions necessary for THFCM to accomplish that mission. THFCM also works to build the capacities of its staff and Board members by ensuring that they attend conferences in their specific areas of expertise. Examples of this include members of the Investment Committee and the CEO and CFO attend 2-3 investment seminars a year.

For THFCM's grantees, there has been a concerted effort to develop their capacities in a variety of ways. These include strategies to improve grantees' planning, implementation, and evaluation skills as well as opportunities to ensure their programs/initiatives are sustained over time (e.g., training in public policy, etc.). THFCM staff work most closely with the Synergy Initiative grantees in capacity building activities. Specifically, staff frequently attend the committee meetings of the Synergy Initiative grantees, provide technical assistance on the quarterly reporting requirements for THFCM, and keep abreast of the research and funding

opportunities in each area (e.g., child abuse prevention, oral health, etc.). Most importantly, THFCM staff work closely with the grantees to actively participate in the ongoing “cycles of reflection and action” and to facilitate “real-time” decision making in order to implement any needed changes that have become apparent.

In March 2004, THFCM hosted a series of workshops for its staff and Board members, grantees, and local project evaluators. Drs. Imm and Wandersman presented three separate workshops in order to increase the capacity of the audiences for planning, implementation, and evaluation. They presented a Funders’ Workshop that included strategies for promoting accountability that was attended by 16 trustees representing eight local foundations. Drs. Imm and Wandersman presented a session on empowerment evaluation to 54 non-profit leaders representing 42 organizations throughout Central Massachusetts. The evaluation of the workshop indicated that more than two-thirds of the respondents indicated were “very satisfied” with both the content and the presentation. The workshop series concluded with Drs. Imm and Wandersman participating in a luncheon with professional evaluators hosted at THFCM. Sixteen professional evaluators, representing 12 universities and consulting firms met for an informal conversation about empowerment evaluation, thus fulfilling THFCM’s purpose of developing a pool of potential evaluators to partner with the Foundation on future grants. Each participant received a complimentary copy of the book *Empowerment Evaluation Principles in Practice*, 2005, which includes a case study of the Child Abuse Prevention and Protection Collaborative’s (CAPPC) experience with empowerment evaluation. The chapter was co-authored by the evaluators of CAPPC in collaboration with THFCM staff and CAPPC project staff.

Collaboration: A Key to Success

THFCM emphasizes collaboration with other funders in order to increase the resources available to its grantees to achieve results and to help ensure that their grantmaking efforts would be sustained over time. This included establishing relationships with other foundations and community organizations as well as co-funding community initiatives, such as Common Pathways, with several funders including the Greater Worcester Community Foundation and the United Way of Central Massachusetts. THFCM staff also encouraged and often assisted Synergy Initiative grantees in obtaining grants from other funders. In addition, THFCM staff monitor the funding partner support through an internal document, Report on Funding Partners (June 2002 – June 2005), which each Synergy Initiative grantee receives.

To date, the amount of additional support obtained for the Synergy Initiative grantees exceeds \$4 million, which is a significant amount when compared to the \$7.5 million provided to them by THFCM.

Over the five years, the Central Massachusetts Oral Health Initiative (CMOHI) secured over \$2.2 million from other funders including the W.K. Kellogg Foundation and the Robert Johnson Foundation, the two largest health care funders in the country. So, these funding partners not only brought additional assets to further the grant project, but their reputation also enhanced the reputation of the grantee and THFCM. In addition, the Oral Health Initiative in the North Central Massachusetts (OHINCM) attracted over \$1.2 million from other funders. The

Together for Kids (TFK) initiative secured nearly \$200,000 from other funders, and the Child Abuse Protection and Prevention Collaborative (CAPPC), over \$750,000 from other funders. THFCM's strategy of systematically working to attract additional funders was a strategic decision made during the economic downturn and has definitely proved to be a success!

One example of how THFCM collaborates is their participation in the statewide MassHealth Funders Network that is coalition of approximately 8-10 health-related funders in the state. Although a primary purpose of the Network is to provide networking and collaborative opportunities, this group has worked together to co-fund specific projects. In 2002 when the state's revenues had declined and government funded programs were being cut, each organization contributed \$5,000 to commission a comprehensive Medicaid report, *MassHealth: Dispelling Myths and Preserving Progress*, to inform the decision-making process. In this circumstance, it was not likely than any one individual funder would have commissioned this report and it certainly received greater attention because it was jointly funded.

Utilization of Data to Make Decisions

There is evidence that THFCM uses data and information in order to improve their strategies and their grantmaking. THFCM has extensive documentation about decisions that are made and how data informs those decisions. Sample documentation that highlight this process are minutes of meetings (e.g., Board meetings, grantee meetings, etc), the CEO's annual reports, updates on the progress of THFCM's goals and objectives, a Grantmaking History Report, and a systematic review and refinement of the 5-year strategic plan. Several examples of how THFCM utilized data and information to improve its own strategies included closing the Activation Fund when the monetary assets declined in order to maintain the commitment to multi-year Synergy Initiatives and discontinuing the Recognition Awards based on feedback from the formative evaluation. Another example of mid-course refinements was the Board's decision to provide advocacy training and coaching to itself, THFCM staff, and the Synergy Initiative grantees in order to facilitate the goal of systemic change.

In early 2001, THFCM contracted with Drs. Pamela Imm and Abraham Wandersman to conduct a formative evaluation of THFCM's grantmaking process. The evaluation plan included gathering information from grantees (and potential grantees) through surveys and focus groups with community agencies/organizations (including funders) and interviews with THFCM staff. Data from the formative evaluation suggested that the majority of the community agencies/organizations perceived THFCM to be effective in developing a comprehensive grantmaking agenda while also implementing a grantmaking system that promoted accountability. In that report, the evaluators made specific recommendations for improvement that THFCM implemented. Several of these included a review of the goals of and the need for the annual Recognition Awards, taking steps to clarify the roles of THFCM staff who attend meetings with grantees, and increasing the community's awareness of the Board of Directors, their roles, and the levels of diversity (e.g., geographic, ethnic/cultural, etc.).

One tenet of THFCM is that they are willing to turn the process of demonstrating accountability onto themselves. That is, if they expect a grantee to collect and examine evaluation data, THFCM believes they should willingly accept this responsibility as well. This

strategy that promotes self-accountability is not very common among funders. As a result, THFCM may be perceived as having unusually high expectations in the areas of planning, implementation, and evaluation. However, the strategy to “turn the table on themselves” represents the importance of accountability at all levels—one that is not regularly practiced in the grantmaking profession (e.g., foundations often expect grantees to gather evaluation data but do not usually gather it for their own internal processes). In addition, THFCM staff and Board members review the progress of the strategic plan annually (held in October and confirmed with the budget approval in December of each year) along with numerous grantmaking reports. Clearly, the infrastructure and practices of THFCM ensures a continual review of data and information in order to make data-driven decisions.

Because it emphasizes results-oriented grantmaking, it is expected that THFCM as well as its grantees will capture process and outcome evaluation data and will use that information to improve their strategies. The Synergy Initiative grantees do this in a variety of ways that are described in Part II; this information for those receiving funding from the Activation Fund is provided in Part III of this report. Several ways that THFCM captured process data over its first five years included tracking specific activities, documenting decisions made, and contracting for an independent formative evaluation after its first year of grantmaking.

NOTE: One strategy to track THFCM’s activities is the utilization of web-based technology to post information about THFCM as well as to monitor communities’ responses to and inquiries of THFCM. This allows THFCM to monitor communities’ interests in THFCM activities and grants by using software that can monitor, sort, and analyze “hits” to THFCM’s website. For example, THFCM provides information about its grantmaking activities on a monthly basis and tracks how many respondents actually open the email or show an interest in the topic (i.e., by clicking on the link).

Results analyzed by THFCM indicated that users most frequently respond, by opening an email, to postings regarding children’s’ mental health. In addition, THFCM has noted that there is a slight increase in hits to its website after it posts information about its grantmaking. This strategy of utilizing web-based technology ensures that fairly accurate information is captured which allows THFCM to make improvements in their strategies based on generally valid data.

Systemic Changes: Strategies to Ensure Sustainability

The conceptual model of THFCM includes the accomplishment of goals utilizing prevention strategies and access to care strategies that are complemented by legislative strategies to achieve systemic change. The latter takes advantage of THFCM’s 501c(4) tax status, as the IRS allows “social welfare organizations” to lobby, and the Massachusetts Attorney General agreed to allow THFCM to lobby according to the same parameters as the IRS allows public charities to lobby. If THFCM had instead converted to 501(c) (3) status, it would have become a private foundation, and therefore, could not lobby. This is particularly relevant to the Synergy Initiative grantees because they are highly involved in promoting systems change through a public policy agenda.

THFCM is committed to ensuring a focus on public policy change because of their desire to sustain the health improvements that occur as a result of their grantmaking. In its first five years, THFCM promoted an advocacy agenda for its Synergy Initiative grantees and a few selected policy changes that complemented THFCM's mission. With its ability to support advocacy and to lobby, THFCM applied that asset to build strategic policy changes into its work. In order to build the advocacy skills of THFCM's staff, Board, and Synergy Initiative grantees, THFCM contracted for the past two years with The Public Policy Institute to provide Advocacy Skills Training and coaching in the area of policy change.

One major aspect of THFCM's approach to grantmaking is its strong focus on public policy and systems-level changes necessary to sustain best practice interventions. From a community change perspective, this is where the most meaningful outcomes will occur because the focus on policy-level changes ensures that institutional change (e.g., administrative, legislative, etc.) will have a direct impact on individuals, families, and communities.

During the first five years of grantmaking, THFCM earned distinction for its advocacy work, particularly as it relates to systems change in order to sustain best practices developed by the Synergy Initiative grantees. In addition to broadening its reputation at the state and national level, THFCM generated significant media coverage of its advocacy work and systemic changes that have benefited those who live and work in Central Massachusetts. For example, in order to substantially increase access to dentists for low-income children and adults, there has been wide media coverage about the recommended changes to MassHealth, the Massachusetts Medicaid program. This coverage includes proposed policy and administrative level changes such as increased reimbursements rates for dentists, outsourcing the administration to a third-party administrator (TPA), and allowing dentists to set their own MassHealth caseloads.

Summary Evaluation Findings for Evaluation Question #1

How are the Foundation staff and Board working to accomplish the mission of THFCM through its grantmaking agenda?

Reviews of grant summary reports, evaluators' observations, and interviews with THFCM staff indicate that THFCM has distinguished itself as a Foundation that is focused in its grantmaking, systematic in its implementation, and innovative in how it works with the community, its grantees, and other funders. THFCM's utilization of consultants in the strategic planning and annual review process for the first three years helped to ensure that THFCM adhered to its core principles, stayed focused in its approach to grantmaking, and utilized specific criteria when making funding decisions. THFCM's strategy of inviting members of the community to bring forth data showing the area's health needs is rather unique for a strategic grantmaker, because typically, foundations designate particular issues to fund (e.g., youth violence, AIDS, etc.). The fact that all of the Synergy Initiative grantees were able to successfully complete the grantmaking process and are "on track" toward sustainability of their efforts suggest that THFCM's grantmaking process has been successful toward achieving its

mission. In addition, the THFCM's Board has been strategic in deciding to invest heavily in a few large grant projects and to provide these projects with adequate funding for training, evaluation, and lobbying/advocacy expertise in order to contribute positively to the health status of the region.

The emphasis on capacity building of THFCM staff, Board members, and the grantees is also a unique situation because many foundations do not strategically invest time and money for capacity-building activities. For example, the strong emphasis on promoting a public policy agenda for the Synergy Initiative grantees required that THFCM invest in providing training and technical assistance to the grantees in order to build capacities that would increase the likelihood of success. THFCM is committed to ensuring a focus on public policy change because of their desire to sustain the health improvements that occur as a result of their grantmaking.

Collaboration with other partners and funders has proved to be extremely successful during the first five years of grantmaking. To date, over \$4 million dollars from outside support (e.g., funders) has been secured to support the work of the Synergy Initiative grantees. This amount of partnership support is significant and highlights the degree to which THFCM staff, the Board, and its Synergy Initiative grantees have worked to build partnerships, remained focused in its grantmaking, and expected high-quality work from everyone involved. The fact that the Board remained committed to fund and support four large-scale initiatives (oral health, child abuse, preschool mental health) over a 3-5 year time period time is significant in that achieving meaningful systemic changes requires a long-term commitment of sustained energy, effort, and funding.

Part II

Evaluation Question #2: How are the goals of the Synergy Initiative being accomplished?

Overview of the Synergy Initiative

The initial strategic plan developed in 1999 ensured that THFCM would focus on funding a few large multi-year grants in key health areas that could be sustained over time. Over the first five years, this fund, the Health Care and Health Promotion Synergy Initiative, provided funding for four grantees in the areas of oral health, child abuse prevention, and preschool mental health. Each of these grantees completed THFCM's results-oriented grantmaking process that included evidence of success in a planning and pilot phase before being awarded a longer-term (e.g., 3 –5 years) implementation grant.

Criteria for a Successful Synergy Initiative Grant

In order to receive funding from THFCM's Health Care and Health Promotion Synergy Initiative, potential grantees completed a successful planning and pilot phase, participated in technical assistance sessions with THFCM, and were successful at addressing the following criteria in their grant proposal:

1. **Significance of the problem:** Grantees presented data and information highlighting a significant community health issue in terms of scope and seriousness in an underserved population.
2. **High level of integration:** Grantees demonstrated an integrated, interdisciplinary, and comprehensive approach to the problem being addressed that includes public health (e.g., prevention) and medical (e.g., intervention) strategies. There was evidence of significant and effective collaboration and partnership among agencies, organizations, and public and/or private co-funders.
3. **Soundness of the approach:** Grantees proposed strategies that showed an in-depth understanding of the issue, knowledge of "best practices" for implementation, and a strong connection with the community including meaningful involvement of the intended target population in the development of the grant proposal and planning for implementation.
4. **Capacity for enduring systems change:** Grantees demonstrated that the proposed approach could bring about long-term changes in the systems, policies, and practices that directly influenced the conditions affecting the health problem.
5. **Potential for Impact:** Grantees and the proposed fiscal agencies demonstrated their capacity to implement the program (and the related strategies) effectively.
6. **Potential for Replication:** Grantees indicated that the proposed approach could be replicated elsewhere.
7. **Quality of the Evaluation Plan:** Grantees presented a comprehensive evaluation strategy for assessing the effectiveness and impact of the approach and outlined how lessons learned would be applied and used.

8. **Exit Strategy:** Grantees explained methods to deal with the eventual phasing out of THFCM funding.

Selection of the Health Care and Health Promotion Synergy Initiative Grantees

In the early strategic planning meetings, it was decided that THFCM would accept applications generated by the community, rather than soliciting applications for issues identified by THFCM. However, the potential grantees would have to qualify and address the criteria in the 1-8 points above with at least moderate level of success. In some cases, it was suggested that a potential grantee would “fit” much better in another fund, such as the Activation Fund. In this case, training and technical assistance was still available from THFCM.

The decision to fund the four Synergy Initiative grantees was based on a variety of factors including the demonstrated need for the project, the commitment of the lead nonprofit agency to provide adequate fiscal and programmatic oversight, and the demonstrated successes in the planning and pilot phases. Because the Synergy Initiative required significant collaboration, the four grantees developed a new coalition or built on an existing one during the planning and pilot phase. The four Health Care and Health Promotion Synergy Initiative grantees awarded including the planning, pilot, and implementation funds are presented below in Table 2.

Table 2: Health Care and Health Promotion Synergy Initiative Grantees

Grantee Name	Fiscal Agent	Current Year	Amount awarded from THFCM
Central Massachusetts Oral Health Initiative (CMOHI)	UMass Medical School	Planning: 11/00-11/01 Pilot: 7/01-8/02 Imp Yr1: 9/02-8/03 Imp Yr2: 9/03-8/04 Imp Yr3: 9/04-8/05 Imp Yr4: 10/05-9/06	\$161,496 \$968,896 \$518,089 \$454,534 \$439,436 \$394,725
Oral Health Initiative of North Central Mass	Montachusett Opportunity Council, Inc.	Planning: 1/01-4/02 Pilot: 4/02-6/03 Imp Yr1: 7/03-7/04 Imp Yr2: 7/04-6/05 Imp Yr3: 7/05-6/06	\$ 81,360 \$591,768 \$320,771 \$331,827 \$350,371
Child Abuse Prevention/Protection Collaborative	Community Healthlink, Inc.	Planning: 1/01-11/02 Pilot- Yr1: 11/02-11/03 Imp Yr2: 11/03-11/04 Imp Yr3: 1/04-11/05 Imp Yr4: 11/05-11/06	\$ 98,750 \$331,894 \$398,653 \$373,153 \$399,378
Together for Kids	Youth and Family Services/Community Healthlink Award currently pending	Planning: 1/01-11/02 Pilot: 11/02-11/03 Imp Yr1:11/03-11/04 Imp Yr2:11/04-11/05 Imp Yr3:11/05-11/06	\$ 72,367 \$238,745 \$275,000 \$299,284 \$350,000

Summary of Funding for Synergy Initiative Grantees:

Since beginning grantmaking in 2000 and projecting through the end of 2005, THFCM anticipates a total of \$9,808,235 in grant awards. The initial strategic plan designed in 1999 specified that 80% of grants funds would be invested through for the Health Care and Health Promotion Synergy Initiative and that objective has been essentially accomplished with 77% or \$7,480,457 supporting four multi-year grants. Nearly half (47%) of THFCM's total grant portfolio has supported oral health projects, 17% has supported child abuse prevention/protection, and 20% has supported mental health, with most funding for children's mental health.

