



Robert Wood Johnson
Foundation

AUGUST 2015



Collaborative Philanthropy: Results and Lessons Learned

***A Special Report on Robert Wood Johnson Foundation
Local Funding Partnerships***

by Michael H. Brown, Mary B. Geisz, and Mary Nakashian

Cover image: A young child engaged in Child First draws a picture as part of her therapy. Child First, a home-based, early childhood program in Connecticut, works with very young, vulnerable children and their families. It “reaches an underserved population of kids and parents that typical home visiting or day-care programs don’t serve well because of the complexity of their emotional needs,” said Jane Isaacs Lowe, PhD, RWJF senior adviser for program development. (Photo by Lynn Johnson)

© 2015 Robert Wood Johnson Foundation



Robert Wood Johnson Foundation

Route 1 and College Road East
P.O. Box 2316
Princeton, NJ 08543-2316

This publication is available for downloading from the Foundation’s website at www.rwjf.org/en/library/research/2012/05/robert-wood-johnson-foundation-local-funding-partnerships.html.

Collaborative Philanthropy: Results and Lessons Learned

A Special Report on *Robert Wood Johnson Foundation Local Funding Partnerships*

Table of Contents

1	Preface by Risa Lavizzo-Mourey
2	Introduction: “Money to Put on the Table”
5	Evolution
5	A Work in Progress
9	Decision to Close LFP
11	Operations
11	How LFP Worked
21	Challenges
26	Results of the Program Overall
26	Project Survival
28	Project Replication
28	Problem Projects: Why Some Failed
31	Project Results: Changing Community Health From the Ground Up
32	Preventing Violence
37	Fostering Mental Health
43	Increasing Access to Health Care
49	Replicating LFP Projects
59	Lessons Learned
60	Lessons Learned: Local Funders’ Perspectives
63	Lessons Learned: National Funder’s Perspective
67	Polly Seitz: A Final Word

Appendices

69	Appendix 1: National Advisory Committee Members
71	Appendix 2: Additional Projects on Violence Prevention
72	Appendix 3: Funding Partners: 1987–2015
77	Appendix 4: Additional Projects on Increasing Access to Care
79	Appendix 5: All LFP Grants by State: 1987–2015
97	Appendix 6: Rubrics for Project Selection
100	Appendix 7: Additional Projects on Fostering Mental Health
103	Appendix 8: Additional Replicated Projects
106	Appendix 9: List of Program Results Reports on LFP Projects
108	Appendix 10: Local Funders Interviewed for Their Reflections on the LFP Program

Preface

Local Funding Partnerships (LFP) holds a special place in the history of the Robert Wood Johnson Foundation (RWJF). For 25 years, LFP supported innovations in community health that helped redefine health and health care in America. It was the first RWJF program to source health solutions directly from local communities.

LFP also has played a role in shaping the Foundation's work. There is a direct line between the groundbreaking projects funded through LFP in communities across the country and the Foundation's vision of building a national Culture of Health.

From the beginning, LFP exemplified two of RWJF's core beliefs:

First, LFP underscored how local communities hold answers to many of the nation's greatest health challenges. LFP created forums for important community conversations on health and health care. From these conversations, we began to see how, if we really wanted to improve health, we had to look at solutions outside the health care system—to things like early childhood programs, community development, housing, and law enforcement, all of which have profound impacts on the health of our communities.

Second, LFP is a testament to the power of collaboration. The partnerships RWJF developed with LFP over the years magnified our work, leading to new opportunities and greater impact. It is through partnership that we make the swiftest progress in improving health. It's how we leverage our resources and pool our collective knowledge. And it's how we learn what we need to do to make getting and staying healthy a fundamental American value that everyone can attain.

As you read this Special Report, you will see dozens of stories that show what it takes to change the world, one community at a time. These are stories of dedication and caring, of passion and perseverance. Most of all, they are stories of hard work. These stories continue to inspire us and drive us to keep moving forward.

Risa Lavizzo-Mourey, MD, MBA
President and Chief Executive Officer

Introduction: “Money to Put on the Table”

“The Robert Wood Johnson Foundation was not that well known at the time, and we were not necessarily liked,” RWJF Vice President, Terry Keenan recalled later. “I remember getting reamed out by the head of one medical society foundation. He said, among other things, that he didn’t like Yankees.”

The late Terry Keenan, for many years a vice president of RWJF, was a small, slightly stooped man with wispy hair and a soft-spoken, bookish demeanor that masked a tenacious commitment to helping the less fortunate—“a combination of the sharp-minded Jesuit and the caring parish priest,” one friend called him.

In the late 1970s, Keenan embarked on a mission that drew on all of these talents. The Foundation was focused on improving the nation’s health and health care system, and Keenan set out to entice local philanthropies around the country to fund clinics in their communities.

It was a well-intentioned idea but not one that went over particularly well. Here was a multi-million-dollar foundation in Princeton, N.J., telling local funders how to spend their money in their own hometown. Arrogant meddling, to put it kindly, or so it seemed to some.

“The Robert Wood Johnson Foundation was not that well known at the time, and we were not necessarily liked,” Keenan recalled later. “I remember getting reamed out by the head of one medical society foundation. He said, among other things, that he didn’t like Yankees.”

But fast learner that he was, Keenan quickly came to understand the local reaction—and how to soften it. “I realized it would be easier to get a favorable reception if I had some money to put on the table.”

That realization was the seed for what became *Robert Wood Johnson Foundation Local Funding Partnerships* (LFP), a national matching-grants initiative unique within the Foundation’s own portfolio and unusual if not unique in American health philanthropy.

When LFP closed in 2014, it had operated for more than a quarter of a century and funneled more than \$260 million in RWJF and local dollars into more than 300 community health-improvement projects scattered across both the nation and the health spectrum.

This Special Report examines this long-running program: its evolution, operations, challenges, and results—and lessons that RWJF and its funding partners learned about collaboration, the lessons that may be of interest to other philanthropies, large and small.

“I think the nutshell of LFP was to demonstrate how a national foundation could partner effectively with local funders to improve health and health care in communities, with the voice of the local funder driving the identification of the project,” says Jane Isaacs Lowe, PhD, MSW, senior adviser for program development at RWJF.



Head Start-Trauma Smart, a program of the Crittenton Children's Center in Kansas City, Mo., supported by LFP with continuing support from RWJF, works with preschool children attending Head Start programs to mitigate the effects of traumatic events such as violence, child abuse, incarceration or sudden death of a family member, and/or alcohol and drug abuse. The program includes staff and parent training, intensive individual therapy for affected

children, and in-classroom skill-building and coaching for teachers. Children who received individual treatment showed statistically significant improvements in four areas important for school readiness and academic performance: attention problems, attention deficit/hyperactivity, aggressive behavior, and oppositional defiance.

Evolution

A WORK IN PROGRESS

Over LFP's 27 years, the underlying premise remained unchanged: By collaborating with local and regional funders both financially and programmatically instead of acting alone, RWJF could be more effective in its mission to improve the health and health care of Americans.

But while the goal of advancing community health through partnership remained constant, LFP's approach to achieving it had to adjust to shifts in the health care system, the philanthropic field, and most significantly, RWJF's own grantmaking strategy and organization.

LFP was always—as Pauline (Polly) Seitz, MPA, MS, RN, the program's long-time director, liked to say—"a work in progress."

Birth

The immediate result of Keenan's aha moment was that in the early 1980s RWJF put up \$7.3 million to stimulate local support for new community health centers. Called *Community Care Funding Partners*, the program attracted some \$7 million in local matching funds to build 19 facilities across the country.

Although pleased with the concept of local partnerships, RWJF leaders concluded that the effort should not be limited to just health facilities. RWJF by this time was beginning to turn its attention to infant mortality, teenage pregnancy, and other health problems that extend beyond clinic walls.

The upshot was that in 1987 the RWJF Board of Trustees phased out the *Community Care* initiative and authorized \$8 million for a two-year trial of a broader matching-grants program initially christened *Local Initiative Funding Partners*. The name was later shortened to *Local Funding Partnerships* (LFP), which is used throughout this report.

This bottom-up approach was a distinct departure from RWJF's tradition of prescriptive grantmaking. Although the boundaries narrowed as the program evolved, bottom-up remained a cornerstone of LFP until the end.

The First Wobbly Steps

Like the old program, the new one required shared funding. Accepted projects would get up to \$400,000 in RWJF money paid out over three or four years, with local and regional philanthropies contributing an equal amount.

But there was a key change. Instead of RWJF's dictating what the money would go for, the partnering funders and the grantee organizations that they sponsored would be able to select their objectives based on community needs.

This bottom-up approach was a distinct departure from RWJF's tradition of prescriptive grantmaking. Although the boundaries narrowed as the program evolved, bottom-up remained a cornerstone of LFP until the end.

Indeed, it was initially too much bottom-up for some at RWJF. Of the 16 projects funded in the two-year trial period, about a third were primary care centers and school-based clinics. Many of the rest, however, addressed child sexual abuse, HIV infection, and other issues far afield from traditional RWJF fare.

"The question was sort of, 'Where's the white coat?'" says Seitz, at the time a rookie RWJF staffer hired by Keenan to oversee the new program. "Some of the stuff was really very odd from the perspective of where the Foundation was."

For example, a St. Paul, Minn., group worked in the city's Hmong refugee community to discourage youth from marrying and having children until after high school. A New York City project aimed to make family planning clinics a key line of defense against AIDS contraction by women and newborns.

Although not the sole reason—RWJF was undergoing a general retrenching at the time—discomfort with the diverse, unorthodox nature of the program's undertakings was definitely a factor in the Foundation's decision to pull the plug at the end of the two-year period.

LFP was down but, as it turned out, not out.

Rebirth

In 1990, RWJF got a new president, Steven A. Schroeder, MD. Seeing opportunity in his arrival, Keenan and other LFP advocates made a pitch to restart the program with new ground rules to address the concerns voiced earlier by some program staff members.

Instead of complete *carte blanche* at the local level, they proposed that projects would have to respond to issues related to one of the three general goal areas that Schroeder set for Foundation funding:

- Increasing access to health care for all Americans
- Improving care for people with chronic conditions
- Reducing the harm caused by substance abuse

The new rules also addressed a complaint from the other end of the partnership. A number of local funders had been unhappy that they were required to invest in their proposal with no guarantee that RWJF would ultimately approve the project and provide its share of funding.

Their point was that putting together the funding to qualify for the LFP match often took months of effort, including personal pleas and public promotion. If RWJF turned down the project, the local backers ended up with egg on their faces, not to mention a dead project.

The real nub was that the requirement for upfront dollars was perceived at the local level as a power imbalance, thwarting RWJF's goal of fostering genuine partnership with communities. The new rules responded with a subtle but significant change: Partnering philanthropies would now have to demonstrate only their intention to fund a project. Actually coming up with hard cash would be contingent on getting the RWJF grant.

In July 1991, the Board of Trustees authorized a new version of LFP that incorporated the changes and also increased the RWJF grant maximum to \$500,000. There was a new administrative setup as well.

Previously, RWJF managed the program directly, using its own staff assisted by a consultant, Ruth S. Hanft, PhD, a specialist in health policy. To underline the new LFP's independence, RWJF established a separate program office under Hanft's direction at George Washington University in Washington.

In the mid-1990s, RWJF moved the LFP office to the Health Research and Education Trust of New Jersey, an affiliate of the Princeton-based New Jersey Hospital Association—located just down Route 1 from its campus. In conjunction with the move, Seitz left the RWJF staff and succeeded Hanft as program director—a post she held until the program's close in 2014.

Schroeder's three goal areas (and a fourth added later—promoting healthy communities) were broad enough to leave LFP and its collaborating funders with plenty of latitude.

Spanning Boundaries

Schroeder's three goal areas (and a fourth added later—promoting healthy communities) were broad enough to leave LFP and its collaborating funders with plenty of latitude. "We would say to applicants, 'If you can't figure out a way to fit into one of those four, you are sort of lacking imagination,'" recalls Seitz. "Within those four, you could do virtually anything."

"For example, dental care was not at the time part of RWJF's grantmaking strategy, but it fit well with access. "Everyone has teeth, and if you don't, that's a health problem," she says. LFP approved a number of oral health projects before RWJF itself began programming in that sector. Similarly, local efforts to increase child nutrition and physical activity got RWJF support through LFP before reversing the upward trend in childhood obesity rates became a priority of the Foundation.

Teenage pregnancy, tobacco use, homelessness, late-stage Alzheimer's care, mental illness, diabetes, you name it—LFP projects were, to use another Seitz-ism, boundary-spanning. "I love boundary-spanning," she says. "In the early days, the program was given a remarkable degree of intuitive latitude to try some things just because they looked really interesting and might possibly be of future interest to the Foundation."

“I would say in some ways the flexibility of the program was traded for a strategic fit with the Foundation,” says RWJF’s Senior Adviser for Program Development, Jane Lowe, the former leader of the Vulnerable Populations Team. “As the Foundation became more strategically focused, the program had to fit into a portfolio.”

A Tighter Fit

But ranging across the health spectrum became more difficult as RWJF developed more targeted goals and strategies for all of its programming—a process that started in the late 1990s under Schroeder and continued under his successor, Risa Lavizzo-Mourey, MD, MBA.

The changes included reorganization of the RWJF program staff into a series of teams, each responsible for a specific goal area and the programming to reach it. In 2003, LFP was assigned to the Vulnerable Populations Team, charged with fostering new, more effective ways to deliver services to the poor, minorities, elderly, and other groups disadvantaged by their economic, social, or physical circumstances.

Many LFP projects were already engaged in exactly that kind of work so the team placement made sense. But the new structure also meant that the program was expected to avoid funding projects that fell in the province of another RWJF team or were outside the Foundation’s strategic framework.

“I would say in some ways the flexibility of the program was traded for a strategic fit with the Foundation,” says RWJF’s Lowe, the former leader of the Vulnerable Populations Team. “As the Foundation became more strategically focused, the program had to fit into a portfolio.”

While LFP still had plenty of running room, the new setup made a difference, says Seitz. For example, once the Foundation developed a strategic objective for reducing childhood obesity, LFP was no longer free to do its own programming in that area. Same for oral health, tobacco control, chronic disease management, and other segments of the health field.

“Boundary-spanning was much more problematic,” says Seitz. But far from impossible, according to Curtis E. Holloman, MA, MBA, who joined Seitz’s staff in 2006 as a deputy director. The program continued to fund some projects that crossed over into other team areas, he says.

Alignment

The Vulnerable Populations Team focused on addressing poverty, violence, and other factors outside the medical system that affect health, particularly children’s health. In line with that, LFP funding went increasingly to projects aimed at building the capacity of families and communities to care for children and support their social, emotional, and mental well-being.

Violence and child trauma as obstacles to good health were particularly strong interests. “While violent behavior is not confined by economic class, language, or location, certain populations are at higher risk for injury and harm,” read the program’s 2010 call for proposals (or CFP).

“It was radical, a real break with tradition, for a foundation of RWJF’s size to weave together the expertise and technical know-how of local funders and community organizations to forge partnerships for change,” Lowe wrote in a 2014 posting on the Forum of Regional Associations of Grantmakers website.

