

# Ten Years of Grantmaking

◆ 2000-2010

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THE  
HEALTH FOUNDATION  
OF CENTRAL MASSACHUSETTS



EVALUATION REPORT FOR



# Analyses of Its First Ten Years of Grantmaking

**2000-2010**

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April 2011



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# Executive Summary

With the culmination of its first ten years of grantmaking, The Health Foundation of Central Massachusetts, Inc. (the Foundation) commissioned this report to evaluate the effectiveness of its work. This is the third in a series of self-evaluations commissioned by the Foundation. The first, the “Formative Evaluation Results,” was prepared in September of 2001. This was followed by the “Evaluation Report for The Health Foundation of Central Massachusetts: Analyses of Their First Five Years of Grantmaking,” which was completed in December of 2005.

The latter involved a review of information provided by the Foundation as well as data collected by the evaluation consultants to analyze the progress of the Foundation’s 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.

Working toward its mission, the Foundation initiated a strategic planning process to determine how it could maximize the impact of its grantmaking throughout the region. By the end of that process, the Foundation had created three grant funding avenues. These were announced to the region in March of 2000, and the first grants from each funding avenue were made later that year.

## Grant Funding Avenues

### Health Care and Health Promotion Synergy Initiative (Synergy Initiative)

The Foundation planned to distribute approximately 75% of its grant funds to a small number of multi-year projects designed to impact significant health issues. The intention of the Synergy Initiative is to enhance access to care and promote healthier lifestyles by supporting evidence-based, integrated and comprehensive strategies that lead to systemic change.

### Activation Fund

This grantmaking avenue was designed to support smaller, one-year, discrete projects by generating action beyond the routine and was anticipated to represent approximately 15% of the Foundation’s annual grant funding.

### Board Designated

These funds were designed to enable the Foundation to participate in strategic opportunities that did not conform to the guidelines for either the Activation Fund or the Synergy Initiative. In addition, Board Designated also allows a variety of Grant-Related Activities, such as technical assistance for grantees (e.g., communications expertise, advocacy support) and memberships in various health-related organizations.

For the ten-year report, evaluation consultants collected, analyzed and reviewed information to assess the Foundation’s achievements. This report describes significant accomplishments of the Foundation and its partners by highlighting individual, community and policy-related outcomes. The report is designed to answer four main evaluation questions related to the grantmaking process.

## Evaluation Questions

### Evaluation Question #1:

How effective have the Synergy Initiative projects been at alleviating significant health issues?

### Evaluation Question #2:

How effective have the Activation Fund projects been at generating action beyond the routine?

### Evaluation Question #3:

How well have Board Designated expenses including grants, public policy activities and other grant-related expenses complemented the primary grantmaking avenues (i.e., the Synergy Initiative and the Activation Fund)?

### Evaluation Question #4:

How well is the mission of the Foundation being accomplished?

Considerations for improvement in each of these areas are included in the section of the report that analyzes each specific funding avenue and are also summarized at the conclusion of this section.

## Highlights of the Health Care and Health Promotion Synergy Initiative

The Synergy Initiative process begins with a call for letters of intent and is designed to attract community-initiated projects to address community-identified health needs. During the ten year grant period, the Foundation received 44 letters of intent for funding from the Synergy Initiative. Approximately one-third (32%) of those proposals were invited to apply and were awarded funding (N=14). The first round of Synergy Initiative projects, which began in 2000, has been completed. The second round of projects began in 2006 and is expected to be completed in 2012. The third round of projects has been awarded planning grants for projects that are expected to begin in 2011

(N=4). Of the ten grants that were awarded in 2000 and 2006, eight have successfully completed the grantmaking cycle. These projects have addressed a variety of health issues including oral health, youth development, child abuse, children's mental health, hunger and homelessness.

Throughout ten years of grantmaking, the Foundation has achieved its goal of distributing 75% of its funds to Synergy Initiative projects. The geographic reach of these projects has reflected the Foundation's mandate to serve the region. This report summarizes significant positive outcomes that were achieved for the wide variety of issues impacted. To accomplish these outcomes, Synergy Initiative projects integrated evidence-based strategies into their work while aligning their efforts with an advocacy agenda to fundamentally change underlying needs and socioeconomic conditions. The evaluators for each Synergy Initiative project collected, reviewed and analyzed the process and outcomes, and used that data to help inform decision making.

The emphasis on partnerships to implement advocacy strategies was an important avenue for impacting legislative and administrative changes. This collaborative model is consistent with grantmaking models that stress cross-sector involvement as the most effective strategy to address large-scale social change (Kania & Kramer, 2011). Facilitating true collaboration to ensure a "collective impact" requires a centralized infrastructure, dedicated staff, common agenda, shared measurement and continuous communication. Specific examples of "collective impact" that have contributed to community outcomes and public policy changes for each Synergy Initiative project are highlighted in Part 1. These systematic changes are particularly impressive considering that the ten year period in question experienced two serious economic downturns as well as related budget cuts at all levels of government. The general strengths of the Synergy Initiative process are listed below.

### Strengths of the Synergy Initiative Grantmaking Process

- As a result of support spanning multiple years, the Synergy Initiative projects have significantly impacted the health of those who live or work in Central Massachusetts.
- The collaborative partnerships, steering committees and grant management team meetings that are central to these projects have resulted in well managed efforts that have enhanced results.
- The inclusion of evaluation expertise throughout each project has helped projects develop evidence-based solutions by ensuring that objectives are clearly stated, measurable, monitored and attained.
- The use of evidence-based strategies in the development of these projects is an important element of their successful implementation.
- The emphasis on advocacy is key to systems change and sustainability, and has enabled the overall impact of these projects.
- The technical assistance provided has built the capacities of staff and various partner agencies to conduct advocacy and implement media/communications strategies.
- By investing in leadership, adequate staffing and evidence-based community processes, the Foundation has enabled each project to move forward using a systematic process to achieve its goals.
- The geographic reach of these projects has reflected the Foundation's mandate to serve the region.

### Highlights of the Activation Fund

The Foundation supports an Activation Fund which functions as a type of venture capital fund and is available for discrete, one-year projects. The Foundation's initial strategic plan targeted 15% of its grantmaking budget to be expended for grants from the Activation Fund. The number of Activation Fund

The criteria of the Synergy Initiative fosters a commitment from both the Foundation and the lead agency of each project to implement high-quality, evidence-based practices that will become sustainable through public policy change.

grants made annually has varied depending on the funds available and the size of grant requests. The selection for funding from the Activation Fund includes the following grant criteria:

#### Grant Criteria

- Develop creative and innovative approaches to alleviating community health concerns;
- Move and sustain a community organization at a higher level of capacity and effectiveness;
- Enable partnerships of organizations to address health issues with new strategies; and/or
- Help the Foundation explore emerging health challenges and opportunities.

From 2000 to 2010, 56 Activation Fund grants were made totaling \$2,543,452. These grants, which were typically for one year, ranged in size from \$9,050 to \$99,000 with the average grant award being \$45,419. The Activation Fund was closed to new applications in 2003, 2004 and 2009 due to economic circumstances. The decisions to close the Activation Fund were made by the Board to ensure that the multi-year Health Care and Health Promotion Synergy Initiative projects would continue to be adequately funded. The Activation Fund grantmaking represents 12%

## Even in very difficult economic times, most of the grantees have been successful in aligning their advocacy with a new or existing public policy agenda.

of the Foundation's grant awards from 2000 to 2010. Despite the Activation Fund having been closed for three years, this amount approximates the 15% target allocation that was initially planned.

To evaluate the Activation Fund for this report, evaluation consultants reviewed reports from grantees and gathered new information to assess the effectiveness of the Activation Fund grants. Specifically, the evaluators reviewed and analyzed all of the summary reports and one-year surveys (administered one year after the completion of the grant) completed by the Activation Fund grantees. In addition, the evaluators worked with the Foundation to develop and administer a follow-up survey which was sent to 33 of the Activation Fund grantees for projects that had been completed between 2001 and 2007. Of the 27 responses that were received, the majority (63%) indicated that much of the project originally funded by the Foundation still continues today. Although sustainability is not a primary goal for these one-year Activation Fund grants, this data suggest that many of these projects have built ongoing partnerships to achieve success. This theme was prominent in both the one-year and the follow-up surveys reviewed by the evaluators. For some grantees, the positive effects of partnering were immediately evident. In other cases, short-term Activation Fund projects often led to longer-term partnerships that generated positive outcomes for years.

Additional themes that emerged in the follow-up surveys included the importance of enhancing organizational capacity, planning for sustainability early

and embracing the unintended positive outcomes that may occur. Examples of unintended positive outcomes include the improvement of training and technical assistance materials, the expansion of programs into other geographic and population areas, and receipt of additional funding/resources as a result of building databases and partnerships to secure larger grants.

### Strengths of the Activation Fund Grantmaking

By making Activation Fund grants to 46 different organizations, the Foundation has enabled organizations throughout the region to develop new ventures, many of which have had a lasting impact on the organization and its clients.

Based on the one-year and follow-up surveys from Activation Fund grantees, themes emerged over time. Key outcomes included the power of partnerships to move toward and sustain the "next level" of capacity, and the innovative methods that some grantees used to promote sustainability.

### Highlights of Board Designated Grants and Expenses

Board Designated, the third grantmaking avenue for the Foundation, allows the Board flexibility to identify and support a few opportunistic efforts each year that do not fall within the Synergy Initiative or Activation Fund guidelines but complement the grant portfolio and mission. Annual awards including the Marilyn E. Plue Director Recognition Awards and the Community Member Recognition Awards are also provided through Board Designated grants. In addition, the Board Designated avenue allows limited expenses for activities to advocate for public policies, typically associated with Synergy Initiative projects or significant public health issues. Grant-related expenses, such as memberships in professional organizations are also Board Designated allocations.

The evaluation consultants reviewed the Foundation's existing documentation regarding Board Designated grants and expenses for various public policy or grant-related activities. During the first ten years of grantmaking, Board Designated funding totaled \$2,437,974. This represents approximately 8% of the Foundation's grantmaking, which is consistent with the Board's initial intent to allocate about 10% of annual grantmaking through Board Designated funds. Approximately 67% (\$1,637,204) of this funding went to specific grants and the remaining 33% (\$800,770) was used for other grant-related expenses.

A wide variety of health issues were addressed with Board Designated grants, with the most significant amounts addressing: mental health (23%); community health assessments (20%); youth development (11%) and access to healthcare (10%). Other smaller grants covered a broad range of approximately 15 different health issues. Board Designated funding represents a relatively small amount of the Foundation's grantmaking, but adds value beyond the dollars expended, because it allows flexibility for the Foundation to respond to unique, opportunistic situations. The issues and activities funded by Board Designated grants complement those funded by the Foundation through its other grantmaking avenues. This is most relevant in the support of advocacy for specific administrative and legislative changes that have proven to be a wise investment for significant change.

The work supported through Board Designated funding allows the Foundation and its partners to broaden their reach via strong collaboration with local, state and national leaders to impact public policy. In addition, recognizing the significant service of Board members and other volunteers (i.e., Community Members) who serve on Board committees through awards allows public acknowledgment of the value of leadership. The distribution of Board Designated funding is consistent with the mission and goals of the Foundation and complements the grantmaking avenues outlined in the original strategic plan.

### Strengths of Board Designated Funding

Board Designated funding is in alignment with the Synergy Initiative projects and offers various types of supportive activities to facilitate the mission of the Foundation.

Board Designated funding allows flexibility that promotes leadership, public awareness and ongoing training opportunities for Board members, staff and organizations funded by the Foundation.

### Conclusions and Suggestions for Improvement

This report is structured to answer specific evaluation questions including the impact of the grantmaking avenues and how well the Foundation is accomplishing its mission. Under the guidance of Board members with expertise in a broad range of health-related issues, the Foundation is accomplishing its mission by modifying the underlying socioeconomic conditions to improve the health of those who live or work in Central Massachusetts. This report highlights the programmatic and systems-level outcomes that resulted from the Foundation's investment of grantmaking resources to improve the social determinants that affect health (e.g., access to care, disparities) in the region. This is accomplished through three primary grantmaking avenues that are structured to be complementary. That is, the larger Synergy Initiative grants target issues to improve health and access to health care, while the Activation Fund builds the capacity of organizations to develop innovative approaches, and the Board Designated funding supports these efforts through ongoing spending on convening, advocacy, technical assistance and organizational memberships.

Evaluation is a key element of the Foundation's Synergy Initiative projects and each project has a professional evaluator involved throughout the project's

## The large number of organizations receiving at least one grant suggests broad outreach by the Foundation, which is further evidenced by the diversity and types of projects, the populations served, and the locations of these projects.

grant phases. The measurement of outcomes provides the grantees with data to develop evidence-based strategies and advocacy efforts to support changes in public policy – laws or regulations – that would be necessary to sustain their work after funding from the Foundation draws to a close.

Through its knowledge, skills and strong networking partnerships, the Foundation's staff is able to provide extensive information and technical assistance to each of the Synergy Initiative grantees. This includes identifying and providing specific resources (e.g., evaluation and advocacy expertise) to enhance the work of the grantees as well as utilizing evidence-based practices (i.e., the ROGG accountability system) to ensure results.

The three grantmaking avenues developed and used by the Foundation have been effective and continue to advance the goals of the Foundation in complementary ways. The Synergy Initiative projects have demonstrated a significant impact on key community health issues. The Activation Fund grants have enabled many local non-profit agencies to undertake projects that have produced results beyond what might be expected from these smaller one-year grants. And the Board Designated funding, while representing a small portion of the Foundation's grantmaking, clearly adds value beyond the dollars expended. The Foundation should continue to support these funding avenues and maintain the

allocations developed in the initial strategic plan ten years ago.

Data collected, reviewed, and analyzed for this report indicate that the Foundation has been accountable in its approach to grantmaking and transparent in its funding and reporting systems. Suggestions for improvement are offered to the Foundation Board and staff in their continuous quality improvement efforts.

**1. Board** The Board members of the Foundation represent a diverse group of highly skilled, committed community leaders with a great deal of knowledge about health-related issues. There are regular opportunities for Board members to receive additional information and training through Board development funds. The Foundation should continue to recruit skilled and committed Board members and offer these opportunities to all Board members through conferences, workshops and other national, state and local meetings. These experiences may become increasingly relevant as new topics are addressed by the Foundation and new Board members are recruited.

**2. Staff** The Foundation staff adds value to the overall grantmaking agenda by being able to support advocacy work directly and indirectly. For example, Foundation staff can make connections with legislators or other policy makers through specific networking. While Foundation staff embrace this responsibility, it is important that the partners (e.g., Synergy Initiative grantees, project evaluators) understand the ongoing need for timely reporting and input that facilitate this advocacy work. Strategies to ensure clarity about deadlines, timelines and the need for specific information (e.g., evaluation reports) should continue to be communicated to partnering organizations.

**3. Collaboration** Over the years, the Foundation has collaborated with other funders, both local and national, in a variety of ways including serving

on committees, co-funding projects and working together on advocacy issues. The Foundation should consider additional collaborative strategies that may be worthwhile to facilitate stronger partnerships with other funders or organizations. A collaboration of local foundations and other key partners would have a stronger voice in advocating for public policy changes to improve the health of those who live or work in the region.

**4. Communication** The Foundation recognizes the importance of gathering input and feedback about their grantmaking. The Foundation seeks input from all of its grantees through grant process evaluation reports, grant summary reports and grantee surveys. In addition, the Foundation compiles data about its grantmaking (e.g., issues addressed, population served) in order to inform its decision making. As the Foundation moves into its second decade of grantmaking, there should continue to be ongoing discussions with grantees about the usefulness of these reporting structures and how ongoing feedback is collected and reported.

**5. Technical Assistance** During the first round of Synergy Initiative projects, the Foundation identified that grantees needed additional technical assistance in evaluation, advocacy and communications in order to manage these projects more effectively. In the second round of Synergy Initiative projects, the Foundation provided several skill building workshops for the grantees. As it concludes Round 2 of the Synergy Initiative, the Foundation has recognized the need for moderation in providing broad, skill development workshops for Synergy Initiative grantees. Other strategies such as peer sharing and more focused meetings have been introduced. Continued observation and feedback from grantees (i.e., Round 3 Synergy Initiative grantees) regarding strategies to build capacities through learning opportunities will be important.

**6. Surveys** The Foundation should continue administering the one-year surveys to all Activation Fund grantees and should plan to administer regular follow-up surveys five years after the grants are completed. This will allow an opportunity for regular and consistent tracking of grantees at three points in time: grant summary, one year, and five years. The Foundation may consider surveying the Synergy Initiative grantees five years after completion of their project to monitor sustained results. As with all reporting requirements, the Foundation should clearly notify the grantee of these expectations when the funding is initially awarded.

**7. Research** The Foundation should consider whether funding grants that are primarily academic or research oriented are, on balance, an effective use of Activation Fund resources. It seems that the level of funding provided through the Activation Fund is not sufficient for projects that are designed to conduct research and attempt to initiate a practical application of that research.

## Background

Acting on its interest to continuously improve its work, The Health Foundation of Central Massachusetts, Inc. (the Foundation) commissioned this evaluation of its first ten years of grantmaking. This is the third in a series of self-evaluations commissioned by the Foundation. The first, “Formative Evaluation Results,” was prepared in September of 2001. This was followed by the “Evaluation Report for The Health Foundation of Central Massachusetts: Analyses of Their First Five Years of Grantmaking,” which was completed in December of 2005.

This report evaluates the ten years of grantmaking conducted by the Foundation between 2000 and 2010. It includes a review of information provided by the Foundation, as well as data collected by the evaluation consultants to analyze the progress in reaching the Foundation’s mission, originally endorsed in 1999: 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 ensure progress toward this mission, the Foundation endorsed the following set of guiding principles to inform their grantmaking:

- 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 from time to time initiating 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: “complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”

To achieve this mission, the Foundation initiated a strategic planning process in 1999 to determine how it could maximize the impact of its grantmaking throughout the region. At the end of that process, the Foundation created three grant funding avenues. These were announced to the region in March 2000 and the first grants from each fund were made that year.