Creating Long-Term Impacts: Highlights of Success

In addition to implementing best practice interventions, the Synergy Initiative grantees were required to identify public policy priorities and to develop a legislative agenda to address those priorities. By integrating public policy strategies into their work, the grantees would have an increased likelihood that their efforts would result in long-term systems change after THFCM's funding ended. To begin this process, each of the grantees convened a public policy or legislative committee as part of their larger coalition or partnership. The grantees were assisted in their efforts through technical assistance from THFCM and by attending training sessions on issues related to public policy, lobbying, and advocacy. These training sessions were organized by THFCM at no additional cost to the grantees. Judith Meredith, Executive Director of The Public Policy Institute, facilitated Advocacy Skills Training for THFCM's Board, and training and coaching for a core group of leaders from the four Synergy Initiative grantees and THFCM staff. Information from the training assisted in the development of the legislative and advocacy agendas of each Synergy Initiative grantee, and ongoing coaching is being provided to the grantees and to THFCM staff and the Board.

THFCM staff provided extensive information and technical assistance for the Synergy Initiative grantees in the area of systems-level change. Over the five years, success occurred in a variety of ways. For example, the CMOHI and OHINCM have joined efforts with the statewide Oral Health Advocacy Task Force, to change public policies in order to prevent dental decay and to improve access to dental services for vulnerable populations. One important policy change they are seeking is to extend fluoridation statewide. In addition, there is legislation for a \$58 million restoration in funds for adult dental health benefits that were cut during the economic downturn in 2001-2002. In July 2005, \$4 million was restored by the state legislature to provide MassHealth adult dental benefits to pregnant women and new mothers. In late November 2005, both the Massachusetts House and Senate approved the restoration of comprehensive dental benefits for all MassHealth eligible adults as a part of the health reform legislation under consideration by the legislature; approval is anticipated by early 2006. Lastly, additional legislation to help improve access has been won. This year's House, Senate, and Governor's budgets, approved in July 2005, included "caseload capacity" as an outside section allowing dentists to determine how many MassHealth patients they will accept. Legislation filed by state Senator Harriette L. Chandler and Representative Vincent Pedone, and approved in July 2004 also required the state to study the costs of using a Third-Party Administrator (TPA) for the

MassHealth dental program and to report back to the legislature in January 2006 as to the cost and benefits of a TPA. According to dentists in private practice, the TPA and the caseload capacity are essential to their participation in MassHealth.

Other areas of significant public policy and systems level changes include legislative agendas regarding children's mental health and child abuse prevention. Over the last several years, the Together for Kids Coalition (TFK) developed interventions to address children's challenging behaviors in preschool, to promote children's positive social and emotional development, and to reduce preschool expulsions. This is most relevant since a Yale Child Study revealed that Massachusetts ranked 9th in the nation for expelling children in preschool for behavioral issues. In order to improve the quality of early education and child care programs in Massachusetts, the state established a new Department of Early Education and Care as a free standing state agency with its own Board of Directors that will oversee all licensing and child care services and consolidate state funded programs to support early childhood education in one agency. TFK has used the findings of its research and evaluation to advocate for social and emotional development to be included as a part of the core mission of this new agency. Members of TFK helped to rewrite the legislation defining the new agency's authority to include social and emotional development and the provision of mental health consultation services. THFCM in collaboration with TFK and others continue to lobby for mental health consultation and reimbursement through the state with Medicaid and other private insurers (e.g., for consultation services other than face-to-face time, such as meetings and family consultation).

The Child Abuse Prevention/Protection Collaborative (the Collaborative) is advocating to implement one of its priorities in the legislature, a statewide expansion of Shaken Baby Syndrome (SBS) Prevention to all new parents in Massachusetts. Recently, this effort resulted in the Massachusetts Department of Public Health (DPH) hiring a full-time SBS coordinator to provide leadership in coordinating a statewide SBS prevention education program. The Collaborative has also partnered with statewide leaders to promote a variety of bills such as codifying the Sexual Assault Nurse Examiners (SANE) for adults and pediatric patients, which the legislature recently supported with \$1 million in state funding. The Collaborative has a well-defined policy agenda, and in collaboration with partners such as Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), that also includes a statewide evaluation of future efforts to seek funding for the Family Outreach Network's Connecting Families program statewide.

THFCM has worked with its Synergy Initiative grantees to develop and implement comprehensive approaches to improve the health of vulnerable populations through public policy, administrative, and legislative changes.

Organization of the Reporting on the Synergy Initiative Grantees

The next section of this report highlights the specific details of the four Synergy Initiative projects: Central Massachusetts Oral Health Initiative (CMOHI), Oral Health Initiative of North Central Massachusetts (OHINCM), Child Abuse Prevention/Protection Collaborative (CAPPC), and Together for Kids (TFK). Each Synergy Initiative grantee has adequate resources for

evaluation, and utilized expert evaluators to assist in the completion of detailed evaluation reports.

This section of the report is designed to highlight the significant progress that each Synergy Initiative grantee has accomplished. Specific details of the activities of each year can be found in the yearly evaluation reports. After a brief description of each Synergy Initiative grantee, the authors utilize THFCM's eight criteria of a successful Synergy Initiative grant application (beginning on Page 15). Because the grantees should continue to make progress over time on these criteria, it seemed relevant to present their progress according to these criteria. For each criterion, there is at least one example of a significant accomplishment for each of the four Synergy Initiative grantees.

Central Massachusetts Oral Health Initiative (CMOHI)

Overview, Mission, and Goals of the CMOHI

The CMOHI began and continues under the leadership of Dr. John Gusha, a dentist with a private practice in Holden who had seen the extent of dental and oral diseases in the uninsured. He witnessed these disease processes while voluntarily conducting dental outreach for a church. Feeling the need to take action, he began researching the extent of this problem in Central Massachusetts and won the support of the Worcester District Dental Society to find ways to address the issue. Dr. Gusha then approached THFCM about collaborating to address issues related to dental and oral diseases.

A major focus for the work of the CMOHI is targeted toward those who do not have access to oral health screening, referral, and care. The CMOHI is a coalition of community-based organizations that includes a Steering Committee comprised of representatives from the private dental community and community-based agencies. The Steering Committee, which is primarily comprised of CMOHI providers, meets bi-monthly and is responsible for oversight of the coalition. Several subcommittees also exist including an Advocacy Subcommittee, a Graduate Dental Residency Subcommittee, and a Worcester Public Schools and Planning Subcommittee. Ad hoc committees are formed as necessary. Since its inception, CMOHI has a mission that is two-fold:

***To increase access to oral health services for those on MassHealth or the uninsured who cannot obtain services in Central Massachusetts; and
To serve as a role model for oral health services that can be replicated across the state and thus increase access to oral health services statewide.***

The mission has remained constant throughout the five years that CMOHI has existed. In the planning phase, CMOHI developed specific goals to address its two-fold mission: The goals are:

- 1) To provide public education about oral health issues and the importance of fluoride.
- 2) To increase legislative and regulatory support of policies to increase oral health services to MassHealth and the uninsured.
- 3) To decrease the number of children with dental caries through education of good oral health practices, the application of sealants, and referral to dentists for treatment of caries in an earlier stage of disease onset.
- 4) To increase the pool of dentists caring for or accepting MassHealth members and the uninsured.

These goals have been refined with additional strategies but remained constant throughout the pilot and implementation years of CMOHI and reflect a comprehensive approach (integrating prevention and intervention strategies) while also addressing needs of an underserved population across the lifespan (e.g., children to adults to the elderly). During the planning and pilot phase, CMOHI developed and finalized objectives and specific strategies to achieve the goals.

Oral Health Initiative in North Central Massachusetts (OHINCM)

Overview and Goals of the OHINCM

THFCM provided a small grant to assist the Joint Health Coalition in North Central Massachusetts to determine its top priority issue. With the lack of dental services for vulnerable populations named as the most critical need, the OHINCM was initiated with a planning grant under the Synergy Initiative. The OHINCM developed and finalized four goals during their planning and pilot phases of their grants. These included:

- 1) To increase the availability of and access to dental health services (including primary preventive services) for low-income individuals and others who have substantial difficulty accessing dental care.
- 2) To decrease the incidence and prevalence of dental caries in North Worcester County, with a particular emphasis on children.
- 3) To raise community awareness of the importance of oral health, preventive strategies for maintaining good oral health, and methods of accessing services, especially among parents with youth children.
- 4) To influence legislative action and regulatory policy for statewide support of enhanced oral health initiatives.

Together for Kids (TFK)

Overview of TFK

Many 3, 4, and 5 year-old children in preschool environments exhibit challenging behaviors that are so disruptive that they lead to children being *expelled from preschool*. A needs assessment conducted by the Together for Kids Coalition in Worcester found that 3.1% of children in four local day care centers (enrolling over 300 children) were so disruptive that they were expelled or would have been expelled if the parents had not withdrawn the child, and that an additional 14% were at risk of expulsion. This clearly indicates a very sizable problem for the children with challenging behaviors, their families, and the other children in the classes with them. There is a clear need for early screening, assessment, and intervention to address challenging behaviors early on by working with teachers and centers on how to identify children with challenging behaviors, integrating effective classroom management strategies, and working with their families around parenting skills.

The underlying premise of the Together For Kids (TFK) is that “through coordinating services, including mental health services, for our youngest children, we can prevent many long-term problems, intervene in challenging behaviors, document effective strategies through research, and achieve substantial and lasting positive outcomes”. Throughout the planning, pilot and two implementation years, TFK designed and implemented a comprehensive, integrated model of early identification and consultation to prevent mental health problems in preschool age children.

Child Abuse Prevention and Protective Collaborative (CAPPC)

Overview of CAPPC

The Child Abuse Prevention and Protection Collaborative (“The Collaborative”) is a partnership of parents, community-based agencies and state organizations established with the mission of engaging the community in preventing child abuse, improving access to services for victimized children and their families, and protecting child victims from further abuse. A comprehensive strategic planning session resulted in the following vision statement: ***All children have a right to a safe and nurturing family life that is free from child abuse and neglect.*** In addition to improving care and direct services, the Collaborative developed a public policy and advocacy objective: To establish legislative, administrative and regulatory support for policies that will prevent child abuse, treat and heal child victims of maltreatment, and protect children. The goals listed below support the vision and have been the focus of the Collaborative’s work during the last five years.

The two primary goals of the Collaborative are to prevent child abuse and neglect and to improve the treatment and healing of those who have been affected by child abuse and neglect. Long-term outcomes include a measurable increase in the capacity of the community to coordinate services and to improve the health and welfare for those at risk of or affected by, child abuse and neglect. An additional long-term outcome is to decrease the incidence of child abuse and neglect for those living in Central Massachusetts.

Evaluation Methods and Data Sources Reviewed for Evaluating the Synergy Initiative

The primary evaluation methods to assess the impact of the four grantees' strategies were reviews of grant summary reports, process evaluation reports, and grantee applications (initial and continuation grants). In addition, THFCM staff provided information through telephone interviews, emails, and other documentation.

Format for Reporting Evaluation Data for the Synergy Initiative Grantees:

This section highlights how each of the four Synergy Initiative grantees made significant progress on each of the eight criteria. As stated earlier, additional information can be reviewed in the detailed evaluation reports of each of the Synergy Initiative grantees. The eight criteria include:

- 1. Significance of the problem:** Grantees presented data and information highlighting a significant community health issue in terms of scope and seriousness in an underserved population.

CMOHI: Dr. John Gusha approached THFCM about collaborating to address issues related to dental and oral diseases. Key findings about the extent of the problems in Central Massachusetts and throughout Worcester County that he brought forward were:

- In Worcester County, fewer than a dozen of the approximately 250 dentists accepted MassHealth, the Massachusetts Medicaid program.
- Approximately 370,000 children statewide have MassHealth dental benefits but were not being served.
- Approximately 20,000 children throughout Worcester County had MassHealth dental benefits but were not being served.
- Dentists in the MassHealth program face low reimbursement rates, a poorly administered and cumbersome reimbursement system, and a requirement that if a dentist accepted one MassHealth patient, they must accept all who call for an appointment.

OHINCM: The OHINCM collected and reviewed data from a variety of sources including consumer surveys, focus groups, and meetings with community leaders. This process worked well to identify and confirm specific barriers for accessing dental care for those with MassHealth. Specific data are below:

- 42,000 low include individuals (about 1 out of 4) in North Central Massachusetts lacked access to dental care.
- 992 respondents completed a consumer survey, a dental provider survey, or a school nurse survey. The specific barriers to dental treatment identified by the consumers were: 51% "can't find a dentist who accepts MassHealth"; 27% identified "transportation" as a significant barrier; and 20% reported "cost of treatment" as a significant barrier.
- Of the 26 dental providers who responded to the survey, 82% cited MassHealth treatment guidelines as a significant barrier to providing services.

- 92% of the school nurses stated that they had difficulty making referrals to local dentists for children with dental needs. OHINCM estimated that only about 30%-50% of school-aged students had identified dentists.
- Focus group data conducted with parents of children in a Head Start program, confirmed the difficulty accessing dental care for those with MassHealth.

CAPPC: In the ten-year period spanning 1987 to 1997, Massachusetts saw a 98% increase in the number of reports of child abuse or neglect. Based on data from the State Call to Action: Working to End Child Abuse and Neglect in Massachusetts (2001), approximately 46 out of every 1,000 children in Massachusetts were involved each year in a child abuse or neglect report. As a result of the data in the Massachusetts Call to Action, a Child Abuse Task Force identified the problem of child abuse and neglect as a community priority. As the community began organizing local data to present to THFCM, the following highlights emerged:

- In Massachusetts, substantiated child neglect cases represent the largest number of cases (68%).
- Physical abuse is substantiated in 24% of cases, and sexual abuse comprises 6% of cases.
- Children from every social and economic group are affected by abuse or neglect.
- A child must experience a critical level of abuse or neglect for child-safety focused interventions to occur. Data indicate that for one year (fiscal year 2001), the local DSS office received a total of 6,756 new reports of abuse or neglect: 2,777 were screened out; 2,433 required DSS intervention; and 1,822 reports did not meet the critical level for services. Data also indicate that many of the cases not meeting the criteria for abuse frequently returned to DSS as child abuse cases at a later time.
- There was a lack of forensic medical services outside of Boston for child victims.
- A “cluster” of six Shaken Baby Syndrome (SBS) cases in Central Massachusetts occurred during the course of a few months in 2001.

TKF: A coalition of over 30 child care providers and mental health organizations approached THFCM with the issue of increasing rates of challenging and disruptive behaviors among preschool students and a corresponding increase in expulsions. Nationally, Massachusetts ranked 9th for the highest rates of preschool expulsions in the country. Research indicates that children who are expelled from preschool frequently exhibit lower academic achievement, more social isolation, and more developmental delays. A needs assessment conducted by the Together for Kids Coalition in Worcester found that 3.1% of children in four local day care centers (enrolling over 300 children) were so disruptive that they were expelled or would have been expelled if the parents had not withdrawn the child, and that an additional 14% were at risk of expulsion. This clearly indicates a very sizable problem for the children with challenging behaviors, their families, and the other children in the classes with them. There was a clear need for early intervention to consult with teachers and centers on how to identify and work with children with challenging behaviors, work with their families to ameliorate problems, and work on classroom management strategies.

Summary Evaluation Statements

This approach to THFCM's grantmaking where the community identifies the need, and brings supporting evidence to the attention of THFCM in the course of the application process is a rather unique approach for foundations engaged in strategic grantmaking. This is because foundations typically set their own priorities by designating health issues and programs to address these issues. THFCM's strategy has worked well during this initial round of the Synergy Initiative; the extent to how well it works with the second round of Synergy Initiative grantees will provide additional evidence of its success. This approach is also evident in several Board Designated grants that have supported the healthy community process and indicator reports to inform community-level planning and project development.

- 2. High level of integration:** Grantees demonstrated an integrated, interdisciplinary, and comprehensive approach to the problem being addressed which included public health (e.g., prevention) and medical (e.g., intervention) strategies. There was evidence of significant and effective collaboration and partnership among agencies, organizations, and public and/or private co-funders.