“Partnerships have become the norm within philanthropy. People partner all the time, both within communities and nationally. And within RWJF, partnership is now part of the way we do business, making a single program devoted to that purpose unnecessary,” says Lowe.

As part of this new emphasis, LFP issued a special CFP to help diverse, high-need, low-resource communities mount efforts to prevent behavior leading to physical or psychological harm. Named Peaceful Pathways: Reducing Exposure to Violence, the initiative differed from LFP’s core grantmaking in that the RWJF and local contributions were both smaller, and applications went through an expedited vetting process.* The emphasis was on partnering with grassroots, nontraditional, diversity-focused philanthropies and nonprofits.

DECISION TO CLOSE LFP

LFP was one of the first, if not the first, truly collaborative efforts between a large national foundation and smaller philanthropies at the local and regional level. What set it apart was not just the 100 percent match but the responsibility it gave communities to identify local health-related problems and come up with their own solutions. That remained so even as the programming boundaries tightened.

“It was radical, a real break with tradition, for a foundation of RWJF’s size to weave together the expertise and technical know-how of local funders and community organizations to forge partnerships for change,” Lowe wrote in a 2014 posting on the Forum of Regional Associations of Grantmakers website.

But time marches on, and what was radical in the 1980s became increasingly less so. By LFP’s third decade, says Lowe, the need for collaboration had taken root across the field of philanthropy—and within RWJF itself.

“Partnerships have become the norm within philanthropy. People partner all the time, both within communities and nationally,” she says. “And within RWJF, partnership is now part of the way we do business, making a single program devoted to that purpose unnecessary.”

As one example, Lowe points to *Healthy Kids, Healthy Communities*, an RWJF national program to build local partnerships to fight childhood obesity. Another is *County Health Rankings & Roadmaps*, which includes the RWJF Culture of Health Prize that encourages community partnerships aimed at inspiring residents to live healthier lives.

These new opportunities for local–national collaboration offered by RWJF and other philanthropies made LFP’s ad hoc grantmaking function, in a word, obsolete: that was the principal reason for phasing out the program, she says.

Seitz explains the rationale with a metaphor from the automobile industry: When a car model is overtaken by new technologies, “sometimes it’s just better to stop the assembly line and design a new car.”

*Peaceful Pathways grants ranged from \$50,000 to \$200,000, and the local cash match was 75 percent instead of 100 percent, with the remaining 25 percent to be an in-kind match from local funders.



With LFP support, Students Run LA served students ages 12 to 15. In 2001, more than 400 middle school students completed a marathon and met the goals of improved self-esteem, physical fitness, and eating habits; reduced drug, alcohol, and tobacco use; and decreased truancy, gang involvement, and other delinquent activities. In July 2004, the National Nursing Centers Consortium,

a Philadelphia-based nonprofit, created Students Run Philly Style (pictured here), following the outlines of a toolkit from Students Run LA. That program recruited 935 student participants and 160 adult leaders over the RWJF grant period.



Operations

HOW LFP WORKED

The final LFP scorecard at the end of its 27 years looked like this:

- RWJF awarded 369 LFP project grants totaling \$124.4 million. Fourteen of these were Peaceful Pathways grants, awarded in 2008-09.
- These LFP grants leveraged \$131 million in matching contributions from approximately 1,490 funding partners in 49 states, the District of Columbia and Puerto Rico.

To manage the program, RWJF awarded:

- 27 technical assistance and direction grants totaling \$20.8 million—funding that supported the national program office as it managed LFP and assisted the local grantees
- Three grants unrelated to specific projects for convening, dissemination, and sustainability, ranging from \$20,000 to \$178,621 and totaling \$253,621*

Behind those statistics were the program's three main players: the national program office, the collaborating local funders, and the grantee organizations. A brief look at their roles and interactions shows how LFP worked.

National Program Office

A former nurse midwife and self-described people person, Seitz brought a hands-on, service-oriented, approachable zeitgeist to the program's management and was a spirited booster of the projects it funded—especially those that went, in her words, from “out of the box to best practice.”

*In addition, RWJF awarded five grants totaling \$1,035,402 to evaluate the program.

“For me as a midwife, to watch something go literally from conception through a complete funding cycle to maturity—it’s like delivering a baby and watching it go off to college,” says Polly Seitz, the program’s director.

“For me as a midwife, to watch something go literally from conception through a complete funding cycle to maturity—it’s like delivering a baby and watching it go off to college.”

It was a spirit that carried over to the rest of the LFP leadership. “I cut my teeth working for a primary care center in a community,” says Deputy Director Holloman.

“I have always been driven by the local community experience, effecting change and having impact on the ground,” says Holloman, who was a former county health director and former deputy director of RWJF’s initiative to improve care in the rural South, the *Southern Rural Access Program*.

During much of Seitz’s 20-year tenure, LFP had two deputy directors at any one time. The other deputies were:

- Ted Hardgrove, MTh, (1995–2006), a protestant minister with extensive experience in community development work
- Sandra Lopacki, MPH, MA, (2001–2007), a former pediatric speech therapist who brought expertise in young children and their needs
- Leticia Peguero, MPA, (2008–2012), a veteran of the nonprofit sector, including the YMCA and Planned Parenthood

While not involved in day-to-day management, Lowe at RWJF was a key part of the program’s leadership. In addition to heading the Vulnerable Population Team, she was for 15 years the program officer responsible for overseeing LFP and worked closely with Seitz.

Another central ingredient of the program was its national advisory committee—a panel of 12 to 13 outside individuals from a wide range of professions who helped select, monitor, and advise the funded projects.

The committee membership included leaders of local foundations (the chair was always from a local funding organization), representatives of community-based projects, and academics from health-related fields.

The advisory committee, says Seitz, was one of LFP’s great strengths; the members were engaged in the decision-making and influential in determining the program’s direction. The 45 individuals who served on the committee over the life span of the program are listed in [Appendix 1](#).

Project Selection: A Rigorous Process

Administering the annual grant application process was a key function of the program office. Typically, the annual LFP call for proposals drew 200 to 300 brief applications. These five-page papers outlined the proposed project, and each was read and rated by six individuals—Seitz, her two deputies, Lowe, and two members of the national advisory committee.

Based on that review, about 50 of the applicants were invited to submit full proposals, each of which was read and evaluated by eight people (Seitz, the deputies, Lowe, and four committee members).

During the application period, the staff made it a point to be available by phone and email to answer questions and offer guidance, and consequently became familiar with many of the proposals and the individuals behind them, says Hardgrove: “If we were just reviewing paper, it would have been very sterile. If we hadn’t been engaged in a very affirmative way, we could have missed some projects that were very good.”

Also, for a number of years, the program office conducted two annual workshops—one on each coast—to help would-be grantees prepare their applications. In 2003, to eliminate travel expenses, the workshops were replaced by Web-based conferences.

With the full proposals and evaluations in hand, the full advisory committee met to vote on which to move into the competition’s final phase: the site visit. (During these deliberations, program and RWJF staff could comment but not vote.)

Each year, about 20 applicants received a site visit. The visit team of LFP staff and committee members—and in some cases RWJF program officers—met with leaders of the applicant agency, officials of the local funding organizations, and civic leaders. Projects were expected to have strong community backing, and applicants generally sought to demonstrate a breadth of support.

“I think I met everybody in Bluffton, Indiana,” Sandy Lopacki said only half-jokingly, after visiting that Wabash River town to explore a proposed—and ultimately successful—project to promote physical activity.

The visits were time-consuming, physically exhausting, and essential, says Seitz. “We could smell what was happening and touch it directly—using senses that technology can’t provide. We got to meet people and shake hands and to really understand what it feels like to visit the Lakota Nation, or to go to Alaska, or to be in a *colonia* in Texas.* It gave us real-time information.”

Based on the findings of the visit teams, Seitz recommended to RWJF the projects for funding. On average about a dozen projects a year got LFP grants—fewer than 10 percent of the organizations submitting a brief proposal. The whole process—from the call for proposals to the start of a grant—took almost a year.

Pound Puppies

“One of the things that Polly always had a knack for was seeing promise in grant applications that didn’t particularly on their face meet the criteria for selection,” says Lowe. The term Seitz assigned to these intuitive prospects was pound puppy—proposals that had, as she puts it, “tremendous heart even if they didn’t have sophistication.”

“We could smell what was happening and touch it directly—using senses that technology can’t provide. We got to meet people and shake hands and to really understand what it feels like to visit the Lakota Nation, or to go to Alaska, or to be in a *colonia* in Texas.* It gave us real-time information,” says Seitz.

* Spanish for neighborhood, an economically distressed residential area along the Texas–Mexico border that often lacks safe and sanitary housing.

At the end of the advisory committee deliberations, explains Lowe, “Polly would say, ‘All right, does anybody have an application that they feel is a pound puppy?’ ”

At the end of the advisory committee deliberations, explains Lowe, “Polly would say, ‘All right, does anybody have an application that they feel is a pound puppy?’ ”

Committee members and staff were then free to bring back up for discussion any passed-over application that they felt had enough promise to warrant a site visit. “It was a reminder that we were there to take risks,” says Lopacki.

[United Teen Equality Center](#) (UTEC) was such a risk. A small start-up in a church parish hall in Lowell, Mass., UTEC applied for an LFP grant to support two outreach workers to mediate conflicts between Southeast Asian youth gangs active in the old mill town.

The application, recalls Seitz, was deficient in some respects but also had obvious strengths, including the enthusiasm of UTEC’s young executive director, Gregg Croteau, MSW. “So the committee urged the Foundation and program staff to see the program. The site team went to see it, and UTEC, the pound puppy, was funded and has been a star,” says Seitz.

Indeed, from its start in 1999 on a \$40,000 city grant, UTEC has grown into a multi-faceted, nationally recognized agency serving more than 1,000 at-risk youth on an annual budget that in 2014 topped \$4 million.

UTEC’s four-year, \$460,000 LFP grant in 2003 was its first from a national philanthropy, says Croteau, who continues to lead the organization. “It provided a unique stamp of approval and opened the door to other funders ... RWJF’s investment was critical to giving us capacity.” (For more about UTEC, see the [Program Results Report](#) and the [RWJF Anthology chapter](#) on the project. It is also among the projects described briefly in [Appendix 2](#). For more about Croteau, who became an RWJF Community Health Leader, read his [Grantee Story](#).)

Project Support and Monitoring

Helping projects succeed was central to the LFP philosophy. “We are your advocates. We are your best cheerleaders,” Seitz would tell new grantees. Throughout the grant period, she and her team were there to provide support—everything from general handholding to assistance with the technical nitty-gritty of building and sustaining an intervention.

The technical assistance (TA) took many forms, some of it funded directly by RWJF outside of LFP and not exclusively for LFP grantees. The program’s major TA offerings included:

- **Three-day annual conferences for all LFP grantees and their funding partners.** Held at different but always attractive venues around the country, the sessions featured workshops on business plans, communications, information technology, fund raising, evaluation, and other facets of organizational development.

Equally important if not more so, the annual conference was a vehicle for local funders and service providers from across the country to meet in person and trade experiences, tips, anxieties, and accomplishments.

The conferences “were directed at the grantees, who got a lot of technical assistance and peer-to-peer learning,” says Mary Vallier-Kaplan, former vice president and chief operating officer of the [Endowment for Health](#) in Concord, N.H. “But we always chose to go to them as a funder. They gave us the same exposure, technical assistance, and peer learning.”

- **Smaller, two-day “cluster” meetings for grantees working in the same field, with the same population, or with other commonalities.** The sessions were designed to help participants learn about national trends impacting their areas of focus, such as violence prevention, access to dental care, behavioral health, and immigrant services.
- **Webinars.** In the last few years of LFP, the program office used electronic conferencing to bring experts in communications, strategic planning, evaluation, capacity-building, and other topics to grantees across the country.

The program’s website—launched in 2000 but no longer available—went through a series of iterations that added an increasing volume of information for use by the grantees as well as the public. *Taking Initiative*, the LFP newsletter, transitioned from a written format to electronic format circulated by email blasts.

The LFP communications director helped projects create one-page summaries and compelling real-life stories that could quickly tell the public, policymakers, and would-be funders what the project was about—in PR lingo, the project’s “elevator message.”

- **Communications assistance.** Deborah Dunn Solomon, for many years LFP’s communications director, worked with the grantees to establish a communications strategy for their projects—part of the staff’s overall effort to sustain the funded work over the long term.

Dunn, who joined LFP in 1999 with experience in the news media and hospital public relations, helped the local teams hone a statement of project activities and goals, foster media relations, and create one-page summaries and compelling real-life stories that could quickly tell the public, policymakers, and would-be funders what the project was about—in PR lingo, the project’s “elevator message.”

- **Special communications training.** Based on a review of project readiness, the program staff nominated certain grantee personnel for an RWJF-funded training program in strategic communications conducted by a private communications firm. Typically, two staff members from each of eight to 12 projects participated in a training session, which consisted of two three-day seminars and ongoing work with a communications consultant over a nine-month period.

Separately, the Foundation also paid for the production of short videos about some LFP projects.

- **Project Connect.** Another RWJF training program—this one on how to communicate effectively with policymakers and elected leaders—was available to nine to 10 LFP project directors a year. Called *Project Connect*, the program included a trip to Washington to meet the grantees’ legislators. Among other things, the curriculum drove home what constitutes lobbying—an activity off-bounds to all RWJF grantees.

- **Business planning for long-term sustainability and replication.** Through coordination with RWJF's communications department, selected project teams got outside help to create marketing and branding materials, develop a business strategy, and assess the initiative's readiness for replication.
- **Evaluation training.** The local teams also had access to training by outside consultants in project evaluation—an area that the program staff viewed as important but in which grantee capacity varied.

A formal evaluation was not required for LFP funding, but proposals were usually not competitive without a plan for assessing success.

Living out of a Suitcase

Program staff monitored the projects through conference calls, meetings, and semi-annual reports from the grantees. But, most importantly, Seitz and her deputies traveled to the communities for a firsthand look; they totaled 15 to 20 of these monitoring visits a year. Projects in need of immediate attention received special visits to provide on-site TA.

At a minimum, the visit team consisted of Seitz or a deputy and a national advisory committee member knowledgeable in the project's focus area. The team met with the local funders and community stakeholders as well as staff at the grantee organization. "For large-scale coalitions it was not unusual to meet 50 different people or more," says Seitz.

Gregory Hall, director of program quality and effectiveness for the [California Endowment](#), saw the program close up as both a collaborating funder and advisory committee member.

"To do it right—in addition to having the right kind of staff with the right kind of interpersonal skills—you have to have people who are willing to live out of suitcases," he says, referring to the travel involved in the selection and monitoring visits. "That must take a toll on people's personal lives and bodies. I don't know how they did it—they were in Montana one day and Maine the next."

Indeed, Seitz did fly literally a million miles in coach—an average of 40,000 annually over the life of the program, her count shows.

The Local Funders

The local funders were the engine that drove LFP, and their collaboration with the national program office and RWJF was central to its success. First off, to be considered, a project had to be nominated by a local grantmaker willing to be responsible for securing the matching dollars.

"That was a really important gate to get into the program," says Seitz. "We would often get calls directly from nonprofits saying they wanted to apply, and we would say, 'No, you can only come to us through a local grantmaker in your community.'"