### Grant Funding Avenues

#### Health Care and Health Promotion Synergy Initiative (Synergy Initiative)

To distribute approximately 75% of its grant funds to a small number of multi-year projects designed to impact significant health issues. The intention of the Synergy Initiative is to enhance access to care and promote healthier lifestyles by supporting evidence-based, integrated, and comprehensive strategies that lead to systemic change.

#### Activation Fund

To distribute approximately 15% of its grant funds to support smaller, one-year, discrete projects to generate action beyond the routine.

#### Board Designated

To enable the Foundation to participate in opportunities that arise from time to time but do not fit the guidelines for either the Activation Fund or the Synergy Initiative. In addition Board Designated also includes a variety of Grant-Related Activities which include technical assistance for grantees (e.g., communications expertise, advocacy support), and memberships in various health and foundation related organizations.

## Overview of the Ten-Year Evaluation

To achieve its mission, the Foundation developed a defined grantmaking agenda and a detailed grant-making process focused on results. To examine how well the Foundation's Board and staff are accomplishing the mission, evaluation consultants reviewed data to analyze key variables necessary to achieve the Foundation's goals. Data reviewed included the Foundation's grantmaking principles, the grant-making agenda, levels of collaboration, use of evaluation data for improvement, and a focus on public policy and systems-level change. These variables are included in the Foundation's logic model, developed early in the grantmaking process. The logic model, which highlights the specific goals and desired outcomes to achieve the mission, is included as Figure 1.

This report is focused on describing the critical accomplishments of the Foundation and its grantees by highlighting efforts to improve specific health conditions of those who live or work in Central Massachusetts. It is important to note that this report reflects the highlights and impacts of the Foundation's grantmaking and is not designed to reiterate details regarding the Foundation's strategies or those of the grantees. Additional information about specific projects may be found on the Foundation's website ([www.hfcm.org](http://www.hfcm.org)).

This report is designed to answer four key evaluation questions:

**Evaluation Question #1:**  
**How effective have the Synergy Initiative projects been at alleviating significant health issues?**

To assess Evaluation Question #1, the evaluation consultants reviewed process and summary grant reports from the Synergy Initiative projects as well as other archival information, such as public policy reports and grantmaking trend data. In addition, data were

The Foundation does not name the health issues it will fund, but rather invites the community to present proposals that address the issues that the community has prioritized as most important.

gathered and reviewed from Foundation staff, grantee staff and project evaluators.

**Evaluation Question #2:**  
**How effective have the Activation Fund projects been at generating action beyond the routine?**

To assess Evaluation Question #2, the evaluation consultants reviewed and analyzed Activation Fund grant summary reports and one-year surveys which were collected by the Foundation from its grantees. In addition the evaluators conducted a follow-up survey of grants that were completed between 2000 and 2007, and analyzed the results.

**Evaluation Question #3:**  
**How well have Board Designated expenses, including grants, public policy activities and other grant-related expenses complemented the grant-making avenues (i.e., the Synergy Initiative and the Activation Fund)?**

To assess Evaluation Question #3, the evaluation consultants reviewed information about Board Designated grants, public policy advocacy activities and other grant-related expenses.

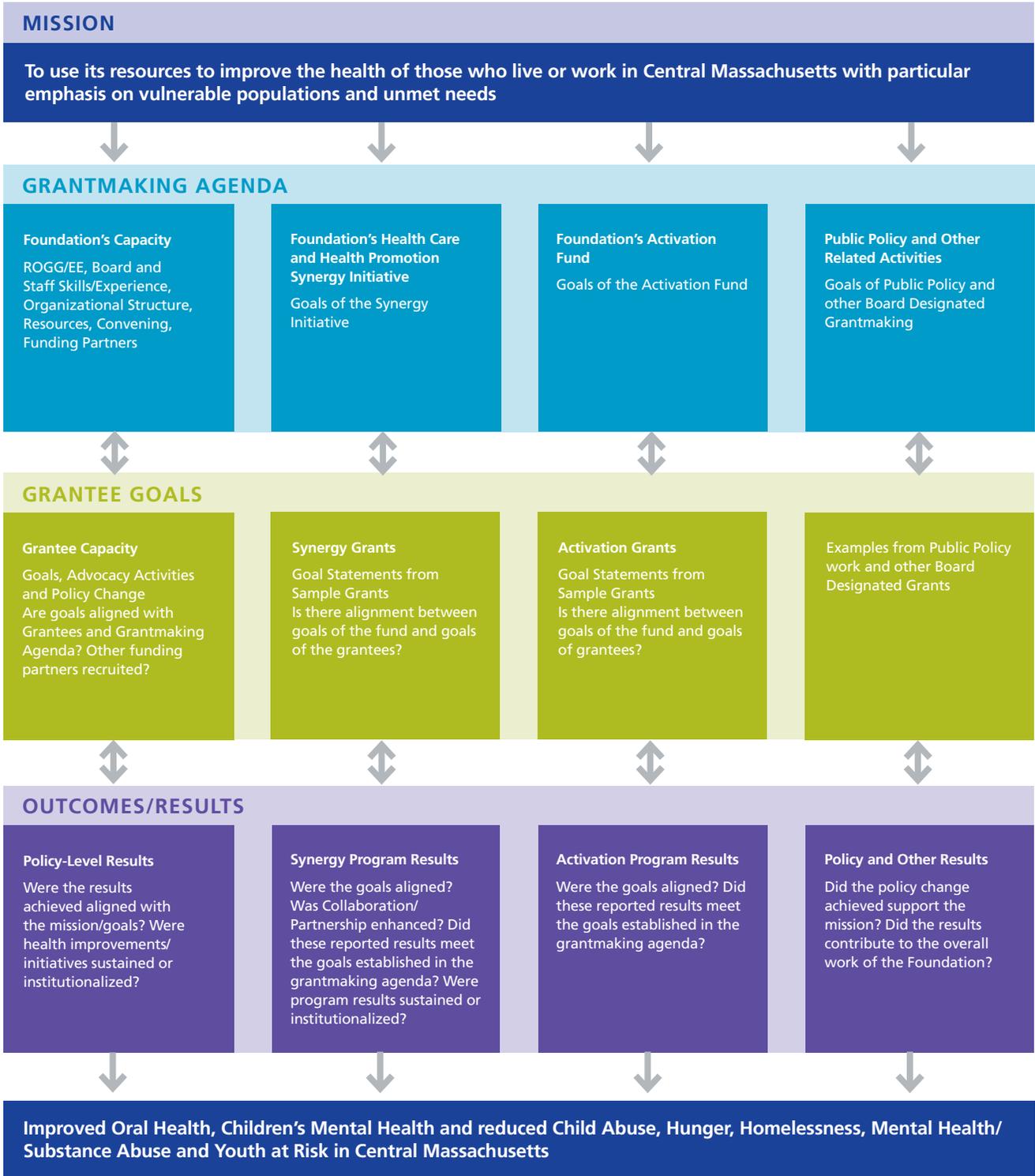
**Evaluation Question #4:**  
**How well is the mission of the Foundation being accomplished?**

To determine progress on Evaluation Question #4, all data were reviewed and summarized to assess how well the Foundation's activities are affecting the accomplishment of its mission.

The evaluation consultants' responses to these key evaluation questions are presented in the following four parts.

FIGURE 1:

Logic Model





PART 1:

# Health Care and Health Promotion Synergy Initiative

## EVALUATION QUESTION #1:

## How effective have the Synergy Initiative projects been at alleviating significant health issues?

### Selection of the Synergy Initiative Grantees

The strategic plan, developed in 1999, ensured that the Foundation would focus on funding a select number of large multi-year projects that would develop evidence-based strategies to impact key health issues and create systemic changes to sustain these strategies. The Synergy Initiative process begins with a call for letters of intent and is designed to attract community-initiated projects to address community-identified health needs. Unlike many other foundations, the Foundation does not name the health issues it will fund, but rather invites the community to present proposals addressing the issues that the community has prioritized as most important.

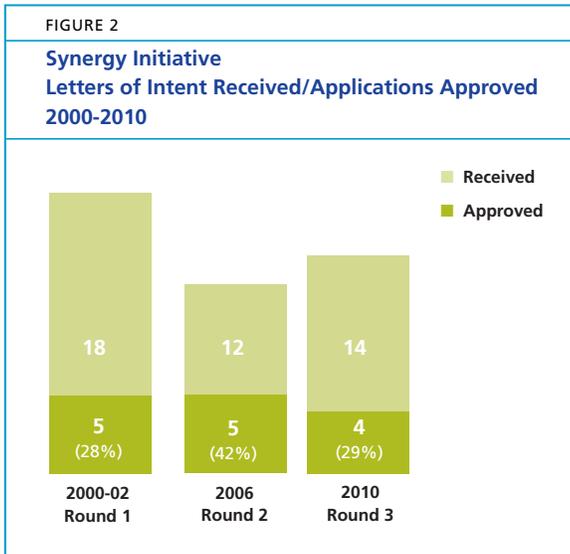
Potential applicants discuss their proposed project ideas with Foundation staff that help determine whether the proposed project fits with the Foundation's guidelines and meets the criteria for the Synergy Initiative. These criteria include adequate data that highlights the underlying needs and conditions to be addressed, knowledge/skill of the project director and lead agency to focus on evidence-based strategies including prevention, and a willingness to advocate for systems-level change to achieve sustainability.

Foundation staff provide extensive information and technical assistance to each of the Synergy Initiative

grantees. This support includes identifying and providing specific resources (e.g., evaluation and advocacy experts) to enhance the work of the grantees. Evaluation is a key component of the Foundation's Synergy Initiative projects, and each project has a professional evaluator acting as a partner throughout the project's grant phases. Because these projects are to be based on the use of evidence-based practices, evaluators are able to ensure that the projects have high-quality evaluation methods to measure the project outcomes. The measurement of outcomes gives the grantees data to develop their advocacy efforts to support changes in public policy – laws or regulations – that would be necessary in order to sustain and expand their work after Foundation funding draws to a close. In addition, the grantees commit to providing community leadership in the content area including the development of an advocacy agenda to address their public policy priorities in a systematic way. The emphasis on evaluation, monitoring of data for program improvement and advocacy are key elements in the success of the Synergy Initiative projects.

Since the Foundation began its grantmaking, there have been calls for three rounds of the Synergy Initiative – in 2000, 2006 and 2010. Those calls resulted in the receipt of 44 letters of intent with 14 Synergy Initiative projects (32%) being invited to apply for grants as shown in Figure 2. The first round of Synergy Initiative projects, which began in 2000, has been completed. The second round of projects, began in 2006 and is expected to be completed in 2012, and the third round of projects has been awarded planning grants that will begin in 2011.

The data indicate that this is a competitive process and only about one-third of those submitting a letter of intent are invited to submit an application and receive funding. The number of submissions approved is dependent on funds available from the Foundation and the quality of the submission. The Foundation's grantmaking budget is approximately \$2.0 million annually; thus, the Foundation does not have the



financial resources to invite all promising proposals to apply for funding.

Of the ten projects invited in Rounds 1 and 2, eight have moved through the grant cycle as envisioned by the Foundation. Two projects did not proceed as planned.

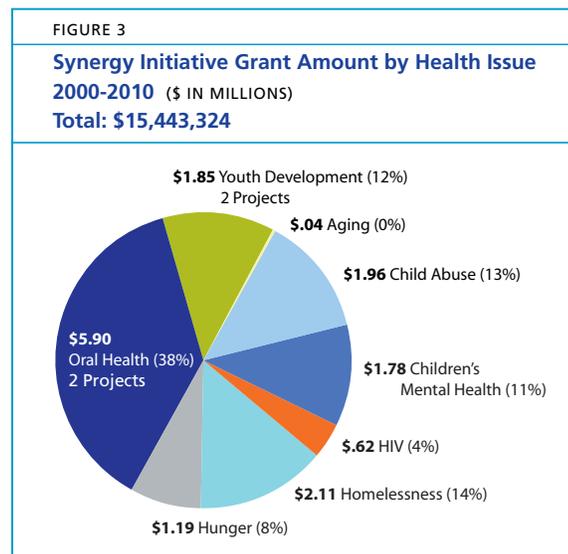
In Round 1, the Central Massachusetts Agency on Aging (CMAA) was invited to submit an application to address the concerns of caregivers. During the planning grant year, the federal government allocated funding for the types of activities that the CMAA had proposed. As a result, this grantee partially completed the initial planning grant before embracing the larger, federal funding opportunity. Because federal funding did not provide for the development of a website, the Foundation instead provided an Activation Fund grant that enabled the CMAA to create a website that continues to offer information to elders and their caregivers (see Activation Fund grant p. 35). The second grantee, AIDS Project Worcester, began a Synergy Initiative project in 2007 and was funded for one planning year, one year to pilot their project, and one year of implementation. During the implementation year, opportunities to institutionalize some of

the strategies of the W.O.M.E.N.'s Health Project were identified. However, AIDS Project Worcester declined to pursue these opportunities, causing this project to no longer fit the criteria for the Synergy Initiative. As a result, the Foundation Board voted not to invite an application for a second year of implementation.

### Issues Impacted

Between 2000 and 2010, the Foundation awarded \$15,443,324, or 75% of its total grantmaking funds, to Synergy Initiative projects (this total includes \$661,564 (or 4%) for the two projects that did not continue through the Synergy Initiative grant cycle). This is consistent with the Foundation's initial plan to invest approximately 75% of its funds in Synergy Initiative projects. These projects have addressed a variety of health issues including oral health, youth development, child abuse, children's mental health, hunger and homelessness.

Eight community health issues have been impacted by the Synergy Initiative projects. The total funds invested in each issue have varied as shown in, Figure 3. Through 2010, the largest percentage of Synergy

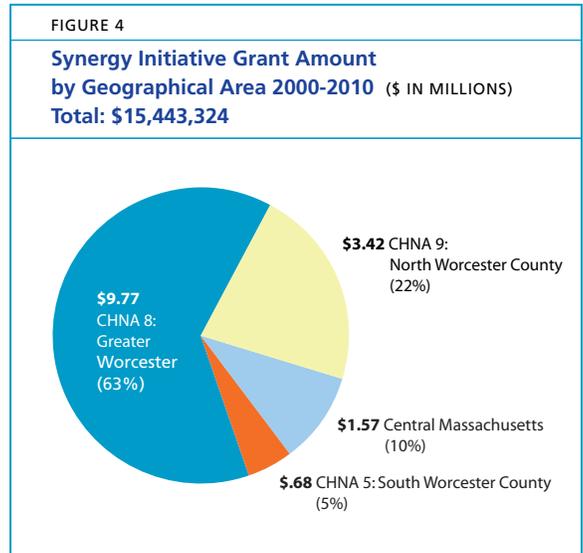


Initiative funds (38%) had gone to oral health. These percentages are expected to change over time as new proposals and issues identified by the community are funded in future years. The specific interventions implemented will be designed to address socioeconomic determinants of health. Interventions that focus on the determinants (e.g., poverty, access to care) are typically most effective because they reach broader segments of society and require less individual effort (Frieden, 2010). Using Frieden's Framework for Public Health Action, a variety of interventions are necessary but interventions that change the context and address the social determinants of health have the greatest potential to improve health.

Geographically, the majority of Synergy Initiative funding (63%) went to grantees that are based in the Greater Worcester area, with grantees in North Worcester County receiving the second highest amount of funding (22%). Much smaller percentages (10% and 5%) went to Central Massachusetts and South Worcester County, respectively. This is highlighted in Figure 4 below.

This funding is consistent with the Worcester area having a large number of the non-profit organizations that serve the region based in and around the city, which is the second largest in New England. In addition, about 35-40% of the region's population lives in Worcester or the surrounding towns – Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury and West Boylston. All Synergy Initiative grantees are asked to collaborate and interface with their respective Community Health Network Area (CHNA), as designated by the Massachusetts Department of Public Health and other relevant coalitions in the geographic area of the target population.

To effect broader long-term change in communities and statewide, the programmatic and advocacy efforts required must be conducted with sufficient intensity to bring about change. The programmatic and advocacy changes associated with each Synergy Initiative



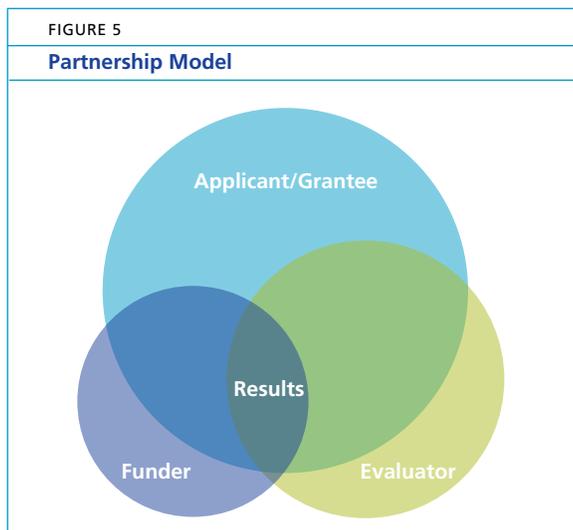
project are summarized below. The criteria of the Synergy Initiative fosters a commitment from both the Foundation and the lead agency of each project to implement high-quality, evidence-based practices that will become sustainable through public policy change. The ultimate goal, therefore, is to be strategic in selecting grantees that can produce programmatic outcomes as well as meaningful public policy changes. The Synergy Initiative projects have hired staff and evaluators to ensure that programmatic outcomes are achieved and, with a focus on advocacy and public policy, that these changes endure. Even in very difficult economic times, most grantees have been successful in aligning their advocacy with a new or existing public policy agenda. In many cases, these efforts have resulted in significant changes and improvements in policies.

### Use of Evaluation System

The Synergy Initiative projects represent a large commitment for the Foundation – typically in the range of \$1.0 to \$2.0 million for each project – and require content expertise, strong collaborative

relationships and strategic planning by the grantees and the Foundation staff. To promote accountability for these funds, the Foundation uses an evaluation system called “Results-Oriented Grantmaking and Grant-Implementation” (ROGG) which is based on ten accountability questions. The partners hold each other accountable to an interdependent, results-based approach for programming and community change. This partnership model is depicted in Figure 5 below.