CMOHI and OHINCM: CMOHI and OHINCM have had a great deal of success at integrating prevention and intervention strategies into its work. During the pilot phase, CMOHI's Access and Advocacy Committee began this process by co-drafting in partnership with the OHINCM "The Central Massachusetts Oral Health Initiative Advocacy Agenda" aimed at developing or supporting relevant legislation targeted towards dental health reform initiatives and promoting pilot-testing of potential strategies to meet its advocacy agenda. The Access and Advocacy Committee focused particular attention on securing a pilot program to evaluate the impact of limiting MassHealth caseloads by dentists. Members of CMOHI worked with Senator Harriette Chandler, Health Care for All, the Massachusetts Dental Society, and the Division of Medical Assistance to craft language for implementing a two-year pilot in Worcester County of caseload caps for MassHealth providers. The bill was approved by the Senate and sent to the House-Senate Conference Committee where it was also approved in July 2002. The pilot has not yet occurred because it is predicated on the Third Party Administrator (TPA) for the MassHealth dental program being in place.

Since 2004, the CMOHI and OHINCM have joined with Health Care for All's Oral Health Advocacy Task Force, a statewide effort to advocate for oral health policy changes. The Task Force, chaired by Dr. Jan Yost, has been advocating for policy changes in regard to the financing of oral health, administration of MassHealth dental benefits, caseload capacity statewide, and the restoration of MassHealth dental benefits for adults that were cut in 2002. Caseload capacity was approved in July 2005 as an outside section to the FY 2006 budget. Extending coverage to pregnant women and mothers with children up to age three was also approved in the FY 2006 budget after the legislature overrode Governor Romney's initial veto. MassHealth released the request for proposals for the third party administrator (TPA) and received one bid by July 12, 2005. It is anticipated that the TPA will be funded in 2006.

CMOHI: In addition to the public policy agenda that focuses on prevention, a great deal of success has also occurred in the area of intervention. There is continued growth in the oral

health services available at the two community health centers (i.e., Great Brook Valley Health Center and Family Health Center of Worcester), and since CMOHI's inception, services at the two health centers have doubled. CMOHI's relationship with the Worcester Public Schools has solidified during the years of implementation. The four providers - Great Brook Valley Health Center, Family Health Center Worcester, the UMass Memorial Ronald McDonald Care Mobile and the Quinsigamond Community College Dental Hygiene Program have all increased their offerings to the schools and each saw the most children in this recent year than in any prior years.

The KidSeal Program, operated by Quinsigamond Community College School of Hygiene, served eight Worcester Schools and treated both 2nd and 6th grade students. In addition, QCC Dental Hygiene School continued to provide fluoride varnish to the children in grades K-6. QCC also became a Medicaid provider in 2005. They are currently taking advantage of the grant funded billing consultant to establish systems for billing for the varnishes and sealants they provide, in order to sustain the services. The UMass Memorial Ronald McDonald Care Mobile attended nine schools this year, providing fluoride varnish to students in all nine schools. This has been their most successful year yet. They screened 1,165 children, 35% of the eligible school children. The amount of caries remains high, 46% had cavities and 64% had no evidence of sealants.

OHINCM: The OHINCM introduced in 2002 the availability of and access to dental services for low-income individuals and by establishing "dental chair service" at Community Health Connections (CHC) Family Health Centers, located at the Burbank campus of Health Alliance, which provides dental comprehensive dental care to the underserved population of North Central Massachusetts. Each year, there was an increased number of dental chairs available for use and by June 2005, nine dental chairs were in full operation with over 9,000 registered patients planned to make approximately 20,000 visits in 2006.

To address issues of prevention, OHINCM worked to identify one public health strategy for implementation (e.g., comprehensive education campaign targeting parents on the importance of children's oral health). In addition, OHINCM met with dentists and community leaders and determined that the well-established GHAP (Gateway Health Access Program) model should be piloted for dentists. In keeping with North Central's medical model of GHAP, the coalition identified a network of 34 local dentists who agreed to take a predetermined number of low-income patients for a reduced fee. In addition, OHINCM also developed a proposal to pilot programs to provide increased access to oral health services, oral health education, and dental decay preventive measures. A sampling of the partners who work with the OHINCM include the Joint Coalition on Health, Mt. Wachusett Community College, Wachusett District Dental Society, Community Health Connections Family Health Center, and area public school districts.

CAPPC: The Collaborative is integrating intervention and prevention strategies by providing education and services to high-risk families, promoting prevention through a public policy agenda, and educating professionals and community leaders about issues related to child abuse and neglect. The major early intervention strategy was the establishment of a community-based Family Outreach Network (FON) a group of service providers who meet regularly to identify and refer families with high levels of risk for child maltreatment. The plan called for family

advocates to work closely with the enrolled families through home visitation methods to help them access services that meet their needs, and thereby, may decrease the likelihood of subsequent DSS involvement.

To date, the Public Policy and Resource Development Subcommittee identified a public policy/legislative agenda that reflects the integration of intervention and prevention strategies, including:

- Support for “An Act to Prevent Shaken Baby Syndrome in Massachusetts” to establish prevention education programs for all new parents at birthing hospitals and for community-based caregivers, in partnership with key statewide organizations.
- Support for “An Act Regarding Sexual Assault Nurse Examiners and Forensic Evidence in Cases of Sexual Assault and Rape” to create the coordinated, expert forensic care necessary to increase successful prosecution of sex offenders and to deliver the highest level of care to sexual assault victims under age 12 accessing hospital emergency departments and urgent care centers.
- Support for “An Act Establishing a Multidisciplinary Response System for Assisting Abused Children” to codify Child Advocacy Centers, which provide a multidisciplinary response to abused children in a child-appropriate, child-friendly location for forensic interviews and offer access to specialized services for children alleged to have been abused and their non-offending family members/guardians.

The public policy/legislative agenda of the Collaborative represents a high level of integration between intervention and prevention strategies. In addition, there is significant collaboration and partnership among agencies, organizations, and funders.

TKF: The public health literature suggests that community initiatives that target multiple levels use community coalitions as a mechanism to achieve ambitious goals. TFK has established a large and active coalition that includes child care providers, public schools, early childhood social service providers, and mental health providers. The most recent evaluation report (ending July 1, 2005) indicates that the coalition has 42 members representing a wide variety of organizations. A recent strategic planning session was held on February 4, 2005, attended by 25 coalition members. All of those responding to a June 2005 survey indicated that the collaboration was effective.

The key intervention strategy is the development and implementation of a mental health consultation model of intervention in the child care classroom. The model focuses on: 1) short-term individual child and family assistance; 2) classroom assistance for teachers; and 3) center-wide activities to enhance parent and teacher competencies in handling early childhood behavioral issues. This is complemented by an extensive public education agenda and legislative advocacy. There is a high level of integration of intervention and prevention strategies and evaluation data is utilized as a strong basis for advocacy with the legislature, as well as for program refinements to improve child and family outcomes.

Summary Evaluation Statements

Each of the Synergy Initiative grantees has demonstrated a great deal of attention developing and implementing a comprehensive approach that integrates increasing access to care (e.g., intervention) and promoting legislative actions that build upon evaluation data from the grantees' programs and strategies. This is a very effective strategy for powerful advocacy.

It has been said that "collaboration is an unnatural act between unconsenting adults". While this is said jokingly, it is clear from the literature on collaboration that true partnership and genuine collaboration is difficult to accomplish. Each of the four initiatives has established active coalitions and there has been an assessment of TFK's and CAPPCC's level of coalition effectiveness, both of which are favorable. Since coalition work requires many costs as well as benefits, it could be beneficial to have more extensive evaluations of the coalitions and their processes with an eye on how to minimize the costs of participation and increase the benefits.

- 3. Soundness of the approach:** Grantees proposed strategies that showed an in-depth understanding of the issue, knowledge of "best practices" for implementation, and a strong connection with the community including meaningful involvement of the intended target population in the development of the grant proposal and planning for implementation.

CMOHI: The initial approach of CMOHI was to convene a number of community, state, and national organizations to work together to address the issues related to oral health especially among poor families. The focus on collaboration successfully facilitated the activities of the initiative and provided guidance to the service and advocacy agenda that promotes best practice prevention and intervention strategies to address this significant public health issue. There is a strong emphasis on incorporating best practice strategies for implementation including easy access to services by bringing them to strategic locations (e.g., neighborhoods, schools) and providing them during days and times that are convenient. For example, CMOHI has been working closely with the Worcester Public School Superintendent's office to expand its school-based programs. This has been well received by principals, school nurses, and teachers. Being allowed into the schools is a significant change for Worcester Public Schools who, in previous years, would only allow the UMass Memorial Ronald McDonald Care Mobile to be in its parking lots during after-school hours. Currently, 21 schools in the Worcester Public School System are being served. Most recently, CMOHI gained the support of the Superintendent's office to work with individual principals to expand the school-based health center program to serve students up to grade 6, where in the past, only students up to grade 2 were served.

Additionally, the Quinsigamond Community College (QCC) Dental Clinic was transformed into the Quinsigamond Children's Dental Services seeing MassHealth children on Saturdays starting in December 2004. Operated by Dr. Mark Doherty, Dental Director of the Commonwealth Adolescent Mobile Oral Health Services Program, partially funded by the Department of Public Health, the program has steadily grown and now sees, on average, 10-12 patients (bookings are upwards of 20 or more, but no show rates have run high) each Saturday. Approximately, 200 patients were served since the program's inception through January 2005. CMOHI believes that once the program consistently reaches 12 patients seen per week, it will be sustainable through reimbursements.

OHINCM: The OHINCM was able to fill a very clear need in the North Central Massachusetts community in that there were virtually no oral health services available for the nearly 42,000 uninsured. As a result, OHINCM developed a comprehensive plan that included recruitment of dental providers, establishing of a “dental chair service” in a new community health center, school-based education programs for children and their parents, and supervised dental screening, sealant and fluoride varnish program in local school districts. Vital to the successful implementation of the GHAP Dental Program was the willingness of area dentists to participate. To successfully recruit dentists, OHINCM initially collaborated with the Wachusett District Dental Society (WDDS) and created an Oral Health Advisory Board. WDDS members strongly advocated and were successful in recruiting dental providers to participate in the initiative. OHINCM was very effective in developing and implementing access to care services and prevention strategies.

Key partners involved in OHINCM are representative of the stakeholders necessary to ensure high-quality oral health services to North Central Massachusetts including the Community Health Connections Family Health Center at the Burbank Hospital campus in Fitchburg, the Wachusett District Dental Society, the Oral Health Advisory Board, GHAP Dental and Medical Providers, and representatives from the local school districts. OHINCM’s efforts in the schools have continued to expand to additional school districts throughout the North Central Massachusetts region. They have also developed innovative programs such as interactive workshops for children, distribution of dental supplies, and teaching proper brushing techniques.

The OHINCM partnered closely with the CMOHI to initiate and promote the public policy agenda that has implications for significant administrative and legislative changes for the uninsured population throughout the state. The successful public policy agenda of CMOHI and the OHINCM represents significant progress in improving access to care for those in the region and in the state. In addition, the success required extensive collaboration among local and state agencies as well as public and/or private co-funders.

CAPPC: The Collaborative is designed to consist of representatives from the public and private sector who are concerned about child abuse prevention and child protection. This representation gives the Collaborative a wide range of stakeholders who have an in-depth understanding of issues related to child abuse and neglect, have a strong connection to the community, and can assist the Collaborative in sustaining its work. The Collaborative represents a partnership of approximately 25 non-profit organizations, state agencies and individuals that support a community-based response to the prevention and treatment of child abuse and neglect in Central Massachusetts. A sampling of the members on the Collaborative and its subcommittees are: Central Massachusetts Shaken Baby Syndrome Prevention Campaign (includes over 40 organizations), the Child Protection Program and Children’s Justice Center at UMass Memorial Children’s Medical Center (with an Advisory Committee that includes many members of the Collaborative’s Steering Committee), Community Healthlink, Department of Mental Health, Department of Public Health, Department of Social Services, Massachusetts Society for the Prevention of Cruelty to Children, and Massachusetts Citizens for Children.

Through its planning and pilot grant, the Collaborative integrated evidence-based strategies and best practice information into their work. They did this by reviewing national

models of community-based interventions to prevent child maltreatment including specific programs (e.g., Nurse-Family Partnership program) and initiatives conducted in other states such as New Jersey, Utah, and New York. Over the course of funding, the Collaborative solidified its approach for the FON by aligning with MSPCC's statewide Connecting Families Program. This was done to promote more coordinated services, improved infrastructure, and an increased ability to collect and analyze evaluation data.

The Shaken Baby Syndrome Prevention Campaign (SBSPC) Subcommittee facilitates the training of nurses in delivery and maternal health care units in birthing hospitals in Central Massachusetts to provide SBS prevention education to parents of newborns. To date, three hospitals are fully operational (Heywood in Gardner; Harrington in Southbridge; Milford-Whitinsville), the fourth (St. Vincent in Worcester) is in the process of completing the nurses' training. To date, approximately 200 nurses have been trained. There are plans to train an additional 400 nurses this year as the fifth hospital, UMass Memorial, adopts the model.

In addition to facilitating in-hospital prevention education programs, members of the SBS committee conducted two workshops at the Worcester County District Attorney's statewide conference and a training-of-trainers for community-based organizations. Other committee members, such as the Training Coordinator for the Office of Child Care Services (OCCS), educators from Worcester Healthy Start Initiative and the American Red Cross routinely conduct community-based training, which includes SBS prevention.

The Collaborative also includes input from parents and other community members by convening a Parent Advisory Subcommittee to advise the Steering Committee regarding issues of importance to parents and the community (e.g., one key target population). Members of this committee also participate in other committees, including the planning committee. The committee has narrowed its work with the Collaborative to assisting in public outreach, specifically focusing on encouraging parents to reach out for assistance to help manage their stress and reduce the incidence of parenting frustration. During the next grant cycle, two projects are planned. The first is to develop signs for the WRTA buses encouraging parents to reach out for help and the second project is to offer a parenting support group.

TKF: The best practice strategy is the development and implementation of a mental health consultation model of intervention at five child care centers serving approximately 300 preschool children. The model focuses on: 1) short-term individual child and family assistance; 2) classroom assistance for teachers; and 3) center-wide activities to enhance parent and teacher competencies in handling early childhood behavioral issues. The model incorporates best practices from the literatures on case consultation, family intervention, program training/consultation, and joint agency and family programming to develop a carefully crafted set of interventions that address the multiple levels of the TFK intervention model. In addition, implementation at each level is carefully monitored in the program evaluation. There is a strong emphasis on family involvement in treatment as evidenced by the family and staff trainings (funded by the MA Office of Child Care) to promote trust and communication between parents and teachers. In the past year alone, approximately 70 family members and 90 staff members attended training sessions. Changes in parenting are assessed via surveys and suggest positive

results. Parents rate the program positively. The role of the parents in providing input into decision-making about the program is not clearly addressed in the evaluation reports.

Summary Evaluation Statements

It is clear that each of the Synergy Initiative grantees has used the literature on best practices and is carefully monitoring implementation (as evidenced by the thorough evaluation reports). Strong collaborative connections are made between partnering organizations and the interventions appear to be well integrated into the community sites. There is evaluation being done with key staff and customer populations to assess attitude and behavior change and this information is shared with the grantees. With the exception of the Collaborative, the evaluation reports do not indicate the extent of meaningful involvement of the target population in the ongoing functioning of the grantees' activities.

- 4. Capacity for enduring systems change:** Grantees demonstrated that the proposed approach could bring about long-term changes in the systems, policies, and practices that directly influenced the conditions affecting the health problem.

CMOHI & OHINCM: In order to fluoridate the community water supply in Worcester, CMOHI led a fluoride education campaign from May through October 2001 in an effort to increase awareness of the benefits of fluoridation and to reduce myths and misperceptions of water fluoridation. Due to its lobbying capacity, THFCM administered the fluoridation education campaign and the grassroots lobbying effort in support of the referendum on behalf of the CMOHI. Despite sustained and focused efforts in this area, the referendum was defeated on November 6, 2001 by 56% to 44%. Following the referendum, the website created for the fluoridation campaign (www.fluoridefacts.org) was transferred and is still, four years later, maintained by the Massachusetts Oral Health Coalition. Most recently, CMOHI, OHINCM, the Oral Health Advocacy Task Force, facilitated by Health Care for All, sought state legislation to extend fluoridation to communities statewide. They implemented an email campaign in October 2005 and obtained over 1,500 endorsements from residents who went to the website to sign a petition which was then shared with the Legislature, particularly those serving on the Joint Committee on Children and Families and the Joint Committee on Public Health. A hearing of the bill was held on October 27, 2005. The bill is to promote oral health by requiring Massachusetts' cities and towns with more than 5,000 residents on a public water supply to fluoridate their public drinking water and has been referred for further study by the Committees.

In addition, CMOHI formed an alliance with the University of Connecticut's Department of Family Medicine to develop two educational modules for training physicians on adult oral health needs and urgent oral health care. There are plans to expand this training to include two additional modules; one for obstetricians on the relationship of oral health and pregnancy and one for dentists on the implications of oral health and medical illness/disease. The latter two modules will be coordinated with the UMass Department of Family Medicine that received a grant from Health Resources and Services Administration (HRSA) for training in primary care medicine and dentistry. Also, as part of the efforts to bring medicine and dentistry closer together, the Worcester District Dental Society (WDDS) will be co-locating their offices with the Worcester District Medical Society (WDMS). It is anticipated that this new co-location

will provide for greater coordination among the Societies in an effort to work collaboratively on projects that affect both medicine and dentistry. To date, the WDMS has supported the residency effort and the dissemination of information to its members about dental services for MassHealth members.