The team met with the local funders and community stakeholders as well as staff at the grantee organization. "For large-scale coalitions it was not unusual to meet 50 different people or more," says Seitz.

The requirement was mutually beneficial, she explains. The program office got proposals that had a funding base in the community, and the local funders got an outside, objective selection process that screened for project creativity and sustainability.

The funder's role continued after the project was accepted and underway. Far from being a passive investor, the local grantmaker was expected to be an on-the-ground resource for advice, networking, and other nonfinancial assistance—a level of engagement that, added to the dollar-for-dollar match, would ensure ongoing local support for the project after the RWJF grant ended.

That was the theory of the program—and generally the practice as well. “We would never apply for a partnership with RWJF if we didn’t believe in [the project] so much that we would fund it ourselves anyway,” says Vallier-Kaplan, former official of the Endowment for Health, which was lead funder for two LFP projects.

Local Funders: Who Were They?

The term local funder was something of a misnomer. While many of LFP’s funding partners were family and community foundations focused on a specific locality, many served larger regions: multi-county sections of a state, an entire state, and groups of states.

The [John D. and Catherine T. MacArthur Foundation](#), one of the largest private philanthropies in the nation, was the lead local funder for an LFP project in Chicago, where the foundation is based. The [Bill & Melinda Gates Foundation](#), which has a worldwide reach, sponsored a project in Washington State, home of the foundation and Gates family.

Also, the nominating funder was the lead funder but rarely the sole one. Projects on average had funding from seven to nine sources, and many had far more than that—more than 20 in at least one case. Foundations of national corporations helped fill out the local match for some projects. Government agencies at the local, state, and national levels were also funders.

For many funding partners, health was not a primary focus—or a focus at all. One of the objectives of the program, says Lowe, was to encourage nonhealth philanthropies to view health in the broadest of terms—an effort that she believes was successful:

“In many ways, these local funders were working on issues related to the social determinants of health before the social determinants of health were fashionable.”

Similarly, LFP helped health conversion foundations* expand their perspective beyond direct health care to health-related social needs, says Lowe. The number of conversion foundations, which were an important program constituency, grew during the LFP years, as did the number of community and family foundations. This growth, say Lowe and Seitz, benefitted the program by enlarging the pool of potential funding

“In many ways, these local funders were working on issues related to the social determinants of health before the social determinants of health were fashionable,” says Lowe.”

*These are foundations that result from the conversion of a nonprofit hospital, health plan, or other health care organization to a for-profit enterprise. Federal law requires that the proceeds of tax-exempt assets be used for charitable purposes. Creation of a foundation dedicated to public-benefit funding is a means of satisfying that obligation.

partners and increasing the opportunity to sow the philanthropic field with an interest in health.

Reaching out to philanthropies, especially new ones, was part of the program staff's job. The CFP, ads in the *Chronicle of Philanthropy*, and presentations at meetings of the Council on Foundations, Grantmakers In Health, and regional grantmakers' associations helped introduce LFP to potential funders and grantees.

For a list of all LFP funding partners over the course of the program, see [Appendix 3](#).

The Gorilla Suit

The program staff made an effort to build a trusting relationship with its collaborating funders and counted on them to notify the national office of problems that developed in their projects.

"We served as 'boots on the ground' for RWJF," says Betty Wilson, president and CEO of the [Health Foundation of Greater Indianapolis](#). "We were able to monitor, assess progress, serve as mentors, and evaluate the programs as a local funder and [do so] on a more frequent basis than RWJF [had] capacity to do."

Close cooperation was especially important if a project—to use one funder's colorful phrase—"crashed and burned."

"Polly and I were on the phone frequently," Robert E. Eckardt, PhD, executive vice president of the [Cleveland Foundation](#), says of one such case. "We sorted out who could say what—which things had to be said by LFP, which things had to be said by us as the lead local funder, and which things had to be said jointly. We played off each other."

For situations particularly confounding, there was always the metaphorical gorilla suit. "I would always tell the funding partners that I did have a 500-pound gorilla suit I could appear in," says Seitz. "What I meant is that sometimes you can come in from out of town and say things that are too sensitive" for someone within the community to broach.

"I did have a funder who called me and said, 'You've got to come in the gorilla suit. This is really bad.' So when we went to that site visit, I knew I had to be very frank and forthright and forceful about what was *not* happening to meet the expectations of the program. Then the local funder could say, 'See, the Robert Wood Johnson Foundation is not happy with this.'"

Seitz "had a really keen sense when to call it and when to let the project go forward," says Lowe. "She was really good at recognizing potential but also when there were going to be challenges. She was really good at working relationships with the local funders."

Grantee Organizations

While local funders were responsible for proposing the projects, most of the grants went to the community organizations running the interventions. Most were nonprofits with an interest in health, although often through a lens focused on a specific group (children, elderly people, immigrants, Native Americans) or issue (homelessness, violence, mental illness).

"I would always tell the funding partners that I did have a 500-pound gorilla suit I could appear in," says Seitz. "What I meant is that sometimes you can come in from out of town and say things that are too sensitive" for someone within the community to broach.

In some instances the grantee was a government agency. The city of Santa Fe, N.M., for example, got LFP funding for a jail diversion program; the Memphis, Tenn., school system for integrating school, family, and health services.

LFP did not provide grants to simply continue an intervention already underway. It had to be a new undertaking, or at least an expansion or a new twist to an existing one. Another rule was no renewal grants from LFP. From the beginning, organizations were told there would be no follow-up LFP money—a message aimed at reinforcing the need for sustainability planning.

“As many times as we said that, I’d still get calls from [people] with grants that were ending, saying my board thought we should call and see if there is any way LFP would be interested in continuing since it’s really been a success. We had to as gently as possible say, ‘No, I’m sorry.’ ”

In actuality, a small number of projects did get follow-on LFP funding, generally for evaluation or replication testing. More common, though still rare, was post-LFP funding directly from RWJF itself. These were initiatives that the Foundation’s own program staff viewed as candidates for wider dissemination—especially after the program moved to the Vulnerable Populations Team.

“It became clear to us that there were some real gems that deserved another look to see if we could pick up some of those and run with them,” says Lowe.

The Foundation’s post-LFP funding supported replication and evaluation to test the model’s viability in expanded or new locations. Projects also got support for expansion efforts from sources other than RWJF. For examples of project that spread beyond their original boundaries, see the report section [Project Results: Changing Health Care From the Ground Up](#). Additional examples are found in [Appendix 4](#).

Imagination

Funded activities were supposed to be innovative, and while the exact meaning of that criterion was something of a moving target (see [Challenges](#)), many of the projects took what was clearly an imaginative approach to health improvement. For example:

- A Michigan project trained hair stylists in African-American neighborhoods as lay health promoters to educate their clients about diabetes, high blood pressure, and kidney disease.
- In Florida, a nonprofit puppetry group developed a performance for young school children on healthy eating, exercise, and obesity.
- A San Francisco project helped medical students learn to provide culturally sensitive and medically competent care to transgender patients.

The [Project Results](#) section of this report details a range of projects in three primary areas of LFP funding: violence prevention, mental health, and access to care.

“It became clear to us that there were some real gems that deserved another look to see if we could pick up some of those and run with them,” says Lowe.

“Some of them were inherently risk takers,” Seitz says of the men and woman who headed the grantee organizations. “Among the project directors, there is a tremendous energy and creativity. If they’re blocked in trying to reach a destination or goal in one way, they think out of the box how they can do it differently.”

Beginning in the 1990s, the annual call for proposals identified specific subject areas that RWJF was particularly interested in at the time. Applicants were not limited to those areas, but “we learned immediately that there was an exquisitely sensitive reaction to the wording in the call for proposals,” says Seitz.

When the CFP mentioned substance abuse, for example, there was a huge increase in applications for substance abuse projects. Ditto for oral health and childhood obesity. Later, after the program moved into the Vulnerable Populations portfolio, the CFP became more prescriptive. And the eligibility rubrics developed for the program’s transition included assessment of each project’s novelty and creativity.

Not Just the Money

The money, of course, gave local initiatives a big boost, but LFP participants often found the program had another equally important benefit: recognition by a large, well-known, philanthropy.

The money, of course, gave local initiatives a big boost, but LFP participants often found the program had another equally important benefit: recognition by a large, well-known, philanthropy. The RWJF grant, many local participants say, validated their effort and helped open the door to additional support in the community and beyond.

R. Terry Bell, JD, president and chief executive officer of the [Rockwell Fund](#) in Houston, puts it succinctly: “Everyone wants to back a winner.”

A project sponsored by Bell’s foundation illustrates the point. Founded in 1999, the Denver Harbor Family Clinic was operating two days a week out of a Pentecostal church in an isolated, low-income Hispanic section of Houston when it sought LFP funding to increase operations to 40 hours a week.

Daniel M. Montez, an accountant heading the community coalition behind the clinic, traveled to an LFP applicants workshop in San Francisco, accompanied by Bell and Jana Mullins, a program officer for Rockwell, the sponsoring funder.

Hardgrove, the former deputy director, remembers the Houston team as an example of the kind of local collaboration the program tried to engender. On their return home, Montez got busy putting together the application while Bell and Mullins helped sell the project to other Houston funders. In the end, says Hardgrove, the project brought together Houston organizations and individuals that had never before worked with each other.

Echoing UTEC’s Croteau in Massachusetts, Montez says the \$450,000 LFP grant awarded in 2003 was instrumental in the clinic’s success. “I don’t think we could have gotten this far without it. It really helped us establish a presence in the Houston philanthropic community.”

His organization subsequently secured sufficient local funding to replace the clinic’s church site with fully-equipped facilities in a redeveloped building that previously housed a neighborhood cantina. The group later opened a clinic in a second Hispanic neighborhood and now operates the two under the umbrella name [Vecino Health Centers](#).

The LFP award, says Montez, was particularly valuable because it came early in the clinic's development—before the effort was well known to Houston's philanthropists. The LFP application process itself provided an entrée into those circles. "Lining up these funding partners and talking about Robert Wood Johnson Foundation gave us a chance to explain what we were doing," Montez says.

For a list of all LFP grants by state, see [Appendix 5](#).

CHALLENGES

Project Sustainability After LFP Funding

The Houston clinic's experience notwithstanding, raising the money needed to keep going after the RWJF grant ended was a challenge for many grantee organizations.

"RWJF is just a phase you're going through," Seitz would tell grantees as a reminder of the transitory nature of the Foundation's support. The program staff made sustainability planning a major focus of the LFP annual conferences, site visits, and other technical assistance.

But post-LFP reality could still be tough. It wasn't necessarily just the RWJF funding that went away. Many local grantmakers did not want to be, as one put it, "life long funders." In order to see what was happening to projects after LFP, in 2002, RWJF hired Mathematica Policy Research to evaluate completed LFP projects to see if they had been sustained. The evaluators surveyed 103 LFP projects that operated at least one year after the RWJF grant ended and found:

- Some 65 percent of the projects lost some of their local funders in addition to the RWJF money.
- Some 18 percent lost all of their local funders, forcing the projects to find replacement sources.
- Some 26 percent had to operate on a reduced budget.
- Some 22 percent had to change to a new host organization.
- The average sustaining project had to raise 40 percent of its budget (about \$120,000) from new sources.

2008 Recession: An Impact

The national recession that began in 2008 depressed investment portfolios, leaving local funders with less money for new initiatives and reducing the number of LFP applications. In 2009, the program received 127 brief proposals compared to 319 five years earlier. (The program high was 334 in 1998.)

The downturn also affected some LFP grantees—because they lost funding due to the reduced assets of their local funders or because of increased demand for services, or both. In response, the national program office surveyed projects to assess their financial

"RWJF is just a phase you're going through," Seitz would tell grantees as a reminder of the transitory nature of the Foundation's support.

needs, and RWJF awarded supplemental funds, the first in the program's history, to more than two dozen projects as part of a separate authorization to help grantees through hard economic times.

RWJF Strategy: Alignment

The program's shift to a specific grantmaking portfolio—Vulnerable Populations—was a challenge for the program office. “Although Vulnerable Populations was a very broad category, local funders were accustomed to being able to partner with LFP on all areas that cut across RWJF's national work,” the program staff told RWJF.

In response, they sought to clarify the new eligibility criteria, including developing a set of questions—a rubric—to assess application strength at each stage of the selection process (brief proposal, full proposal, and site visit).

While three rubrics were mainly to assist the staff and advisory committee members, Seitz shared the one for brief proposals with local funders to help them evaluate potential applicants and screen out those unlikely to be competitive.

The three rubrics proved to be a highly useful tool not only to screen proposals but to measure the progress of funded projects, says Seitz. They served as “a common map for us and the grantees.” (As a possible aid to other grantmakers, the three rubrics are reproduced in [Appendix 6](#).)

Innovation: A Tricky Criterion

As mentioned earlier, projects were expected to be innovative. The service, the delivery method, the setting—RWJF, the program staff, and advisory committee were looking for some aspect that was new and creative. “There was an interest in innovation—in shaking up a field,” says Lowe.

But what exactly did innovation mean? If a proposed intervention was new to the applicant community but old hat elsewhere, did it qualify? “In all fairness, the innovation word really tripped us up a lot,” says Lowe.

Seitz saw a shift over time—an increasing expectation at RWJF that LFP projects would be original from a national perspective. Lowe says the yardstick wasn't so much national versus local as a desire to avoid expending resources on strategies and activities already proven effective.

As an example she cites school-based health clinics. They had been around for years and had a strong evidence base, and the Foundation was not interested in funding more of the same through LFP, she says.

Still, context mattered. While LFP turned down a number of proposals for school-based clinics, it funded one in Nebraska in the late 1990s largely because it was the state's first and had strong backing from the local community, says Seitz.

Seitz suggests there is a fundamental difference between national and local philanthropies in the speed at which new ideas and approaches take root, and at which the philanthropies move on. Local grantmakers remained engaged in oral health projects, for example, after RWJF had finished seeding that field, she says.

But what exactly did innovation mean? If a proposed intervention was new to the applicant community but old hat elsewhere, did it qualify?

Developing and maintaining effective partnerships with local funders was an ongoing challenge throughout LFP's lifetime. RWJF's national presence, large portfolio, and lead program role created the opportunity for resentment at the community level.

Professional Grant Writers: A Growing Influence

Over the course of the program, the program staff perceived a downward drift in the originality of proposals. Seitz attributes this development largely to increasing reliance by nonprofits on professional grant writers to identify funding opportunities. In an end-of-program report to RWJF, the staff wrote that:

“...reviewers noted proposals that were well written and well-grounded in theory but did not reflect the authentic voice of the community. Grant writers tried to retrofit existing projects in a way they thought would meet the criteria for LFP funding.”

Initially inquiries about the program came mainly from individuals directly associated with local funders and nonprofits, Seitz says. But more and more the office heard from independent grant writers designing a proposal that they would then shop to nonprofits.

This development presented a challenge for the advisory committee, the key cog in the selection process, says Seitz. LFP was fortunate to have members with enough expertise and experience to identify pro forma proposals, she says. And any that survived the paper review were certain to be caught in the site visit, she adds.