This model of collaborative learning increases the likelihood of results because each partner is held accountable. The partners, represented by the project director, project coordinator, project evaluator and a Foundation staff member, hold quarterly Grant Management Team meetings to assess the progress being made and to make “real time” adaptations to the project. To help ensure that the ROGG model is utilized, the Foundation integrates these ten accountability questions into its Synergy Initiative grant application and reporting processes.



### Ten Accountability Questions in Grant Application

1. What are the underlying needs and conditions that must be addressed?
2. What are the goals, target population and objectives (i.e., desired outcomes)?
3. What evidence-based models and best practice programs can be used in reaching these goals?
4. What actions need to be taken so that the selected program fits the community context?
5. What organizational capacities are needed to implement the program?
6. What is the plan for this program?
7. Is the program being implemented with quality?
8. How well is the program working?
9. How will continuous quality improvement strategies be included?
10. If the program is successful, how will it be sustained?

Utilized during the first ten years of the Foundation’s grantmaking, ROGG is an accountability system designed to build capacity for the implementation and evaluation of high quality programming. By incorporating traditional evaluation, empowerment evaluation, results-based accountability and continuous quality improvement, this ten-step model enhances practitioners’ ability to plan, implement and evaluate their work. ROGG was the basis for the development of the Getting to Outcomes System (GTO), which won the 2008 Outstanding Publication Award from the American Evaluation Association at the national meeting in November of 2008.

## Highlights of Results of the Synergy Initiative Projects

This section highlights the progress and outcomes for the Synergy Initiative projects from Rounds 1 and 2. The evaluation consultants reviewed process and summary reports from each of the eight Synergy

Initiative grantees as well as additional archival information, policy reports and community impact data. In addition, data were gathered and reviewed from Foundation staff, grantee staff and project evaluators. After a brief overview of each Synergy project, the programmatic results and advocacy outcomes are reported.

| ROUND 1   |  | SYNERGY INITIATIVE  |  |
|---|--|---|--|
| <b>CHILD ABUSE PREVENTION AND PROTECTION COLLABORATIVE</b>  |  |   |  |
| LEAD/FISCAL AGENCIES:<br><b>University of Massachusetts Medical School (2 years)</b><br><b>Community Healthlink, Inc.</b><br>Worcester, Massachusetts |  | DATES OF FUNDING:<br>January 2001 – November 2007<br>TOTAL AMOUNT AWARDED: <b>\$1,961,778</b> |  |
| <b>Project Overview</b>   | The two major goals of the Child Abuse Prevention and Protection Collaborative were to prevent child abuse and neglect, and to improve the treatment and healing of those affected by child abuse and neglect. The major prevention strategies included a program to reduce Shaken Baby Syndrome (SBS), and the development of a Family Outreach Network (FON) to ensure adequate access to services for families “at risk” for child abuse and neglect (i.e., had at least one child abuse allegation that was investigated and unsupported). The work was facilitated by a steering committee comprised of representatives from approximately 35 agencies active on various subcommittees. The soundness of this approach was illustrated in its comprehensive plan that included specific interventions developed for particular target populations that could be implemented in a variety of settings to ensure adequate reach (e.g., hospitals, communities, homes).  |   |  |
| <b>Key Results</b>  | <ul style="list-style-type: none"> <li>■ The Collaborative’s interagency FON served more than 406 “at-risk” families and connected with critical services such as economic assistance, housing assistance and other support services (e.g., day care). Improvements on the Child Abuse Potential Inventory completed by parents at the end of their FON involvement were positive including improved parenting skills, better understanding of developmental needs and reduced levels of distress in parents/caregivers. Only 14% of families who received FON services, with no prior involvement with the Massachusetts Department of Social Services (now the Department of Children and Families), were re-reported in one year’s time.</li> <li>■ Of families with a child identified as needing mental health services, 98% were referred for services; only 18% refused the services.</li> <li>■ In the five Central Massachusetts birthing hospitals, 79% of parents/caregivers were educated on the prevention of SBS. Nurses significantly increased their knowledge of SBS and how to teach new parents prevention strategies.</li> </ul> |   |  |
| <b>Key Public Policy Accomplishments</b>  | <ul style="list-style-type: none"> <li>■ The Collaborative facilitated and supported the passage of Chapter 356 of the Acts of 2006 – An Act Providing for the Prevention of Shaken Baby Syndrome which requires prevention education for parents of newborns in all Massachusetts hospitals that provide obstetric services. This legislation is one of the most comprehensive SBS prevention laws in the country.</li> <li>■ State funding for Sexual Assault Nurse Examiners (SANE) and pediaSANE, to provide child-friendly services for victims and their families, was \$1.0 million in FY’06, \$3.6 million in FY’07, and has been continued in subsequent years.</li> <li>■ The coalition and its partners successfully advocated for Children’s Advocacy Centers that would provide a multidisciplinary response to abused children and their families which were successfully funded beginning in the FY’07 budget.</li> </ul>   |   |  |

| ROUND 1  |   | SYNERGY INITIATIVE  |  |
|--|---|---|--|
| <b>CENTRAL MASSACHUSETTS ORAL HEALTH INITIATIVE</b>  |   |   |  |
| LEAD/FISCAL AGENCY:<br><b>University of Massachusetts Medical School</b><br>Worcester, Massachusetts |   | TOTAL AMOUNT AWARDED: <b>\$3,643,840</b><br>DATES OF FUNDING:<br>November 2000 – Present  |  |
| <b>ORAL HEALTH INITIATIVE OF NORTH CENTRAL MASSACHUSETTS</b>   |   |   |  |
| LEAD/FISCAL AGENCY:<br><b>Montachusett Opportunity Council, Inc.</b><br>Fitchburg, Massachusetts     |   | TOTAL AMOUNT AWARDED: <b>\$2,253,672</b><br>DATES OF FUNDING:<br>January 2001 – June 2008 |  |
| <b>Projects Overview</b>   | <p>The Central Massachusetts Oral Health Initiative (CMOHI) and the Oral Health Initiative of North Central Massachusetts (OHINCM) were two Synergy Initiative projects that worked closely together to improve access to oral health services. The strategies of the two projects varied somewhat, but included public education about oral health issues, ongoing support of policies to increase oral health services to MassHealth (Medicaid) recipients and the uninsured, increased access to dental health care providers (e.g., dentists, hygienists, residency programs), and workforce development efforts. The oral health projects have been successful in their advocacy efforts to change systems and sustain strategies beyond the grants. Key accomplishments of specific programming for each grantee are summarized below.</p> <p>In addition, \$2.1 million was received from other funders, including the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, the Massachusetts Dental Society and the Massachusetts Dental Society Foundation, the Blue Cross Blue Shield of Massachusetts Foundation and the Worcester District Dental Society. A grant was also provided to the CMOHI from the Dr. Leo and Mrs. Irma Berg Fund, a restricted fund within The Health Foundation Fund, the 501 (c)(3) fundraising affiliate of The Health Foundation of Central Massachusetts.</p>                      |   |  |
| <b>Key CMOHI Results</b>   | <ul style="list-style-type: none"> <li>■ Significantly increased student participation in school-based prevention services at 20 schools in Worcester and one in Webster, as of 2010.</li> <li>■ Nearly doubled access to treatment for children and adults in 2009 to an average of 1,358 visits per month at the Family Health Center and 2,138 visits per month at the Edward M. Kennedy Community Health Center (formerly the Great Brook Valley Community Health Center).</li> <li>■ To prevent dental decay, a fluoride education campaign was undertaken in 2001. This included support of a ballot initiative to fluoridate Worcester's community water supply, which voters rejected for the third time in the past 40 years. Fluoride varnishes and rinses were subsequently introduced in the Worcester Public Schools.</li> <li>■ Established an American Dental Association accredited Dental Residency program at the University of Massachusetts Medical School (the third of its kind in the country).</li> <li>■ Reinstated oral surgery services at Hahnemann Hospital.</li> <li>■ Created educational materials for physicians on adult emergent and urgent oral health issues.</li> <li>■ As of 2010, 200 Worcester-area dentists accept MassHealth patients. This represents a significant increase from fewer than ten dentists in the area who accepted MassHealth at the beginning of the project.</li> </ul> |   |  |

| ROUND 1   | SYNERGY INITIATIVE   |
|---|--|
| <p><b>Key OHINCM Results</b></p>                | <ul style="list-style-type: none"> <li>■ Established and expanded community health center sites for dental services at three Community Health Connections, Inc. locations in Fitchburg, Gardner and Leominster, and through ACTION Health Services, a program for the homeless and publicly-housed populations.</li> <li>■ Fifteen dentists, two hygienists and 17 dental assistants served more than 20,700 patients in 20 dental chairs (data is through June 2008).</li> <li>■ Dental services were introduced and continue at 16 schools in five districts for grades K-5, as of 2010.</li> <li>■ Established a Dental Hygiene program at Mt. Wachusett Community College and had graduated 21 students at the conclusion of the Foundation's support. In 2007 and 2008, 100% of the graduates passed the Dental Hygienist National Board Examination (the most recent information available). These students have provided oral health education and services to more than 5,000 area residents.</li> <li>■ As of 2010, 47 area dentists accept MassHealth, significantly increasing access for those individuals. At the inception of this initiative no dentists in the North Worcester County area accepted MassHealth.</li> </ul> |
| <p><b>Key Public Policy Accomplishments</b></p> | <p>Both the CMOHI and the OHINCM worked with the Statewide Oral Health Advocacy Task Force coordinated by Health Care For All to win significant public policy changes in Massachusetts including:</p> <ul style="list-style-type: none"> <li>■ Engaging a third-party administrator to manage the operation of the MassHealth dental benefits.</li> <li>■ Dental providers were allowed to set their MassHealth caseloads.</li> <li>■ Funding for the Massachusetts Department of Public Health's Office of Oral Health was increased.</li> <li>■ MassHealth adult dental benefits were fully restored. Unfortunately, due to the recent downturn in the economy, MassHealth adult dental benefits were reduced in FY'11. The Governor's FY'12 budget did not include restoration of these benefits due to the state's continued fiscal difficulties.</li> <li>■ MassHealth reimbursement rates for children and adults were increased.</li> </ul>  |

| ROUND 1  |   | SYNERGY INITIATIVE  |  |
|--|---|---|--|
| <b>TOGETHER FOR KIDS</b>   |   |   |  |
| LEAD/FISCAL AGENCY:<br><b>Community Healthlink, Inc.</b><br>Worcester, Massachusetts |   | TOTAL AMOUNT AWARDED: <b>\$1,779,018</b><br>DATES OF FUNDING:<br>May 2001 – June 2009 |  |
| <b>Project Overview</b>  | <p>Together For Kids (TFK) involved a partnership of more than 30 pre-school centers and other behavioral health and social service agencies in addressing “challenging behaviors” that disrupted the learning environment and too frequently led to suspensions or expulsions. These agencies worked together to understand the problems they were facing in their classrooms and to identify, test, and implement effective solutions. TFK identified six programmatic and advocacy goals and was successful in achieving them. The project used a rigorous evaluation methodology and compared results for children receiving services with those who did not receive behavioral health consultation at matched pre-schools.</p> <p>Additional local funding for TFK came from the United Way of Central Massachusetts (\$500,000) and the Fred Harris Daniels Foundation (\$24,000). The project evaluator received a grant from the National Institutes of Health (\$450,000) to fund additional research on this issue.</p> |   |  |
| <b>Key Results</b>   | <ul style="list-style-type: none"> <li>■ TFK developed an evidence-based model of early childhood mental health consultation that was published in “Early Childhood Research Quarterly.” The program is listed in Georgetown University’s Center for Child and Human Development as an evidence-based practice.</li> <li>■ Area preschools experienced significant reductions in suspensions and expulsions. A kindergarten follow-up study in 2009 showed that children who received services in pre-school maintained their behavioral and developmental gains.</li> <li>■ Graduate-level training and ongoing consultation from TFK has increased the capacity of early child care professionals and other clinicians in Worcester to address the social, emotional and behavioral needs of young children and families.</li> </ul>  |   |  |
| <b>Key Public Policy Accomplishments</b>   | <ul style="list-style-type: none"> <li>■ TFK was instrumental in the Massachusetts Legislature’s passage of Chapter 205 of the Acts of 2004 – An Act Establishing a Department of Early Education and Care; and Chapter 321 of the Acts of 2008 – An Act Relative to Children’s Mental Health.</li> <li>■ Early childhood mental health consultation services were funded in the Massachusetts state budget at \$1.4 million in FY ’08; \$2.9 million in FY’09; \$1.0 million in FY ’10 and \$750,000 in FY’11. The decrease in funding was due to the recession and was not a decision that the services were ineffective.</li> <li>■ Based on consistent positive results including an evaluation to assess the economic impact of the program, Community Healthlink has continued to receive limited funding from the Department of Early Education and Care to provide services in Central Massachusetts.</li> </ul>  |   |  |

| ROUND 2   |  | SYNERGY INITIATIVE  |  |
|---|--|---|--|
| <p>These four projects were still underway at the close of 2010. The four have already had some successful programmatic and advocacy results which are highlighted below.</p> <p><b>HUNGER FREE &amp; HEALTHY</b></p> |  |   |  |
| <p>LEAD/FISCAL AGENCY:<br/> <b>Worcester County Food Bank</b><br/>           Shrewsbury, Massachusetts</p>  |  | <p>TOTAL AMOUNT AWARDED AS OF 2010: <b>\$1,188,084</b></p> <p>DATES OF FUNDING:<br/>           January 2007 – present</p> |  |
| <p><b>Project Overview</b></p>  | <p>The Hunger Free &amp; Healthy (HFH) project has demonstrated a high level of integration among partnering agencies and has addressed food insecurity in traditional and nontraditional ways. Some of the more traditional strategies include assistance with applications to the Supplemental Nutrition Assistance program (SNAP, formerly Food Stamps) and working with the Worcester Public Schools to improve the quality of the meals served. Some of the less traditional strategies include starting farmers' markets that accept SNAP benefits in two city neighborhoods, offering cooking classes, and working with public schools to establish gardens at schools throughout Worcester. The success of these strategies was the direct result of integrative efforts between governments, non-profits, academicians, neighbors, grocers and gardeners.</p>   |   |  |
| <p><b>Key Results</b></p>   | <ul style="list-style-type: none"> <li>■ Universal Breakfast was implemented in all Worcester Public Schools with 80% or more free or reduced-lunch eligible students to ensure that all of their students eat breakfast each day, as of the 2010-2011 school year.</li> <li>■ Ten schools are part of the USDA fresh fruit and vegetable snack grant in 2010-2011, up from four in the 2009-2010 school year.</li> <li>■ Farmers' markets were established in two Worcester neighborhoods – Main South and Great Brook Valley.</li> <li>■ Approximately 120 adults and children have graduated from nutrition-based cooking classes offered by HFH, as of 2010.</li> </ul>  |   |  |
| <p><b>Key Public Policy Accomplishments</b></p>   | <ul style="list-style-type: none"> <li>■ HFH worked with a variety of organizations across the state to secure the passage by the Massachusetts Legislature of Chapter 197 of the Acts of 2010 – An Act Relative to School Nutrition, which allows more local produce to be used in school meals and which allows the state to set nutritional standards for food sold in school stores, vending machines and a la carte cafeteria lines.</li> <li>■ HFH contributed to the successful passage of Chapter 277 of the Acts of 2010 – An Act Establishing the Massachusetts Food Policy Council, which created the Massachusetts Food Policy Council to advance the food system goals of the Commonwealth.</li> <li>■ In 2010, the Worcester School Committee passed a guideline encouraging elementary schools to experiment with having recess before lunch. Research indicates that having recess prior to lunch results in less plate waste, meaning that students eat more of their lunch rather than eating quickly to get to recess sooner.</li> <li>■ The Massachusetts Budget for FY'11 allows the Department of Transitional Assistance to amend the state's SNAP Outreach Plan to apply for federal reimbursement for application assistance efforts by community-based organizations and similar agencies, and channel most of these reimbursements back to such agencies. This may help to sustain the SNAP outreach worker that has been part of HFH.</li> </ul> |   |  |

| ROUND 2  |   | SYNERGY INITIATIVE   |  |
|--|---|--|--|
| <b>CHOICES: ADDRESSING YOUTH AT RISK IN WEBSTER/DUDLEY</b>                                     |   |  |  |
| LEAD/FISCAL AGENCY:<br><b>Boys &amp; Girls Club of Webster-Dudley</b><br>Dudley, Massachusetts |   | TOTAL AMOUNT AWARDED AS OF 2010: <b>\$684,898</b><br>DATES OF FUNDING:<br>January 2007 – present |  |
| <b>Project Overview</b>  | <p>Choices directs at-risk youth ages 12-15, toward positive alternatives by offering a variety of programs. Counselors from the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) are at the Boys &amp; Girls Club of Webster-Dudley regularly and offer weekly programming to build self-esteem and self-confidence. The advocacy agenda encompasses continued support for the Children's Mental Health Campaign, including efforts to require coverage for care coordination services and working to ensure that the Children's Behavioral Health Initiative is implemented effectively, which includes on-site behavioral health counselors providing services to youth. Choices has worked to coordinate their efforts with both local school systems and has key contacts at all local middle and high schools to ensure that children in need of assistance are being directed to the Club.</p>  |  |  |
| <b>Key Results</b>   | <ul style="list-style-type: none"> <li>■ Established a youth-friendly after-school setting that directs at-risk young people toward positive alternatives through individual and group activities, case management and pro-social community involvement.</li> <li>■ Served 28-30 youth daily, with most attending club-activities two to three times per week. The average age of the participants was 13.3 years and 59% were female.</li> <li>■ The majority of youth involved report positive relationships with staff and peers in critical youth development areas such as feelings of belongingness, respect and positive social relationships.</li> <li>■ To promote the related goals of access to mental health services and the prevention of substance abuse among young people, Choices and The Winchendon Project have worked together for advocacy and legislative change. These accomplishments are reported in the section on advocacy under The Winchendon Project.</li> </ul> |  |  |