CAPPC: The Family Outreach Network (FON) developed a system to bring together those representing all aspects of the service provider system to assist families based on their unique needs, circumstances, issues and/or interests. Significant progress has been made to operationalize the FON concept as well as to clearly identify data elements to capture the unique “value added” of the FON. In addition, a DSS manager is a member of the team and ensures that all appropriate referrals are made and that the transition from the investigator to the FON Coordinator is seamless. Moreover, since the FON Coordinator works from the DSS office and is integrated into the DSS investigation unit, she regularly interfaces with the investigators increasing their knowledge of the FON and its value to the families. This also serves to improve the referral process, a systems-level issue that will impact long-term changes in the systems and practices that directly influence access to early intervention and treatment.

The Collaborative has taken on a leadership role within the statewide Shaken Baby Syndrome (SBS) Advisory Group to help shape the direction of the public policy initiative. The SBS prevention education bill has taken up significant staff time as it has progressed to an advanced stage in the legislative process. In addition, the pediatric SANE and the Child Advocacy Center bills still remain a priority. The committee is also tracking a number of other bills related to the health, safety and well being of children. Continued discussion to identify what level of participation is appropriate for the Collaborative will be assessed over the next few months and implemented in the next grant cycle. The Collaborative developed programs (e.g., FON) and strategies (public policy agenda) that can have an impact on the critical changes in policies and practices necessary for systemic change.

TKF: The TFK coalition is working strategically to influence legislators in order to improve the system of early education and care in Massachusetts. In addition to a series of meetings with legislators, in a three month period in 2005, the TFK project was the focus of an article in The Christian Science Monitor (“Pre-K Expulsions: A Sign Teachers Need More Help?” May 18, 2005), referenced in an article (“Lessons in Self-Control”) in the Boston Globe, and mentioned as a positive program model in a Worcester Telegram & Gazette in-depth series on “Misunderstood Minds: Mental Illness in Children and Teens”. This media attention serves to elevate the visibility of the need for TFK solutions to challenging behaviors. TFK (and other THFCM grantees) participated in a WTAG radio program hosted by Senator Edward Augustus and recently had a “Letter to the Editor” printed in the Worcester Telegram & Gazette and the Gardner News. Currently, TFK is preparing an Op-Ed article for the Boston Globe and an “As I See It” article for the Worcester Telegram & Gazette that will cite early childhood mental health consultation services in child care settings as an example of a wise public policy investment in children and families.

The pursuit of legislative action has been extensive and recent activities include:

- An invitation from the MA Legislative “Committee on Education” to submit comments on pending legislation (H1724) relative to the new Department of Early Education and Care (DEEC), which were submitted and favorably reviewed.
- Legislative sponsorship of two FY ‘06 budget amendments to provide mental health consultation services in childcare centers that serve low-income families. While the amendments were defeated, many legislators continue to recommend TFK for inclusion into next fiscal year’s state budget.
- Members of the TFK Coalition met with Rep. Patricia Haddad, House Chairperson of the Education Committee. She has facilitated meetings with key political and administrative leaders.
- Since July 2005, TFK members have had four meetings with key Representatives in the House (including Rep. Patricia Haddad, Chair of the Education Committee) and two meetings with key senators (including Senator Ed Augustus, Vice-Chair of the Education Committee and Co-Chair of the Central Massachusetts Caucus), and testified at a public hearing before a Legislative Committee on Education about the role of social emotional development in achieving academic success.
- Since July 2005, TFK has met with Blue Cross/Blue Shield of Massachusetts to share information and explore the prospects of a pilot project to finance mental health consultation services. Such reimbursement would have major implications for dissemination and sustainability of the TFK approach.

Summary Evaluation Statements

The literature on prevention indicates that the most cost-effective approach is policy and systems-level change. The grant summary reports written by the Synergy Initiative grantees indicate a strong record of activity to change systems, policies and practices. The grantees have used a variety of techniques to achieve change including websites, email campaigns, and legislative advocacy. In addition, the grantees have obtained important achievements such as the co-location of services, influencing medical training programs, and the ability to secure funds with other funding partners.

Legislative action often takes years of sustained effort. The Synergy Initiative grantees and THFCM staff have played numerous roles such as information sharing, writing newspaper columns and providing testimony before legislative committees. Some of the activities have already paid off (e.g., helping to reinstate MassHealth adult dental benefits) and others have made important progress in moving up the legislative ladder. The achievements, so far, are very impressive. The authors are particularly impressed by the innovative strategies developed and promoted by the Synergy Initiative grantees and believe that these strategies can be a valuable source of information for systems change. Since the literature on effective policy change is not extensive, a knowledge management strategy and lessons learned approach to what is being learned in these Synergy Initiatives might help to promote even more effective and efficient policy change activities in the future.

5. Potential for Impact: Grantees and the proposed fiscal agencies demonstrated their capacity to implement the program (and the related strategies) effectively.

CMOHI: The development of a graduate dental residency program at UMass Medical School is evidence of an increased potential for impact. The American Dental Association (ADA) attended an accreditation site visit in October 2004 and granted accreditation status to the program in January 2005. The Family Health Center of Worcester (FHCW) provides the clinical training component, and the didactic education occurs at Tufts Dental School and at UMass. Two dental residents started in July 2005. Discussions have already begun with Great Brook Valley Health Center (GBVHC) to participate as the second clinical site for the program, providing the clinical training for two additional residents. UMass Medical School is the third medical school in the country to have a dental residency program without a dental school. The program has been integrated into the Department of Family Medicine and Community Health. Both the Department of Surgery and Emergency Medicine have welcomed the dental residency, allowing for dental equipment to be placed in their facilities in order to handle emergent and urgent dental cases and outpatient surgical procedures. The physician and dental staff are working towards the development of curriculum to educate both dental and medical students and staff on the links between the two clinical practices, for example, in the care of diabetic and cardiovascular patients. This strategy is seen as having substantial impact on the training of medical students for years to come as the connection between oral health to overall health status is further recognized and emphasized.

OHINCM: The OHINCM established a dental sealant program for children in the 2nd grade who have difficulty accessing dental care in the Fitchburg, Gardner and Winchendon communities. By July 2003, 309 students were screened, and 240 students were screened and sealed. By July 2004, over 460 children received sealants. This increased number was the result of an expansion of the dental screening/sealant program to include the communities of Leominster and Templeton. During 2004, there was success in billing MassHealth for \$25,000 for services rendered that was used to further support the efforts of the initiative. In 2005, 1,530 children were screened and 1,230 children sealed. Approximately 1,800 students were offered fluoride varnish. Reimbursements from MassHealth are expected to be approximately \$38,000 and are expected to sustain the program.

In addition, the OHINCM assisted in the establishment of a dental hygiene program at Mt. Wachusett Community College, which opened with 12 students in Fall 2005. This program is one example of a specific strategy that will address the workforce needs in North Central Massachusetts over the long-term.

CAPPC: As previously mentioned, the Shaken Baby Syndrome Prevention Campaign (SBS PC) has made significant advancements towards impacting public policy. The Committee Chair, SBS Statewide Coordinator, along with the Collaborative's Program Manager and Lobbyist and Foundation staff have invested significant time working with the Statewide SBS Advisory Group to advance the initiative. In addition to focusing on the passage of the bill by the legislature, public awareness efforts are planned during the next grant cycle to increase the overall community support. The development of Public Service Announcements (PSAs) are planned for distribution to radio and television outlets throughout the state. Plans to coordinate the airing of

the PSAs to maximize their effect are currently being considered. In addition, continued attention towards achieving the passage of legislation and the implementation of the in-hospital program across the state will remain a focus for the committee.

The SBS PC outlined an eight-point plan for the reduction of shaken baby syndrome. Therefore, while parent education at the time of the infant's birth is important, targeting high-risk populations prior to their likelihood of encountering a situation where they might potentially shake a baby is a significant preventative step. The single largest group of perpetrators is young males between the ages of 16-24. Therefore, a train-the-trainer model to train youth workers and other educators who work with middle and high school students is planned for the next grant cycle. An interactive SBS prevention curriculum has been developed in collaboration with the School of Social Work at Bridgewater State College and is available for use.

TKF: The extensive evaluation of the implementation phase is currently underway and is very thorough. The intervention strategies are still being refined in a commendable continuous quality improvement fashion (consistent with the ROGG process). While it is premature to draw conclusions about the project, it is appropriate to make a number of assessment observations. There is suggestive evidence of change. In the children who received services (in comparison to a waiting list control), improvements were made in decreasing aggressive and maladaptive behaviors and in increasing developmental skills. These findings were corroborated by the observations of teachers and mental health professionals as well as parents. There were also some improvements on some of the measures for parents including improvements in parenting skills. There are very promising results at the classroom level. For example, in two centers, terminations for bad behavior decreased from nine children in the baseline year to only one child each year in the two intervention years. Due to the small number of cases, we cannot be conclusive. Yet, this is very promising. The results that are reported in the evaluation reports are thorough and plentiful. However, not all measures show positive results. This is normal in any intervention and particularly in ones that are developing "state of the art" practices and are still evolving. TFK has worked hard to refine the model and advocate for integration of early childhood mental health consultation services into all group child care programs in the state. TFK is supporting a plan to provide services in 16 pilot sites across the state.

Summary Evaluation Statements

Each of the Synergy Initiative grants has shown evidence of implementing their programs and other strategies effectively. They make use of the process evaluation findings to continuously improve the programs. Multiple levels are being influenced: individual parents and children who need service, public education, providers, and organizations. Long-term follow-up would be helpful to assess the sustainability of the changes at the multiple levels. Each of the Synergy Initiative grantees and their fiscal agencies have demonstrated adequate capacity to implement the grantees' programs and strategies.

- 6. Potential for Replication:** Grantees indicated that the proposed approach could be replicated elsewhere.

CMOHI and OHINCM: The CMOHI and OHINCM are recognized statewide as providing strong leadership in policies and programs related to oral health. Dr. Jan Yost serves as the chairperson of the statewide Oral Health Advocacy Task Force, and in collaboration with CMOHI, OHINCM, and over 100 other organizations around the state, has sought changes in policy on caseload capacity limits, the TPA, and most recently the push for reinstatement of MassHealth adult dental benefits. Dr. John Gusha, the recipient of the prestigious Community Health Leadership award from the Robert Wood Johnson (RWJ) Foundation in 2003, participates in national meetings with RWJ discussing and sharing ideas with other programs on how to improve the access to oral health care. UMass Medical School's Office of Community Programs, the administrator of the CMOHI grants, has been involved with the State's Medicaid agency in supporting dental programs statewide through grant funding and loan forgiveness initiatives. Issues surrounding oral health have received a great deal of media and legislative attention when compared to previous years. In addition, plans and strategies are documented in a way that can be replicated in other cities and states.

The efforts of CMOHI and OHINCM in the past year have moved to a statewide focus with many key stakeholders from around the state. Those concerned about oral health have joined together to address caseload limits, fluoridation and benefits. CMOHI will be actively involved with the recruitment of dentists in Worcester County to participate in the MassHealth dental program once the TPA and caseload capacity have been implemented; those strategies that are successful could be adopted by other communities, the state or the TPA. Through the MassHealth Access Program (MAP), a collaborative program between Medicaid and the UMass Medical School, information about the school-based programs can easily be disseminated.

CAPPC: During the first five years, the Collaborative developed procedures and protocols for the in-hospital SBS training program and five hospitals have adopted this model. If the proposed legislation passes, the Worcester model will be replicated in all hospitals in Massachusetts. The amount of energy and effort the Collaborative spent in finalizing protocols and testing out SBS prevention materials has clearly been worth the effort since this has laid the groundwork for replication.

Since the FON model is now part of MSPCC's larger Connecting Families program, the likelihood of sustainability over time is greatly enhanced. In addition, the collection of statewide evaluation data from pilot sites will be important to determine effectiveness of the FON model. If the data are favorable and show improved family outcomes and reduced recidivism to DSS, there are plans to advocate for the expansion of the FON model and state funding in fiscal year 2007.

The Collaborative's partnership and representation on the advisory committee of the relatively new Child Advocacy Center at UMass Medical School is significant and indicates additional infrastructure that may increase the likelihood that the Collaborative's coalition model can be sustained over time.

The Childhood Trauma and Prevention Education Subcommittee offers comprehensive child abuse prevention training to aid in the identification of child abuse; to effectively intervene when child abuse is suspected; and to offer ideas on prevention and intervention that will

decrease the likelihood of further child abuse. The committee intends to conduct additional train-the-trainer child abuse prevention and intervention workshops during the next grant year. Over the years, these trainings have been geared towards professionals who work with children and have direct contact with parents. In addition to providing ongoing training for their respective agency staff, the training provides education and training to parents to reduce the likelihood of child abuse and neglect. The training materials have been translated into Spanish with plans to have the materials translated into Vietnamese.

The current model supported by THFCM of problem identification, implementation of a pilot program designed to address the problem, the collection of data and evaluation of its success, and ultimately, the program's adoption by an entity equipped to sustain it could be replicated for other issues related to child abuse prevention and protection.

TKF: The intervention model has been successfully implemented in five child care centers within 17 classrooms, with 41 teachers, and approximately 285 children. TFK is developing a cost model and conducting a cost-benefit type feasibility study for statewide expansion of the program. It is also proposing in its current Project Implementation and Continuation Proposal (November 15, 2005) to fund a follow-up study to determine the longer-term outcomes for the children when they reach kindergarten. This is an important issue from a practical perspective (for the kindergarten teachers and the parents) and from a policy perspective (legislators want to know the long-term impacts). The proposed study should provide useful information that may increase the motivation and interest of private funders (e.g., insurance companies) and public policy (legislators and school boards) to embrace and fund the TFK model.

Summary of Evaluation Statements

The potential for replication of each Synergy Initiative grantee's initiatives is high. Each of the four grantees has clearly documented its strategies, the details of implementation, and evaluation methods to monitor success and plans for continuous quality improvement. Fortunately, each of the Synergy Initiative grantees benefited from a comprehensive evaluation plan that ensured the programs and strategies were well implemented and evaluated over time. Each grantee has significant documentation about the ability of their programs and strategies to be replicated in a variety of settings across many different target populations. Dissemination about how to replicate the processes and strategies of each of THFCM's Synergy Initiative grantees would be advantageous to the professionals and paraprofessionals working in each respective field.

- 7. Quality of the Evaluation Plan:** Grantees presented a comprehensive evaluation strategy for assessing the effectiveness and impact of the approach and outlined how lessons learned would be applied and used.

CMOHI: The CMOHI contracted with the Yale Consultation Center to evaluate the pilot grant year. The evaluation plan mainly included analyses of youth who received different types of dental services (e.g., exams, diagnostic procedures, preventive service procedures). Since the beginning of the implementation phase, CMOHI contracted with SigmaWorks in Medford, MA to conduct the evaluation. The evaluation is appropriately geared toward analyses of trend data

to demonstrate the reach and scope of the services provided for the four sites (e.g., Quinsigamond Community College, the Care Mobile, the Family Health Center, and the Great Brook Valley Health Center). A wide variety of data are monitored for these four sites. Several key variables include the number of schools represented, the number of parents giving permission for screening, the number of students screened, the number of students with caries, the number of students who need sealants and/or varnishes, and the number of students who receive sealants and varnishes. Trend analyses reveal where there are successes but also where there are challenges. For example, there are frequent challenges to securing parental permission (frequently because of language barriers), as well as challenges to attending scheduled appointments. There have been strategies to address both of these challenges that have met with some success. Clearly, the level of evaluation is adequate to “capture” the variables related to implementation as well as longer-term outcomes.

OHINCM: During the pilot year, OHINCM worked for a short time with a team of evaluators who assisted them to identify goals, objectives, and outcomes. Since that time, OHINCM has not utilized these evaluators to a great extent. However, the lead agency and staff continue to collect detailed process and outcome evaluation data and maintain this in a database that is useful to them. There is indication that they are utilizing this data to inform their decision-making processes including strategies for improvement. Based on their analyses, OHINCM’s estimates that of the 42,000 underinsured or uninsured individuals residing in North Central Massachusetts, approximately 13,000 individuals have either accessed dental care or have received the necessary information to access dental care as a result of the OHINCM’s strategies. Evaluation data indicate that the key successful strategies were:

- Recruiting and serving Community Health Connections Dental Service Patients (over 9,000 patients and 20,000 appointments projected for 2006).
- Recruiting GHAP Dental Participants (N=891) and GHAP Dental Providers (N=34).
- Conducting community outreach strategies such as visiting homeless shelters, sending information to area churches, and participation in health fairs and open houses at schools.
- Conducting an education campaign that included distribution of a newsletter and toothbrushes.
- Integrating information about oral health care for new parents at two hospitals (over 340 health care kits distributed).
- Providing screenings and information in medical practices and physicians’ offices as part of well-child visits.