Local Funders: Partnership and Engagement

Developing and maintaining effective partnerships with local funders was an ongoing challenge throughout LFP's lifetime. RWJF's national presence, large portfolio, and lead program role created the opportunity for resentment at the community level. An outside evaluation in 2000 found that while local funders supported the program, “most feel no partnership” with it—a feeling that the LFP staff worked hard to eliminate.

As the years went by, RWJF began to see a new problem: a drop in the number of local foundations that were truly engaged with the projects they were putting forward. The change was in part due to the grant writer's growing role, says Lowe, but more broadly to an all-around increase in the activism with which the nonprofit sector sought funding.

“What started to happen was that more and more nonprofits were recognizing that this [the LFP program] could be a source of money. They would often go to a local funder and say, ‘We want to apply for this. Would you write us a letter?’” says Seitz.

“And the local funder would write a letter that suggested the local funder was not deeply invested in the project but that they were happy to write on behalf of the nonprofit, and if they got chosen, then they would help the nonprofit raise the match.”

In short, counter to the theory of the program, nonprofits instead of local funders seemed to be driving the project choices, says Lowe. Although not the main reason, this development was a factor in the decision to close the program, she says.

Technology: Mostly a Blessing But Not Entirely

LFP's life span coincided with technological changes that had a large and largely positive impact on how the program office selected, monitored, and assisted grantees. Certainly the staff—their vertebra in particular—benefited from the online application process, which eliminated the annual onslaught of heavy FedEx boxes.

The office also developed a grants management and tracking system and used social media and virtual networking to attract applicants and connect grantees with each other. “The technology increased our outreach efforts and led to more contact with potential grantees,” says Holloman.

However, the fruits were not all beneficial. The internet amplified the CFP beyond the targeted audience, generating more inquiries from sources not appropriate for the program, according to Seitz. Similarly, technology made it easier to adapt and send proposals to multiple funders, aiding grant writers and development officers, and placing a greater demand on the office's screening function, she says.

“Initially all of the contacts were by phone. People would call and say, ‘I just got this call for proposals. Can you tell me about it,’ ” says Seitz. “You would have a conversation and you would get a paper proposal.” Technology reduced that kind of personal interaction, she suggests.

The internet amplified the CFP beyond the targeted audience, generating more inquiries from sources not appropriate for the program, according to Seitz.



Located in Oakland, Calif., First Place for Youth provides critical services to increase stability and reduce homelessness among San Francisco and Bay Area young adults who are in or have recently aged out of the foster care system. It helps them develop healthy living habits, pursue stable employment, and enroll in education programs to build the skills they need to make a

transition to self-sufficiency and responsible adulthood. The program is spreading within California. An independent evaluation found that participants made gains in education, employment, and housing while in the program.

Results of the Program Overall

PROJECT SURVIVAL

Approximately four out of five LFP projects sustained their operations for more than a year after their RWJF funding ended, according to evaluation findings.

The Mathematica Policy Research evaluators hired in 2002 by RWJF to analyze LFP project sustainability had a surprise—a positive one. The evaluators—Beth Stevens, PhD, and Deborah Peikes, PhD—anticipated that given the program’s community-based, innovative nature, only about 40 percent of the funded projects would survive after their LFP grant ended.

The reality turned out to be far different. The team identified 120 projects that received and completed grants from 1988 through 2001 and were able to locate and survey 112 of them. The evaluators reported:

- Of the 112 projects, 92 percent (103) survived at least one year after RWJF funding ended, and 80 percent were still operating at the time of the survey (August 2002).
- Assuming that the eight projects not located by the evaluators had closed, 75 percent of the 120 grantees were continuing to operate as of August 2002. (Because of the projects’ varying start dates, the length of their survival times varied. The average follow-up period for the projects at the time of the survey was 4.8 years.)
- Of the 103 projects that were sustained at least one year, 71 percent were able to completely replace their lost RWJF and local funder revenues and continue with the same or increased annual operating budget. However, many of the other survivors had to scale back their operations.

Of the 103 projects that were sustained at least one year, 71 percent were able to completely replace their lost RWJF and local funder revenues and continue with the same or increased annual operating budget.

“When I Google them, they’re still coming up,” Seitz said. While admittedly she had not tried Googling all 300-plus projects, she says, “There’s been a remarkable continuity within the program.”

A later Mathematica evaluation focused on projects funded between 2003 and 2009 and found a similar survival rate. The evaluators—Stevens and Jung Yee Kim, MPH—reported:

- Four out of five surveyed projects in the 2003–2009 cohort sustained their operations for more than one year after their grant ended.
- Almost all of the survivors (97%) maintained or increased the geographic area they served, and 82 percent maintained or increased the size of the population they served.

These two Mathematica evaluations—of the 1988–2001 and 2003–2009 projects—were the only formal measure of sustainability of the LFP projects. Asked in 2014 if she had any idea how many LFP projects continued in operation, Seitz cited an informal measure: Google. “When I Google them, they’re still coming up,” she said. While admittedly she had not tried Googling all 300-plus projects, she says, “There’s been a remarkable continuity within the program.”

Sustainability: Key Factors

The LFP survivors tapped a variety of funding sources and benefited from a range of advantages and tactics.

The 2002 Mathematica evaluation found that two-thirds of the surviving projects raised money from new funders, private and public, and more than a third (35%) generated revenues from project activities. The grantee organizations obtained replacement funding from the following sources (note: Because many projects tapped multiple sources, the total percentage exceeds 100).

- 61 percent from other foundations
- 59 percent from public revenues
- 50 percent from individual donors
- 42 percent from corporate donors
- 35 percent from client fees or project services
- 24 percent from the United Way

The evaluators identified a number of factors that help explain the high rate of project survival:

- The rigorous LFP selection process weeded out weaker projects.
- Many projects were not start-ups; 40 percent were already operating before their LFP grant began.
- Some 69 percent of the survivors operated within a host organization as opposed to being stand-alone projects. Many of these hosts were established organizations able to provide various advantages, including financial subsidies and expertise; 66 percent of the hosts had an annual operating budget greater than \$1 million.

- Many projects were assertive in the pursuit of new funding.
 - Some 70 percent began seeking replacement support during the first two years of their RWJF grant.
 - Some 64 percent employed professional grant writers or development staff.
 - Some 47 percent obtained technical assistance in fund raising from RWJF, the LFP staff, or their own consultants.
- Many projects were able to secure ongoing reimbursement—such as Medicaid payments and training fees—for at least some of their services.
- The board members of some project organizations provided crucial expertise and political support to help secure alternate sources of funding.

Mathematica’s evaluation of the 2003–2009 projects found that 40 percent of the grantees reported their projects had been replicated—14 percent as full replications and 26 percent as partial replications.

PROJECT REPLICATION

In addition to sustaining their operation, some grantee agencies were able to replicate their model or service.

Mathematica’s evaluation of the 2003–2009 projects found that 40 percent of the grantees reported their projects had been replicated—14 percent as full replications and 26 percent as partial replications.

The majority of grantees and funders wanted to disseminate their project in some fashion, such as expanding the intervention to additional sites or population groups or branding and franchising the approach for use by other agencies.

The evaluators prepared eight case studies of projects that had sustained themselves, including four that had successfully replicated. The evaluators used these case studies to identify a series of critical steps (“pathways”) that lead to sustainability and replication.

For descriptions of some projects that were replicated, see the subsection of Project Results, [“Replicating LFP Projects”](#) and [Appendix 8: “Additional Replicated Projects.”](#)

PROBLEM PROJECTS: WHY SOME FAILED

Over the life of the program, 21 projects proved seriously deficient during their grant period, according to the national program office.

Of the 21, about a dozen were closed early and their grants were terminated. The rest “we took across the finish line,” as Seitz puts it, meaning they completed their term in the program but with little or no prospects of continuing to exist afterwards. One reason for forbearance with this latter group, she explains, was that a project was never closed early without the local funder’s consent.

Major factors contributing to these 21 troubled cases included:

- The grantee’s lack of organizational capacity to carry out the planned activities and follow through on project objectives
- Withdrawal of local funder support, or the failure of anticipated support to materialize

- Leadership changes in the grantee organization resulting in disinterest in the project among the new leaders

In collaboration with the local funders, the program office made every effort to rescue endangered projects. Seitz tells of one grantee organization that withstood embezzlement by a staff member.

The project was providing a needed service in a rural area and instead of closing it down, the LFP office worked to strengthen the organization's oversight board. "It's still there," Seitz says. "I Googled it, and their work is still going on."



Cure Violence was founded in 1999 in Chicago to halt the cycle of gang violence retaliation. Launched under the name CeaseFire, it is designed to engage youth and to mediate high-risk conflicts before they turn violent. The model is being replicated in cities across the country. Cure Violence trains street-smart “violence interrupters” and outreach workers to work the

streets—and sometimes the emergency rooms—of urban neighborhoods to tamp down violence and ultimately change social norms. They are credible messengers because they hail from the same communities as the young people they engage, often have been incarcerated themselves, and always have turned their lives around.



Project Results: Changing Community Health From the Ground Up

Brimming with fresh ideas, high energy, and enthusiastic activity, the projects touched virtually every health-related problem, all racial, ethnic, and age groups, remote rural America and inner city neighborhoods from Maine to California.

Ted Hardgrove, the former deputy director, says what's important about the LFP program is not the statistics—not how many projects were funded or how many are still running. “It’s the fact that hundreds of thousands of people have benefitted from health services in their community.”

The program’s key result, he continues, is that community groups and local funders worked together to have an impact on community health—a coming together that he believes would seldom have occurred had there been no LFP.

“I don’t want to sound corny, but lives were changed as a consequence, and their families’ lives were changed,” he says. “There’s no way to measure the impact of that.”

Hardgrove’s remarks hit two nails squarely on the head. First, the funded projects were the heart of the program. Brimming with fresh ideas, high energy, and enthusiastic activity, the projects touched virtually every health-related problem, all racial, ethnic, and age groups, remote rural America and inner city neighborhoods from Maine to California.

Second, he’s also correct that there is no way to quantify the overall difference that the 300-plus projects made in people’s health and well-being. The RWJF-funded evaluations did not attempt such a determination. And while the individual grantees had some evaluation capacity, Mathematica found their approaches often lacked rigor, and few could produce solid evidence of project effectiveness.

This section attempts to open a window into the projects and their impact on people’s health and lives by examining several initiatives in each of three primary areas of LFP funding:

- **Violence prevention:** mainly violence affecting children—violence in families, schools, and street gangs
- **Mental health:** particularly the social, emotional, and mental well-being of children and families
- **Access to care:** improving people’s ability to connect with needed health care and treatment

While LFP interventions targeted a range of other health-related topics, these three were what Lowe calls “big bucket areas” that encompassed much of the funded work. Also, a number of these projects focused attention on a particular health-related problem or innovative solution, spurring interest and action by other organizations—in short, helping to seed a new field of health improvement.

The section concludes with a look at several projects that illustrate a fourth aspect of the program:

- **Replication:** expansion of the LFP initiative to additional locations or populations

Many grantees across all LFP funding categories grew their projects after their LFP grant ended. Some did so with the help of funding from RWJF, some with support from altogether new sources, including government agencies.

PREVENTING VIOLENCE

Project: Cure Violence (formerly called CeaseFire)

As chief of interventions and prevention for the World Health Organization, epidemiologist Gary M. Slutkin, MD, had seen his share of infectious diseases, from tuberculosis in San Francisco and Somalia to HIV in Uganda. He understood how diseases can spread, and the kinds of interventions necessary to stop them.

It was when he returned to his hometown of Chicago in the mid-1990s that Slutkin began to see the public health parallels between disease and violence:

- An environment where the infectious agent (violence) is well established
- Exposure that increases the chances of developing the disease

“One person shoots someone, and someone else retaliates. It’s like an infection—spreading, spreading, spreading,” he says.

In 1999, with the support of an LFP grant, Slutkin launched an effort to interrupt the spread of this contagion in the Austin neighborhood on Chicago’s west side. Initially called CeaseFire and later, when it became a national program, renamed [Cure Violence](#), the initiative trained community residents who had turned away from a life of violence to be “violence interrupters”—outreach workers in the streets striving to tamp down the spread of violence and change the behavior of those affected by it. See the [Sidebar](#) on the following page.

Project Impact

RWJF had previously explored violence prevention as a possible area of interest but had shied away because, as Lowe puts it, “it seemed to be so controversial.” Slutkin’s project, one of LFP’s first in violence prevention, helped change that.

After Slutkin’s LFP funding ended, RWJF itself began supporting the replication of his model in other high-crime communities. Now operating in 22 cities across

“One person shoots someone, and someone else retaliates. It’s like an infection—spreading, spreading, spreading,” says Gary Slutkin, who founded CeaseFire in Chicago.

Cure Violence (Formerly CeaseFire)

VIOLENCE IS THE LEADING CAUSE OF DEATH among youth in some cities, and young men of color are disproportionately affected. Violence progresses much like a contagious disease, says Gary M. Slutkin, MD, who founded Cure Violence. “One person shoots someone, and someone else retaliates. It’s like an infection—spreading, spreading, spreading.”

Launched as CeaseFire in August 1999 in Chicago’s Austin neighborhood with support from RWJF’s Local Funding Partnerships (LFP), Cure Violence trains street-smart “violence interrupters” to work the streets and sometimes the emergency rooms of urban neighborhoods, seeking to stop the cycle of violence by preventing revenge shootings—and ultimately by changing the social norm of revenge.

These outreach workers are credible messengers because they hail from the same communities as the young people they engage, often have been members of gangs and incarcerated, but always have turned their lives around.

“They don’t come with a credential from the University of Illinois. They come with a credential from Stateville Penitentiary,” says Francisco Perez, Cure Violence’s national director.

Along with the street-level work, Cure Violence staff organizes group sessions, including meetings to bring rivals together. The idea is to take small steps, challenge behavior, and slowly break down barriers among neighborhood adversaries.

All of this activity forms what Slutkin calls “a community octopus ... to embrace troubled and violent teenagers who, perhaps for the first time, hear the message that someone cares.”

The Model Spreads

As Cure Violence took hold in Chicago and Illinois, it drew local and national attention, and other cities and states became interested in having their own Cure Violence programs.

LFP funding for the Chicago project ended in October 2004, but in 2006 RWJF committed \$14.7 million to the University of Illinois at Chicago to support the replication of the model in other metropolitan areas with a longstanding history of violence. In 2011, the name of the national effort was changed from CeaseFire to Cure Violence.

The Cure Violence national office in Chicago provides no-cost training and technical assistance to new communities, and by 2014 the program was operating in 52 neighborhoods in 22 cities including Baltimore; Brooklyn, N.Y.; Kansas City; New Orleans; Philadelphia; and Loiza, Puerto Rico.

RWJF has provided additional support to help Cure Violence refine its business model, and plan for growth and sustainability. The Foundation is also funding a broad, 30-month evaluation of the program by researchers at the John Jay College of Criminal Justice in New York; the study began in 2014.

Earlier evaluations of three individual Cure Violence sites—Chicago, Brooklyn, N.Y., and Baltimore—concluded that the intervention played a demonstrable role in reducing violence. For example, in Brooklyn’s Crown Heights neighborhood, where Cure Violence operated, evaluators saw a decrease in monthly shootings, compared with increases in similar areas of New York City.