| ROUND 2  |   | SYNERGY INITIATIVE   |  |
|--|---|--|--|
| <b>THE WINCHENDON PROJECT</b>  |   |  |  |
| LEAD/FISCAL AGENCY:<br><b>Montachusett Opportunity Council, Inc.</b><br>Fitchburg, Massachusetts |   | TOTAL AMOUNT AWARDED AS OF 2010: <b>\$1,164,159</b><br>DATES OF FUNDING:<br>January 2007 – present |  |
| <b>Project Overview</b>  | <p>The Winchendon Project (TWP) was developed to address mental health and substance abuse issues among middle and high school students in Winchendon, Massachusetts. The project introduced school-based behavioral health services provided by mental health and substance abuse clinicians; an annual youth survey to identify the types of behaviors youth are engaging in, as well as the risk and protective factors present in their lives; and a media and marketing campaign. Additionally, a learning supports facilitator worked with a school-based resource team to map resources available in the school, the school district and the broader community that could help students achieve academic success. By the end of 2010, plans to coordinate and integrate the medical and mental health services available to youth through the school-based health center had been developed. One major step toward sustainability is the transfer of the administration of this project to the Winchendon Public Schools beginning in 2011.</p>  |  |  |
| <b>Key Results</b>   | <ul style="list-style-type: none"> <li>■ Healthy behaviors among students attending Murdock Middle High School (MMHS) were improved by providing comprehensive school-based behavioral health services including implementation of the evidence-based All Stars curriculum to all 7th and 8th grade students as part of the curriculum.</li> <li>■ TWP provided behavioral health services to approximately 150 students at MMHS through individual and group counseling, case management and ongoing support from January 2008 through May 2010.</li> <li>■ Participation in social norming campaigns helped to improve the healthy behaviors of students.</li> <li>■ Information was disseminated to the community through stakeholder (e.g., law enforcement) involvement to increase awareness, concern and action about the dangers and negative consequences of alcohol, tobacco and marijuana use.</li> </ul>  |  |  |
| <b>Key Public Policy Accomplishments</b>   | <ul style="list-style-type: none"> <li>■ TWP and Choices worked with the Children’s Mental Health Campaign to win legislative approval of Massachusetts Chapter 321 of the Acts of 2008 – An Act Relative to Children’s Mental Health, which was signed into law on August 20, 2008. Major provisions of this legislation included: early identification of mental health issues/problem behaviors; improved insurance coverage for children with mental health needs; and the restructuring of the Commonwealth’s provision, coordination and oversight of children’s behavioral health services.</li> <li>■ In 2009, representatives of TWP and Choices testified before the state legislature’s Joint Committee on Mental Health and Substance Abuse in support of requiring private insurers to pay for care coordination services (e.g., consultation with parents, teachers). Their testimony noted that the state already pays for these services for children covered under MassHealth through the Massachusetts Behavioral Health Partnership. This bill was not enacted and will be re-filed in January 2011.</li> <li>■ TWP actively participates in the Children’s Mental Health Campaign’s Education Work Group which is focused on assessing the capacity of schools to address children’s behavioral health needs. The group will also work with MassHealth to promote the provision of mental health consulting services in schools.</li> </ul> |  |  |

| ROUND 2  |  | SYNERGY INITIATIVE   |  |
|--|--|--|--|
| <b>HOME AGAIN</b>  |  |  |  |
| LEAD/FISCAL AGENCY:<br><b>Community Healthlink, Inc.</b><br>Worcester, Massachusetts |  | TOTAL AMOUNT AWARDED AS OF 2010: <b>\$2,106,311</b><br>DATES OF FUNDING:<br>January 2007 – present |  |
| <b>Project Overview</b>  | <p>Home Again was developed to address the issue of adults who are chronically homeless in Worcester by using the “Housing First” model, an approach that houses homeless people and provides the case management and support services necessary for them to function at their highest capacity and remain housed. This model challenges the traditional shelter approach that has been used for decades to address homelessness. Funding for the Home Again grant included monies for the most rigorous type of evaluation: a randomized controlled trial conducted by researchers from the Boston University School of Public Health.</p> <p>This project also included a Program-Related Investment (PRI) of \$492,000. The Foundation made these funds available to Worcester Community Housing Resources (WCHR), a local non-profit community development organization, to assist in the acquisition and development of affordable housing. WCHR made a loan at below market rates (3%) to Yarock Memorial Housing, Inc., the housing affiliate of Community Healthlink, which enabled the purchase of a property and development of congregate housing for 14 individuals. The Foundation earns 1.5% interest on this loan which is to be paid back over 20 years by WCHR. Other participants are housed in apartments scattered in or near Worcester.</p>   |  |  |
| <b>Key Results</b>   | <ul style="list-style-type: none"> <li>■ Home Again was able to test the effectiveness of “Housing First” in Worcester by enrolling 60 clients into a randomized, controlled study where 29 subjects received the Home Again option and the remaining 31 received the standard care option.</li> <li>■ Notably, while case management is central to both approaches, the ratio of case managers to clients is 1:10 for Home Again, and as high as 1:70 or more for standard care. The potential of Home Again to succeed rests on the low case manager to client ratio, because Home Again case managers work directly with each client to achieve and maintain permanent housing.</li> <li>■ By 2010, Home Again had housed 95 individuals and achieved a 91% retention rate.</li> <li>■ Home Again participants were 2.5 times as likely to achieve and maintain housing over six months (97 percent vs. 38 percent controls).</li> <li>■ Home Again participants were less likely to use emergency room services and had greater social support. A copy of the Home Again 32-Month Outcome Evaluation Report can be found at the Web site <a href="http://www.homeagaincentralma.org">www.homeagaincentralma.org</a>.</li> <li>■ The majority of case management sessions, which average between two and five sessions per month, are to assist clients with housing, life skills or income-related issues. Over time, most clients participate in fewer case management sessions.</li> <li>■ More case management sessions correlated with client reported improvement in mental health symptoms.</li> </ul> |  |  |
| <b>Key Public Policy Accomplishments</b>   | <ul style="list-style-type: none"> <li>■ Home Again won community endorsement for and commitment to a “Housing First” model that prioritized adult chronic homelessness in Worcester County. This commitment aligned with the Governor’s Interagency Council on Housing and Homelessness (ICHH) that included a new \$10 million statewide initiative to provide permanent housing for homeless individuals and families.</li> <li>■ In 2008, 2009 and 2010, Home Again received the full amount of funding available for housing subsidies from the U.S. Department of Housing and Urban Development (HUD) through the Worcester Continuum of Care. This funding totaled \$452,500. Home Again expects to split this Continuum of Care funding with other housing programs in 2011 and 2012.</li> <li>■ The goal of the State Administration is to provide ongoing case management, an essential component of “Housing First,” through MassHealth as of the end of 2010.</li> </ul>   |  |  |

### Round 3

Four projects have been awarded planning grant applications for Round 3 of the Synergy Initiative, to begin in 2011. The four lead agencies invited for project funding include:

- **Worcester Housing Authority** for a project that will enable families to move out of public housing projects.
- **Dismas House** for a project dealing with prisoner reentry.
- **Milford Regional Medical Center** for a project that will improve access to care for vulnerable populations in their service area.
- **LUK, Inc.** for a project that will address issues surrounding transition age homelessness.

The Foundation anticipates that these projects will successfully proceed through the planning, pilot and implementation phases through 2015.

### Evaluation Methodology

To evaluate the Synergy Initiative projects for this report, the evaluation consultants reviewed data from the Foundation to assess the impact of these projects. The data analyzed included:

- Grant Summary Reports, including reports prepared by the project evaluators, for the eight Synergy Initiative projects that had been completed or were underway as of 2010;
- Foundation generated data including the number of letters of intent received by year, the number of applications invited, the dollar amount of grants made by health issue, the geographic area served and the amount committed to each project; and
- Foundation generated reports on the advocacy efforts undertaken by these projects.

### Summary of Key Findings for the Synergy Initiative

During the ten years, the Synergy Initiative grant-making process has been competitive with only 32% of the proposed projects receiving funding. These projects addressed a variety of health issues including oral health, youth development, child abuse, children's mental health, hunger and homelessness. The Foundation achieved its goal of distributing 75% of its funding for Synergy Initiative projects.

Each successful Synergy Initiative project integrated evidence-based strategies and aligned their efforts in an advocacy agenda that fundamentally changed underlying needs and socioeconomic conditions. The project evaluators were helpful in collecting, reviewing, and analyzing the process and outcomes for the Synergy Initiative projects and using that data to help inform decision making. The project evaluators, in addition to the technical assistance received from advocacy and communication specialists, were viewed as valuable assets in accomplishing the goals of each project.

The Synergy Initiative places a strong emphasis on partnerships to implement advocacy strategies impacting legislative and administrative changes. This collaborative model is consistent with grantmaking models that stress the importance of cross-sector involvement as the most effective strategy to address large-scale social change (Kania & Kramer, 2011). Facilitating authentic collaboration to ensure a "collective impact" requires a centralized infrastructure, dedicated staff, common agenda, shared measurement and continuous communication. Specific examples of "collective impact" that have contributed to community outcomes and public policy changes for each Synergy Initiative project are described in this report. These systematic changes are particularly impressive considering that the ten-year period in question experienced two serious economic downturns as well as related budget cuts at all levels of government. Several

additional strengths of the Synergy Initiative are listed below.

### Strengths of the Synergy Initiative Grantmaking Process

- As a result of support spanning multiple years, the Synergy Initiative projects have significantly impacted the health of those who live or work in Central Massachusetts.
- The collaborative partnerships, steering committees and grant management team meetings that are central to these projects have resulted in well managed efforts that have enhanced results.
- The inclusion of evaluation expertise throughout each project has helped projects develop evidence-based solutions by ensuring that objectives are clearly stated, measurable, monitored and attained.
- The use of evidence-based strategies in the development of these projects is an important element of their successful implementation.
- The emphasis on advocacy is key to systems change and sustainability, and has enabled the overall impact of these projects.
- The technical assistance provided has built the capacities of staff and various partner agencies to conduct advocacy and implement media/communication strategies.
- By investing in leadership, adequate staffing and evidence-based community processes, the Foundation has enabled each project to move forward using a systematic process to achieve its goals.
- The geographic reach of these projects has reflected the Foundation's mandate to serve the region.

### Conclusion and Suggestions for Improvement

The Synergy Initiative projects have had significant impact on important health issues for the region. By not naming specific issues, but rather allowing community organizations to come together around an issue they believed to be a significant problem, the Foundation was able to support a broad range of projects and was seen as aiding the community to address what matters most.

The use of professional evaluators throughout these projects has enabled the collection of outcomes data that has been the catalyst for the public policy change achieved by these projects.

Having Foundation staff work on these project teams has meant that these projects have received the benefit of staff knowledge and technical assistance on issues from identifying resources to utilizing evidence-based practices to achieve results. The Foundation should continue to work to find the right balance in the support and technical assistance it provides to grantees. For example, in Round 1, the Foundation recognized the need for technical assistance in advocacy and communications. In Round 2, it provided several large workshops for project steering committees, which took considerable staff time and effort. As Round 2 is ending, it appears that smaller, peer-to-peer sessions for project directors and coordinators have been more effective. Continued observation and feedback on what works should be monitored as the Round 3 projects begin.



PART 2:

# Activation Fund

## EVALUATION QUESTION #2:

## How effective have the Activation Fund projects been at generating action beyond the routine?

### Activation Fund Guidelines

The Foundation supports an Activation Fund which, in general, functions as a type of venture capital fund available for discrete, one-year projects. Selection for funding from the Activation Fund is based on the following grant criteria:

#### Grant Criteria

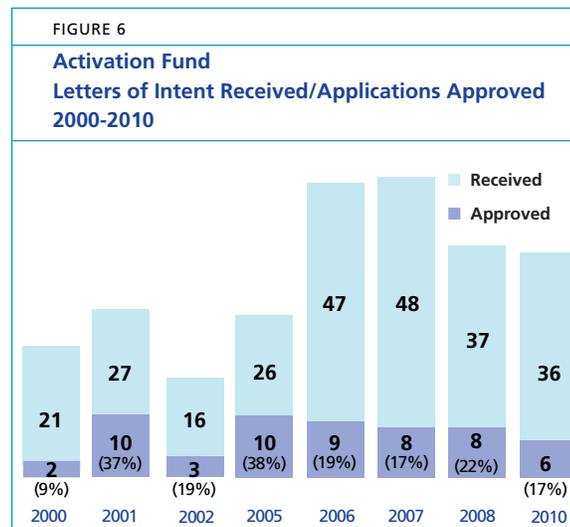
- Develop creative and innovative approaches to alleviating community health concerns;
- Move and sustain a community organization at a higher level of capacity and effectiveness;
- Enable partnerships of organizations to address health issues with new strategies; and/or
- Help the Foundation explore emerging health challenges and opportunities.

### Synopsis of Activation Fund Grantmaking

The Foundation's initial strategic plan, announced in 2000, targeted 15% of its grantmaking budget to be expended for grants from the Activation Fund. The number of Activation Fund grants made annually has varied depending on the funds available and the size of grant requests. From 2000 to 2010,

56 Activation Fund grants were made totaling \$2,543,452. These grants, which were typically for one year, ranged in size from \$9,050 to \$99,000 with an average grant award of \$45,419, and a median grant amount of \$44,106. These grants represent 12% of the Foundation's grant awards over the ten year period.

Within the last ten years, the Foundation has received 258 letters of intent to the Activation Fund and has funded 56 (22%), representing an approximate 5:1 ratio of letters of intent to grants made. The lowest percentage of grants (9%) was approved in 2000, while the highest percentage (38%) was approved in 2005 (see Figure 6).

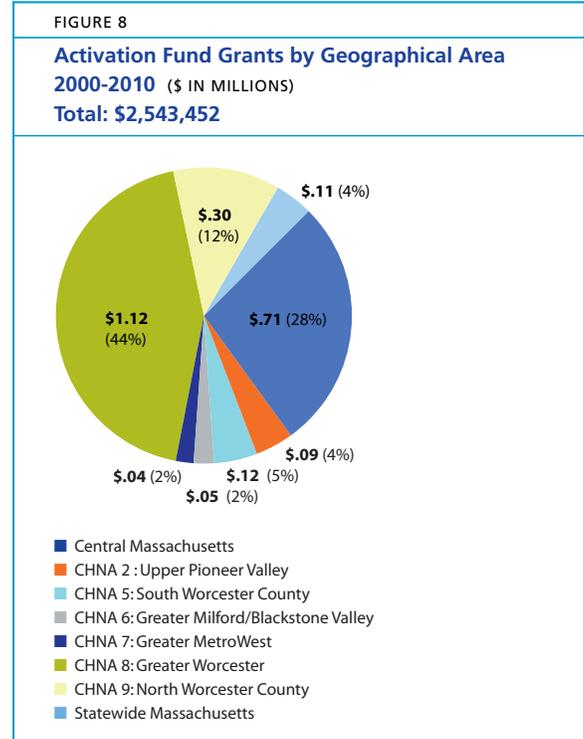
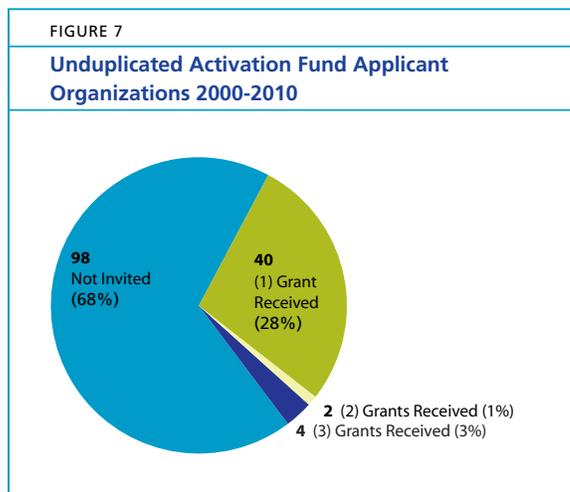


The Activation Fund was closed to new applications in 2003, 2004 and 2009, due to a decline in the value of the Foundation's investments, and thus, in the funds available for grants. Each decision to close the Activation Fund was made by the Board to ensure that the multi-year Health Care and Health Promotion Synergy Initiative projects would continue to receive adequate funding. After the 2009 closure, the Activation Fund was reopened in 2010, and the Foundation received 36 letters of intent - the highest number ever received in an application cycle. Six grantees were awarded funding that year.

Between 2000 and 2010, 144 unduplicated organizations submitted 258 letters of intent for Activation Fund grants. Of these, 40 organizations were awarded a single grant, two were awarded two grants, and four were awarded three grants (see Figure 7).

In general, grants were not awarded due to limited funds or because the proposal did not fit the Activation Fund guidelines. Specifically, the most common reasons why grantees were not funded was that the proposed projects could not be completed in one year, the proposals would not enable the organization to reach a sustainable, higher level of capacity, or the proposals were for capital projects.

Organizations that received funding through the Activation Fund were geographically dispersed across the region and served a variety of populations across health issues. Over the ten year span, the majority of funding, \$1,115,972 (44%) was awarded to organizations based in CHNA 8 -- Greater Worcester. This is consistent with the fact that a large number of non-profit organizations in the region are located in the Worcester area. In addition, about 35-40% of the region's population lives in Worcester or the surrounding towns – Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury and West Boylston – that comprise CHNA 8. It should also be



noted that about one-third of the grants, \$819,662, were identified as projects with region-wide or even statewide impact. Figure 8 is a breakdown of grants awarded by geographic area.

While the Foundation does not typically partner with professional evaluators for the Activation Fund projects, the ROGG model is central to the grant process. The ten accountability questions are embedded in the application, process evaluation report, and grant summary report. For more detail, see page 15.

The evaluation consultants reviewed data and identified six Activation Fund projects to highlight. Criteria to determine highlighted projects were: the health issue addressed by the grant, the region served, the population served, the type of project, the innovation of the approach, the outcomes achieved and the ability to establish partnerships to promote sustainability. These criteria offered the evaluators examples that represent a broad range of health issues across various levels of organizational capacity without duplication.