CAPPC: During the pilot year, the Collaborative contracted with Action Research Associates from Syracuse, New York to provide an empowerment evaluation approach for the Collaborative. Since the second year of implementation, MSPCC has partnered with Brandeis University to conduct a comprehensive outcome evaluation of its statewide Connecting Families Programs. This data will be used to determine the effectiveness of the FON and to support a statewide advocacy campaign that will include support through state funding. MSPCC and Community Health Link (CHL) as the grant administrator, developed a data sharing agreement whereby CHL receives all data collected by MSPCC on its Worcester families. This arrangement appears to be one that will work well to capture ongoing systems-level changes throughout the region.

During the first year of implementation, the data collection and analyses strategies shifted from the Collaborative to the appropriate state agency (e.g., DSS, DPH, and the District Attorney's Office). Significant progress was made in collecting valid data regarding SBS cases. Specifically, the DSS conducted a statewide assessment of known SBS related cases in the past four years and is currently conducting an analysis of the data. The collection of this data is also being shared with the DPH and hospitals that have treated SBS cases in an effort to ensure that all incidents have been captured. The DPH is making changes to its SBS data collection process to better track the incidence of SBS.

Initial results of the Collaborative's data show promise. For example, families who participate in the FON to the point of transitioning to community resources for their ongoing services, are experiencing positive change. The data collected through the FON will assist MSPCC and the evaluators from Brandeis University to provide a more in-depth and comprehensive assessment of the effectiveness of the services. Data from the hospitals providing the SBS prevention education also indicate that parent(s) who receive the education find it useful and have shared it with others who may be called upon to care for their infant (e.g., family members, babysitters). Finally, data from both the SBS PC and the childhood trauma and prevention education Training of Trainers (TOT) models indicates the education of hundreds of community members, both professionals and parents. With the TOT model, staff at the various agencies that serve populations vulnerable to child abuse, can continually train new staff to ensure that they are fully prepared to prevent and/or intervene when cases of child abuse are suspected.

TKF: The evaluation plan is very thorough and includes a logic model for the intervention. There is a waiting-list control group to assess multiple levels: the children, the parents, the teachers and staff, the organization; and it uses multiple methods: survey, home visits, and classroom observations. The waiting-list control design is rare in community-driven interventions and it has really paid off in the TFK study. In addition, the evaluation reports are shared with the staff and used for continuous quality improvement; this in keeping with the spirit of useful evaluation.

The comprehensive evaluation of which strategies worked well and which did not is information that can be beneficial to other school-based programs, community coalitions, and other groups throughout the state and the nation.

Summary of Evaluation Statements

THFCM's commitment to ensure that each of its Synergy Initiative grantees has adequate resources for an independent evaluation is a wise investment. Clearly, THFCM recognizes the importance of high-quality evaluation studies in order to provide information that can be used to make data-driven decisions. For each of the four grantees, there is an adequate evaluation plan in place to address the overall evaluation questions. Process and outcome evaluation data are being collected and the information is being used for decision making as well as overall improvement of the strategies. The utilization of a waiting-list control group evaluation design in TFK is particularly strong and will be critical to demonstrating a high level of effectiveness. Ideally, TFK can replicate this level of evaluation rigor over time in order to show similar effects

in various geographic locations across a variety of diverse populations. If the results are consistently positive, the model could be published in a peer-reviewed journal in order to share the findings with other individuals and groups in similar professional fields.

8. Exit Strategy: Grantees explained methods to deal with the eventual phasing out of THFCM funding.

CMOHI & OHINCM: CMOHI and OHINCM acknowledge that sustainability of programs introduced through the grants will only be accomplished if providers can be adequately reimbursed. During 2005-06 in an effort to sustain services after the grant, CMOHI will support the utilization of a new billing system for the UMass Memorial Ronald McDonald Care Mobile and look to consolidate the fluoride varnish program under them. There are also plans for the Quinsigamond Community College to bill MassHealth directly or to move their varnish program under the auspices of the Care Mobile for oversight and billing to MassHealth. The OHINCM has established an effective reimbursement system through the Community Health Connections Family Health Center to sustain the public school screening, sealant, and fluoride programs.

CMOHI is beginning to phase out some of its subcontracting of grant funds to the provider agencies, in order to ensure that the agencies transition to self-sustain their services without grant dollars. In many cases, this appears to be doable, but in some, it will be a challenge. The school-based programs continue to struggle with the costs of coordination, and with lower than expected participation rates, have had difficulty covering their costs. The newest program, the graduate dental residency program, will be sustainable after its initial planning and start-up phase. There has been grant funding from the Kellogg Foundation, Dental Services of Massachusetts, and most recently Health Research and Services Administration (HRSA) that has helped defray some of the start up costs. Similarly, after start-up funding from several sources, the dental hygiene program at Mt. Wachusett Community College will be sustained. The exit and sustainability plan for OHINCM has been briefly described earlier and includes the following key elements:

- Continued collaboration with CMOHI and the larger state oral health coalitions to push the legislative agenda and be active in the implementation of strategies related to the legislative agenda (e.g., providing information on fluoridation).
- Continue the school-based programs in Worcester and Southern Worcester County. Recently, it was determined that 76-90% of the cost to implement these programs is reimbursable creating a greater opportunity for these programs to be self-sustained.
- Continue effort to educate physicians about the need to include oral health education in the medical arena.
- Participate in the dental residency rotation in the summer 2007.

CAPPC: With respect to sustainability, progress has been made in a number of areas. First, the Shaken Baby Syndrome Prevention Campaign (SBS PC) has advanced to the public policy arena. A bill to create a statewide SBS PC is currently being considered by the Legislature. If passed, it is anticipated that dollars will be appropriated to support the work. Ultimately, the oversight for the implementation of this initiative, as well as the responsibility for its financing, will fall to the Department of Public Health in conjunction with the Department of Social

Services. While much work still remains, this endeavor appears to be headed toward institutionalization. In conjunction with the Collaborative's lobbyist, the program manager is providing general direction to the group in order to advance the legislation.

Under the leadership of MSPCC, the Connecting Families Program is poised to seek State funding to support this program statewide. Due to the Family Outreach Network's inextricable link to the Connecting Families Program in Worcester, it is expected that the FON families will have even greater outcomes leading to its replication across the state. If successful, it will provide the opportunity to institutionalize this unique type of programming. Given the resources and lobbying capacity of MSPCC, success is more likely with a combined effort. Should the legislature endorse this service model, it is anticipated that funding would be appropriated enabling this initiative to be sustained through the Department of Social Services.

Emerging from the work of the Collaborative, the Child Protection Program, and the child death review team of the District Attorney's Office, the Children's Justice Center (CJC) received approval and is now grant funded with basic support from the National Children's Alliance as an Associate Member. The CJC is currently in the process of hiring a new physician director for the program and developing plans for an expansion of services.

The Childhood Trauma and Prevention Education Committee has been discussing ways to support and enhance the community education and resource component of the Collaborative. One strategy being discussed is the development of a "family resource center" to focus solely on issues of child abuse prevention, protection, and support for families. The center would offer a resource library; a speaker's bureau; technical assistance to practitioners and other interested parties; referral services; support groups for non-offending parents; parenting classes; and other community activities, all specific to issues of child abuse and neglect. Over the next grant cycle, the committee will examine the feasibility of developing a center, with recommendations to be made to the Steering Committee as part of an overall sustainability plan for community prevention activities.

TFK: The coalition has been actively pursuing additional funding. It has obtained funds from the Fred Harris Daniels Foundation to expand the family liaisons component and has offered family and staff trainings funded by the Mass Office of Child Care "Child Care Quality Fund". In addition, the UMass Medical School has submitted a federal grant for \$450,000 to address behavior problems in preschool settings, and the coalition, through the UMass Medical School has submitted a \$408,733 grant proposal on family involvement to address behavior problems in child care, both of which are still pending. For long term sustainability of the services, TFK is also exploring the avenues of expanded insurance reimbursement for consultation services, and expanding the state budget line item which currently supports 16 pilot sites for the provision of some mental health services within child care centers.

Summary of Evaluation Statements

Each of the Synergy Initiative grantees has developed clear plans for increasing the likelihood that their efforts will be sustained over time. This includes strategies to sustain programs as well as strategies to further priorities in the area of public policy and legislative

change. In addition, THFCM has required that grantees plan for sustainability early on in the process by asking them to address this issue in their grant summary reports and continuation proposals. Many of the grantees (e.g., OHINCM, TKF) have been able to integrate their strategies into existing systems (e.g., school districts) that will institutionalize the grantees' programs and strategies into their agency or organization. Collecting and sharing evaluation data has most likely contributed to this successful institutionalization process of integrating programs into existing systems as well as providing data to build an evidence-base for the public policy agendas.

Summary of Key Evaluation Findings for the Health Promotion and Health Care Promotion Synergy Initiative

The four grantees receiving funding from the Synergy Initiative have been successful in identifying specific unmet needs in the community, organizing active coalitions, and developing, implementing, and evaluating programs and strategies that impact those living and working in the Central Massachusetts region. In collaboration with THFCM and other partners, the Synergy Initiative grantees have also been able to impact decisions at the state level that will have implications for individuals, families, and communities throughout Massachusetts. This has occurred because THFCM's grantmaking agenda was designed to ensure that they would fund integrated, comprehensive strategies involving both population-based and individual-based efforts to promote and protect health, and improve access to care. One reason for emphasizing this approach was to ensure long-term systems change that could be sustained after funding from THFCM ended.

Each Synergy Initiative grantee convened a public policy or legislative committee as part of their larger coalition or partnership. The grantees were assisted in their efforts through technical assistance from THFCM and by attending training sessions on issues related to public policy, lobbying, and advocacy. These training sessions were organized by THFCM at no additional cost to the grantees. Judith Meredith, Executive Director of The Public Policy Institute, facilitated Advocacy Skills Training for THFCM's Board, and training and coaching for a core group of leaders from the four Synergy Initiative grantees and THFCM staff. Information from the training assisted in the development of strategies to advance the legislative and advocacy agendas of each Synergy Initiative grantee, and ongoing coaching is provided to the grantees and to THFCM staff and the Board. The details about the grantees' activities in this report highlight how successful the THFCM, the Synergy Initiative grantees, and other partners have been at implementing programs as well as affecting public policy.

Each Synergy Initiative grantee has a comprehensive evaluation plan for assessing the effectiveness and impact of its activities. In some cases, the evaluation design is an analysis of trend data over time, and in other cases, there is a more rigorous evaluation plan such as a waiting list control experimental design. In each case, however, the evaluation design is adequate to answer the specific evaluation questions. In addition, the evaluation reports from the external evaluators are shared with project staff and key stakeholders, and the results are used to refine the program activities or strategies.

The initial strategic plan designed in 1999 specified that 80% of grants funds would be invested through for the Health Care and Health Promotion Synergy Initiative and that objective has been essentially accomplished with 77% or \$7,480,457 supporting four multi-year grants. Nearly half (47%) of THFCM's total grant portfolio has supported oral health projects, 17% has supported child abuse prevention/protection, and 20% has supported mental health, with most funding for children's mental health.

Part III

Evaluation Question #3. How are the goals of the Activation Fund being accomplished?

Overview of the Activation Fund

The Activation Fund is designed to attract applicant-initiated proposals that fit THFCM's mission and complement its grantmaking, while generating action beyond the routine. Envisioned somewhat as a venture capital fund, this funding avenue is intended to support discrete projects to achieve specific outcomes. The emphasis of the Activation Fund is on funding short-term projects within the following criteria:

1. creative and innovative approaches to alleviating community health concerns;
2. community organizations' movement to the next level of capacity and effectiveness;
3. partnerships to address health issues with new strategies; and/or
4. the Foundation's exploration in emerging health challenges and opportunities.

For a tabular summary of the Activation Fund grant projects and funding criteria for each project, please refer to The Health Foundation of Central Massachusetts Activation Fund Grants 2000-2005 chart located in Appendix A of this report.

THFCM's initial strategic plan had targeted 20 percent to be expended for grants from the Activation Fund. However, with the economic and investment market downturn in 2001-2002, THFCM's Board revised the plan and closed applications to the Activation Fund in 2003-2004 in order to continue its commitment to the multi-year Synergy Initiative grantees. Thus, the actual amount expended from the Activation Fund through 2005 is expected to be \$1,155,045 or 12 percent during the first five years.

The focus of the analysis of the Activation Fund grants was two-fold. The first focus of the analysis was to determine if the grants had been effective in achieving their goals during the grant period. A second focus of the analysis was to determine what, if any, longer-lasting effects of the Activation Fund grants have occurred.

THFCM funded fifteen Activation Fund grants within the above-mentioned criteria. Of the fifteen initiatives, eleven included criteria that the project activate and sustain creative and innovative approaches to alleviating community health concerns. Four of the grants included requirements that the community organization move to the next level of capacity and effectiveness by expanding future services, obtaining alternative future funding, obtaining future reimbursement for new service, or obtaining future funding through training other entities on their models. Two grants included criteria that the projects develop partnerships to address health issues and new strategies. Nine of the grants were funded under a single criterion, and six required fulfillment of two of the grant funding criteria.

Three Activation Fund grants included requirements that the project assess outcomes of a specific treatment, intervention, social service, or assess population needs and resources regarding specific issues for future projects. Sustainability was not applicable to these grants.

Of the eleven grants funded under grantmaking criteria requiring sustainability, the majority of projects achieved that threshold. In fact, several projects reported achieving results beyond expectation, evidenced by their functioning two to three years after completion. One grant continues to operate on a reduced scale, and another continues to strive to overcome unanticipated barriers. Follow-up grant recipient surveys indicated that sustained projects are expected to continue at their current or increased level of success.

The Activation Fund grantees focused on increasing their capacity to “move to the next level of effectiveness” using a variety of strategies. Some of these included alleviating community health concerns through filling gaps in service, providing primary health care, oral health screenings and mental health screenings, providing dental lab services, and free or reduced cost pharmaceutical services. Successful applicants assessed the availability of services to populations in need, assessed best practice interventions, and completed feasibility studies to determine gaps in services. The grantees utilized strategies that increased their capacity to address areas of improvement in physical health, nutrition and mental health, as well as areas of prevention of workplace violence. Grantees built capacity and effectiveness to address community concerns and challenges through coalition building, collaborative business partnerships and volunteer-staffed services. Many of the strategies have resulted in long-lasting effects. To provide examples of the results of the Activation Fund grants, some of the salient features are described below. Full summary reports of the grant projects are available from THFCM.

Great Brook Valley Health Center On-Site Dental Laboratory

The Activation Fund served as the catalyst for the Great Brook Valley Health Center (the “GBVHC”), which received its grant to add high quality dental laboratory products and services to uninsured or underinsured dental patients and patients with special needs. The GBVHC dental lab continues to provide valuable high quality services by generating revenue from insured patient reimbursements and patient payments to sustain this essential program and continues to provide valuable, high quality dental laboratory services to insured, uninsured and underinsured patients. It successfully continues the provision of procedures that would have been too costly or too time consuming due to the extensive number of fittings and experimentation required to customize patient products through an outside dental laboratory. The GBVHC overcame these barriers in order to provide an increased quality of life and life satisfaction for its patients. Patients who could not chew food for years are now able to eat normally and without discomfort. Patients’ self-image improved through procedures correcting disfigurement and missing teeth. Improved personal appearance made it possible for these patients to obtain employment and interact in social situations again providing a higher quality and satisfaction to their lives.

The GBVHC established the first on-site dental lab to be located in a community-based health center in the United States. During its first 9 months of activation, the lab served 245 patients and provided 1,652 procedures resulting in 245 products. In 2004, the lab served 8,300 patients and provided 1,175 products. During 2004, 5,200 patients (62% of patients served) were

uninsured. The lab has expanded its services to offer prevention measures for youth involved in sports in addition to its previously established services.

Southbridge Interfaith Hospitality Network's Shelter and Social Services for Homeless Families (SIHN)

The Southbridge Interfaith Hospitality Network utilized its grant to increase its capacity to provide shelter for homeless families and to identify affordable housing and refer families to job training and employment opportunities. To accomplish its initial goal of providing services to 175 individuals per year, it utilized a best-practice model created by the Robert Wood Johnson Foundation and established a collaborative partnership with 12 area faith parishes to activate shelter and social services for homeless families. At present, the faith congregations, civic, service and youth leadership development organizations, and 600 community volunteers continue to provide services to the community's homeless. Services include shelter, meals, transportation, and a successful day-care center to support the target population. By adapting a best practice model that had been successful across the country, the project increased the accurate perception of the homeless population within the community and made the SIHN project the first choice for individuals and businesses donating to a local cause within 13 communities. The Development Committee of the SIHN has increased its capacity to raise supporting funds from the local community, and the Town of Southbridge is considering partnering with the project by lending a house rent free for the project's use.