However, all three evaluations, none funded by RWJF, had significant limitations that left the results less than definitive.

As Cure Violence spreads across the country, it faces many challenges, and it remains uncertain how widely its approach can be expanded. But the new thinking it has engendered—that the tools of public health are as essential as the tools of law enforcement to curb violence—is likely to endure. Says Lori Toscani, director of the program in Baltimore:

“I like the idea that violence is a learned behavior, and that there is a way to change that behavior by providing new information and new skills rather than by incarcerating.”

For more on Cure Violence and its ongoing evaluation, read the [Progress Report](#) and view the Frontline documentary “The Interrupters.” For more on the early years of CeaseFire see the RWJF *Anthology* chapter, “[The Chicago Project for Violence Prevention](#).”

“LFP incubated a controversial topic for the Foundation,” says Lowe. It allowed the program and RWJF staff to learn about the subject “outside of the realities of the Foundation’s strategy at the time.”

the country, Cure Violence has become a pivotal program in the effort to prevent inner-city violence.

“LFP incubated a controversial topic for the Foundation,” says Lowe. It allowed the program and RWJF staff to learn about the subject “outside of the realities of the Foundation’s strategy at the time.”

Beyond RWJF’s own programing, Slutkin’s work has helped build the field of violence prevention and change the perception of violence to that of a public health problem due the kind of attention paid to communicable diseases.

For more about the Cure Violence replication and ongoing evaluation read the [Progress Report](#) and view the PBS *Frontline* documentary “[The Interrupters](#).” For more on the early years of CeaseFire, see the RWJF *Anthology* chapter, “[The Chicago Project for Violence Prevention](#).”

Lead funder during LFP:

John D. and Catherine T. MacArthur Foundation

Other funder during LFP:

Chicago Community Trust

Project: [Peace in the Home](#)

Texas has a large and rapidly growing Muslim population. Abused Muslim women in the Dallas region were often reluctant to speak out because of constraints within their community.

Many do not drive or speak English; in addition fear rejection by friends, family, and imams if they seek help. Also, Muslim women face a lack of cultural awareness of Islam among service providers and police. And they fear discrimination because of the September 11th attacks.

In 2005, a group of Muslim women responded to the problem by forming the [Texas Muslim Women’s Foundation](#), an organization in Plano on the outskirts of Dallas aimed at improving Muslim women’s access to domestic violence assistance.

The need for the fledgling program was recognized by the area’s imams, mainstream domestic violence service providers, and the larger community, spurring a rapidly increasing demand for the organization’s services.

In 2011, the Texas Muslim Women’s Foundation got an LFP Peaceful Pathways grant to launch Peace in the Home, an initiative to increase the group’s efforts to combat domestic violence. A key aspect was moving the organization from a mostly volunteer operation to one with a 22-member paid staff of trained professionals drawn mainly from the Muslim community.

Project Impact

During its three-year LFP funding, the organization helped more than 700 people with counseling, casework, social services, and legal referrals, and opened a 24-hour emergency shelter, Peaceful Oasis, that served more than 120 women in its first year.

Its activities included holding a major training conference for local imams to increase their awareness and sensitivity to domestic violence problems in Muslim families. The 12 imams who attended represented the major mosques in the Dallas metro area, and all 12 signed a declaration of zero tolerance for domestic violence within their congregations.

In 2013, the federal government funded the Texas Muslim Women's Foundation to participate in a four-year national research study of trauma-informed intervention. For more on Peace in the Home read the [Program Results Report](#).

Lead funder during LFP:

Dallas Women's Foundation

Other funders during LFP:

City of Plano

Criminal Justice Division of Texas

Dallas Young Lawyers Foundation

Harold Simmons Foundation

Hoblitzelle Foundation

Islamic Association of Collin County

Islamic Association of East Plano

Islamic Association of Flower Mound

Islamic associations in other communities (McKinney, Frisco, and Irving, Texas)

Islamic Relief

Jarrah Donor Advised Fund (created by four foundations)

Meadows Foundation

Solar Health, P.A.

Sunnbonnet Partnership

Swalm Foundation

Tabani Foundation

Texas Bar Foundation

U.S. Department of Health and Human Services

(through the Texas Health and Human Services Commission)

Verizon Foundation

Teen dating violence can be a serious problem in Western frontier regions where sparse populations live in small towns scattered over miles of mountains, forests, and ranches.

Project: Power Up, Speak Out!

Teen dating violence can be a serious problem in Western frontier regions where sparse populations live in small towns scattered over miles of mountains, forests, and ranches.

Data from a 2009 youth risk survey in Montana's rural Carbon County show the dimensions of the problem:

- Some 13.0 percent of teens reported being hit, slapped, or physically hurt by a dating partner.
- Some 11.4 percent reported being forced to have sex.

Family members can find it hard to believe that domestic violence exists among people they have known for generations.

The isolation combined with other cultural factors at play in the rural West not only increases the risk of dating violence at relatively young ages, it can also make it hard for teens to talk about dating violence.

“The smallness of the communities creates a whole different dynamic,” says Travis Burdick, MA, a violence-prevention educator and coordinator at [Domestic and Sexual Violence Services](#), in Montana’s Red Lodge—with 2,300 residents Carbon County’s largest town and county seat.

“A lot of these kids have close family connections. They might be close to the dating partner’s family,” he says. Family members can find it hard to believe that domestic violence exists among people they have known for generations, he adds.

Burdick’s organization had earlier developed a teen dating violence-prevention program, but with the support of an LFP grant, it created a new version called [Power Up, Speak Out!](#), and piloted it in 18 schools in six Montana counties.

Power Up, Speak Out! provides lessons and training for middle-school educators to teach healthy relationship skills and prevent bullying, harassment, and violence. Constructed with input from outside consultants, school personnel, and teens, the interactive curriculum uses images, stories, and messages selected for their cultural relevance to frontier youth.

An example: During one exercise, students work in small groups to determine whether certain actions described on cards—such as pulling down a fellow student’s pants in gym class—are bullying or sexual harassment as opposed to teasing or flirting.

An outside evaluation in 2012 found that the curriculum changed student knowledge of and attitudes toward healthy/unhealthy relationships and interpersonal boundaries and consent.

Project Impact

Following the pilot phase, the curriculum was provided free of charge to schools and violence-prevention agencies. As of mid-2014, more than 120 teachers, counselors, and other youth-serving adults had been trained in its use, and a total of 4,485 Montana students had participated in at least three of the nine 45-minute lessons.

For more about Power Up, Speak Out! see the [Program Results Report](#).

Lead funder during LFP:

O.P. and W.E. Edwards Foundation

Other funders during LFP:

Anonymous

Homer A. and Mildred S. Scott Foundation

MDU Resources Foundation

Oro Y Plata Foundation

Verizon Foundation

Yellowstone Boys and Girls Ranch Foundation

For a sampling of additional violence-prevention projects supported by LFP, see [Appendix 2](#).

FOSTERING MENTAL HEALTH

LFP's mental health programming shifted over the years, says Seitz. Initially the main focus was on severely mentally ill adults. Funded projects provided medical center-based outreach services to identify and treat psychotic individuals, including those with co-occurring substance abuse problems.

Later, the emphasis was on less severe, behavioral problems, especially among children and adolescents. A number of LFP projects integrated mental health services into schools, pediatric offices, and other community and primary care settings to address such conditions as chronic depression and severe anxiety.

In the latter years, says Seitz, the program funded several projects aimed at mental illness prevention. Indeed, by the end of LFP, says Seitz, the boundary between mental health and violence prevention had in many instances dropped away, with grantees sharing an interest in child trauma, early brain development, and other topics that span the two programming areas.

Project: Portland Identification and Early Referral (PIER) Program

Psychotic illnesses exact a tremendous cost on the people who suffer from them, as well as on their families and communities. Psychotic disorders most often first appear in the late teens, 20s, or 30s. Early symptoms may include hallucinations, delusions, or the inability to think straight or speak coherently.

Until the early 1980s, it was assumed that people with these symptoms would eventually develop a full psychotic illness, and that while the symptoms could be treated, the illness itself was not preventable.

William R. McFarlane, MD, director of the Center for Psychiatric Research at the [Maine Medical Center](#) in Portland, was one of a group of clinicians and researchers worldwide who challenged that conventional wisdom.

"When you develop schizophrenia, you drive off a cliff," McFarlane says. "So imagine you could stop the process already underway. You're driving down the road toward a psychotic episode and you either drive off the cliff or you don't."

Combining elements of several programs from the United States and abroad, McFarlane worked to develop an intervention to help people avoid the cliff. The result was the [Portland Identification and Early Referral \(PIER\)](#) program, which he created in 1999. An LFP grant awarded to the Maine Medical Center in 2002 supported further development of the program.

PIER identifies people ages 12 to 25 who might be at risk for psychosis, and offers intensive treatment and rehabilitation in partnership with their families, all aimed at preventing the onset of a full-blown illness.

It is based in part on research at the University of California, Los Angeles, that fostered the development of an intervention called *family psychoeducation*, which emphasizes educating families about how symptoms may unfold and how to respond when they do.

"When you develop schizophrenia, you drive off a cliff," says William F. McFarlane, MD, director of the Center for Psychiatric Research at the Maine Medical Center. "So imagine you could stop the process already underway. You're driving down the road toward a psychotic episode and you either drive off the cliff or you don't."

“We are really redefining mental illness to include its onset stage the same way we have done with cancer and heart disease,” McFarlane says. “If someone has angina would you wait to provide services for their illness? No.”

Project Impact

The early results of PIER’s implementation in Portland were promising. McFarlane and colleagues reported that after six years, first-time psychiatric hospitalizations for psychotic disorders in the Greater Portland area were 34 percent lower than the expected rate.

Encouraged by those outcomes, RWJF in 2006 established a national program—*Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP)*—to test whether the PIER approach would work in other, and more diverse, communities.

Preliminary data from all five national program sites suggested that first-time hospitalizations for psychosis declined among the target age group, although hospitalizations also dropped in the control areas for two of the sites. Analysis of the data remained ongoing.

Meanwhile, California and Oregon are incorporating early psychosis identification and intervention into their mental health systems statewide, and Michigan and New York have integrated a similar approach into hospital and agency systems of care.

“We are really redefining mental illness to include its onset stage the same way we have done with cancer and heart disease,” McFarlane says. “If someone has angina would you wait to provide services for their illness? No.”

For more about PIER and EDIPPP, see the [Program Results Report](#).

Lead funder during LFP:

The Bingham Program

Other funders during LFP:

National Institute of Mental Health

Francis Brain Foundation

Maine Health Access Foundation

State of Maine/Department of Health and Human Services

Substance Abuse and Mental Health Agency/Center for Mental Health Services

Project: Head Start–Trauma Smart

Research beginning with the landmark [Adverse Childhood Experiences \(ACEs\) Study](#) in the late 1990s demonstrates that childhood experience with highly stressful and traumatic events and situations is a major risk factor for significant health and social problems later in life.

Subsequent research over the last two decades has refined understanding of how these experiences impact brain development, as well as the cardiovascular, immune, and other body systems.

[Head Start–Trauma Smart](#), a program of the [Crittenton Children’s Center](#) in Kansas City, Mo., works with preschool children attending Head Start programs to mitigate the effects of exposure to traumatic events such as violence, child abuse, the sudden death or incarceration of a parent, and alcohol and drug abuse by family members.

Caregivers of children participating in the Head Start–Trauma Smart program reported that 74 percent of their children had been exposed to at least one traumatic event and 45 percent had experienced three or more.

The program includes staff and parent training, intensive individual therapy for affected children, and in-classroom skill-building and coaching for teachers.

With LFP funding from 2010 to 2013, Head Start–Trauma Smart expanded from one Head Start program to two others, all with multiple sites. In total, Head Start–Trauma Smart reached more than 400 Head Start staff members and nearly 1,100 children in the Kansas City area.

Caregivers of children participating in the program reported that 74 percent of their children had been exposed to at least one traumatic event and 45 percent had experienced three or more.

Project Impact

Head Start–Trauma Smart yielded encouraging results:

- Classroom climate improved.
- Children who received treatment improved in areas important for school readiness and academic performance: attention problems, attention deficit/hyperactivity, aggressive behavior, and oppositional defiance.
- Parents reported that problems such as depression and anxiety improved over time as the children received treatment.

At the end of the LFP grant, RWJF awarded the Crittenton Children’s Center a three-year \$2.3 million grant to fund replication of the Head Start–Trauma Smart program in an additional 156 Head Start classrooms in diverse urban, rural, and suburban communities across the state of Missouri. The money is also supporting refinement of the program’s core-curriculum tools and training materials for large-scale production.

“Overall we’ve really improved individuals’ daily relationships and functioning by helping them develop skills that address stress and trauma,” says Head Start–Trauma Smart Project Director Avis Smith. “We see them develop coping skills that we believe will last a lifetime.”

For more on Head Start–Trauma Smart read the [Program Results Report](#).

Lead funder during LFP:

REACH Healthcare Foundation

Other funders during LFP:

Hall Family Foundation

Health Care Foundation of Greater Kansas City

Victor E. Speas Foundation

Project: Brookline Resilient Youth Team

Students returning to school after experiencing a personal crisis may be in a fragile state and need help re-adjusting to school life. In 2004, the [Brookline \(Mass.\) Community Mental Health Center](#) and Brookline High School established the [Brookline Resilient Youth Team](#) to provide that help.

The team—a school-based social worker and classroom aide—provided counseling and academic assistance to high-school students and their families for 14 to 18 weeks, starting before the students re-entered school after an emergency, such as an emotional disorder, serious medical issue, substance abuse treatment, or incarceration.

The team, which was supported by an LFP grant from 2004 to 2009, also helped students and their families navigate the mental health and school systems.

Project Impact

During the grant period, the program served 267 students, 90 percent of whom remained in school and completed their education. During part of the grant period (2004 through 2007), the relapse rate for students who had substance abuse problems and were served by the team was substantially lower than the relapse rate for a comparison group. Also, students' day-to-day functioning improved while receiving help from the team.

By 2010, nine districts in Massachusetts and one in Ohio had established similar programs. In 2014, the initiative received the American Psychiatric Association's [Gold Achievement Award](#) for community-based programs.

For more on the Brookline Resilient Youth Team read the [Program Results Report](#).

Lead funder during LFP:

Brookline Community Fund

Other funders during LFP:

Bay State Federal Savings Charitable Foundation

BHS 21st Century Fund

Blue Cross Blue Shield of Massachusetts Foundation

Brookline Bank

Brookline Housing Authority

Brookline Public Schools

Brookline Tuberculosis and Health Society

Friends of Brookline Public Health

Klarman Family Foundation

Sidney and Ester Rabb Charitable Foundation

Sovereign Bank

Project: Pathways to Wellness: Integrating Refugee Health and Well-Being

All immigrants arriving in the United States face some adjustment difficulties, but the hardships are especially severe for refugees fleeing persecution in their homeland. Many have faced violence and lost contact with family members, and all have lost their home and livelihood.

Given those hardships, it's not surprising that studies show refugees have high rates of depression, panic attacks, and other mental health problems.