## HIGHLIGHTED ACTIVATION FUND PROJECTS

## PRACTICAL NURSING CERTIFICATE PROGRAM AT WEST RIVER HEALTH CENTER

## GRANTEE ORGANIZATION

**Mount Wachusett Community College (MWCC)**  
Gardner, Massachusetts

GRANT AMOUNT: **\$68,040**

GRANT PERIOD: July 2002 to June 2003

ONE-YEAR SURVEY COMPLETED: 2005

FOLLOW-UP SURVEY COMPLETED: 2010

**Project  
Overview**

In 2002, Mt. Wachusett Community College (MWCC) established a Practical Nursing Certificate Program in the Athol/Orange area to expand training opportunities for healthcare careers and to address nursing shortages at local health care facilities. This program was later moved to the Gardner campus and has graduated more than 200 practical nurses who have successfully passed the licensure examination. In 2005, a second program was opened at the MWCC Devens campus; the two programs will merge into one site in 2011, with an expected annual enrollment of 60 students. As of 2010, the project remains fully operational and has expanded significantly since the time of activation.

This project is consistent with the Activation Fund's guidelines to activate and sustain creative and innovative approaches toward alleviating a community health concern. Specifically, this effort successfully addressed local needs associated with the nursing shortage, and due to its geographic placement, provided one of the poorest regions in Massachusetts with local workforce development opportunities. Over time, the program has responded to a shifting job market and additional employer needs.

The Practical Nursing Certificate Program has been able to sustain itself in two key ways. First, stemming from successful partnerships, additional funding for the expansion was received from the Nursing Career Ladder Initiative and the Massachusetts Department of Education Workforce Development. Second, student tuition and fee payments have enabled the program to continue. As enrollment increased annually during the early years of the project, these revenues also increased, aiding the project's viability.

## HIGHLIGHTED ACTIVATION FUND PROJECTS

## EMERGENCY SERVICE PROGRAM (ESP) STUDY

## GRANTEE ORGANIZATION

**Mental Health and Substance Abuse Corporations of Massachusetts (MHSACM),**  
Natick, Massachusetts

GRANT AMOUNT: **\$25,000**

GRANT PERIOD: January 2006 to December 2006

ONE-YEAR SURVEY COMPLETED: 2008

FOLLOW-UP SURVEY COMPLETED: 2010

**Project Overview**

The Mental Health and Substance Abuse Corporations of Massachusetts (MHSACM), now called the Association for Behavioral Healthcare (ABH), undertook a thorough review of the state's behavioral health Emergency Service Programs (ESP) in 2005 to determine whether commercial insurers were adequately reimbursing for services delivered to their covered members. The grant funding provided an opportunity to do an objective review of these reimbursement practices.

Results from this review allowed the Commissioner of Mental Health and the Director of the Massachusetts Behavioral Health Partnership to make critical policy decisions at a time when the Commonwealth Care Health Insurance Program in Massachusetts was being expanded and would significantly impact ESP services and potential reimbursement. The enrollment of large numbers of previously uninsured Commonwealth residents in the new Commonwealth Care and Commonwealth Choice health plans made the concerns raised by MHSACM about the commercial payers and ESP services more urgent. Implementing the recommendations from this review helped to improve the emergency services provided to individuals presenting with a mental health-related crisis. Specifically, the recommendations were successfully incorporated into the July 2009 contracts awarded to ESPs, allowing programs to negotiate with payers in an open marketplace and to contract at rates which reflect the true cost of delivering ESP services.

## KID POWER; PHYSICAL ACTIVITY CLUB (PAC)

## GRANTEE ORGANIZATION

**Tri-Community YMCA**  
Southbridge, Massachusetts

GRANT AMOUNT: **\$30,000**

GRANT PERIOD: January 2006 to December 2006

ONE-YEAR SURVEY COMPLETED: 2008

FOLLOW-UP SURVEY COMPLETED: 2010

**Project Overview**

The Tri-County YMCA partnered with Dr. Kyle McInnis (University of Massachusetts, Boston), the Massachusetts Department of Public Health, and the Coalition of Massachusetts YMCAs, to renovate space to house and operate a youth fitness center (YFC) and to implement a Physical Activity Club (PAC) in Southbridge.

Four days a week, the YFC/PAC program serves children ages 6-12 who are at risk for obesity and related diseases. From 2006 to 2010, the YFC/PAC had continuous enrollment of 300-450 participants with estimates that as many as 6,000 youth had used their equipment. The YFC, at the Tri-County YMCA, is a 2,700 square foot multi-functional space with 17 pieces of exercise equipment designed specifically for children. A family nutrition education program is also provided. The PAC developed a successful strategic partnership with the University of Massachusetts, which provided a steady supply of volunteers who read and analyzed the Body Mass Index (BMI) assessments conducted by YFC/PAC staff.

Through partnerships with the School of Nursing at the University of Massachusetts Medical School, the Massachusetts College of Pharmacy and Health Sciences, and the University of Massachusetts Medical Center for Healthy Kids, students assisted with the organization of BMI charts and ongoing data collection. The establishment of this data collection system increased the organizational capacity of the Tri-County YMCA to conduct evaluation, allowing them to be more competitive for other grant funding. Specifically, due to their BMI data collection capacity, the Tri-County YMCA was able to secure a \$30,000 Triple Play grant from the Boys & Girls Clubs of America.

Several unexpected positive outcomes were also achieved. There was a substantial increase in new family enrollments, suggesting that benefits were being extended to the families of youth involved in the PAC. In addition, the presence of the YFC has allowed for the expansion of exercise related activities for all age groups at the YMCA.

## HIGHLIGHTED ACTIVATION FUND PROJECTS

## HELEN A. BOWDITCH HEALTH CENTER AT ELM PARK COMMUNITY SCHOOL

## GRANTEE ORGANIZATION

**Family Health Center of Worcester, Inc. (FHCW)**  
Worcester, Massachusetts

GRANT AMOUNT: **\$50,000**

GRANT PERIOD: July 2006 to June 2007

ONE-YEAR SURVEY COMPLETED: 2009

FOLLOW-UP SURVEY COMPLETED: 2010

**Project Overview**

The Family Health Center of Worcester (FHCW) collaborated with the Worcester Public Schools to establish the Helen A. Bowditch Health Center at Elm Park Community School. In 2009, the health center provided 900 clinical visits for students and community members. In addition, nutrition, physical fitness and education projects have been coordinated for the school, the community and the neighborhood.

The goal of the fully licensed site was to provide primary care services in order to improve the health status of Elm Park residents and narrow the outcome disparities. The health center sought to extend comprehensive health services beyond the student population by opening to the underserved residents of the Elm Park neighborhood during after-school hours. The ability to offer “community hours” has been a major piece of the health center’s success. Families often enroll in the center as they drop their children off at school and make evening appointments for themselves or other family members. In order to meet the needs of Elm Park students and their families, the health center offers tours at “back-to-school” nights and continues to expand the range of services it provides. Given the wide range of complex medical conditions that have been treated there, the health center seems to have addressed a critical need in the neighborhood. The health center also continues to expand in creative ways such as partnering with Common Pathways, a healthy communities initiative, to implement wellness programs for neighborhood residents. Ongoing operation of the health center is supported by insurance reimbursement for patient visits and continuing partnerships with area organizations.

## ADOLESCENT SELF-INJURY PREVENTION PROGRAM

## GRANTEE ORGANIZATION

**The Bridge of Central Massachusetts**  
Worcester, Massachusetts

GRANT AMOUNT: **\$55,000**

GRANT PERIOD: July 2006 to June 2008

ONE-YEAR SURVEY COMPLETED: 2010

**Project Overview**

The Bridge of Central Massachusetts developed a DVD and training manual (“ACT to Prevent Self-Injury”) to address the prevention of adolescent self-injury for use in public secondary schools throughout Central Massachusetts and beyond. This project was extended for a second year to allow for the DVD and training manual to be evaluated in a number of high schools in Massachusetts.

The goals of this project were to produce a DVD and manual that would increase knowledge regarding self-injury, improve the management of self-injury in schools, and ultimately reduce the rates of adolescent self-injury. The DVD includes segments for teachers, school administrators, and students. Twenty-one schools participated in the implementation and evaluation of the DVD and its related training materials. The evaluation, conducted by an independent self-injury expert from the University of North Dakota, found that these tools were easy to use and useful in the schools. The evaluation also demonstrated that the use of the DVD and training manual did not lead to an increase in self-injury among the students. As of May 2010, more than 100 kits had been sold internationally and the program is being actively marketed on the Screening for Mental Health website: [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org). A joint webinar on the ACT Program was offered in July 2010 with the Suicide Prevention Resource Center in Newton, MA and attracted 350 participants from five countries. A pre-conference workshop – “Evidence-Based Approaches to Nonsuicidal Self Injury” – was presented at the April 2010 meeting of the American Association of Suicidology.

## HIGHLIGHTED ACTIVATION FUND PROJECTS

## MASSMEDLINK TO HEALTH

## GRANTEE ORGANIZATION

**Massachusetts College of Pharmacy and Health Sciences (MCPHS)**  
Worcester, Massachusetts

GRANT AMOUNT: **\$84,500**

GRANT PERIOD: January 2007 to December 2007

ONE-YEAR SURVEY COMPLETED: 2009

FOLLOW-UP SURVEY COMPLETED: 2010

**Project Overview**

The Massachusetts College of Pharmacy and Health Science (MCPHS) enhanced their capability to provide an interactive component to their MassMedLine service that provides educational information about medication safety and disease state management. The interactive link, "Ask the Pharmacist" has proven successful, with more than 1,240 hits each in 2008 and 2009. This section of the website allows visitors to ask MassMedLine pharmacists specific medication questions and receive a response via email. The program also received many calls relating to Medicare Part D prescription drug coverage. This service is free to anyone in Massachusetts or New Hampshire and is available in English and Spanish.

MCPHS has been expanding the reach of the MassMedLine in a variety of ways. They recently created a DVD to be used by the faculty and alumni of the College in their outreach efforts. Secondly, they have effectively utilized their strategic partnerships with statewide agencies, and staff at these agencies has been trained on issues of access and medication via the site. Their strategic partners have been encouraging new populations to access the MassMedLine services. In July 2008, when Community Partners in Amherst, MA posted a direct link on their home page encouraging their case managers to utilize the site, MCPHS documented a corresponding increase in MassMedLine hits. MCPHS has also effectively used data to improve their services. Noticing that the website was a more popular choice than the phone line option, they dedicated the bulk of their funding to the improvement of the web-based aspects of the MassMedLine. In October 2010, the MCPHS Outreach Program was selected by the Massachusetts Executive Office of Elder Affairs for a \$3.0 million, five-year contract to continue providing confidential and free assistance to Massachusetts residents who have questions about, or problems gaining access to, prescription drug coverage.

## SUMMARY OF ACTIVATION FUND GRANTS 2000-2010

A complete listing of the 56 Activation Fund grants follows. It highlights the outcomes of each grant and includes the organization receiving the grant, the year the grant was awarded and the amount of the grant.

### 2000

#### Family Health Center of Worcester

##### PHARMACY DEVELOPMENT PROJECT

*To establish an on-site pharmacy at Family Health Center.*

- The pharmacy was established and continues to serve FHCW patients, filling more than 108,000 prescriptions for nearly 12,000 patients in 2009 (the most recent data available).
- The pharmacy continues to be eligible for third-party reimbursement and 340B pricing.
- The collaboration with Massachusetts College of Pharmacy and Health Services continues to provide education for providers and patients about medications.

**\$99,000**

#### Great Brook Valley Health Center

##### DENTAL LABORATORY

*To establish an on-site dental lab at GBVHC for construction of prosthetics, dentures and other products.*

- The dental lab was established and continues to provide dental prostheses for patients. Repairs can be done on site while patients wait, reducing wait times and removing the need for a second visit to the health center.
- Costs are currently covered through existing reimbursement systems. Although, due to the economic downturn, the state has suspended adult dental benefits for MassHealth (Medicaid) patients.

**\$84,831**

### 2001

#### Southbridge Interfaith Hospitality Network (SIHN)

##### SHELTER & SOCIAL SERVICES FOR HOMELESS FAMILIES

*To create a program that provides shelter and employment to homeless families through a consortium of churches and synagogues.*

- SIHN currently owns Grace House in Southbridge and continues to provide housing for homeless families.
- Volunteers continue to provide support for families at Grace House.

**\$57,500**

#### Family Health Center of Worcester

##### RENOVATION TO ESTABLISH A SCHOOL-BASED HEALTH CENTER

*To create a health clinic at Goddard School of Science & Technology.*

- The FHCW nurse practitioners continue to provide clinical services to students at the Goddard and University Park Schools. In addition, like the Helen A. Bowditch Health Center at the Elm Park School (see the 2006 Activation Fund grant to Family Health Center of Worcester for the Elm Park Community Health Center Project), the health center has begun to serve neighborhood and community members. The nurse practitioners provided more than 1,300 clinical visits in 2009 (the most recent data available).
- The Family Health Center of Worcester now operates six school-based health centers in the City of Worcester and a school-based dental clinic in the Webster Public Schools.

**\$50,000**

| ACTIVATION FUND  |                 |
|--|-----------------|
| <p><b>University of Massachusetts Medical School</b></p> <p>CENTRAL MASSACHUSETTS MENTAL HEALTH SERVICES STUDY</p> <p><i>To initiate a longitudinal study of 2,400 adults with severe mental illness in Central Mass. to determine the effectiveness of treatments, interventions and social services.</i></p> <ul style="list-style-type: none"> <li>■ Pilot data was collected, but multiple attempts to secure NIH funding to support a longitudinal study that would evaluate the effectiveness of the various service systems were unsuccessful.</li> </ul>   | <b>\$48,555</b> |
| <p><b>Central Massachusetts Agency on Aging (CMAA)</b></p> <p>AGENCY ON AGING CONNECTION FOR CAREGIVERS</p> <p><i>To develop an interactive website for elderly caregivers.</i></p> <ul style="list-style-type: none"> <li>■ CMAA originally established a website for elderly caregivers. It continues to operate a website (<a href="http://www.seniorconnection.org">www.seniorconnection.org</a>) which now provides information for the elderly and their caregivers throughout the region.</li> <li>■ The CMAA receives in-kind assistance from their web-host and annual grants from Fallon Community Health Plan to update and maintain the site.</li> <li>■ The Massachusetts Executive Office of Elder Affairs is interested in working with CMAA to provide data on statewide issues and initiatives through this website.</li> </ul> | <b>\$69,945</b> |
| <p><b>American Cancer Society, New England Division</b></p> <p>CANCER RESOURCE CENTERS</p> <p><i>To provide staff support for the development of cancer resource centers in four Central Mass. hospitals.</i></p> <ul style="list-style-type: none"> <li>■ Newly diagnosed patients continue to receive services from the Cancer Resource Centers at University of Massachusetts Memorial and Health Alliance Hospital. Seventy-five percent of those newly diagnosed at Health Alliance received services from the resource center in 2009 (the most recent data available).</li> <li>■ The Resource Centers are staffed by volunteers trained by the American Cancer Society.</li> </ul>   | <b>\$50,000</b> |
| <p><b>Pernet Family Health Service</b></p> <p>FAMILY PARTNER PROGRAM</p> <p><i>To create a program linking volunteers from the faith-based community with low income immigrant families.</i></p> <ul style="list-style-type: none"> <li>■ The Family Partner Program continues to provide some families with minimum levels of support after they leave Pernet's formal programs.</li> <li>■ The program is completely staffed by volunteers.</li> </ul>   | <b>\$23,000</b> |
| <p><b>Family Services of Central Massachusetts</b></p> <p>WORKPLACE VIOLENCE PREVENTION PROGRAM</p> <p><i>To develop policies and procedures, and to train employers to maintain a safe working environment.</i></p> <ul style="list-style-type: none"> <li>■ Trainings on Workplace Violence Prevention continue to be offered to Worcester area companies and groups; many pay for the training, allowing the program to be sustained.</li> </ul>  | <b>\$38,000</b> |

|  |                 |
|--|-----------------|
| <p><b>Blackstone Valley Vocational Regional District</b></p> <p>ASSESSMENT, INTERVENTION AND SERVICE FOR ADOLESCENTS' WELLNESS</p> <p><i>To reduce adolescent obesity and improve student wellness.</i></p> <ul style="list-style-type: none"> <li>■ Nutrition and fitness programming has been integrated into the high school curriculum, thus impacting hundreds of students since this grant was received.</li> </ul>  | <b>\$49,975</b> |
| <p><b>University of Massachusetts Medical School</b></p> <p>ASSESSING EFFICACY OF ATTACHMENT THERAPY</p> <p><i>To document the efficacy of short-term intensive attachment therapy.</i></p> <ul style="list-style-type: none"> <li>■ Outcomes of study were presented at the 13th International Conference on Attachment and Bonding.</li> <li>■ The methodological innovations in the assessment of attachment therapy have advanced theory and research for this type of therapy.</li> </ul>   | <b>\$35,000</b> |
| <p><b>Genesis Club</b></p> <p>GENESIS WELLNESS PROJECT</p> <p><i>To assess the feasibility of establishing an exercise program for individuals with psychiatric disability through a certified clubhouse rehabilitation program.</i></p> <ul style="list-style-type: none"> <li>■ This was one of the first attempts by a Clubhouse to address the issues of wellness activities for people with mental illness and it is still continuing.</li> <li>■ The results of this project have been published in two mental health journals.</li> <li>■ Genesis Club has taken a leadership role on this issue with the international Clubhouse community.</li> </ul>                 | <b>\$83,987</b> |
| <b>2002</b>  |                 |
| <p><b>Mount Wachusett Community College (MWCC)</b></p> <p>PRACTICAL NURSING CERTIFICATE PROGRAM</p> <p><i>To establish a practical nursing program to meet the growing demand for nurses in area long-term care facilities.</i></p> <ul style="list-style-type: none"> <li>■ The original MWCC program was established and has graduated more than 200 practical nurses who have successfully passed licensure examination.</li> <li>■ In 2005, a second program was opened at the MWCC Devens campus; the two campuses will merge into one site in 2011, with an expected annual enrollment of 60 students.</li> </ul>  | <b>\$68,040</b> |
| <p><b>Baldwinville Nursing Home</b></p> <p>DEPOT POND VILLAGE – AFFORDABLE COMMUNITY LIVING WITH SERVICES</p> <p><i>To update a feasibility study conducted three years ago to develop affordable independent and/or assisted-living housing options for low to middle income, frail elders in the greater Templeton area.</i></p> <ul style="list-style-type: none"> <li>■ Plans to build more than 100 units of independent housing ended with the economic downturn that began in 2008. Goals are to renew permits and wait for an improved housing market in the area.</li> <li>■ The need for affordable independent and assisted living options remains high.</li> </ul> | <b>\$25,000</b> |