Family Health Center of Worcester, Inc., Renovation to Establish a School-Based Health Center

The Family Health Center of Worcester, Inc., received an Activation Fund grant to co-fund with other local foundations the match required to receive a federal grant to renovate space to establish a primary health service center (i.e., school-based health center or SBHC) for 718 low-income, at-risk children at the University Park Campus and Goddard School in Worcester. Following the completion of the space renovation, the SBHC received a clinical license from the Massachusetts Department of Public Health and obtained JCAHO accreditation. As a result of its outreach to families and neighborhood centers, 95% parental consent and enrollment of students was achieved, and the number of encounters rose from 652 annual visits to 932 annual visits. During the 2003-2004 school year, an agreement was reached with Worcester Public Schools for permission to add mental health screening for the children served. During the following school year, the SBHC began offering dental screenings and preventive services, such as sealants and fluoride varnishes, in addition to the primary health care and mental health screenings, increasing its capacity to fill the gaps in service for the target population. In 2004, the number of students enrolled as patients at Goddard School Health Center was 878 as compared to 684 in the 2001-2002 school year. The SBHC is sustained by a federal grant (Health Research Services Administration's Bureau of Primary Health Care), and insurance reimbursements. The majority of originating partners, including Clark University, Worcester Public Schools, the Family Health Center and other community funders have convened to explore the possibility of providing an additional SBHC at Elm Park Community School to continue to expand valuable health services to low income populations-at-risk.

Connection for Caregivers

The Central Massachusetts Agency on Aging, Inc. activated its interactive website for caregivers of the elderly, Connections for Caregivers, with Activation Fund grant funds. The website provides caregivers on-line support groups, referral information, training and educational opportunities, and a community events calendar related to caregiver needs. The website received 93,000 hits as of October 2002, and in 2004, it received 279,376 hits. For additional educational and informational opportunities, the website posts 48 new articles per year written by community leaders and volunteers. In addition, four closed caption videos were posted on the website, and four on-line support groups are offered once per week to provide answers to various questions regarding insurance issues, legal assistance, and Social Security benefits. The website provides one open support group to share caregiving issues with peers facilitated by a professional social worker in addition to the informational support groups. The website is giving new use to World Wide Web technology by reaching out to this ever-increasing demographic. The project is sustained through federal Title IIIA funds received by the Central Massachusetts Agency on Aging, in-kind donations by website developer, Ashdown Technologies, and contributions received from Jewish Family Services, the Fuller Foundation, the Fallon Community Health Plan, and private donations. Collaborative partnerships also include the Massachusetts Executive Office of Elder Affairs.

Pernet Family Health Services Family Partner Program

The Family Partner Program was activated through an Activation Fund grant to create an innovative and creative approach to alleviating the community health concerns of low-income immigrant families. At the time of activation, the project selected and trained 10 volunteers and matched them with 10 low-income immigrant families. Program participants reported an increase in their parent-child interaction that resulted in enhanced positive relationships, improved functionality for both parents and children in social situations, and an enhanced ability to meet family needs. At present, the program has expanded beyond focusing solely on immigrant families and provides valuable services to a wide variety of participant families. The program facilitates the development of stress management skills, social skills, parenting skills for the participant families through collaborative partnerships with local colleges and faith parishes that provide volunteers who are matched with a participant family following a well-founded training program. Volunteer mentors are also matched with families that have graduated from Pernet's other programs yet are in need of continued support. Volunteer mentor/participant family relationships have been reported as lasting up to two years. The program is sustained through Pernet's Family and Community Development Program, which is privately funded through grants and individual donations and the support of its dedicated volunteer staff.

Family Services of Central Massachusetts, Workplace Violence Prevention Program

The Family Services of Central Massachusetts, Workplace Violence Prevention Program utilized its Activation Fund grant to develop a curriculum for business leaders to implement workplace violence prevention programs and policies. The project provides a no-cost training to

non-profits and other organizations in workplace violence prevention, the effects of violence and its effects on and in the workplace, and organizational recovery following an incident of violence. The project increases employers' awareness of symptoms of interpersonal violence and traumatic incidents, and provides training on providing safety for employees and clients alike. The program has trained five area non-profit businesses in comprehensive workplace violence prevention strategies and assisted non-profit businesses and other organizations in establishing workplace violence incident response teams. The project continues to offer its training and services on a fee for service basis, and offers some trainings at no cost for non-profit organizations.

Blackstone Valley Vocational Regional District, Assessment, Intervention and Services for Adolescent Wellness

The goal of the Blackstone Valley Vocational Regional District's Assessment, Intervention and Services for Adolescent Wellness program was to reduce adolescent obesity and improve student wellness among ninth grade and tenth grade students within the District. Through its Activation Fund grant, space was renovated to provide a fitness center and to establish an after-school weight management and fitness program. Forty-five ninth and tenth grade students were enrolled in supervised fitness and wellness programs with individual fitness plans and clinical assessments and a component to increase students' awareness and practice of proper nutrition. Student progress was monitored, documented throughout students' participation in the intervention model. In addition to focusing on students' physical activity level and nutritional awareness, policies relating to promoting and advertising nutrition and physical activity were implemented throughout the schools, including the cafeteria and vending offerings. The high school also received a federal Physical Education ("PEP") grant to complete the fitness center and purchase new equipment. The program has been sustained through district funding and a Metro West Community Healthcare Foundation three-year grant and operates on a much larger scale today. All students have been assessed through the project's physical education classes and individual wellness plans are being continued for students identified as requiring intervention. Importantly, all students are now required to participate in physical education classes, in comparison to only 20% enrollment during the 2001-2002 school year. The project produced the "Wellness Compendium," a directory of wellness services for 13 towns in the Blackstone Valley District that is available on the Web.

Mt. Wachusett Community College, Practical Nursing Certificate Program at West River Health Center

Mt. Wachusett Community College applied for grant funding to activate a Practical Nursing Certificate Program at West River Health Center, to meet the growing demand for nurses in long-term care facilities in the Athol area. The program was designed to complement the L.P.N. programs in Worcester, Fitchburg, and Northampton and to address students' transportation barriers, and their need for a daytime L.P.N. program. The grant funding provided one-third of the expenses associated with establishing the program in the first year. Following renovations at the West River Health Center in Orange to accommodate classroom and bedside practice areas, public awareness activities were conducted with the media to promote the program. The program has established articulation agreements with the R.N. programs at Mt.

Wachusett, Quinsigamond Community College, and Greenfield Community College and has expanded to an additional campus in September 2005. Through this program, a collaborative healthcare agency partnership consisting of 10 nursing homes was formed with which the program works as a representative of the Massachusetts Department of Education Workplace Development, which also funds the program. During the first year of activation, the program received a competitive pool of 126 applicants, and enrolled 26 of the applicants in the program. Seven local students from the Athol/Orange area succeeded during the first year of the program. During its second year, the program received 277 applicants. The program now accepts 50 students each year at the Orange site and has expanded to the Devens campus where an additional 30 students were enrolled in September 2005. The current enrollment in the program is 110 students.

Genesis Wellness Project

The Genesis Wellness Project received funding through the Activation Fund to study the benefits of physical exercise to individuals with serious mental illness in order to study the impact of improved aerobic capacity and weight loss on the population's mental health status. Health and fitness programs were integrated into the Clubhouse program. The cardiovascular health and overall wellness of 25 members with serious mental illness were assessed prior to the intervention, and 17 members were assessed after completing the 16-week program consisting of three 90-minute exercise sessions per week. The study supported the hypothesis that structured exercise programs, including a high rate of participation (71%), was attainable through the social support imbedded in ICCD Certified Clubhouses. The study increased the evidence-base regarding the need to incorporate interventions to improve physical health and functioning as a comprehensive approach to psychiatric rehabilitation. The findings are important due to evidence that reduced general health is associated with reduced motivation to work, reduced self-esteem, reduced current ability to work and reduced functioning among adults with serious mental illness. When the study was undertaken, it was anticipated that the Massachusetts Department of Mental Health would continue the project, if it proved successful. However, the state did not pick up the funding of the program because of the state's economic downturn. But in June 2005, Fallon/OrNda Community Health Fund of the Greater Worcester Community Foundation partially funded the new wellness component of exercise and nutrition at the Genesis Club. Physical and mental health benefits continue to be afforded to members of the program through collaborative efforts with the YMCA and Assumption College's, Plourde Health and Fitness Center. A plan is currently in place to enroll 40 members in an exercise and nutrition project, and a nutrition education and information project between September 2005 and September 2006.

Another goal of this Activation Fund grant was for the Genesis Club to take a leadership role within the International Clubhouse Community of over 400 Clubhouses and Central Massachusetts mental health in wellness activities for individuals with mental illness, and it has accomplished that goal. The positive results of the initial project have been well documented and published in two articles in Mental Health Journals: Bradley, K., Pellitier, J. McKay, C. (2004), "Developing a Structured Physical Exercise Program for Clubhouse Members," The Clubhouse Community Journal, Vol. 5; and Bradley, K., Pellitier, J. McKay, C. (2005), "A Study of A Structured Exercise Program with Members of an ICCD Certified Clubhouse; Program Design, Benefits and Implications for Feasibility, Psychological Rehabilitation Journal, Vol. 29.

Through the dissemination of the findings of the Genesis Wellness Project, the critical health needs and benefits of physical activity for individuals with mental illness are being addressed with a goal of increasing the lifespan and quality of life for those with mental illness.

Family Health Center Pharmacy Development Project

With the assistance of an Activation Fund grant, the Family Health Center of Worcester established the Pharmacy Development Project (“FHCPDP”), an on-site pharmacy with the goal of providing prescription medications at little or no cost to its primary care patients in a culturally competent manner to respond to the diversity of its client population. The pharmacy was on target for self-sufficiency by the 12th month of operation. At two years of operation, the pharmacy had served 10,149 patients and filled 75,487 prescriptions. In 2005, robotic equipment was added and allowed for the immediate expansion of average weekly dispensing rate from 1,900 prescriptions to 2,500 prescriptions per week. The project continues to dispense prescription medication at little or no cost and will serve patients indefinitely.

The Pharmacy continues to serve an increasing culturally diverse client population dispensing increasing numbers of prescription medications. Pharmacy technicians provide services in languages including English, Vietnamese, Spanish, and Albanian and interpretation services are available through the health center’s Cultural Case Management Staff. The Pharmacy continues to hire additional staff to meet the demand for pharmacy services. The program provides critical pharmacy services in an area experiencing a critical shortage of Pharmacists and Pharmacy Technicians. The FHCPDP collaborates with the Mass College of Pharmacy and Health Sciences by hosting various student internships through the year. MCP faculty members offer pharmacy education to its medical providers and family practice residents on a regular basis, and an MCP faculty member leads the health center’s Pharmacy and Therapeutics Committee.

An additional accomplishment of this project resulted from the FHCPDP’s participation in a Massachusetts Division of Medical Assistance Pharmacy Demonstration grant that resulted in a different rate structure for the Commonwealth’s community health centers purchasing drugs through the federal government’s 340B Drug Pricing Program, facilitating a systems level change. The FHCPDP has also contracted to become the 340B Pharmacy for homeless patients through Community Healthlink, the federal designee for providing health care to the homeless in Worcester, thus impacting individuals and communities beyond the original scope of the project.

American Cancer Society, New England Division, Cancer Resources Center

The American Cancer Society established three (of the intended four) patient education centers with computer access, resource libraries containing information on cancer treatment, medications, research, protocols and support services through its Activation grant funding. The three centers (at UMass Memorial/Health Alliance/Simonds-Simon Cancer Center in Fitchburg; UMass Memorial-Memorial Campus in Worcester; and Harrington Hospital in Southbridge) are sustained through ongoing collaborative partnerships with the hospitals, American Cancer Society staff, and a 36-member volunteer staff. Over 420 cancer patients and their families have been served by the centers. Cancer patients, survivors, and their families continue to have first-

hand access to the latest cancer related information through project database, a website, and a toll-free telephone number. During the summer of 2005, the American Cancer Society held a resource strategic planning meeting to look at ways to address the issues and needs of existing centers and to continue to improve services.

UMass Medical School, Center for Mental Health Services and Research, Central Massachusetts Services Study

The Central Massachusetts Services Study was designed to initiate a longitudinal study of 2,400 adults with severe mental illness in Central Massachusetts and to facilitate a preliminary study of people with serious mental illness and the impact of services to the population being received in Central Massachusetts. The project created a research model to determine which services, programs and treatments maximized the potential of mentally ill adults to participate effectively in the community. The results of the study were submitted to the National Institute for Mental Health to request funding for five years of research to initiate the longitudinal study and the full-scale project. The proposal received preliminary approval in Round One of the National Institute of Mental Health grant review in March 2003. Despite the valuable partnerships, collaborative efforts, and rich information produced in connection with the Central Massachusetts Services Study, the NIMH declined to fund the larger study. This study facilitated a new proposal for a more limited study of people with mental illness using new methods. The Central Massachusetts Services Study provided value by facilitating community collaborations to support the project. The collaborative efforts built significant links to the Department of Mental Health which assisted in continuing and enhancing funding streams during periods of acute budget cuts in state funding thereby influencing the continuation of necessary services for the target population.

UMass Medical School, Center for Adoption Research, Assessing Efficacy of Attachment Therapy

The UMass Medical School's Center for Adoption Research procured an Activation Fund grant in order to assess and document the efficacy of short-term attachment therapy, as compared with other therapies, in improving cognitive and psychosocial function of children who have experienced inadequate or frequent change of caregivers, over time. The project assessed 70 children, 50 participated in attachment therapy and 20 participated in alternative treatment methods. Improvement in parental behavioral assessment was demonstrated and best practices in therapy options were delineated for children. The published results of the assessment were well-received at the 13th International Conference on Attachment and Bonding. The methodological innovations in the assessment of attachment therapy have the potential to advance both theory and practice in this specialized field. Two professional journal articles were published to disseminate the preliminary findings and outcomes of the research project. Dissemination of preliminary findings included but were not limited to informing insurance companies about effective therapies for adoptive children in order to promote changes in reimbursement policies.

In terms of sustainability, the Attachment Institute of New England created a separate legal entity but continues to lease space at Children's Friend. The Institute has doubled (from 50

to 100) the number of children served annually and receives insurance reimbursement from Medicaid-eligible children in Massachusetts, Connecticut and through private pay policies.

Baldwinville Nursing Home, Depot Pond Village – Affordable Community Living Services

The Baldwinville Nursing Home activated an update and expansion of a previously prepared feasibility study to develop affordable independent housing and/or affordable assisted living housing options for low to middle income frail elders in the Templeton area. Two market feasibility studies were completed regarding independent or aging-in-place services and affordable assisted living in North Worcester County. The studies determined that independent living was most feasible. Completion of the studies leveraged additional predevelopment funding through the Massachusetts Development Corp. Revolving Loan Fund through a partnership with the Robert Wood Johnson Foundation. Twenty-three applications for housing units were received. The process of proceeding has been delayed, and has included the creation of a separate entity in order to qualify for the appropriate levels of affordability. An application to build an affordable housing project through the Commonwealth's Chapter 40(b) process is pending with approval anticipated in Spring 2006. Once approved, the project will work through a collaboration of the Massachusetts Services for the Aging, an organization of non-profit providers.

Youth Opportunities Upheld, Adolescent Substance Abuse Treatment Needs Assessment

Youth Opportunities Upheld, Inc. (YOU, Inc.) coordinated the conduct of an assessment of the continuum of care for adolescent substance abuse treatment in Central Massachusetts through an Activation Fund grant. The project involved the Central Massachusetts Adolescent Substance Abuse Coalition, which has been sustained and remains focused on identifying gaps in services for the adolescents and families within the community. Data from the needs and resource assessments established the need for improved screening and identification of substance abusing youth by trained clinicians. The assessment concluded that 87% of Central Massachusetts adolescents in treatment received services within Worcester County. Approximately 1 in 4 adolescent males with drug offenses receive any treatment services and only half of the adolescent females with drug offenses receive services. Therefore, it is estimated that only 1 in 5 adolescents who would benefit from substance abuse treatment received such services. The results and recommendations of the final report assisted the Coalition in developing strategies and a strategic plan to address gaps in service. The Coalition researched science-based outcome and assessment tools, identified training gaps of local mental health and substance abuse clinicians and influenced the Department of Mental Health, Bureau of Substance Abuse Services in the State Strategic Plan on Substance Abuse in Massachusetts. Some services for substance abusing adolescents have increased, and attitudes of treatment providers are changing to realize the significance of being trained to treat co-occurring disorders.

Summary of Key Evaluation Findings for the Activation Fund

The defining characteristic of grants from the Activation Fund is that funding in the range of \$50,000 is provided for one time, discrete projects that can be completed in one year and, in

most cases, sustained after the grant period. Sustained projects represent a wise investment of THFCM's resources and a significant return on their investment.

The issue of sustainability is an important component in the evaluation of Activation Fund grant projects. Scheirer (2005), suggests three definitional measures of sustainability:

1. continuing to deliver beneficial services (outcomes) to clients (an individual level of analysis);
2. maintaining the program and/or its activities in an identifiable form, even if modified (an organizational level of analysis); and
3. maintaining the capacity of a community to deliver program activities after an initial program created a community coalition or similar structure (community level of analysis).