Supported by a 2009–2013 LFP grant, [Lutheran Community Services Northwest](#) in Washington State developed and disseminated tools to evaluate mental health disorders

By 2010, nine districts in Massachusetts and one in Ohio had established similar programs to the Brookline Resilient Youth Team. In 2014, the initiative received the American Psychiatric Association's Gold Achievement Award for community-based programs.

Pathways to Wellness: Integrating Refugee Health and Well-Being

MANY OF THE 70,000 TO 91,000 REFUGEES who enter the United States each year have encountered violence. Some 5 to 10 percent have experienced torture. All have lost their home, livelihood, and contact with family members. In addition to the traumas of the past, they face the stress of adjusting to a new culture with social customs, values, laws, and often language alien to them.

Given those hardships, it's not surprising that studies show refugees have high rates of depression, panic attacks, post-traumatic stress disorder, and traumatic brain injuries as well as multiple physical complaints.

Yet despite this evidence, few resettlement programs evaluate mental health during the health exam that refugees must undergo during their first 30 days in the United States. One reason has been the lack of an efficient, valid, and culturally appropriate screening tool, and a dearth of culturally and linguistically responsive models for providing mental health services to refugees.

Washington State is a major gateway for both newly arrived refugees and those relocating from other entry points. [Lutheran Community Services Northwest](#), based in the Seattle area, has been addressing refugee needs for more than 20 years. With support from RWJF's *Local Funding Partnerships* (LFP) from 2009 to 2013, the organization developed, tested, and disseminated tools and programs to evaluate and respond to mental health disorders among refugees.

Its Refugee Health Screener (RHS-15), is a tool for evaluating refugees' mental health that has proved accurate in detecting anxiety and depression. Its [Pathways to Wellness](#) program connects refugees who score above a threshold on the screener to culturally appropriate mental health services.

A Larger Impact

At the request of states, cities, and refugee service organizations, the project team trained more than 500 nurses, mental health practitioners, physicians, and other health workers in the use of the screener and the Pathways program. Refugee services in 44 cities in the United States and other countries signed agreements to use the screener and to collect and share data to improve it.

Pathways to Wellness was a finalist for the 2012 Peter F. Drucker Award for Nonprofit Innovation and has received other recognition for addressing refugees' mental health needs.

For more on Pathways to Wellness, read the [Program Results Report](#).

among refugees and created a program called [Pathways to Wellness](#) that connects refugees with culturally appropriate mental health services. See the [Sidebar](#) on the previous page.

Project Impact

At the request of states, cities, and refugee service organizations, the project team trained more than 500 nurses, mental health practitioners, physicians, and other health workers in the use of the new refugee health screening tool and the Pathways program.

Refugee services in 44 cities in the United States and other countries signed agreements to use the screener and to collect and share data to improve it.

For more on Pathways to Wellness, read the [Program Results Report](#).

Lead funder during LFP:

Bill & Melinda Gates Foundation

Other funders during LFP:

Boeing Employees Community Fund

Medina Foundation

M.J. Murdock Charitable Trust

Seattle Foundation

State of Washington Office of Refugee and Immigrant Assistance

State of Washington Office of Women's Health

United Way

"People with severe mental illness are the most socially excluded, marginalized members of society," says Ken Jue, former chief executive officer of the Monadnock Family Services and now In SHAPE consultant.

Project: [In SHAPE](#)

Studies show that people with severe mental illness such as schizophrenia and bipolar disorder are at increased risk for chronic diseases, including diabetes, hypertension, cardiovascular disease, and nicotine dependence. Also, they have a life span that is 10 to 25 years shorter than that of the general population.

In SHAPE (Self Health Action Plan for Empowerment) is a wellness program to improve the physical health and quality of life, reduce the risk of preventable diseases, and increase the life expectancy of people with severe mental illness.

Launched in 2003 by [Monadnock Family Services](#), a community mental health agency in Keene, N.H., the program includes fitness activities, nutrition counseling, smoking-cessation support, access to primary health care, and motivational celebrations.

"People with severe mental illness are the most socially excluded, marginalized members of society," says Ken Jue, former chief executive officer of the agency and now In SHAPE consultant.

By encouraging participants to become involved in physical fitness activities, In SHAPE seeks to integrate these isolated individuals into a community where they feel valued and accepted.

An LFP grant supported the program from 2004 to 2008. At the end of the funding, agency staff reported that In SHAPE had served 435 individuals with mental illness and provided services to 41 of their family members.

Project Impact

As of August 2008, the program had 157 active program participants and reported an attrition rate of 20 percent compared to an average dropout rate of 25 to 33 percent for healthy adults enrolled in formal exercise programs.

In SHAPE participants told evaluators they exercised more hours during the week, were generally more active, and felt more satisfied with their physical fitness. They also reported increased readiness to limit their caloric intake and greater confidence in social situations, as well as a reduction in waist circumference, blood pressure, and depressive symptoms.

In 2009, the National Institute of Mental Health funded research replications by 10 New Hampshire Community Mental Health Centers. In addition, RWJF awarded a one-year \$25,000 grant to provide Monadnock Family Services with outside help in developing a strategic business plan for replication.

In SHAPE staff disseminated the model to more than 80 mental health centers around the country. One in Providence, R.I. (Providence Center) and another in Flint, Mich. (Genesee County Community Mental Health Center) engaged in a year-long training process to become certified In SHAPE providers.

For more on the In SHAPE LFP project, see this [Program Results Report](#). For more about the replication, see a separate [Program Results Report](#).

Lead funder during LFP:

New Hampshire Endowment for Health

Other funders during LFP:

Cogswell Benevolent Trust

Dartmouth College

Harvard Pilgrim Health Foundation

Hoffman Family Foundation

Monadnock United Way

Monadnock Community Foundation

New Hampshire Charitable Foundation

For a sampling of additional mental health projects supported by LFP, see [Appendix 7](#).

INCREASING ACCESS TO HEALTH CARE

Improving access to appropriate, high-quality, and affordable health care has long been an RWJF goal, and was a staple of LFP grantmaking from the beginning.

In the program's early days, the locus of that interest was hospitals and clinics, but over time it shifted to community-based models offering a broader range of health and

In SHAPE staff disseminated the model to more than 80 mental health centers around the country.



In SHAPE is a wellness program aimed at improving the physical health and quality of life, reducing the risk of preventable diseases, and enhancing the life expectancy of people with severe mental illness.

Monadnock Family Services, a community mental health agency in Keene, N.H., launched the program in 2003 to help this often socially excluded, marginalized population. By

encouraging participants to become involved in physical fitness activities, In SHAPE works to integrate individuals who were previously isolated into a community where they feel valued, welcomed, and accepted.

social services in a variety of outreach settings: homeless shelters, rural school systems, churches, naturally occurring retirement communities, and other facilities serving vulnerable populations.

Projects also increasingly addressed the health care access needs of groups that traditionally had received too little attention, such as LGBTQ (lesbian, gay, bisexual, transgender, queer) youth, immigrants and refugees, migrant workers, and homeless families. In addition, the emphasis moved from treatment to prevention, early identification of adverse health conditions, and healthier lifestyles.

The following illustrate the range of health care access projects and their impact.

Project: Latino Health Access in Orange County

Diabetes and heart conditions are major health problems affecting Latinos in Orange County, Calif., but few educational and health services were available to address these problems.

From 1994 to 1997, with support from an LFP grant, the organization [Latino Health Access](#) in Santa Ana created and launched a multipronged strategy to help Latinos prevent and manage these conditions, increase their access to care, and become community leaders. It was called Improving the System of Care for Latinos with Diabetes and Heart Disease in Orange County, Calif.

Project Impact

The group's 11-session Diabetes Self-Management Program helped 628 Latinos with diabetes and 95 family members manage the disease and prevent its occurrence in those it had not yet affected. In addition, diabetics received training in how to be health leaders in their community. Evaluators noted that program participants reported significant improvement in controlling their glucose levels and in their self-perceived health status.

A similar program helped 334 Latinos with cardiovascular risks and 29 of their family members prevent and manage cardiovascular disease.

For more on Latino Health Access, see the [Program Results Report](#).

Lead funder during LFP:

James Irvine Foundation

Other funders during LFP:

Alliance for Healthcare

Food for All Foundation

Saint Joseph Health System

Sisters of St. Joseph Foundation

Latino Health Access' 11-session Diabetes Self-Management Program helped 628 Latinos with diabetes and 95 family members manage the disease and prevent its occurrence in those it had not yet affected.

Project: Health-E-Access

Sooner or later, most working parents find themselves rushing out of their jobs to retrieve a sick child from day care or school. Many facilities require parents to immediately take home a child with symptoms of acute illness and to present a doctor's note before the child can return—a significant burden on working parents, especially low-income earners.

In 2001, pediatricians and staff at the [University of Rochester Medical Center](#) piloted [Health-E-Access](#) to address this problem by testing the use of telemedicine to treat pre-school and elementary-school children living in an urban, high-poverty area where parents have limited access to transportation or health care services.

Telemedicine uses remote diagnostic tools and Web-based interactions between child-care or school staff and clinicians rather than costly and time-consuming visits to a doctor's office.

With support of an LFP grant from 2002 to 2006, project staff trained child-care personnel—many without prior experience in health care—in basic diagnostic techniques and how to collect a medical history. Health-E-Access expanded from three to 10 child-care centers and began serving 11 elementary schools, covering more than 2,000 children.

Project Impact

From its inception through 2006, the project logged 4,555 telemedicine visits. More than 40 Rochester clinicians used telemedicine to treat child patients in child-care centers and schools.

The use of telemedicine in five Rochester child-care centers reduced the number of missed child-care days due to illness by 63 percent when compared with a control group without telemedicine, project researchers reported.

The researchers concluded that telemedicine visits appeared to replace about half of children's expected visits to doctors' offices, including expensive visits to hospital emergency departments.

Telemedicine also decreased parents' absences from work. Parents said that 91.2 percent of telemedicine contacts allowed them to stay at work; and telehealth clinicians recommended that only 7 percent of children treated be excluded from child care.

Subsequent expansion of Health-E-Access provided health care access for older adults at senior-living communities and for special-needs and medically fragile children at child-development centers.

For more on Health-E-Access read the [Program Results Report](#).

Lead funder during LFP:

Rochester Area Community Foundation

Other funders during LFP:

Federal Maternal and Child Health Bureau

Federal Agency for Healthcare Research and Quality

New York State legislative appropriations (four)

The researchers at the University of Rochester Medical Center concluded that telemedicine visits appeared to replace about half of children's expected visits to doctors' offices, including expensive visits to hospital emergency departments.

Project: Chicago Health Connection Doula Project

The doula—a nonmedical birth assistant—is a relatively new addition to hospital delivery rooms. A doula does not try to impose her approach to childbirth on the mother but strives to help the new mother have a safe and satisfying childbirth as the mother defines it.

Doulas can make giving birth a more positive experience and strengthen the emotional attachment between mother and child. Studies have found doula support to be associated with shorter labor, reduced rates of Cesarean-section deliveries, and less use of pain medication and epidurals.

In Chicago in the mid-1990s, almost a fifth of all babies were born to teenagers. Babies with adolescent mothers are at significantly greater risk for infant mortality and morbidity and for child abuse and neglect.

To address this risk, and with support LFP funding from 1996 to 2000, Chicago Health Connection (now [HealthConnect One](#)) created a program that used doulas to help low-income single teen mothers in high-risk Chicago neighborhoods.

The organization collaborated with three community-based agencies that agreed to serve as pilot sites for four years, integrating doula services into their existing teen-parenting programs.

The doulas, recruited from the community and trained by Chicago Health Connection staff, worked with the teens from the last months of pregnancy through the first weeks postpartum, and generally were present during labor and delivery. After about six to 12 weeks postpartum the new mother received continued services from a different home-visitor program.

“We teach them to love this baby before it’s born,” backup doula Iris Gonzalez said. “The more real we make this baby inside them, the more connection they will have to the baby.”

“We teach them to love this baby before it’s born,” backup doula Iris Gonzalez said. “The more real we make this baby inside them, the more connection they will have to the baby.”

Project Impact

Many of the positive outcomes of doula support identified in the research literature were achieved by the Chicago doula program.

A researcher tracked outcomes for 259 mothers and found that 8.1 percent of those with a doula present at birth had a Cesarean section compared with 12.9 percent for Chicago teen mothers as a whole (a statistically significant difference).

Compared to national data, fewer used epidural anesthesia (11.4% versus an estimated 50% at urban hospitals overall) and more initiated breast feeding (80% versus 47.3%). The teen mothers with doulas also were less likely to have inadequate prenatal care or to have a preterm or low-birthweight baby than Chicago teen mothers overall.

After the pilot, the Illinois Department of Human Services provided continued funding for the three community sites as a line item in the state budget, and by April 2008 HealthConnect One had contracts with 23 organizations in 10 states to provide training and technical assistance to doula programs for low-income women.

In 2008, the federal Health Resources and Services Administration (HRSA) awarded the Chicago organization a two-year grant to provide training, technical assistance, and evaluation to six new HRSA-funded doula programs across the country.

For more information, see the [Program Results Report](#).

Lead funder during LFP:

The Irving Harris Foundation

Other funders during LFP:

Illinois Department of Human Services

(through grants to the Ounce of Prevention Fund)

Ounce of Prevention Fund

Prince Charitable Trust

Project: Regional AIDS Interfaith Network (RAIN)

In the 1990s the southeastern United States was experiencing a rapid increase in the number of people suffering from HIV/AIDS. The disease, which had been considered largely an urban affliction, was spreading into rural areas. In North Carolina, AIDS was a leading cause of death among young people, and Blacks were disproportionately more likely to die from the disease.

Deborah C. Warren, a Baptist minister in North Carolina felt that organized religion was ignoring the disease. But she learned that was not the case in at least one place. An organization in Little Rock, Ark.—the Regional AIDS Interfaith Network (RAIN)—had been creating and training teams of parishioners since 1989 to support HIV/AIDS patients with practical help, such as meals and transportation, as well as friendship and encouragement.

Warren visited the Arkansas program, and in 1992 introduced the model in her home area of Charlotte. As in Arkansas, the main focus of RAIN in North Carolina was on organizing congregations to provide support groups—CareTeams—to help people infected with HIV and their partners and families, without regard to religious affiliation.

The new organization, called [RAIN of the Southern Piedmont](#), grew to serve 13 counties in the greater Charlotte area—10 in North Carolina and three in South Carolina. But its staff was small, and new resources would be needed in order for the program to grow.

With support from a 1997–2000 LFP grant, RAIN expanded its staff and recruited and trained 30 new CareTeams in white rural areas and 38 teams in black communities. Staff also:

- Worked with social workers and case managers to identify HIV/AIDS patients needing and wanting assistance and matched these people—CarePartners—with congregations
- Conducted 191 educational programs on AIDS attended by 20,000 people—generally in church settings but sometimes in community centers and facilities for AIDS patients

With support from a 1997–2000 LFP grant, RAIN expanded its staff and recruited and trained 30 new CareTeams to help people infected with HIV and their partners and families in white rural areas and 38 teams to help people in black communities.

Project Impact

CareTeams helped HIV/AIDS patients and family members deal with difficult issues, such as depression and addiction, and prevented an unknown number from giving up.