| ACTIVATION FUND  |                 |
|--|-----------------|
| <p><b>Youth Opportunities Upheld, Inc.</b></p> <p>ADOLESCENT SUBSTANCE ABUSE TREATMENT NEEDS ASSESSMENT</p> <p><i>To conduct an assessment of the continuum of care for adolescent substance abuse treatment in Central Mass.</i></p> <ul style="list-style-type: none"> <li>■ The Substance Abuse Coalition for Central MA Youth has implemented several substance abuse prevention strategies for youth, including a Youth and Parent Guide, a screening tool, panel presentations, compliance checks and a mapping project that identified areas in the city at high risk of selling alcohol and tobacco to youth.</li> </ul> | <b>\$34,572</b> |
| <b>2005</b>  |                 |
| <p><b>University of Massachusetts Medical School</b></p> <p>STUDY OF COLLATERAL SERVICES IN CHILDREN'S OUTPATIENT MENTAL HEALTH CARE</p> <p><i>To identify the extent and type of collateral services required to deliver evidence-based, outpatient mental health treatment to children.</i></p> <ul style="list-style-type: none"> <li>■ Focus groups and interviews were conducted to define types of collateral services performed by outpatient providers. Thirty-seven clinical and non-clinical activities were identified.</li> </ul>  | <b>\$85,665</b> |
| <p><b>Community Healthlink</b></p> <p>FAMILY CRISIS SUPPORT WORKER SERVICE</p> <p><i>To establish a Family Crisis Support Worker Service to deliver on-site support services to minimize the trauma of a child's mental health emergency during the evaluation and placement process.</i></p> <ul style="list-style-type: none"> <li>■ This service was developed and sustained for about two years by the Massachusetts Behavioral Health Partnership (MBHP). After that time, MBHP incorporated it into other existing contracts.</li> </ul>   | <b>\$21,975</b> |
| <p><b>MAB Community Services</b></p> <p>LOW VISION CLINIC</p> <p><i>To establish a low-vision clinic in Worcester.</i></p> <ul style="list-style-type: none"> <li>■ The clinic continues to hold Low Vision Clinics several days per month.</li> <li>■ Insurance reimbursement for low vision exams and occupational therapy services continue to sustain this project.</li> <li>■ Almost 300 home or office visits were made for vision rehabilitation training and 289 exams were completed, including 18 for special needs students from Worcester Public Schools in 2009 (the most recent data available).</li> </ul>        | <b>\$30,000</b> |
| <p><b>Tri-Community YMCA</b></p> <p>KID POWER – PHYSICAL ACTIVITY PROGRAM</p> <p><i>To reduce childhood obesity by initiating a health, nutrition and supervised fitness program.</i></p> <ul style="list-style-type: none"> <li>■ Since opening, more than 6,000 students have used the equipment and space in the Youth Fitness Center and the number of family memberships has increased.</li> <li>■ Offerings for senior citizen members of the YMCA have grown; 5 of the 15 weekly group exercise classes offered are specifically designed for seniors.</li> </ul>   | <b>\$30,000</b> |

|  |                 |
|--|-----------------|
| <p><b>Spectrum Health Systems</b></p> <p><b>WOMEN TO WOMEN: INSIDE AND OUT</b></p> <p><i>To establish a comprehensive peer-education program for women receiving residential and outpatient substance abuse treatment services.</i></p> <ul style="list-style-type: none"> <li>■ Using a “train-the-trainer” model, the peer-health education curriculum continues to be provided to Spectrum clients at the Westborough Residential program, Westborough Women &amp; Children’s program, the Transitional Support Services program and the Lincoln Street Outpatient Treatment program.</li> </ul>                                    | <b>\$9,050</b>  |
| <p><b>Dismas House of Massachusetts</b></p> <p><b>THE ALMOST HOME PROGRAM</b></p> <p><i>To establish a 12-bed residential project and model to aid in the successful reintegration of former prisoners.</i></p> <ul style="list-style-type: none"> <li>■ The Almost Home program served 139 participants; 98 of them graduated from the program.</li> <li>■ Due to the economic downturn and subsequent loss of state funding, the Almost Home program was closed on July 1, 2009.</li> </ul>  | <b>\$35,000</b> |
| <p><b>Pernet Family Health Service</b></p> <p><b>FATHERS AND FAMILY PROGRAM</b></p> <p><i>To provide parenting education to incarcerated and recently released fathers, and support their transition back to a positive relationship with their children.</i></p> <ul style="list-style-type: none"> <li>■ Parenting education continues to be provided to more than 120 fathers annually.</li> <li>■ Groups are held in multiple locations, including Worcester County Jail and House of Correction, Jeremiah’s Inn and Pernet Family Health Service.</li> </ul>  | <b>\$35,000</b> |
| <p><b>Youth Opportunities Upheld, Inc.</b></p> <p><b>SOUTH WORCESTER COUNTY MENTAL HEALTH PARITY LAW TRAINING FOR CHILDREN’S ADVOCATES</b></p> <p><i>To provide six comprehensive trainings on the Mental Health Parity Law to lawyers, probation officers, school personnel, hospital staff and local providers to improve access to mental health services for children.</i></p> <ul style="list-style-type: none"> <li>■ Four training sessions on the mental health parity law were conducted for approximately 250 people from court workers to parents. Funding was not secured for any additional training sessions.</li> </ul> | <b>\$35,000</b> |
| <p><b>Association for Behavioral Healthcare</b></p> <p><b>EMERGENCY SERVICE PROGRAM STUDY (ESP)</b></p> <p><i>To conduct a comprehensive survey of the reimbursement of emergency behavioral health services.</i></p> <ul style="list-style-type: none"> <li>■ Recommendations and findings from the ESP study were successfully incorporated into a new round of contracts signed in July 2009.</li> <li>■ New contracts have allowed providers to negotiate with payers in an open marketplace and to contract at rates which reflect the true cost of delivering ESP services.</li> </ul>   | <b>\$25,000</b> |

| <b>ACTIVATION FUND</b>  |                 |
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| <p><b>Boys &amp; Girls Club of Worcester</b></p> <p><b>ALL WAYS FIT PROGRAM</b></p> <p><i>To reduce childhood obesity among club members.</i></p> <ul style="list-style-type: none"> <li>■ Fitness and nutrition programs continue to be offered by B&amp;GC staff and volunteers.</li> <li>■ The ongoing measurement of the BMI of club members has ended due to a lack of grant funding. The Worcester Public Schools are now measuring the BMI of their students.</li> </ul>   | <b>\$34,000</b> |
| <b>2006</b>   |                 |
| <p><b>Family Health Center of Worcester</b></p> <p><b>ELM PARK COMMUNITY HEALTH CENTER PROJECT</b></p> <p><i>To establish a school-based health center designed to engage underserved, low-income children and their families in primary and preventive health care, and to serve neighborhood residents after school hours.</i></p> <ul style="list-style-type: none"> <li>■ The Helen A. Bowditch Health Center was established at Elm Park Community School and continues to operate with revenues from third-party billing for clinical services.</li> <li>■ The health center's Nurse Practitioner provided 900 clinic visits for students and community members in 2009 (the last year for which data was available).</li> <li>■ Nutrition, physical fitness and educational programs continue to be provided for the school community and the neighborhood.</li> </ul> | <b>\$50,000</b> |
| <p><b>The Bridge of Central Massachusetts</b></p> <p><b>DVD AND TRAINING MANUAL ON ADOLESCENT SELF-INJURY</b></p> <p><i>To produce a DVD and training manual for teens and high school teachers and administrators dealing with self-injury and to do a structured evaluation of the DVD/manual.</i></p> <ul style="list-style-type: none"> <li>■ Twenty-one schools participated in the implementation and evaluation of the DVD.</li> <li>■ More than 100 kits had been sold internationally through early 2010.</li> <li>■ A webinar on the ACT program done in July 2010 for the Suicide Prevention Resource Center attracted 350 participants from five countries.</li> <li>■ A paper on the prevention program was presented at the American Association of Suicidology in April 2010.</li> </ul>   | <b>\$55,000</b> |
| <p><b>Health Awareness Services (HAS)</b></p> <p><b>MEN'S HEALTH SERVICES CLINIC</b></p> <p><i>To establish a clinic to provide sexual health services to men at risk for sexually transmitted diseases.</i></p> <ul style="list-style-type: none"> <li>■ Men did not attend the Male Clinic in sufficient numbers to generate enough revenue to sustain the service. It appears that men continued to seek services in the HAS Family Planning Clinic and were not seeking out this clinic to be seen by a male nurse.</li> <li>■ After failing to find additional funding from a variety of sources, the Men's Health Services Clinic closed in December 2007.</li> </ul>   | <b>\$25,000</b> |

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| <p><b>South Middlesex Opportunity Council</b></p> <p><b>ED'S PLACE VOCATIONAL TRAINING PROGRAM</b></p> <p><i>To establish a self-sustaining year-round vocational training program for formerly homeless men and improve the efficiency of agricultural operations at Ed's Place.</i></p> <ul style="list-style-type: none"> <li>■ Now known as the Dismas Family Farm, the farm steward and all farm equipment continue to provide services/be used for vocational training. (See Dismas House 2008 Activation Fund grant – Dismas Family Farm.)</li> <li>■ In addition to providing vocational training and workplace readiness, revenue to support the programs is being generated by the sale of farm products and crafts.</li> </ul>  | <p><b>\$20,600</b></p> |
| <p><b>Children's Friend</b></p> <p><b>DIALECTICAL BEHAVIOR THERAPY (DBT) PROGRAM EXPANSION</b></p> <p><i>To establish a full outpatient Dialectical Behavior Therapy program, including teen groups, parent groups, individual therapy, telephone consultation and clinical team meetings.</i></p> <ul style="list-style-type: none"> <li>■ Once staff was DBT trained, billing for these services increased and third party reimbursement provided sustainability for the program.</li> <li>■ Trained staff has left and additional funding is being sought to train new staff in DBT.</li> </ul>   | <p><b>\$44,768</b></p> |
| <p><b>Lutheran Refugee and Immigrant Services (LRIS)</b></p> <p><b>WELCOME HOPE – HEALING CENTER FOR SURVIVORS OF TORTURE</b></p> <p><i>To conduct a comprehensive psychosocial assessment of 150 Worcester refugee families who have survived torture.</i></p> <ul style="list-style-type: none"> <li>■ This project was designed to provide social service agencies with more information on the experiences of refugees being resettled in Worcester. Data was collected and findings were shared with the national LRIS, the state Office of Refugee Resettlement, and other Worcester area agencies serving refugees.</li> </ul>  | <p><b>\$79,099</b></p> |
| <p><b>East Quabbin Alliance for a Healthy Community (EQUAL)</b></p> <p><b>WALK SMART! ACTIVE SCHOOLS</b></p> <p><i>To institute a program that has been implemented successfully in other communities to increase physical activity of elementary school students and their families.</i></p> <ul style="list-style-type: none"> <li>■ This program was successfully implemented in the Ruggles Lane Elementary School for one year. However, EQUAL which is an all volunteer agency was not able to continue its involvement.</li> <li>■ The pedometers and promotional equipment were turned over to the school upon completion of the project in 2008.</li> <li>■ Family medicine residents at the Barre Family Health Center (a collaborating organization) used the data collected as part of their efforts to address childhood health and obesity.</li> </ul> | <p><b>\$24,723</b></p> |

| ACTIVATION FUND   |                 |
|---|-----------------|
| <p><b>Massachusetts College of Pharmacy &amp; Health Sciences</b></p> <p><b>MASSMEDLINK TO HEALTH</b></p> <p><i>To provide telephonic and electronic access for patients to information about medication safety and disease state management using a web portal and enhanced voice mail capabilities.</i></p> <ul style="list-style-type: none"> <li>■ The Massachusetts College of Pharmacy and Health Sciences continues to operate their website (www.massmedline.com) which provides medication safety information and the “Ask the Pharmacist” service to consumers.</li> <li>■ In 2009 alone, the program logged more than 22,000 calls, many about Medicare Part D coverage.</li> <li>■ The “Ask the Pharmacist Link” was accessed more than 1,200 times in both 2008 and 2009.</li> <li>■ In 2010 the MA Executive Office of Elder Affairs awarded MCPHS a \$3 million, five-year contract to continue providing confidential and free assistance to Massachusetts residents who have questions about, or problems gaining access to prescription drug coverage.</li> </ul> | <b>\$84,500</b> |
| <p><b>North Quabbin Community Coalition</b></p> <p><b>NORTH QUABBIN COMPREHENSIVE ACCESS NETWORK</b></p> <p><i>To improve access to mental health services, particularly for children, in the North Quabbin region.</i></p> <ul style="list-style-type: none"> <li>■ The program, now known as the Children’s Behavioral Health System of Care, continues to work to promote a more seamless referral system to support families in need of mental health services.</li> <li>■ This approach became the model for improved coordination of mental health services in three other areas of the state.</li> </ul>   | <b>\$89,095</b> |
| 2007  |                 |
| <p><b>The Virginia Thurston Healing Garden</b></p> <p><b>CENTRAL MA OUTREACH PROGRAM</b></p> <p><i>To expand the delivery of complementary health care through the establishment of offsite holistic care programs.</i></p> <ul style="list-style-type: none"> <li>■ The Healing Garden gained a much clearer understanding of the issues involved in replicating their programming in hospitals and cancer centers.</li> <li>■ This partnership with Simonds-Sinon Cancer Center at Health Alliance Hospital was an important element in the hospital’s decision to create a center for complementary treatment which opened in 2010.</li> </ul>   | <b>\$30,000</b> |
| <p><b>Dismas House of Massachusetts</b></p> <p><b>PRISONER DISCHARGE HOUSING PROGRAM/FATHER JOHN BROOKS HOUSE</b></p> <p><i>To develop a new, permanent, supportive apartment community for former prisoners and their families.</i></p> <ul style="list-style-type: none"> <li>■ The Father John Brooks House was established and has remained open, providing housing and support services for eight formerly homeless prisoners and their families as of the date of this report.</li> <li>■ Dismas House continues to provide mental health and substance abuse counseling and other supportive services which were initially provided by this grant.</li> </ul>  | <b>\$20,000</b> |

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| <p><b>Cleghorn Neighborhood Center</b></p> <p>DE-LEADING INITIATIVE</p> <p><i>To create a prioritized database of unhealthy properties in the city, take better advantage of existing programs to support de-leading efforts, and assist landlords and residents in creating healthier housing units.</i></p> <ul style="list-style-type: none"> <li>■ The Cleghorn Neighborhood Center (CNC) was able to build stronger partnerships with the City of Fitchburg, Fitchburg State University and the Minority Coalition of North Central Massachusetts.</li> <li>■ CNC was able to identify and create a data base of housing problems throughout the city. This enabled the city to prioritize homes and neighborhoods and target resources more appropriately to address the issues of unhealthy properties.</li> </ul> | <p><b>\$43,683</b></p> |
| <p><b>Employment Options</b></p> <p>FAMILY OPTIONS</p> <p><i>To develop a community-specific model and implementation plan for a family-centered, strengths-based program for families living with parental mental illness.</i></p> <ul style="list-style-type: none"> <li>■ Employment Options hosted a statewide conference on parental mental health that resulted in increased funding for family/parenting services, including contracts with two area mental health agencies to support parents recovering from mental illness and funding from the Massachusetts Department of Mental Health to expand services for young-adult parents.</li> </ul>  | <p><b>\$79,068</b></p> |
| <p><b>Legal Assistance Corporation of Central Massachusetts</b></p> <p>EARLY INTERVENTION</p> <p><i>To develop materials and train early intervention workers to recognize and refer patients with legal issues to Family Advocates of Central Massachusetts.</i></p> <ul style="list-style-type: none"> <li>■ Early intervention workers who were trained continue to assist their clients by directing them to appropriate legal assistance for a variety of legal problems.</li> <li>■ LACCM was able to improve the quality of their trainings based on the feedback from the EI workers.</li> </ul>  | <p><b>\$19,000</b></p> |
| <p><b>Seven Hills Foundation</b></p> <p>CENTRAL MASSACHUSETTS RESPITE PROJECT (CMRP)</p> <p><i>To create a system for training potential caregivers to provide respite for families caring for children with special needs.</i></p> <ul style="list-style-type: none"> <li>■ Seven Hills continues to train and match students to families with children that have special health care needs in Central Massachusetts. As of early 2010, 22 college students had been matched with 25 families.</li> <li>■ The CMRP has become a workforce development model for the Massachusetts Provider Council.</li> <li>■ Additional funds have been secured from Boston Scientific, the Stoddard Trust, The Greater Worcester Community Foundation and the Ellsworth Foundation to continue the CMRP.</li> </ul>                   | <p><b>\$46,604</b></p> |

| <b>ACTIVATION FUND</b>  |                 |
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| <p><b>Clark University</b></p> <p>MEETING YOUTH IMMIGRANT AND REFUGEE HEALTH NEEDS</p> <p><i>To address the health needs of immigrant and refugee youth in Worcester.</i></p> <ul style="list-style-type: none"> <li>■ The project partners (Fairbridge International, the Southeast Asian Coalition and the African Community Development Corporation) gained a greater understanding of the unmet health needs among African and Southeast Asian youth.</li> <li>■ The curriculum that was developed for the youth was disseminated to other youth organizations in Worcester.</li> </ul>   | <b>\$61,924</b> |
| <p><b>YWCA of Central Massachusetts</b></p> <p>DAYBREAK/BATTERED WOMEN'S RESOURCES, INC. (BWRI) PROGRAM MERGER</p> <p><i>To integrate the domestic violence services of BWRI with the services currently offered by the Daybreak program.</i></p> <ul style="list-style-type: none"> <li>■ A business plan was developed to integrate the policies and procedures of these two domestic violence programs.</li> <li>■ The integration of administrative functions was completed first and cross training of staff has been done and continues to strengthen the work.</li> <li>■ The YWCA has shared their plans for this merger as a guide for other social service agencies considering mergers.</li> </ul> | <b>\$25,000</b> |
| <b>2008</b>   |                 |
| <p><b>Dismas House of Massachusetts</b></p> <p>DISMAS FAMILY FARM</p> <p><i>To create another option for former prisoners -- an organic community farm in a rural setting removed from the risks of urban neighborhoods.</i></p> <ul style="list-style-type: none"> <li>■ Dismas House purchased the farm formerly known as Ed's Place (see South Middlesex Opportunity Council 2006 Activation Fund grant – Ed's Place Vocational Training Program), but the purchase was delayed until 2010. At this time, the project is ongoing, now serving former prisoners and generating revenue to sustain the farm through the sale of farm products and crafts.</li> </ul>   | <b>\$50,000</b> |
| <p><b>Quinsigamond Community College Foundation</b></p> <p>EMT DIVERSITY PROJECT</p> <p><i>To train more Latinos for health care careers specifically as EMTs.</i></p> <ul style="list-style-type: none"> <li>■ The Project offers the Emergency Medical Technician (EMT) basic course at Worcester Technical High School to the Allied Health seniors at no extra cost.</li> <li>■ Representation of under-represented populations in all of the EMT courses offered by Quinsigamond Community College is increasing. In 2008 enrollment in basic courses was 17.9% Latinos and 1.2% Black, and was 22.7% Latino and 5.6% Black in 2010.</li> </ul>  | <b>\$41,344</b> |