Scheirer's definitional measures of sustainability provide a sound approach to evaluating the outcomes of the projects that have received seed funding from THFCM at the individual, organizational and community levels of analysis. A review of the Activation Fund Grantee Surveys administered by THFCM in 2005, evidenced success on each of these evaluative levels in connection with the various criteria in which the fifteen projects were funded. For example, at the individual and organizational levels of analyses, the projects funded through the Activation Fund sustained beneficial outcomes to individuals, families, and organizations. At the community level of analysis, the projects funded through the Activation Fund provided new and existing services through collaborations, innovative partnerships, and systemic change.

The results of the follow-up survey to Activation Fund grantees show that significant accomplishments including sustainability have occurred. Clearly, the payoff of the Activation Fund grants has been quite large. Modest amounts of funding have led to significant accomplishments in creative and innovative approaches to alleviating community health concerns; community organizations' movement to the next level of capacity and effectiveness; partnerships to address health issues with new strategies; and THFCM's exploration of emerging health challenges and opportunities.

Part IV

Description of the Board Designated Grants

THFCM expends approximately 10% of its grantmaking on Board Designation grants. This funding stream allows THFCM Board to make grants that may be outside the realm of the grantmaking avenues but are relevant to the progress of THFCM's mission. One example of this is the \$70,000 investment over four years in the Better Ending Initiative designed to address a variety of unmet needs that terminal patients may experience (e.g., unnecessary pain, ambiguity regarding patient's wishes regarding aggressive treatment versus palliative care, the lack of advanced directives, etc.). The Better Ending Initiative fits well with THFCM's mission, but the opportunity developed after the Synergy Initiative's grants had been selected, and it was beyond the scope of the Activation Fund.

Financial support for the Better Ending planning phase was provided by grants from THFCM as well as the Fairlawn Foundation, and the Stoddard Charitable Trust. Funding for the three-year implementation phase was provided by THFCM, the Greater Worcester Community Foundation, the Hoche-Scofield Foundation, Alden Trust, the Ellsworth Foundation, the Daniels Foundation, the Fletcher Foundation, and the Roman Catholic Diocese as well as individual contributors and businesses. Significant in-kind contributions were made by VNA Care Network, Davis Advertising, UMass Medical School and the Worcester District Medical Society. In November 2003, the Partnership received a national Award of Excellence from Rallying Points, a Robert Wood Johnson Foundation Last Act's Program, at a national conference in Boston. It was the only coalition in the country to receive the award as an outstanding Emerging End-Of-Life Coalition.

The largest of the Board Designated grants involved providing \$250,000 to assist in matching an \$8 million multi-year grant from Carnegie Corporation for the Worcester Education Partnership. This grant was made in order to transition the secondary schools to "small schools" in order to improve outcomes for the students. THFCM's funds were designated to focus on addressing the mental health needs of students and creating a seamless system of support for youth through coordination between school and community-based services.

Description of Other Public Policy Activities

From time to time, THFCM supports public policy change that complements its grantmaking. For example, for the past two years (2004-05), THFCM provided limited support for the Massachusetts Public Health Association's (MPHA) lead in seeking state legislation to ban soda and junk food in the state's public schools, because it complements THFCM's oral health improvement grants and addresses the substantive issue of childhood obesity. At MPHA's request, Dr. Yost testified in October 2005 urging the Worcester City Council's and the Worcester Public School Committee's endorsement of the legislation. The City Council unanimously endorsed the legislation, and the School Committee endorsed it with a 4:2 vote. The bill has subsequently been favorably reported out of committee in the state legislature, so positive progress with public policy is being achieved. In the meantime, Massachusetts beverage companies have initiated self-regulated limitations on the drinks it will provide in vending

machines in the public schools, such that soda would only be available in high schools and would comprise no more than half of the drink choices.

In addition, THFCM endorsed and advocated for the Statewide Smoke-Free Worksite legislation, won in 2004, because it aligned with THFCM's mission of improving the health of residents living in Central Massachusetts and also clearly has implications for the prevention of oral and dental diseases.

Part V

The Grantmaking Accountability of THFCM in its First Five Years

The strategic grantmaking approach used by THFCM has clearly been successful in achieving health improvements in Central Massachusetts especially given the relatively modest amount of resources that it has to distribute. In its three primary avenues for distributing funds (i.e., the Health Care and Health Promotion Synergy Initiative, the Activation Fund, and Board Designated grants), THFCM has been guided by its mission. Each avenue has offered a complementary strategy that assists in making progress toward that mission.

Health Care and Health Promotion Synergy Initiative

The major expenditure of staff resources and capacity has taken place in supporting the Synergy Initiative grantees. We conclude that the Synergy Initiative has been successful in both creating a developmental model of grantmaking that facilitates success and accountability as well as yielding dividends of positive results at the program level and in administrative and public policy changes at the systems level. Key aspects to these successes include:

- 1) *Genuine Partnership*: The Results-Oriented Grantmaking/Grant-Implementation (ROGG) system used by THFCM requires a partnership among the funder, grantee, and evaluator with the shared purpose of working toward achieving results. The use of the ROGG system has paid huge dividends in promoting cooperative relationships among the partners. This partnership approach is different from the typical peripheral relationships among grantees, evaluators, and funders, which often leads to barriers in communication and organizational learning.
- 2) *Developmental Process (Planning, Pilot, Implementation Grants)*: THFCM uses a developmental phase process of planning grants, pilot grants, implementation grants, and sustainability via institutionalization of programs and through changes in administrative and/or legislative policies. Each phase builds upon the previous one to use lessons learned and apply continuous quality improvement strategies for refinement during implementation. This enables grantees to develop and expand the scope and impact of the best practice interventions by having a continuous process that moves to scale, rather than starting with a large project and having “trial and error” experiences that typically and unnecessarily wastes time and money.
- 3) *Community “Buy-in”*: The model for the Synergy Initiative grantees is that the community defines the unmet needs, participates in planning and pilot phases, and then moves to full implementation by integrating prevention and intervention strategies to affect systemic change. We have two major observations about this approach. First, this strategy respects community knowledge and expertise to identify unmet needs in a variety of health areas. Second, the approach capitalizes on community motivation to address the problem. In contrast, many foundations choose the problem (s) to work on and then look for prospective organizations to address the problem (s)—which may force action on issues that the community does not consider central. THFCM’s approach to identifying priorities applies Steps 1 and 2 of the ROGG process to its own work: 1) the community identifies the needs and resources and sets priorities, and 2) the community develops the goals, target groups,

and objectives—based on the results in Step 1. Using this approach, the community identified the unmet needs of oral health, child abuse and children’s mental health. These domains appear to have been excellent choices in creating awareness of issues that have important health and monetary consequences and that have not received warranted attention despite the scope and size of the problems.

- 4) *Accountability*: THFCM’s Results-Oriented Grantmaking/Grant-Implementation (ROGG) system emphasizes accountability in the grant application process and in the follow through via progress reports and final reports to gather evidence about effectiveness and about lessons learned for continuous quality improvement.
- 5) *THFCM’s Tax Status*: THFCM uses its tax status as a 501(c) (4) “social welfare organization” to lobby in accordance with Internal Revenue Service regulations and in accordance with an agreement with the Massachusetts Office of the Attorney General to follow the same parameters allowed to public charities. THFCM has strategically capitalized on this capacity to play a rather unique “value-added” and catalytic role in collaborating with others to host press conferences and to testify at local and state legislative committees that can impact legislative decisions.
- 6) *Spectrum of Prevention and Treatment*: The combination of prevention and treatment interventions with well-documented efficacy provides an evidence base for a public policy agenda that enables the movement of demonstrations to large-scale change (regional and state level). This leveraging through public policy offers the ability to both influence the lives of many people (programs tend to reach relatively few people) and to find innovative and meaningful ways to achieve systemic change (once a policy is passed it is more likely to be sustained).

Activation Fund

The Activation Fund has taken a venture capital—or entrepreneurial approach to providing projects with “start-up” funds to address unmet community needs. Venture capital is, by definition, high risk—high yield. It is clear from our review of the Activation Fund summary reports and from the follow-up sustainability survey of grantees that, as a whole, this fund has had excellent payoff in terms of numbers served. Many of the projects have reached sustainability, some even beyond their performance levels at the end of THFCM funding.

Twelve percent of THFCM grantmaking resources have been invested in supporting the Activation Fund grants. We conclude that the Activation Fund has been successful in supporting creative and innovative approaches to alleviating community health concerns. The grants have also been successful in facilitating community organizations’ movement to the next level of capacity and effectiveness, supporting the creation and sustainability of partnerships to address health issues, and exploring emerging health challenges and opportunities at the individual, organizational, and community levels.

Due to the length of time that has passed since activation of the projects and completion of THFCM funding, it is clear that the projects continue to provide a high rate of return on THFCM’s opportunity to fulfill its mission through the grantmaking criteria of the Activation Fund.

Board Designated Grants

The Board Designated grants show that leveraging with collaborative funding partners may lead to high profile results (e.g., the award from the Robert Wood Johnson Foundation). Continuation of the Board Designated grants is worthwhile. In addition, it makes sense to allow the Board discretion to use its resources for initiatives that will make progress toward the mission including unexpected needs in the community. For example, a Board Designated grant of \$20,000 was recently awarded to the Worcester Community Housing Resources for the purpose of assisting those Worcester individuals and families (in need of financial resources) with the clean up of sewerage in their personal residences after a 250-year flood.

Public Policy Change

The literature on prevention indicates that the most cost-effective approach to prevention is through policy and systems-level change. Legislative action often takes years of sustained effort. THFCM staff and the Synergy Initiative grantees in collaboration with numerous other partners have played key roles to impact public policy including information sharing, writing newspaper columns and providing testimony before legislative committees. Some of the activities have already been successful (e.g., helping to restore MassHealth adult dental benefits) and others have made significant progress in moving up the legislative ladder. The achievements, so far, are very impressive. The authors are particularly impressed by the use of the evidence base being developed in the Synergy Initiative grantees and view this as valuable information for systems change. Since the literature on effective policy change is not extensive, a knowledge management/lessons learned approach to what is being learned in these Synergy Initiatives might help to promote even more effective and efficient policy change activities in the future.

In conclusion, when the ROGG process and the accompanying technical assistance from THFCM's staff and consultants (e.g., evaluation and public policy consultants) were combined with community expertise and resources, there have been successful results in: 1) programs and strategies conducted by each of the Synergy Initiative grants including impact at the systems level, 2) the Activation Fund grants including a noteworthy record of sustainability. There are promising results in the Board Designated grants as well. Due to the success of the process and of the outcomes achieved so far, we recommend continuing the Synergy Initiative, the Activation Fund, and the Board Designated grants—all using a ROGG process-- in future funding cycles.

Continuous Quality Improvement and Growth: Suggestions for Future Consideration and Exploration

The authors contend that the Central Massachusetts region with its individual and organizational resources and talents in combination with the strategic and collaborative processes of THFCM and its partners have shown considerable progress in addressing the unmet health needs of residents who live and work in Central Massachusetts. Since the needs assessment and prioritization process used by THFCM appear to be working very well, there are no recommendations for modifying this strategic process of grantmaking. It is noteworthy that when THFCM begins accepting new proposals for the Synergy Initiative fund in spring 2006, there will need to be some time devoted to potentially learning about new content areas, the key stakeholders in that new content area, and the legislative issues related to that new content area.

Clearly, the quality of the work of THFCM's staff suggests that they are up to the challenge and will have a fast "learning curve" as they rise to new challenges that can help make progress toward THFCM's mission.

The THFCM staff and Board members are to be commended for doing so much with so relatively few dollars and staffing. The high degree of reflection and organizational learning is evidenced by:

- the willingness of the Board to remain committed to a few large scale projects over time
- the significant progress of the Synergy Initiative grantees
- the strategic plan and the annual CEO reports and other documents
- the thorough level of knowledge that the President and Vice President for Programs exhibit on the health issues facing Central Massachusetts
- the extensive evaluation reports of the Synergy Initiative grantees
- the instrumental support and technical assistance offered to help grantees reach their potential to be successful.

Below are several ideas for continuous quality improvement and growth that could potentially enhance THFCM's strategies in the future. They are described below in the sections on Capacity Building and the ROGG Process and Technical Assistance of THFCM Staff.

A. Capacity Building and the ROGG Process

These suggestions are about ways to potentially enhance the grantmaking process in terms of capacity building, infrastructure, and empowerment evaluation since empowerment evaluation is an important underpinning of the Results-Oriented Grantmaking and Grant-Implementation (ROGG) system. Empowerment evaluation is an evaluation approach that aims to increase the probability of achieving program success by: (a) providing program stakeholders with tools for assessing the planning, implementation, and self-evaluation of their program, and (b) mainstreaming evaluation as part of the planning and management of the program/organization.

THFCM has taken important steps to incorporate the philosophy of empowerment evaluation in its general philosophy. THFCM has further cultivated empowerment evaluation by meeting with the evaluators involved with the Synergy Initiative grantees and by inviting Drs. Imm and Wandersman to conduct a workshop for nonprofit staff on the "Getting to Outcomes" empowerment evaluation model and to participate in an evaluator's luncheon to help develop relationships with a group of evaluators interested in taking an empowerment evaluation approach. While there is a considerable amount of empowerment evaluation activity that occurs within THFCM's grantees, the quality of that activity per se is not being formally captured and assessed. (We would like to note that the ROGG reporting system asks grantees for feedback on the ROGG process and THFCM has made improvements based on this feedback).

Ideas for strengthening empowerment evaluation and Results-Oriented Grantmaking and Grant-Implementation (ROGG) at THFCM include:

- 1) ***More directly link ROGG to Getting To Outcomes (GTO).*** The ROGG process is based on ten accountability questions that require grantees to address issues of needs and resource assessment, goal setting, evidence-based approaches, fit and cultural competence, capacity to perform the intervention, planning, implementation, outcome evaluation, continuous quality improvement, and sustainability. While answering these questions is clearly desirable, a major challenge faced by communities around the country is *how* do you answer the questions—especially for those on the “front lines” such as direct service level. The Getting To Outcomes (GTO) Model is a how-to workbook that was written to help communities answer the accountability questions. A major goal of empowerment evaluation and GTO is to build the capacity of program staff to competently achieve each of the ten steps of GTO for themselves –as their every day way of doing business. This means that program staff should understand the concepts within the ten accountability questions and systematically integrate these concepts into their work. Our suggestion is that ROGG and GTO be part of the coalition’s and grant project staff’s understanding of the use of ROGG, rather than just the project manager and evaluator, so that the planning process unfolds in a transparent and better understood manner by everyone. Basically, the concept is to infuse the ten steps of results-based accountability into grant implementation by all levels involved in the grant project—a version of maximum feasible inclusion.
- 2) ***Evaluate the development of the capacity of the grantees planning, implementation, and self-evaluation from a results-based accountability perspective.*** The basis for development of the capacity to apply the framework of results-based accountability is being built by THFCM. This capacity, when it exists throughout the nonprofit organizations, increases the efficacy of nonprofit staff to work on projects in addition to those funded by THFCM. By building this capacity, the grantee organizations and nonprofit staff become more effective and more competitive in being able to attract additional funding. We suggest that a more explicit, systematic effort be made to develop the capacities of results-based accountability and to measure changes in capacity. We suggest that this be part of the implementation and evaluation of future Synergy Initiative grants, as one of the requirements of the evaluation.
- 3) ***Develop more of an explicit learning community within grant projects and between grant projects (when appropriate).*** THFCM staff is stretched thin and so are grant project staff and evaluators. Nevertheless, it is advisable that existing capacity be used to further enhance a learning organization culture within the grantees. Some suggestions for doing that include:
 - a) THFCM could host a workshop(s) on building a learning organization culture.
 - b) THFCM could convene groups of existing grantees and evaluators to exchange lessons learned and how to overcome barriers. Examples include:
 - Meetings of representative staff from each of the organizations involved in a particular strategy within a Synergy Initiative grant.
 - Meetings of the empowerment evaluators across grants.

Resources for this could be included in the grantmaking process (e.g., a required part of the grant proposal) or could be separately funded by THFCM as technical assistance.

One advantage of building a cadre of local empowerment evaluators who know Central Massachusetts and empowerment evaluation, is that they can become extenders of THFCM staff, and can provide training and technical assistance to prospective grantees and to new grantees. The authors also suggest that thought be given to expanding the tools and resources in ROGG to incorporate information about learning organizations and related concepts associated with knowledge management.

In order to institutionalize the importance of key components of the ROGG process including the promotion of a learning organization culture and the capacity for advocacy, the authors suggest that workshops or other forms of training be provided to future grantees in the Synergy Initiative early in the grantmaking process. Since grantees pay the most attention when they are writing a grant proposal, certain requirements can be built into the applications that will require accountability early in the process. Training and other support could be provided depending on the stage in the grant life cycle. For example, training could be provided to applicants who have passed the Letter of Intent stage and bolstered later at appropriate developmental milestones.