A CarePartner with HIV/AIDS told RAIN staff that at one point she wanted to use crack so badly that she could smell it. She called a CareTeam member, who came to her home and talked until the craving had passed. “With the help of my CareTeam and God, I am able this week to celebrate two years clean,” she said.

By 2014, there were RAIN CareTeams in several states, including Arkansas, Louisiana, Missouri, North Carolina, Oklahoma, South Carolina, and Texas. For more about RAIN in the Carolinas, read the [Program Results Report](#).

Lead funder during LFP:

Duke Endowment

Other funders during LFP:

Foundation For The Carolinas

Kate B. Reynolds Charitable Trust

National AIDS Fund

For a sampling of additional access projects supported by LFP, see [Appendix 4](#).

REPLICATING LFP PROJECTS

Some grantees found new sources of support to expand their project’s reach after their LFP funding ended. Some extended their intervention to additional populations; some replicated their model in new locations.

In some instances the new funding came from RWJF, in some from other organizations and government agencies, and in some from a combination.

Replicating with Support of Other Funders

The two projects described below could fit within the categories of work in the earlier sections, but also are notable as examples of LFP initiatives propelled forward largely by sources other than RWJF.

Project: Naturally Occurring Retirement Communities (NORC) Initiative

The term naturally occurring retirement communities—NORCs for short—are buildings, housing developments, or neighborhoods where at least half of the units are occupied by residents 60 years of age or over.

NORCS are generally not designed specifically for older adults and, therefore, usually lack on-site health and social services as well as the physical amenities that some elderly residents need to maintain independent lives.

Nevertheless, studies show that these residents prefer to remain rather than relocate. And providing support services to senior residents of NORCs can be an efficient way of helping them to continue living in their homes in relative health and avoid unnecessary hospitalization or nursing home care.

In New York State, these communities receive assistance through New York State's Naturally Occurring Retirement Community Supportive Service Program. With support from a 1993–1996 LFP grant, the [United Jewish Appeal Federation of Jewish Philanthropies of New York](#) provided a program of support services to older adults living at two government-assisted NORCs in New York City:

- Warbasse Cares for Seniors program at Warbasse Houses in Coney Island, Brooklyn
- Co-Op Village Senior Care program at Cooperative Village on the Lower East Side of Manhattan

Services included case management, counseling, home care assessment, transportation assistance, health education classes, medical assessments, and group activities (such as trips to museums, gardens, and Carnegie Hall).

When the grant ended in 1996, the programs were serving a total of about 1,250 people per quarter.

Project Impact

Over time, the experience in New York City led to the genesis of many more NORC projects in New York State and nationwide, supported by both state and federal funding, to help older adults remain in their homes.

Over time, the experience in New York City led to the genesis of many more NORC projects in New York State and nationwide, supported by both state and federal funding, to help older adults remain in their homes.

The impact of the New York City NORCs is described in the article “The New York NORC-Supportive Service Program,” by Anita Altman, published in 2006 in the *Journal of Jewish Communal Service*, 81(3/4): 195–200, 2006. Available [online](#). Also, see the [Program Results Report](#).

Lead funder during LFP:

Stella and Charles Guttman Foundation

Other funders during LFP:

A.J. Ostriker Foundation

Amalgamated Warbasse Houses

Anonymous donors (2)

Brookdale Endowment Fund

Cooperative Village

Coordinated Housing Services

J.E. and Z.B. Butler Foundation

New York Community Trust

New York State Office for the Aging

Dorothy F. Rodgers Foundation

Sunny and Abe Rosenberg Foundation

United Housing Foundation

Project: [Minnesota Community Health Worker Alliance](#)

Community health workers provide a unique and valuable service in helping diverse and underserved people secure health and social services, navigate the complicated health care system, and expand their health knowledge and skills.

Supported by LFP funding 2004–2009, the [Minnesota Community Health Worker Alliance](#)—a coalition of educational institutions, health care systems, government agencies, foundations, businesses, and nonprofits—promoted the role of community health workers in Minnesota and worked to establish them as certified professionals. See the [Sidebar](#) on the following page.

Project Impact

The alliance’s certification curriculum has been sold nationwide, and its leaders worked with other national organizations to promote the training and use of community health workers.

Lead funder during LFP:

Blue Cross and Blue Shield of Minnesota Foundation

Other funders during LFP:

Delta Dental Foundation of Minnesota

Health Partners

Minnesota Department of Health

Minneapolis Foundation

Otto Bremer Foundation

Randy Shaver Foundation

Susan G. Komen Foundation

Replicating LFP Projects With RWJF Support

Some LFP projects, says RWJF’s Lowe, “were so interesting and so unusual that we wanted to bring them inside the Foundation and see if they could grow beyond the local communities in which they existed.”

Two projects outlined earlier—[Cure Violence](#) and the [Portland Identification and Early Referral Project \(PIER\) Program](#)—are instances in which RWJF did just that.

Three additional LFP projects that spread with new RWJF funding are particularly noteworthy. The first shows that initiatives sometimes advanced with a combination of RWJF and outside support.

Project: [First Place for Youth](#)

Children in foster care are severely vulnerable, often suffering from poor mental and physical health, educational delays, and poverty. Yet, few resources exist to help young adults make the transition to independent living when they age out of foster care.

Some LFP projects, says RWJF’s Lowe, “were so interesting and so unusual that we wanted to bring them inside the Foundation and see if they could grow beyond the local communities in which they existed.”

Minnesota Community Health Worker Alliance

COMMUNITY HEALTH WORKERS CAN PROVIDE a unique and valuable service to help diverse and underserved people secure health and social services, navigate the complicated health care system, and expand their health knowledge and skills.

As the term implies, these are workers who come from—and usually live in—the communities they serve. They generally share the same ethnicity, language, socioeconomic status, and life experiences and, thus, can be effective in relating to their neighbors and improving their health outcomes.

With funding from RWJF's *Local Funding Partnerships* (LFP) from 2004 to 2009, an arm of the Minnesota State Colleges and Universities System worked with a coalition of educational institutions, health care systems, government agencies, foundations, businesses, and nonprofits to promote the role of community health workers in Minnesota.

The coalition—the [Minnesota Community Health Worker Alliance](#)—created a statewide, standardized, credit-based training curriculum for community health workers and helped develop a sustainable funding stream to support their services.

More than 300 students completed the curriculum and obtained certification as community health workers during the LFP project period, and the certification program continued after the grant ended.

A Wider Impact

To expand the program's impact, staff disseminated published research findings to state legislators on the return on investment and cost-effectiveness of community health workers. The legislature subsequently passed a law allowing certified community health workers to enroll as Medicaid providers with the state Medicaid agency. Many did so, and some went on to pursue further education and certifications.

More than 50 copies of the alliance's curriculum were sold nationwide, and alliance leaders have collaborated with national organizations to promote the training and use of community health workers.

For example, the project team worked with the American Dental Association to develop a curriculum for a new position called Community Dental Health Coordinators. As of fall 2013, that program had graduated 34 students serving in 26 communities in seven states.

For more on the Minnesota Community Health Worker Alliance, read the [Program Results Report](#).

Oakland, Calif.'s [First Place for Youth](#) is one such resource. Supported by LFP funding 2005–2009, the organization helped former foster youth between the ages of 18 and 24 become self-sufficient, responsible adults. During the project years, First Place for Youth helped 515 high-risk young adults move from foster care to independent living.

An evaluation, separately funded by RWJF, found that participants in the First Place for Youth program (named My First Place) made gains in education, employment, and housing.

Among 103 youth tracked, more than two-thirds enrolled in education programs; almost three-quarters found employment, and they were significantly less likely to be frequent substance users.

Project Impact

First Place for Youth received more than \$7 million from a variety of sources—government agencies, foundations, and individuals—to support evaluation and expansion of its My First Place program.

The organization further expanded its program from three counties in the Bay Area (Alameda, Contra Costa, and San Francisco) to Solano County in 2007 and Los Angeles in 2010, and in 2013 finalized a strategic plan to:

- Expand the program within the five California counties where it was already operating and add a sixth county
- Establish the program in two cities outside of California
- Increase the number of program housing slots from 212 in 2013 to 455 in 2018, including 45 slots outside of California

RWJF is supporting the replication outside California with a two-year \$750,000 grant awarded in 2014. The funding also supports further evaluation to build evidence of the model's impact.

For more on First Place for Youth, read the [Program Results Report](#).

Lead funder during LFP:

Walter S. Johnson Foundation

Other funders (including co-funders of the project's post-LFP evaluation and expansion efforts):

Alameda County

Alameda County Office of Education

Bank of America Foundation

City of Oakland Community Action Partnership

City of Oakland Community Development Block Grant

Contra Costa County

East Bay Community Foundation: Hancock-Catron Charitable Fund

Edna McConnell Clark Foundation

Hedge Funds Care

RWJF is supporting the replication of First Place for Youth outside California with a two-year \$750,000 grant awarded in 2014. The funding also supports further evaluation to build evidence of the model's impact.

James Irvine Foundation
Oakland Fund for Children & Youth
Pottruck Family Foundation
San Francisco County
S.D. Bechtel Jr. Foundation
Solano County
Stuart Foundation
Tipping Point Community
United Way of the Bay Area

Project: [Vote & Vaccinate](#)

Every year, as many as 49,000 influenza-associated deaths occur in the United States and approximately 200,000 people are hospitalized. In 1997, the [Berkshire Taconic Community Foundation](#) in Lakeville, Conn., got an LFP grant for a collaborative program to develop strategies for increasing adult and child immunizations and cancer/heart disease screening.

The program was called [SPARC](#) (for Sickness Prevention Achieved through Regional Collaboration), and one of the strategies that emerged was offering flu and pneumonia shots to older adults at polling places on Election Day. The rationale was that voting offered an opportunity to attract vulnerable people who are often difficult to reach at the start of flu season. See the [Sidebar](#) on the following page.

Project Impact

After learning about the success of the local “vote and vaccinate” initiative and drawing on SPARC’s experience, RWJF launched a pilot test of the concept in different settings, including large and small communities, rural and urban areas through a national program, *Vote & Vaccinate: A Community-Based Strategy to Promote Adult Immunization*.

Today, branded as [Vote & Vax](#), the project that started in Lakeville has expanded across the country. On Election Day 2012, vaccinations were offered at more than 1,200 sites in 48 states, the District of Columbia, Puerto Rico, and Guam.

For more on Vote & Vax, read the [Program Results Report](#).

Lead funder during LFP:

Berkshire Taconic Community Foundation

Other funders during LFP:

Centers for Disease Control and Prevention

Connecticut Peer Review Organization

Jessie B. Cox Charitable Trust

Patrick and Catherine Weldon Donaghue Medical Research Foundation

Note: These were funders during the first LFP grant, out of which the [Vote & Vax](#) strategy emerged; two subsequent LFP grants supported dissemination and testing of the concept.

Branded as [Vote & Vax](#), the project that started in Lakeville Conn., has expanded across the country. On Election Day 2012, vaccinations were offered at more than 1,200 sites in 48 states, the District of Columbia, Puerto Rico, and Guam.

Vote and Vaccinate

EVERY YEAR, AS MANY AS 49,000 influenza-associated deaths occur in the United States, and approximately 200,000 people are hospitalized with the flu. The likelihood of receiving the recommended flu vaccine varies greatly depending on an individual's ethnicity, race, education, and source of health care.

The novel idea of addressing the vaccination need at the polling booth—today a national effort called [Vote & Vax](#)—started in the village of Lakeville in the northwest corner of Connecticut.

In 1997, the [Berkshire Taconic Community Foundation](#) in Lakeville got a grant from RWJF's *Local Funding Partnerships* (LFP) to develop strategies to increase adult and child immunization and cancer/heart disease screening.

The program was called [SPARC](#) (for Sickness Prevention Achieved through Regional Collaboration), and one of the ideas it tried was offering flu and pneumonia shots to older adults at polling places on Election Day. The rationale was that voting offered an opportunity to attract vulnerable people who are often difficult to reach at the start of flu season.

After the original grant, SPARC—by then incorporated as a separate organization—received two one-year LFP grants to test and disseminate the vote and vaccinate concept. After learning how the strategy worked in Connecticut, RWJF decided to explore its potential for national dissemination.

Drawing on SPARC's experience, the Foundation launched the program *Vote and Vaccinate: A Community-Based Strategy to Promote Adult Immunization*. The first step was a pilot test in different settings: large and small communities, and rural and urban areas. On Election Day 2004, 12 sites held vaccination clinics at or near 60 polling places.

The program continued as a larger demonstration during the 2006 midterm election (the last effort supported by RWJF). But the end of Foundation funding did not stop its work. Two years later, the program expanded further for the presidential election. On Election Day 2008, flu shots were administered to 21,434 people through the program.

Today the program, branded as simply [Vote & Vax](#), continues on a national scale through connections with local pharmacies and larger retail chains. On Election Day 2012, the program offered clinics at more than 1,200 sites in 48 states, the District of Columbia, Puerto Rico, and Guam.

For more on [Vote & Vax](#), read the [Program Results Report](#).

Project: Child First

Repeated exposure to high levels of environmental stress can damage a child's developing brain, leading to difficulties in school and beyond.

Growing up in poverty, living in substandard housing in rough neighborhoods, having a parent who is overwhelmed by life, dealing with significant health issues—all are sources of stress that research shows can negatively affect a child for his or her lifetime.

Fortunately, research also shows that early intervention can lessen, even reverse, the damage. [Child First](#) is an early-childhood intervention based on the science of brain development. (First stands for Family Interagency, Resource, Support, and Training.)

Child First works with vulnerable families to ameliorate the most devastating effects of stress through intensive psychotherapeutic intervention and community-based social, health, housing, and financial services. Each participating family is assisted by a master's-level mental health/developmental clinician and a bachelor's-level care coordinator.

Project Impact

Analysis of data from a randomized controlled trial conducted by Child First demonstrated that the Child First intervention was clinically effective, at a statistically significant level, in comparison to usual care.

Participating children were 68 percent less likely to have language problems and 42 percent less likely to have aggressive and defiant behaviors than children who had experienced trauma and stress but did not participate. Child First also demonstrated cost-effectiveness.

Founded in 2001 in Bridgeport, Conn., Child First received its initial RWJF support through a \$500,000 LFP program grant awarded in 2005 to the Bridgeport Hospital Foundation. RWJF subsequently awarded three non-LFP grants totaling an additional \$5.6 million to support the program through 2013.

As providers elsewhere in Connecticut learned about the work in Bridgeport, they approached the Child First organization for help in creating a similar program in their communities.

Over several years—with support from the Connecticut Department of Children and Families and federal sources as well as RWJF—Child First expanded to cover many communities in Connecticut. And as of April 2015, plans were underway for replication in North Carolina and in Palm Beach County, Fla., and in the early stages for a possible replication in Boston.

In 2012, the federal Health Resources and Services Administration designated Child First an Evidence-Based Home Visiting Service Delivery Model, making it eligible for replication funding from the Maternal, Infant, and Early Childhood Home Visiting Program.

For more, see the [Progress Report](#).

Children participating in Child First were 68 percent less likely to have language problems and 42 percent less likely to have aggressive and defiant behaviors than children who had experienced trauma and stress but did not participate.