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| <p><b>Legal Assistance Corporation of Central Massachusetts</b></p> <p><b>COMPULSIVE HOARDING TASK FORCE</b></p> <p><i>To educate and train the staff at agencies working with seniors to recognize the problem of hoarding and to be able to identify available resources for help.</i></p> <ul style="list-style-type: none"> <li>■ Four training events were held and nearly 400 professionals attended these sessions. The sessions addressed basic issues about compulsive hoarding, hoarding and housing issues, the treatment of compulsive hoarding and issues confronting professionals working with compulsive hoarders.</li> <li>■ The Compulsive Hoarding Task Force continues to meet regularly. Members have established professional relationships that have enabled the provision of a broader range of services for clients.</li> <li>■ Three agencies that help compulsive hoarders have agreed to extend their services to the Central Massachusetts region and will provide services including occupational therapy, case management and assistance with clean-outs.</li> </ul> | <b>\$16,800</b> |
| <p><b>Advocates, Inc.</b></p> <p><b>JAIL DIVERSION PROGRAM – MARLBOROUGH</b></p> <p><i>To create a Jail Diversion Program for the City of Marlborough.</i></p> <ul style="list-style-type: none"> <li>■ The Marlborough Jail Diversion Program continues operation with funding from the Massachusetts Department of Mental Health.</li> <li>■ All members of the Marlborough Police Department have received comprehensive training in recognizing signs of mental illness, substance abuse or developmental disabilities.</li> <li>■ Through the first six months of 2010, 64 percent of the 217 cases attended to by the JDP have been diverted from arrest and into community-based mental health treatment.</li> <li>■ The successful outcomes of this project were a factor in the Foundation's decision to fund the NAMI project in 2010.</li> </ul>   | <b>\$44,528</b> |
| <p><b>Spanish American Center</b></p> <p><b>REDUCING TEEN PREGNANCY</b></p> <p><i>To reduce teen pregnancy rates among Latino youth in North Worcester County.</i></p> <ul style="list-style-type: none"> <li>■ The Spanish American Center continues to explore ways to work with the Montachusett Opportunity Council on the issue of teen pregnancy. They may also partner with Planned Parenthood to work with the Latino communities in Leominster and Fitchburg.</li> <li>■ The Center was unsuccessful in obtaining grant funding to continue this project.</li> </ul>   | <b>\$49,299</b> |
| <p><b>Health Law Advocates, Inc.</b></p> <p><b>GUARDIAN AD LITEM, WORCESTER JUVENILE COURT</b></p> <p><i>To provide Guardian ad Litem services in the Worcester Juvenile Court.</i></p> <ul style="list-style-type: none"> <li>■ The GAL project continues in the Worcester Juvenile Court through funding from two other foundations and HLA is continuing to seek funding to institutionalize this project.</li> <li>■ HLA has established good working relationships with court personnel. From February through September 2010, HLA accepted 22 GAL appointments.</li> </ul>  | <b>\$40,000</b> |

| ACTIVATION FUND  |                 |
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| <p><b>Gardner Visiting Nursing Association</b></p> <p>RESIDENTIAL HOSPICE FEASIBILITY STUDY</p> <p><i>To conduct a feasibility study for a residential hospice for this area.</i></p> <ul style="list-style-type: none"> <li>■ The feasibility study provided the region with data to discuss the provision of residential hospice care in the region.</li> <li>■ The current economic downturn, the cost of this project and the difficulties of fund raising, have delayed a final decision on a residential hospice.</li> </ul>   | <b>\$20,000</b> |
| <p><b>Central Massachusetts Housing Alliance</b></p> <p>WORKFORCE DEVELOPMENT FOR HOMELESS FAMILIES</p> <p><i>To develop a new education and employment model for homeless families.</i></p> <ul style="list-style-type: none"> <li>■ A program for working with heads of homeless families on education and employment issues was developed.</li> <li>■ The first group of six women from local shelters began attending classes at the Adult Learning Center and participating in other aspects of this model in March 2010.</li> <li>■ One woman has begun a business degree program at Becker College and another is preparing to serve her externship for Medical Office Training at University of Massachusetts Medical Center.</li> </ul> | <b>\$52,822</b> |
| 2010   |                 |
| <p><b>City of Worcester</b></p> <p>PUBLIC HEALTH REGIONALIZATION PROJECT</p> <p><i>To conduct a needs assessment of the various communities that might be part of a regionalized public health effort and develop a fee structure which could form the basis of a self-sustaining program.</i></p> <ul style="list-style-type: none"> <li>■ This project was ongoing as of the date of this report; therefore, no data on outcomes was available to be included.</li> </ul>  | <b>\$50,000</b> |
| <p><b>Community Health Connections</b></p> <p>FITCHBURG HIGH SCHOOL, SCHOOL-BASED HEALTH CENTER</p> <p><i>To fund a part-time nurse practitioner or physician assistant to staff the new school-based health center at Fitchburg High School.</i></p> <ul style="list-style-type: none"> <li>■ The school-based health center at Fitchburg High School opened in October 2010, therefore no outcomes data was available to include in this report.</li> </ul>  | <b>\$49,000</b> |
| <p><b>Centro Las Americas</b></p> <p>CLINICAL CAPACITY DEVELOPMENT PROJECT</p> <p><i>To improve their clinical and organizational capacity to provide quality Latino mental health counseling services.</i></p> <ul style="list-style-type: none"> <li>■ This project was ongoing as of the date of this report; therefore, no data on outcomes was available to be included.</li> </ul>   | <b>\$60,000</b> |

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| <p><b>Legal Assistance Corporation of Central Massachusetts</b></p> <p>HEALTH CARE RECOVERY DOLLAR SUSTAINABILITY PROJECT</p> <p><i>To pilot a project to address wrongful denials or terminations of insurance coverage at the Edward M. Kennedy Health Center.</i></p> <ul style="list-style-type: none"> <li>■ This project was ongoing as of the date of this report; therefore, no data on outcomes was available to be included.</li> </ul>   | <b>\$30,000</b> |
| <p><b>Massachusetts Public Health Association</b></p> <p>TECHNICAL SUPPORT TRAINING MODULE</p> <p><i>To create a technical support training module to provide policy and community organizing expertise to local agencies.</i></p> <ul style="list-style-type: none"> <li>■ This project was ongoing as of the date of this report; therefore, no data on outcomes was available to be included.</li> </ul>   | <b>\$45,000</b> |
| <p><b>National Alliance on Mental Illness</b></p> <p>SUSTAINABLE APPROACHES TO DECRIMINALIZING MENTAL ILLNESS</p> <p><i>To research and write a position paper that examines funding opportunities for statewide training and service programs that would divert individuals with serious mental illness from the criminal justice system.</i></p> <ul style="list-style-type: none"> <li>■ The success achieved by the Advocates project in Marlborough (2008) was a factor in the Foundation's decision to support this project.</li> <li>■ This project was ongoing as of the date of this report; therefore, no data on outcomes was available to be included.</li> </ul> | <b>\$38,500</b> |

## Evaluation Methodology

To evaluate the Activation Fund for this report, the evaluation consultants reviewed existing data and gathered new information to assess the effectiveness of Activation Fund grants. A variety of data were collected, reviewed and interpreted to provide summary results and considerations for improvement. This section describes the evaluation methodology as it related to the Activation Fund grants, which used the following data sources:

- Foundation generated summary information regarding the 56 Activation Fund grants, including the name of the grantee, the title and description of the project, and the dollar amount of the grant.
- Foundation generated data including the number of letters of intent received each year, the number of applications invited, the number and dollar amount of grants made each year, and the geographic area served by each project.
- Grant Summary Reports submitted to the Foundation by each grantee upon completion of the grant period.
- One-year surveys completed by the grantees. One recommendation from the Foundation's five-year evaluation report was to have all Activation Fund grantees complete a survey one year after the conclusion of their grant. This would enable the Foundation to document continuing results, and would provide Foundation staff with information regarding current services offered and "lessons learned" to inform future application review. Since that time, the Foundation has administered a survey to all grantees one year after project completion. Of 49 surveys administered, 47 were returned – a 96% response rate. All survey responses were reviewed by Foundation staff and entered into the Foundation's grant management system to update the progress and outcomes of each grant.
- For this report, the evaluation consultants worked

with the Foundation to develop and administer a follow-up survey, which was sent to all Activation Fund grantees for projects completed between 2001 to 2007 (N=33). Of the 27 responses received, the majority (63%) indicated that much of the project originally funded by the Foundation still continues today. Four responses (15%) reported that some parts of the project continue today, while six (22%) reported that the project had not been sustained. These survey responses were also reviewed by Foundation staff and entered into the Foundation's grant management system to update the progress and outcomes of each grant.

## Key Findings

### Value of Successful Partnerships

By far, the most common theme mentioned by grantees was their utilization of strong partnerships for realizing project goals. This theme was prominent in both the one-year and the follow-up surveys. For some grantees, the positive effects of partnering were immediately evident (e.g., the Workforce Development for Homeless Families project). In other cases, short-term Activation Fund projects often led to long-term partnerships that generated positive outcomes for years after the initial activation project (e.g., the school-based health centers established by the Family Health Center of Worcester in various Worcester Public Schools).

Often, the original projects were expanded and diversified due to broad collaborative efforts with multiple agencies. These expansions included enhancing the original project to serve more clients or constituents; or, the addition of adjunct services not initially conceptualized in the grant application but that served the original goals. For example, the Adolescent Substance Abuse Treatment Needs Assessment Project (YOU, Inc.), grew substantially after it was funded in 2002. By partnering with the Worcester Department of Public Health (DPH), Health and Human Services

Division, this coalition (now known as the Substance Abuse Coalition for Central MA Youth (SACCMY)) received funding from the Massachusetts Bureau of Substance Abuse Services and the Greater Worcester Community Foundation. They have also partnered with the HOPE Coalition and now collaborate to implement underage drinking prevention strategies in the region.

Responses to the follow-up surveys suggest that when grantees bring a diversity of resources to the table, the partnerships that they establish broaden to provide a steady supply of volunteers, access to additional funding and the ability to maintain connections over time. For example, organizations have been able to offer flexible hours as well as the multi-lingual materials necessary to accommodate the needs of the diverse and underrepresented communities they are serving. In many cases, the grantees initially needed a great deal of support from their partner organizations, but over time, the grantees became more empowered and self-sufficient. For instance, service providers may have relied strongly on university-based partners for training or data collection at the beginning of an initiative, but once staff was able to operate more independently, the reliance on the university partners lessened. This allowed the partnership to remain viable because grantees only required a high level of support during the initial phases of their projects (e.g., Cleghorn Neighborhood Center).

### **Enhancement of Organizational Capacity**

In both the one-year and the follow-up surveys, grantees reported an increase in their organizational capacities after receiving the Activation Fund grant. These funds also allowed several organizations to put data collection systems into place (e.g., developing survey instruments and procedures), which increased their capacity to conduct process and outcome evaluations. Findings from the projects have informed agency decision making and policy making, as demonstrated by the Residential Hospice Feasibil-

**While most Activation Fund grantees were able to meet or exceed their initial goals, several grantees had unexpected outcomes that emerged during project, which ultimately proved quite beneficial.**

ity Study and the Emergency Service Program Study. By effectively using their data collection and analysis systems, organizations could demonstrate a better capacity for evaluation and were more competitive for new funding (e.g., All Ways Fit).

In addition to the successful use of data following their Activation Fund grants, several grantees were able to develop a web presence that is still utilized. Some grantees were specifically funded to develop web capacity (e.g., the Central Massachusetts Agency on Aging developed the website [www.seniorconnection.org](http://www.seniorconnection.org), which now successfully provides information for the elderly and their caregivers throughout the region). Other grantees developed a web presence over time, as an adjunct to their originally funded project.

Finally, through effective partnering and by generating an ongoing revenue source, some grantees were able to increase the number of staff devoted to specific services, thereby increasing their own capacity for service provision in the area.

### **Achievement of Unexpected Positive Outcomes**

In both the one-year and the follow-up surveys, grantees frequently reported unexpected positive outcomes. While most Activation Fund grantees were able to meet or exceed their initial goals, several grantees had unexpected outcomes emerge during their projects, ultimately proving quite beneficial. For example, the Early Intervention (EI) project (awarded to the Legal Assistance Corporation of Central

Massachusetts (LACCM) in 2007) conducted training sessions for EI teams that provided knowledge on the legal rights of low-income individuals regarding government benefits, family law and housing issues. The training sessions effectively informed family workers about legal issues, and LACCM received feedback about their training materials, allowing them to improve the materials and establish more effective training sessions.

Additionally, some grantees reported that they were able to utilize the resources developed during their grant period well after the funding ended. For example, strategic partnerships and data collected were subsequently used to secure additional funding and/or to expand the scope of services provided (e.g., the Genesis Club project). Finally, several grantees that had been funded to conduct studies, research analyses, and/or needs assessments were able to translate results into important contributions to the field by means of scholarly papers and/or conference presentations (e.g., Genesis Club and The Bridge).

### Sustained Impact

Most of the projects funded have been sustained: more than 60% of those that responded to the follow-up survey and more than 70% of those that completed the one-year survey. Most of the grantees that were funded to expand services or to begin providing new services were able to do so.

A few of the Activation Fund grants were designed to be completed in the one-year period with no expectation of ongoing work. The majority were either designed as research projects or were able to achieve their goals during the Activation Fund year (e.g., Emergency Services Program Study, South Worcester County Mental Health Parity Law Training for Children's Advocates, Lutheran Refugee and Immigrant Services).

A few projects were not sustained. Some grantees experienced challenges that they were unable to over-

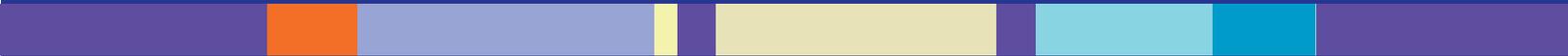
come and therefore those projects were not sustained (e.g., Health Awareness Services). Challenges cited by those who were not able to sustain their projects include insufficient demand for the service, the loss of program "champions," state and/or federal budget cuts, and the general economic downturn. In some cases, financial realities meant that specific activities could not continue, while in others, it meant that services were simply more limited than initially envisioned.

### Conclusion and Suggestions for Improvement

Overall, the Activation Fund has been effective in enabling the Foundation to achieve its mission of using their resources to improve the health of those who live or work in Central Massachusetts. The large number of organizations receiving at least one grant suggests broad outreach by the Foundation, which is further evidenced by the diversity and types of projects, the populations served, and the locations of these projects.

These 56 projects offer clear evidence that the Foundation's grantmaking provides agencies with funding that allows them to be innovative and creative in dealing with health concerns in the community. Many grantees demonstrated an increased capacity to provide additional services or to serve additional clients as a result of receiving an Activation Fund grant.

The Foundation should continue to administer follow-up surveys one year after the completion of the grant and should conduct a similar survey after five years. This will ensure consistent tracking for five years and provide valuable information to the Foundation about the longevity of the impact of these projects. The Foundation should make it clear to grantees that they will be expected to complete two follow-up surveys at the time the grant is awarded.



PART 3:

# Board Designated

## EVALUATION QUESTION #3:

## How well have Board Designated expenses, including grants, public policy activities and other grant-related expenses complemented the primary grantmaking avenues?

The Foundation's initial strategic planning process established three grantmaking avenues, including a category termed "Board Designated" that would allow the Board flexibility to identify and support a few opportunistic efforts each year that do not fall within the Synergy Initiative or Activation Fund guidelines but complement the grant portfolio and mission.

Small grant awards to health related non-profits serving Central Massachusetts such as the Foundation's Marilyn E. Plue Director Recognition Award and its Community Member Recognition Award are also funded through the Board Designated avenue in recognition of the efforts of retiring volunteers. In addition, limited expenses for activities that support public policies, typically associated with Synergy Initiative projects or significant public health issues, are accommodated through the Board Designated category. Grant-related expenses, such as memberships in professional organizations are also funded by the Board Designated avenue.

During the first ten years of grantmaking, Board Designated expenses totaled \$2,437,974. This figure amounts to \$1,637,204 in grants and \$800,770 in other grant-related expenses. This represents approximately 8% of the Foundation's grantmaking, which is consistent with the Board's initial intent to allocate 10% of the Foundation's annual grantmaking budget through the Board Designated avenue.

### Evaluation Methodology

The evaluation consultants reviewed the Foundation's existing documentation regarding Board Designated grants and expenses for various public policy activities and other grant-related activities. These were allocated through 93 grants and 154 other activities, ranging from \$75 - \$250,000 during the ten-year period.

### Key Findings

As depicted in Figure 9, a wide variety of health issues were addressed through Board Designated grants, with the most significant amounts addressing: mental health (23%); community health assessments (20%); youth development (11%); and access to healthcare (10%). Smaller grants covered a broad range of some 15 health issues.