- 4) ***Further Collaboration on the Results-Oriented Grantmaking and Grant-Implementation (ROGG) process and capacity building with other funders in Central Massachusetts.*** In accord with its principle of endeavoring to leverage its resources as a catalyst for positive change, THFCM has been intentional in sharing the concepts of the ten accountability questions and their importance to the Central Massachusetts community, including with funders and potential grantees (e.g., the March 2005 workshops). To further THFCM's interests in being a catalyst, collaboration with other funders has yielded positive results. Evidence of this is that two funders, the Women's Initiative of the United Way of Central Mass, Inc. and the Fred Harris Daniels Foundation, having recently integrated the ten accountability questions into their funding applications. There is likely to be a shared interest among these and other funders in building the results-based accountability capacity of organizations and coalitions in Central Massachusetts. Some of these funders might pool resources to enhance capacity building on results-based accountability and knowledge management of lessons learned by grantees that can be used to improve the quality of grant performance. One or more local funders currently emphasize capacity building in their allocation of resources (e.g., the Nonprofit Support Center at the Greater Worcester Community Foundation) and might be a funding source for additional capacity building and knowledge management efforts.
- 5) ***Sustainability.*** The clearest place to assess sustainability is in the Activation Fund. There has been a remarkable level of achievement of sustainability in the grants funded under the Activation Fund. Nevertheless, we suggest that THFCM explore even more systematic approaches to promoting sustainability. A recent review by Scheirer (2005), in the *American Journal of Evaluation*, proposes that five significant factors influence the extent of sustainability:
 - a) the program itself is modifiable over time;
 - b) the key roles of a program champion;
 - c) a substantial fit with the underlying organization's mission and procedures;

- d) benefits to staff members and/or clients that are readily perceived (but not necessarily documented via formal evaluation); and
- e) the importance of support from other stakeholders in the community.

THFCM should consider ways to help current and future grantees systematize these best practice concepts to promote sustainability. For example, THFCM could convene all of the Activation Fund grantees in order to share the findings about sustainability included in this report. Each grantee could share any additional lessons learned about sustainability. This information would be compiled and shared as a resource for future grantees. Similarly, current grantees could be convened to strategize sustainability plans. Both of these activities would benefit by structuring findings and strategies according to Scheirer's framework. Additionally, THFCM could host on its website a page of links to resources for grantees on sustainability including how to access additional funders and links to evidence-based strategies. A similar process could be used for those working on the Synergy Initiative grants.

B. Technical Assistance of THFCM Staff

It is clear that an important component of the degree of success of the THFCM efforts are due to the technical assistance efforts of the President and Vice President for Programs with prospective applicants and grantees, particularly with regard to the grantees' advocacy and lobbying efforts.

We believe that even more could be done to assist grantees in achieving results if staff capacity was increased: either by adding staff or hiring part-time local empowerment evaluators to assist in the training and technical assistance of results-based accountability and capacity building. While we recognize that THFCM spends relatively more resources than most funders on staff support, training, technical assistance, evaluation, and advocacy or lobbying, we believe that it has paid off richly. We are proponents of "saturating, not sprinkling" resources. By tending to focus its resources, rather than spreading them across numerous issues or projects, THFCM has shown leadership and innovation in the field of philanthropy. We suggest that even more resources be allocated to providing this type of support, if possible.

Concluding Comments

A panel presentation on “The Whys and Hows of Foundation Performance Assessment” was presented on October 29, 2005 at a joint meeting of the American Evaluation Association and the Canadian Evaluation Society (Drs. Yost and Wandersman made one of the presentations). Dr. Ricardo Millett, the current President of the Woods Fund in Chicago and former Director for Program Evaluation at the W.K. Kellogg Foundation, was the discussant. Dr. Millett serves on the Boards of Grantmakers for Effective Organizations and the Center for Effective Philanthropy, and is recognized for his evaluation expertise, particularly in the field of philanthropy. His remarks following the panel presentations centered around these three points that he considered critical for assessing the performance of foundations:

- 1) *Commitment of the foundation’s Board is necessary to take on the effort of foundation performance assessment.*
- 2) *The foundation must specify the outcomes it seeks when developing its grantmaking strategies or agenda.*
- 3) *The foundation’s staff and Board must recognize that the results that a foundation can achieve are not solely a function of what the grantees do. There is an organic relationship between the grantor and grantee in that the grantor is also partly responsible for grantee success.*

In comparing the practices of THFCM with the critical factors identified by Dr. Millett as required for meaningful foundation self-assessment, the THFCM Board has demonstrated the necessary commitment. The Board has grown its own capacity and supported the growth of its staff capacity to hold itself and its grantees accountable. With regard to specifying outcomes, the logic model that THFCM uses in its grantmaking clearly specifies outcomes. Moreover, THFCM has held itself accountable for its own actions as evidenced by supporting a formative evaluation in 2001 which was 18 months after the introduction of THFCM’s grantmaking agenda. The current report is an assessment of THFCM’s effectiveness in achieving results in its first five years of grantmaking.

Dr. Millett concluded his comments at the conference by stating that a maximum of 3% of the 61,000 foundations in the United States function in this fashion. While we have not conducted a formal study, our experience suggests that a much smaller number have the thorough proactive and reflective approach that THFCM applies to grantmaking, accountability and advocacy. We commend THFCM for its vision and its accomplishments in its first five years of grantmaking, and, very importantly, for distinguishing its work as being in this select small group of high performing foundations who place their own performance firmly in mind and in behavior.

Reference

Scheirer, M.A. (2005). Is sustainability possible? A review and commentary on empirical studies of program sustainability. American Journal of Evaluation, 26(3), 320-347.

Appendix A

**The Health Foundation of Central Massachusetts
Activation Fund Grants
2000-2005**

Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Great Brook Valley Health Center, Inc. Dental Laboratory</p> <p>Establish on-site dental lab at GBVHC for construction of prosthetics, dentures and other products</p>	<p>Activate (and sustain) creative and innovative approaches to alleviate community health concern</p>	<p>Established the first on-site dental lab to be located in a community-based health center in the United States</p>	<p>Created new capacity to serve 4,000 dental patients from GBVHC, Family Health Center and Quinsigamond Community College and created new capacity to offer prevention measures for youth involved in sports</p>	<p>2004 - served 8,300 patients, 5,200 patients (62% of patients seen) were uninsured. Lab continues to provide valuable high quality dental laboratory services to insured, uninsured and underinsured patients</p>	<p>Provided high quality products at affordable rates and achieves procedures too costly or difficult to achieve if outside lab used, reduced need for specialists</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Southbridge Interfaith Hospitality Network, Inc., Shelter & Social Services for Homeless Families</p> <p>Created program for shelter and employment to homeless families through 10 churches and synagogues</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Created system for providing shelters in collaboration with 12 area parishes for up to 175 individuals per year</p>	<p>Achieved increased capacity to identify affordable housing and refer families to job training and employment opportunities</p>	<p>Partnered with 12 faith congregations, civic, service, youth leadership development organizations, volunteers, to provide services to community homeless population</p>	<p>Program is fully sustained Development Committee raises funds from community to support the project</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Family Health Center of Worcester, Inc.,</p> <p>Renovation to Establish a School-Based Health Center</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Renovated space to establish new primary health services for 718 students</p>	<p>Obtained 95% parental consent and enrollment of students. Obtained clinic license from MDPH, offers referrals for continuum of care</p>	<p>Provides oral health services and mental health screenings in addition to existing primary health care services to close gap in services to low-income at-risk children</p> <p>JCAHO accredited</p>	<p>2003-2004 came to agreement w/Worcester Public Schools for permission for FHC to add Mental Health screening services</p>

Appendix A

**The Health Foundation of Central Massachusetts
Activation Fund Grants
2000-2005**

Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Central Massachusetts Agency on Aging, Inc., Connection for Caregivers</p> <p>A project to develop an interactive website for caregivers of elderly</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Developed interactive website for caregivers of elderly</p>	<p>Website received 93,000 hits as of October 2002</p> <p>Received one-year continuation support from the Fuller Foundation and commitment from Jewish Family Services to continue collaboration</p>	<p>Developed and posted closed caption videos on website, provides support groups, articles written by community leaders and volunteers posted on website</p>	<p>The website received 279,376 hits in 2004</p> <p>Inquiries had been made from other regions across the Commonwealth regarding duplication of project</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Pernet Family Health Service, Inc., Family Partner Program</p> <p>To create a program linking volunteers from faith-based community with low income immigrant families</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Work on developing social skills, parents skills and stress management for low-income immigrant families</p>	<p>Selected and trained 10 volunteers and matched them with 10 low-income, immigrant families</p> <p>Made referrals to social service and health care agencies to assist families</p>	<p>Project continues to provide services as at activation, with the exception that it has expanded beyond focusing solely on immigrant families</p>	<p>Participants report increased parent-child interaction resulting in enhanced positive relationships, improved functionality for parents/ children in social arena enhances ability to meet family needs</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Family Services of Central Mass, Workplace Violence Prevention Program</p> <p>Develop policies and procedures and train employers to maintain a safe working environment for all employees</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Developed curriculum for business leaders regarding implementation of workplace violence prevention programs and policies</p>	<p>Trained 5 area non-profit businesses with comprehensive workplace violence prevention program</p>	<p>Assisted non-profit businesses and other organization in establishing work place violence incident response teams</p>	<p>Provides free training to non-profits and other organizations, in Workplace Violence Prevention</p>

Appendix A

**The Health Foundation of Central Massachusetts
Activation Fund Grants
2000-2005**

Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Blackstone Valley Vocational Regional District, Assessment, Intervention and Service for Adolescent Wellness</p> <p>To reduce adolescent obesity and improve student wellness</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Renovated space for fitness center and established after-school weight management and fitness programs</p>	<p>Enrolled students in supervised fitness and wellness program Implemented new school policies related to promoting nutrition and physical activity within the school</p>	<p>Received grant through Metro West Community Healthcare Foundation to continue program</p> <p>Individual wellness plans are being continued for students identified as requiring intervention</p>	<p>Initial nutrition and fitness program has been integrated into the high school and serves hundreds of students</p> <p>All students are required to participate in physical education classes. In 2001-2002 school year, only 20% of students were enrolled in physical education</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Mount Wachusett Community College, Practical Nursing Certificate Program at West River Health Center</p> <p>Establish a practical nursing program in Athol to meet the growing demand for nurses in area long-term care facilities</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern</p>	<p>Completed renovations at the West River Health Center in Orange to accommodate classroom and bedside practice areas and established a practical nursing program at the facility</p>	<p>Received Nursing Career Ladder Initiative Grant to fund course work</p> <p>Established articulation agreements with RN programs</p>	<p>Received grant from Department of Education Workplace Development following activation funds</p>	<p>Program continues to be fully operational and has grown significantly from the time of activation. Current total enrollment is 110 students</p>

Appendix A

**The Health Foundation of Central Massachusetts
Activation Fund Grants
2000-2005**

Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Genesis Club, Inc., Genesis Wellness Project</p> <p>To assess the feasibility of establishing an exercise program for individuals with psychiatric disability through a certified clubhouse rehabilitation program</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern; and community organization's movement to next level of capacity and effectiveness (position for future funding opportunities - training other clubhouses on the model)</p>	<p>Determined that a structured fitness program can be successfully coordinated as a part of the Clubhouse model</p> <p>Assessed the fitness, cardiovascular health and overall wellness members with serious mental illness</p>	<p>Demonstrated high participation rates of 71 percent in sessions. Determined program feasibility based upon outcomes, member participation and satisfaction</p>	<p>Experience and knowledge gained will be shared within the international clubhouse community through conferences and professional journals</p>	<p>Increased evidence-base regarding interventions to improve physical health and functioning as comprehensive approach to psychiatric rehabilitation</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Family Health Center of Worcester, Inc., Pharmacy Development Project</p> <p>To establish an-on-site pharmacy at Family Health Center</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern; and partnerships to address health issues with new strategies</p>	<p>Created business plan, Developed information system, stocked pharmacy</p> <p>Documented effect on health of patients</p>	<p>On target for self-sufficiency by 12th month of operation</p> <p>Partnerships with pharmaceutical manufacturers patient assistance programs</p> <p>Integrated educational components for staff and patients in cooperation with Mass College of Pharmacy and Health Sciences</p>	<p>Continues to operate an onsite pharmacy with a clinical license and is open to all health center primary care patients</p> <p>Providing prescription drugs at little to no cost to insured and uninsured patients</p>	<p>Family Health Center participated in Division of Medical Assis. Pharmacy Demonstration Grant that resulted in different rate structure of Massachusetts Community Health Centers purchasing drugs through the federal government's 340B Drug Pricing Program</p>

Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>American Cancer Society, New England Division, Cancer Resources Center</p> <p>To provide staff support for development of four cancer resource centers in Central Massachusetts hospitals</p>	<p>Activate (and sustain) creative and innovative approach to alleviate community health concern; and partnerships to address health issues with new strategies</p>	<p>Established 3 patient education centers with resource libraries and received commitments of permanent space in 3 of the 4 hospitals</p>	<p>Recruited and trained 36 volunteers to staff centers Served 429 cancer patients</p>	<p>The Cancer Resource Center project operates 3 centers</p>	<p>Cancer survivors and families have firsthand access to latest up-to-date cancer related information</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>UMass Medical School, Center for Mental Health Services Research, Central Massachusetts Services Study</p> <p>Initiate longitudinal study of 2,400 adults with severe mental illness in Central MA involved with MA Department of Health to determine effectiveness of treatment interventions and social services relative to population's functioning independently</p>	<p>Community organization's movement to next level of capacity and effectiveness (i.e., position for future funding); and exploration of emerging health challenges and opportunities (i.e., assess outcomes)</p>	<p>Developed research model to determine which services, programs and treatments maximize potential for mentally ill adults</p> <p>Submitted a RO1 Investigator-Initiated proposal to the NIMH to fund 5 years of research to initiate longitudinal study on social integration</p>	<p>Achieved approval in Round One of National Institute of Mental Health grant review in March 2003</p>	<p>New methods proposed to use in a more limited study of area clubhouses for individuals with severe mental illness</p>	<p>Project valuable in facilitating community links and collaborations - significant partnerships and links were facilitated with the Massachusetts Department of Mental Health</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>UMass Medical School, Center for Adoption Research, Assessing Efficacy of Attachment Therapy</p> <p>To document the efficacy of short term intensive attachment therapy, as compared with other therapies</p>	<p>Community organization's movement to next level of capacity and effectiveness (i.e., position for future reimbursement for new service); and exploration of emerging health challenges and opportunities (i.e., assess outcomes of therapy)</p>	<p>Assessed 70 children, 50 participated in attachment therapy, 20 participated in alternative treatment</p>	<p>Demonstrated improvement in parental behavioral assessment using Randolph Attachment Disorder Questionnaire</p> <p>Delineated best practices in therapy options for children damaged by inadequate or frequent changes in caregivers and new adoptive families</p>	<p>Two professional journal articles currently being prepared to disseminate preliminary findings and outcomes of research project</p> <p>One presentation at professional meeting to disseminate findings</p>	<p>Work was well-received at 13th International Conference on Attachment and Bonding</p> <p>Methodological innovations in the assessment of attachment therapy have the potential to advance both theory and research in this area of study</p>

Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Baldwinville Nursing Home, Depot Pond Village - Affordable Community Living with Services</p> <p>Update/expand on feasibility study to develop affordable independent housing and/or affordable assisted-living housing options for low to middle income frail elders</p>	<p>Community organization's movement to next level of capacity and effectiveness (i.e., position to expand future services); and exploration of emerging health challenges and opportunities (i.e., assess demand for new housing options and viability)</p>	<p>Completed two market feasibility studies to establish affordable housing options for low-income frail senior citizens in North Worcester County regarding independent living with age-in-place services and affordable assisted living</p>	<p>Studies determined that independent living was most feasible at this time. A developer in Gardner received federal funding for an assisted living project that would meet the region's need for this type of housing</p>	<p>In application phase of Commonwealth's Chapter 40(b) process to build affordable housing project. Expect state approvals by Spring 2006</p>	<p>Will interact closely with members of Massachusetts Association of Homes and Services for the Aging, an organization of non-profit providers in Massachusetts to further project</p>
Project Title and Project Description	Fit with Activation Fund Guidelines	Outputs at Activation	Outcomes at Activation	Outputs 2005	Outcomes 2005
<p>Youth Opportunities Upheld, Inc., Adolescent Substance Abuse Treatment Needs Assessment</p> <p>Conduct assessment of the continuum of care for adolescent substance abuse treatment in Central MA</p>	<p>Exploration of emerging health challenges and opportunities (i.e., assess needs for treatment options)</p>	<p>Completed review to identify best practices and research-based models for adolescent treatment, and assessment of need for adolescent substance abuse treatment and existing resources available to meet the need</p>	<p>Assessment concluded a need for improved screening, identification of substance abusing youth by trained clinicians. Estimated that only 1 in 5 adolescents who would benefit from treatment received any services.</p>	<p>Project helped solidify and sustain the Central MA Adolescent Substance Abuse Coalition through identifying gaps in services for the adolescents and families within the community</p>	<p>Some services for substance abusing adolescents have increased, attitudes of treatment providers are changing to realize the significance of being trained to treat co-occurring disorders</p>