The Board Designated grants were created to allow the Board flexibility to identify and support a few opportunistic efforts that do not fall within the Synergy Initiative or Activation Fund guidelines but that complement the grant portfolio and mission of the Foundation. One example is a series of five grants that were made to the Central Massachusetts Partnership to Improve Care at the End of Life. The goal of this project was to begin a dialogue within the community to address end of life issues. This was not something that could have been achieved in a single year (Activation Fund), nor was it envisioned as the kind of project that could have been funded through the Synergy Initiative. The grants helped to fund com-

munity meetings, a media campaign and printed materials to help individuals and families address these issues. The project continues now with local health care leaders working within their organizations to sustain the focus on these important issues for their patients.

Another example of a Board Designated grant is the Mental Health Parity Project. This 2010 grant to Health Law Advocates was meant to address the issue that private health plans do not appear to be funding mental health care as required under both Massachusetts and federal parity statutes. The project includes advocacy efforts such as working to educate consumers and providers about their rights to mental health coverage. It may include legal action on behalf

The Board Designated grants were created to allow the Board flexibility in identifying and supporting a few opportunistic efforts that do not fall within the Synergy Initiative or Activation Fund guidelines but that complement the grant portfolio and mission of the Foundation.

of individual consumers and if so, it is likely to take longer than one year. Thus, it was not a fit with the Activation Fund guidelines.

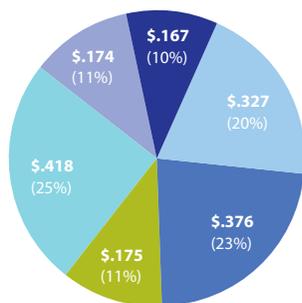
Because of the Foundation's 501(c)(4) tax status, the Foundation has provided a relatively small amount of funding through the Board Designated category to exercise its ability to convene, advocate and lobby to improve health. For example, the Foundation staff joined with others in advocating and lobbying for the passage of legislation in 2003 to make Massachusetts workplaces smoke-free. While the financial investment made by the Foundation was quite small, this law changed the environmental context to reduce smoking, the leading cause of preventable death, and is anticipated to have a strong impact over time.

Similarly, Board Designated expenses have supported convening and advocacy activities to promote legislation and changes in administrative policies associated with the Synergy Initiative projects. The primary vehicle for these activities has been the sponsorship of a series of eight Health Policy Conversations. Designed to convene and educate an audience of leaders from various sectors of the community, early Health Policy Conversations have focused on healthcare reform with speakers such as Dr. John E. McDonough, then the Executive Director of Health Care For All. More recent Conversations have supported Synergy Initia-

FIGURE 9

**Board Designated Grants by Health Issue**

2000-2010 (\$ IN MILLIONS)

**Total: \$1,637,204**

## ■ Access

## ■ Assessments

## ■ Mental Health

## ■ Youth Development

## ■ Other Health Issues (\$)

- Aging \$35,000
- Child Abuse \$5,000
- Diseases \$47,000
- Domestic Violence/Violence Prevention \$112,354
- End of Life Issues \$100,000
- Environmental \$20,000
- Health Promotion/Public Health \$22,000
- Homelessness \$14,000
- Hunger \$1,000
- Oral Health \$670
- Poverty \$40,000
- Substance Abuse \$21,000
- CHNA 8: Greater Worcester
- Tech Assist/Advocacy \$155,000
- Tech Assist/Evaluation \$18,252
- Convening \$1,500

**Board Designated funding represents a relatively small amount of the Foundation’s grantmaking, but adds value beyond the dollars expended, because it allows flexibility for the Foundation to respond to unique, opportunistic situations that do not fit the Synergy Initiative or Activation Fund guidelines.**

tive projects’ advocacy agendas, such as hunger, featuring guest speaker Congressman James P. McGovern, the Co-Chairman of the Congressional Hunger Center, and homelessness, featuring guest speaker Nan Roman, the President of the National Alliance to End Homelessness. In addition, technical assistance regarding advocacy, communications and evaluation skill building has been provided to Synergy Initiative grantees through Board Designated allocations.

Other Board Designated grant-related expenses included memberships in various professional organizations. In some cases, these memberships complemented the public policy efforts supported by the Foundation. For example, the Foundation advocated to remove soda and junk foods from the Worcester Public Schools and later supported the Hunger-Free and Healthy Synergy Initiative project, while maintaining membership for ten years (totaling nearly \$23,000) in the Massachusetts Public Health Association. This Association shared the Foundation’s advocacy priorities and successfully advocated for the passage of the Massachusetts School Nutrition Bill in 2010. This legislation will have a long-term impact as it changes the diets of school children. In other examples, memberships supported organizations that, from time to time, released position papers on health-

related issues and/or offered workshops and forums to enhance staff capabilities through education and training.

Also expended via the Board Designated avenue, the Foundation established two awards to recognize the service of its Directors and Community Members who have completed their terms on the Board or on various Board Committees. These awards are the Marilyn E. Plue Director Recognition Award (named in honor of Marilyn E. Plue who served as the first Secretary of the Board of the Foundation), and the Community Member Award. The Plue Award is a \$10,000 grant to a health-related non-profit serving Central Massachusetts as designated by the retiring Director. The Community Member Award is a \$5,000 grant to a health-related non-profit serving the region as designated by the retiring volunteer who served on a Foundation Committee. In the first ten years of grantmaking, 19 Plue Awards and 19 Community Member Awards have distributed \$285,000 as unrestricted grants to area non-profits, including the Montachusett Interfaith Hospitality Network, Pernet Family Health Services, the VNA Care Network and the American Red Cross of Central Massachusetts.

## **Conclusion and Suggestions for Improvement**

Board Designated funding represents a relatively small amount of the Foundation’s grantmaking, but adds value beyond the dollars expended, because it allows flexibility for the Foundation to respond to unique, opportunistic situations that do not fit the Synergy Initiative or Activation Fund guidelines. The issues and activities funded by Board Designated grants complement those funded by the Foundation through its other grantmaking avenues.

The Foundation should continue to apply Board Designated funding as it has from the start of its grantmaking, remaining consistent with its mission and goals.



PART 4:

# Achieving the Mission

## EVALUATION QUESTION #4:

## How well is the mission of the Foundation being accomplished?

### Summary of Findings and Considerations for Improvement

This report describes the various methods and data sources reviewed to determine how well the mission of the Foundation is being accomplished. Evaluation methods including review of summary reports, grantmaking trends, and policy documents, as well as ongoing data collection and analyses, provided valuable information to determine the impact of the Foundation's grantmaking. It is clear that under guidance of Board members with expertise in a broad range of health-related issues, the Foundation is accomplishing its mission by modifying the underlying socioeconomic conditions to improve the health of those who live or work in Central Massachusetts.

The three grantmaking avenues developed and used by the Foundation have been effective and continue to serve to advance the goals of the Foundation in complementary ways. The Synergy Initiative projects have demonstrated significant impact on key community health issues. The emphasis on partnerships to implement advocacy strategies was an important avenue for impacting legislative and administrative changes. The Foundation's use of a collaborative model is consistent with grantmaking models that stress the importance of cross-sector involvement as the most effective strategy to address large-scale social change (Kania & Kramer, 2011). The Activation Fund grants have enabled many local non-profit agencies to undertake projects that have produced results beyond

what might be expected from these smaller one-year grants. And although the Board Designated funding represents the smallest portion of the Foundation's grantmaking, it clearly adds value beyond the dollars expended. The Foundation should continue to support these funding avenues in the way that they have over the last ten years, by maintaining the allocations to each as developed in the initial strategic plan ten years ago.

The following considerations for improvement are offered to the Foundation and its Board in their continuous quality improvement efforts.

**1. Board** The Board members of the Foundation represent a diverse group of highly skilled, committed community leaders with a great deal of knowledge about health-related issues. There are regular opportunities for Board members to receive additional information and training through Board development funds. The Foundation should continue to recruit skilled and committed Board members and offer these opportunities to all Board members through conferences, workshops and other national, state and local meetings. These experiences may become increasingly relevant as new topics are addressed by the Foundation and new Board members are recruited.

**2. Staff** The Foundation staff adds value to the overall grantmaking agenda by being able to support advocacy work directly and indirectly. For example, Foundation staff can make connections with legislators or other policy makers through specific networking. While Foundation staff embrace this responsibility, it is important that the partners (e.g., Synergy Initiative grantees, project evaluators) understand the ongoing need for timely reporting and input that can facilitate this advocacy work. Strategies to ensure clarity about deadlines, timelines and the need for specific information (e.g., evaluation reports) should continue to be communicated to partnering organizations.

**3. Collaboration** Over the years, the Founda-

tion has collaborated with other funders, both local and national, in a variety of ways including serving on committees, co-funding projects and working together on advocacy issues. The Foundation should consider additional collaborative strategies that may be worthwhile to facilitate stronger partnerships with other funders or organizations. A collaboration of local foundations and other key partners would have a stronger voice in advocating for public policy changes to improve the health of those who live or work in the region.

**4. Communication** The Foundation recognizes the importance of gathering input and feedback about their grantmaking. The Foundation seeks input from all of its grantees through grant process evaluation reports, grant summary reports and grantee surveys. In addition, the Foundation compiles data about its grantmaking (e.g., issues addressed, population served) in order to inform its decision making. As the Foundation moves into its second decade of grantmaking, there should continue to be ongoing discussions with grantees about the usefulness of these reporting structures and how ongoing feedback is collected and reported.

**5. Technical Assistance** During the first round of Synergy Initiative projects, the Foundation identified that grantees needed additional technical assistance in evaluation, advocacy and communications in order to manage these projects more effectively. In the second round of Synergy Initiative projects, the Foundation provided several skill building workshops for the grantees. As it concludes Round 2 of the Synergy Initiative, the Foundation has recognized the need for moderation in providing broad, skill development workshops for Synergy Initiative grantees. Other strategies such as peer sharing and more focused meetings have been introduced. Continued observation and feedback from grantees (i.e., Round 3 Synergy Initiative grantees) regarding strategies to build capacities through learning opportunities will be important.

**6. Surveys** The Foundation should continue administering the one-year surveys to all Activation Fund grantees and should plan to administer regular follow-up surveys five years after the grants are completed. This will allow an opportunity for regular and consistent tracking of grantees at three points in time: grant summary, one year, and five years. The Foundation may consider surveying the Synergy Initiative grantees five years after completion of their project to monitor sustained results. As with all reporting requirements, the Foundation should clearly notify the grantee of these expectations when the funding is initially awarded.

**7. Research** The Foundation should consider whether funding grants that are primarily academic or research oriented are, on balance, an effective use of Activation Fund resources. It seems that the level of funding provided through the Activation Fund is not sufficient for projects that are designed to conduct research and attempt to initiate a practical application of that research.

## Response to Recommendations in Five-Year Evaluation Report

In the “Evaluation Report for The Health Foundation of Central Massachusetts: Analyses of Their First Five Years of Grantmaking (2000-2005)” the evaluation consultants suggested recommendations for continuous quality improvement and growth. The evaluators noted the importance of building capacity around both evaluation and advocacy. In March 2006, the Foundation Board of Directors approved eight specific actions to implement these recommendations, many of which were capacity-building strategies in the areas of evaluation and advocacy. The full text of these recommendations and the Board’s response are available in the “Results” section of the Foundation’s website ([www.hfcm.org](http://www.hfcm.org)). In the five years since that evaluation report, the Foundation has implemented all eight of the specific actions drawn from the sug-

gested recommendations. The highlights of these actions are presented below.

## Capacity Building – Evaluation

The Foundation held a series of half-day capacity building workshops for the five Round 2 Synergy Initiative project steering committees, including representatives from various partner organizations (see schedule below). These workshops, conducted by Dr. Pamela Imm, were designed to familiarize grantees and their partners with the Results-Oriented Grant-making and Grant Implementation (ROGG) process, and to introduce and develop important concepts about program planning, monitoring and evaluation. The final workshop in the pilot grant year included a panel with a Round 1 project, designed to offer lessons learned to the newer grantees.

### Synergy Initiative Round 2 ROGG Training Schedule

#### Planning Grant Year

October 5, 2006

#### Planning Grant Applicant Workshop and Project Evaluator Selection

Attendees: 34 steering committee members from five projects

January 29, 2007

#### Planning and Evaluation Strategies

Attendees: 35 steering committee members from five projects

#### Pilot Grant Year

September 24, 2007

#### Pilot Grant Application Workshop

Attendees: 28 steering committee members from five projects

April 14, 2008

#### Getting to Outcomes Workshop

Attendees: 35 steering committee members from five projects

The Foundation asked all participants to complete an evaluation at the end of each workshop. In addition, the Foundation had participants take pre- and post-tests to assess their knowledge of evaluation. Based on the results of the pre- and post-tests, as well as the information provided in the evaluations, the Foundation recognized that the series of workshops was not a particularly effective way to educate grantees.

The individual feedback surveys from workshop participants and the results of the pre- and post-tests indicate that the project team members did not have a significant gain in knowledge from the technical assistance workshops on evaluation. These results may have been due to the format of the survey, which may not have been sensitive enough to measure such changes.

Another significant factor was the staff turnover on these projects. Unlike the first round of Synergy Initiative projects, which experienced little project team turnover, the Round 2 projects had significant changes in the individuals with important roles in each project, including three project directors, five project evaluators, four project coordinators and a number of new partner agency representatives. Thus, the goal of cumulative education regarding evaluation became difficult to achieve as personnel fluctuated throughout the process. The conclusion in August 2009 was that the method chosen – a series of workshops for project directors, project coordinators and steering committee members – was not highly effective.

As a result, the Foundation decided on an alternate approach for the final years of the Round 2 projects: small group meetings of project directors and project coordinators. These peer-to-peer sessions allowed more experienced project directors and coordinators to educate new participants. The sessions were led by one or more of the technical assistance providers to stimulate discussion, and topics discussed have allowed project directors and coordinators to take lessons learned back to their projects.

## Capacity Building – Communications and Advocacy

The Foundation also provided a series of workshops to the Round 2 Synergy Initiative grantees to build capacity in the areas of advocacy and communications. The pilot year session included a presentation on advocacy by Round 1 project directors in order to offer lessons learned.

The Foundation contracted with Ms. Judy Meredith of The Public Policy Institute and Ms. Terry Symula, a communications consultant; their work included workshops (see schedule below) and one-on-one coaching regarding advocacy and communications strategies and activities.

### Synergy Initiative Round 2 Communications and Advocacy Training Schedule

#### Planning Grant Year

May 1, 2007

#### Public Relations and Advocacy Workshop

Attendees: 29 steering committee members from five projects

#### Pilot Grant Year

September 17, 2008

#### Advocacy, Communications and Public Relations Workshop

Attendees: 28 steering committee members from five projects

#### Implementation Year 1

April 16, 2009

#### Advocacy and Communications Workshop

Attendees: 26 steering committee members from five projects

To promote accountability for these funds, the Foundation uses an evaluation system called “Results-Oriented Grantmaking and Grant-Implementation” (ROGG) which is based on ten accountability questions.

This technical assistance enabled project directors, project coordinators and additional steering committee members to participate in advocacy and communications efforts on behalf of the project. Participant evaluations from these sessions and other anecdotal reports from individuals indicated that these workshops helped to increase the participants’ confidence in their ability to work with the media and meet with legislators. However, given the effort involved in holding these workshops, the Foundation concluded that fewer workshops and smaller peer-to-peer sessions were needed, and that more one-on-one coaching on communication and advocacy issues would be a more effective means to educate grantees.

Again, the Foundation found that using these large group workshops was negatively impacted by the turnover in key project participants. To address this, Foundation staff and consultants began using more one-on-one technical assistance that specifically dealt with such issues.

### Proposed Changes in Capacity Building for Round 3 Synergy Initiative Projects

For the third round of Synergy Initiative projects beginning in 2011, the Foundation is planning a smaller number of workshops for project directors and coordinators (see the proposed schedule below). Other steering committee members will not be included in order to keep the groups small and

more informal. This round will also include more peer-to-peer learning sessions led by those providing technical assistance to the grantees. It will also include a meeting with the Round 2 project directors and project coordinators to discuss what worked for them and what they would have done differently based on the outcomes of their projects.

### Synergy Initiative Round 3 Training Schedule

#### Planning Grant Year

September 27, 2010

#### Introduction to ROGG and Project Evaluator Selection

Attendees: proposed project directors, project coordinators, and prospective project evaluators from four projects

(Planned) March 18, 2011

#### ROGG Workshop

Attendees: project directors, project coordinators and evaluators from four projects

(Planned) June 8, 2011

#### Lessons Learned Workshop

Attendees: project directors and project coordinators from four Round 3 projects; project directors and project coordinators from Round 2 projects

### Activation Fund Grantee Follow-up

One recommendation in the five-year evaluation dealt with finding ways to measure the continued impact of Activation Fund grants. Since 2006, the Foundation has asked each grantee to complete a survey approximately one year after the conclusion of their grant to assess the continued impact and sustainability of that grant. In 2010, the Foundation incorporated this one-year survey into their contract with each grantee. The Foundation has received one-year surveys from virtually all of the Activation Fund grants that have concluded. Please see Part 2 of this report for more detailed information regarding the Activation Fund.

### Lessons Learned

The information and data collected have informed the continuous improvement strategies for the Foundation. In some cases, the strategies for implementing the recommendations were highly successful, while in other cases, they were less successful than anticipated. For example, the investment of conducting a series of half-day training sessions for Synergy Initiative grantees had limited utility in improving their knowledge of evaluation due to the significant project team turnover.

As the projects have progressed, peer-to-peer sessions have proven to be useful for project directors and project coordinators, particularly with regard to advocacy issues. After these sessions, the project directors and coordinators often leave with new ideas to adapt to their project.

The Foundation's hiring of a communications specialist to provide technical assistance to grantees has helped build the capacity for communications and media relations among those working on the Synergy Initiative projects. Technical assistance for their advocacy efforts has also appeared to improve their skills.

The Foundation applied continuous quality improvement by assessing their workshops for the Synergy Initiative grantees and revising their approach based on the feedback received. The Foundation will continue to request that evaluation forms be completed by the participants at each session, and should continue to review the forms and revise their training strategies accordingly.

Grantees who receive funding from the Activation Fund will continue to be surveyed one year after the conclusion of the grant in order to inform the Foundation of what makes these projects successful and sustainable, where appropriate, beyond the Activation Fund grant.

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## The Health Foundation of Central Massachusetts

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