Lead funder during LFP:

Children's Fund of Connecticut

Other funders during LFP:

ABCD

Charter Oak Foundation

Child Health and Development Institute

Department of Children and Families

Department of Education

Department of Mental Health and Addiction Services

Friends of Pediatrics

Fairfield County Community Foundation

Greater Bridgeport Area Foundation/Fairfield County Community Foundation

Connecticut Health Foundation

Department of Children and Families

Inner-City Foundation for Charity and Education

New York Community Trust

Ruth Krauss Estate

United Way of Eastern Fairfield County

United Way of Coastal Fairfield County

United Way—Success by 6

William C. Bullitt Foundation

William Caspar Graustein Memorial Fund

Woman's Staff of Bridgeport Hospital

For a sampling of additional access projects that replicated or expanded, see [Appendix 8](#).

For a list of all Program Results Reports on projects in LFP see [Appendix 9](#).



Every year, as many as 49,000 influenza-related deaths occur in the United States, and approximately 200,000 people are hospitalized with the flu. Since 1997, SPARC, a nonprofit health organization based in Lakeville, Conn., has offered immunization for influenza at a variety of community locations, including polling places through a program called Vote & Vax. It has increased the number of adults aged 50 and over in

low-income, underserved communities who receive an annual flu shot. Following a pilot test on Election Day 2004, the program continued with larger demonstrations during the next midterm and presidential elections. More than 460 Vote & Vax clinics conducted during four elections accounted for the administration of nearly 40,000 flu shots.



Lessons Learned

Are there lessons from the LFP experience that can inform the philanthropic field about collaborative funding by a large national foundation and local and regional grantmakers?

In developing this report, 14 people involved in the program as local funders (including several who served on the national advisory committee) were asked for their perspective on the experience. (See [Appendix 10](#) for a list of these responders.) Program Director Seitz and RWJF's Lowe were also asked to reflect on the program from the national funder's perspective.

What follows is not—and not intended to be—a scientific sampling of funders' opinions; no doubt there are additional and different viewpoints to be found among the hundreds of local grantmakers *not* contacted. Nor is this intended to be a rigorous assessment of the program by Lowe and Seitz.

Rather, these lessons come from comments made in informal, anecdotal phone interviews and emails that were then interpreted and organized by a third party—an imperfect process at its best.

Still, these are all individuals who had firsthand involvement in LFP, and their observations may be useful to philanthropies—large and small, local and national—interested in the proposition that grantmakers of different sizes and orientations can work together to bring about an improvement in the well-being of Americans.

It is noteworthy that on at least one aspect—the need for relationship-building—there is unanimity.

LESSONS LEARNED: LOCAL FUNDERS' PERSPECTIVES

The Relationship

National foundations should be respectful of local sponsors, and recognize them as advocates and experts, establishing a sense of equity between themselves and their local partners. RWJF brought knowledge, credibility, prestige, and broader resources. But local funders brought an understanding of the barriers, opportunities, and capacities important to the success of the funded work locally. Local funders are connectors to the community stakeholders and in a position to know about changing situations—and to respond to them in a timely manner.

Local funders, says the Cleveland Foundation's Executive Director Robert Eckardt, "understand the politics and dynamics in local communities" and, while they may not have the expansive content knowledge that a national foundation can bring, they offer a "depth of practical, how-things-get-done knowledge."

Local funders, says the Cleveland Foundation's Eckardt, "understand the politics and dynamics in local communities" and, while they may not have the expansive content knowledge that a national foundation can bring, they offer a "depth of practical, how-things-get-done knowledge."

Developing a solid relationship between national and local funders takes time but is worth it. "It is difficult for a national funder, in a limited amount of time, to really understand the nuance and context in which the work is taking place," says Allen Smart, vice president for programs at [Kate B. Reynolds Charitable Trust](#) in North Carolina and formerly with the [Rapides Foundation](#) in Louisiana, both LFP funding partners. A commitment to a long-term relationship is necessary "to really learn what's going on."

A strong, open relationship is especially beneficial when projects encounter setbacks. The LFP staff helped her philanthropy work through project difficulties, says Mary Kettlewell, a program officer with the [Health Care Foundation of Greater Kansas City](#), a funder of multiple LFP projects.* "That should be the way all funders work. We want to know the bumps as well as the highs so we can help fix it, if it can be fixed."

Put good listeners in leadership positions. The LFP program staff members were "people who could demonstrate a lot of humility and not think that they knew everything," says Hall of the California Endowment.

As a result, RWJF, through the LFP program, "came across as a foundation that genuinely wanted to partner with local folks, instead of pushing its own agenda. The LFP staff was mostly listeners."

"They (the LFP staff) were a big brother or big sister when you needed them, but they didn't get in the way," adds David Odahowski, president and CEO of the [Edyth Bush Charitable Foundation](#) in Winter Park, Fla.

* Kettlewell died in May 2015.

While RWJF can point to a high success rate among its many funded projects, Eckardt says, a local foundation that backs a failure has a 100 percent failure rate.

“The real world of health care is not just in the policy think tanks in the Beltway or in academic medical centers,” says Eckardt, “but is really done in the hard work of local communities.”

Differing Perspectives

Realize that national and local foundations operate according to different timelines and in different environments. Local funders tend to move quickly, and the length of time involved in LFP’s selection process—about a year from initial discussions to the grant award—could be a challenge, some local funders say.

Local funders question whether national foundations understand how different grant-making is at the local level. “You have to live with your successes and failures,” says Eckardt. The local grantmaker gets feedback—wanted or unwanted—“in the supermarket, on the street corner, at the symphony.”

“Doing partnerships between national and local foundations is very difficult,” he says. The rejection of a proposal puts the local funding organization that endorsed it in an uncomfortable position.

Also, while RWJF can point to a high success rate among its many funded projects, Eckardt says, a local foundation that backs a failure has a 100 percent failure rate.

In addition, while RWJF may be providing more money to a local project, the local funder’s contribution may represent a larger investment in terms of the organization’s total giving, Eckardt says.

National foundations should be mindful that they are often “underappreciated” by local communities. “The national foundations think that everyone is sitting around thinking how great they are, but they are not,” says Eckardt.

“The real world of health care is not just in the policy think tanks in the Beltway or in academic medical centers, but is really done in the hard work of local communities.”

Find a bridge between the different agendas of large and small foundations. Large foundations have strategic plans while local funders, corporate philanthropies, and newer family foundations tend to have more specific goals and outcomes. Consequently, coming up with a shared agenda is not always easy.

A desire for innovation may create a chasm that needs bridging. The 2009 Mathematica evaluation found that some local participants had doubts about the capacity of local funders to nominate truly innovative projects, in part because local funders need to be responsive to their community’s needs and priorities.

Make sure that roles, relationships, and expectations for a joint enterprise are agreed on and spelled out at the beginning, with timelines clearly established.

Ensure that people meet face-to-face. Social media, teleconferencing, and phone calls cannot take the place of an in-person meeting or conference that showcases projects and allows providers and funders from across the country to know each other and share ideas in a relaxed format.

“This ability to connect local and state work to a national agenda made us feel as a foundation that we were part of a health philanthropy movement. The connection to the national agendas and strategies and field-building around similar topics was probably the biggest asset of the relationship,” says Mary Vallier-Kaplan, formerly with the Endowment for Health.

Benefits of Collaboration

The value of the LFP collaboration extended well beyond the financial support it provided for local projects. As a result of their involvement, local communities felt empowered “to take ownership of challenges and work through them,” says Betty Wilson, head of the Health Foundation of Greater Indianapolis.

“They put ‘innovation’ out there as something that nonprofits should care about,” says Hall.

Communities benefitted from the recognition by a national funder and from the training, support, and national network that the program brought, according to local funders. The connection with a national funder of reputation “engendered a sense of pride,” says Pamela W. Golden, executive director of the [Pittsburgh Child Guidance Foundation](#).

“The RWJF brand attracted participants and coalesced local leaders and organizations,” says Joe Pyle, MA, president of the [Scattergood Foundation](#), a collaborative funder in Philadelphia.

“LFP encouraged local funders to work together toward a common goal and initiate partnerships in funding,” says Wilson.

Also, being part of LFP could open the eyes of a local foundation more widely to “see the world outside of Kansas City,” as Kettlewell puts it. With LFP funding on the table, other national funders took notice and supported testing and replication. Former Endowment for Health official Vallier-Kaplan notes that an LFP project backed by her organization was replicated nationally with support from the National Institutes of Health.

“That never would have happened without the (RWJF) relationship,” Vallier-Kaplan says. “This ability to connect local and state work to a national agenda made us feel as a foundation that we were part of a health philanthropy movement. The connection to the national agendas and strategies and field-building around similar topics was probably the biggest asset of the relationship.”

Project Selection and Funding

- **Be willing to consider exceptions to usual selection criteria.** Flexibility to include an atypical idea may lead to the development of a project that offers new and exciting ways to address a difficult health issue or an underserved population group.
- **Local funders should be careful not to overpromise.** “The national foundation can tell when things are too rosy,” says Odahowski.
- **Use the experience of a national collaboration to continue bringing together local partners around a common interest area, even after the national partnership has ended.** A number of local funders found that they learned from each other by working together on an LFP project and were eager to continue the relationship after the project closed.

LESSONS LEARNED: NATIONAL FUNDER'S PERSPECTIVE

Lowe and Seitz offer the following:

Remember that there are local funders behind the project and that maintaining the relationships with them is critical. “This is one of the two most important factors in a successful relationship,” says RWJF’s Lowe. Seitz lists the following as steps a national funder can take to help nurture a good relationship:

- *Notify the local funders of the national foundation’s grant award first so they can make the announcement locally.* Initially, the program office called the selected grantee organizations with the news. The revised sequence helped make the funders feel like real partners, not just financial ones.
- *Site selection and monitoring visits are invaluable in establishing genuine relationships with both funders and grantees.* But make sure that site visits include a session that is only for funders. Making a greater effort to involve funders in site visits was one step that the program office took early on to increase the sense of partnership.
- *Be open with local funders about what kinds of projects and in what subject areas the national foundation is and is not supporting.* An open and visible process provides a basis for mutual trust and respect. “We tried to be constantly clear about what our thinking was,” says Seitz.
- *Encourage local funders to “pick up the phone and have a frank conversation,”* says both Lowe and Seitz. The program staff’s accessibility was a factor in the program’s accomplishments.

A local funder that becomes involved in a project may have a bigger impact on its outcome than one that writes a larger check but does not otherwise participate.

Ensure that the local nominating funder really knows the project and wants to see it grow. “That is the other of the most important factors,” says Lowe. A local funder that becomes involved in a project may have a bigger impact on its outcome than one that writes a larger check but does not otherwise participate.

It is important that all local grantmakers participate equally in the national funder’s dialogue with project supporters—regardless of the size of their funding contribution. Often, the foundations making the smaller investments contribute the most value. “Money isn’t everything,” says Seitz.

Establish the purpose of the collaboration early in the process, and make sure it is aligned with the program’s mission and the national philanthropy’s grantmaking strategy. As the “third leg” of the partnership, the national program staff found it often needed to clarify and solidify the goals and objectives of the collaboration. When a common understanding did not exist, the local partners tended to be less engaged.

Make sure the role of the organization managing the program is well defined and understood by the local participants. Once a grant was made, Seitz and her staff emphasized to the recipient that the program office was a stakeholder fully vested in the failure and/or success of the initiative. “We wanted to make sure all parties viewed our function beyond that of a contributor/grantmaker.”

Set a finite period for funding and be clear with the grantees that it is a one-time opportunity. Grantees need to know that “the worst strategy they could have would be to think that because they got \$400,000 from RWJF in match, when that was used up they could just go to another national foundation and get another \$400,000.”

Understand the differences between a strong philanthropic community and one that is philanthropically under-resourced. In a community with a strong philanthropic tradition, nonprofit organizations are familiar with setting—and meeting—objectives, she says. But where there is not that kind of philanthropic infrastructure, organizations may be unprepared to meet a national funder’s requirements.

“If a local organization isn’t used to getting funds that are tied to meeting benchmarks, they may find their first experience with a national foundation disconcerting,” says Seitz.

“If a local organization isn’t used to getting funds that are tied to meeting benchmarks, they may find their first experience with a national foundation disconcerting,” says Seitz.

Recognize the value of a matching support requirement. A match requirement keeps local funders connected with the national funder and grantee. Also, a successful match is an indication of potential sustainability. Difficulty in securing a match can be a warning signal that a project is encountering problems or that local funders are not fully behind the project.

Maintain consistency in how the national program relates to its local partners, especially in a longstanding program. “There was a consistency in LFP,” said Seitz. “There was a call for proposals every year for 20 years. Staffing within our office changed, but our phone number and address didn’t change. While there was a lot of change going on at RWJF, there was continuity in this program—it was the same program, and it was in the same place.”

Structure a partnership with local funders to include what Lowe calls “a learning loop.” While LFP served to some extent as an incubator of new approaches and emerging issues for RWJF, there was not a structured process for bringing LFP innovations to the attention of relevant program staff at the Foundation, says Lowe. Especially before the program was connected to Vulnerable Populations, a lot of the new ideas it generated were lost to RWJF, she says.

“If we did it over again, I would structure it with a learning loop so that the program was used much more effectively to source ideas for the Foundation,” says Lowe. “While we did a little of that, we didn’t set it up that way, so it wasn’t as good a sourcing mechanism as it could have been.”

The program increased RWJF's understanding of how to work with and engage local funders, and also produced a network of 1,500 local funders familiar with the Foundation, Lowe says.

Factor inflation into a long-term matching-grant program, says Seitz. The RWJF grant ceiling remained \$500,000 from 1991 to the program's end. "By the time the program closed, \$500,000 for four years really didn't buy very much," Seitz says. With the match requirement, a project would have \$1 million, but "how far can you go in bringing forward a new concept and changing the delivery system with \$250,000 a year?" Seitz suggests this was a factor in the decline toward the program's end in the number of proposals with "big ideas."

An increase in the RWJF grant would, of course, have increased the match burden on local funders. However, their receptiveness to this idea was never explored, she says.

Lowe, it should be noted, does not share in this lesson. She thinks the program worked well without an adjustment in the funding, and to her knowledge there were no complaints from the field, she says.

A collaborative program can influence the practices of both the local and national partners. While conceding that some may disagree, Lowe says LFP increased the interest of local grantmakers in health issues and their capacity to fund health improvements. "I think we had a really big impact on people's individual lives. And I think we had a big impact on how funders thought about doing their grantmaking, too."

The LFP experience also had an impact on RWJF—one that could be beneficial as the Foundation pursues its new Culture of Health mission, says Lowe.

The program increased RWJF's understanding of how to work with and engage local funders, and also produced a network of 1,500 local funders familiar with the Foundation, Lowe says.

Both are products that could help RWJF reach out to local communities and funders in its quest to build a Culture of Health. While she does not foresee creation of a new program similar to LFP, Lowe says the lessons from it could help the Foundation develop consortia of local funders interested in building a Culture of Health in their communities.



Child First works with very young, vulnerable children and their families to reduce serious emotional disturbance, developmental, and learning problems, and to prevent abuse and neglect. Child First connects families with appropriate services and resources to reduce stress in the child's environment. Then, it works with parents to help them develop "secure"

relationships with their children. Research has shown that a secure parent-child relationship helps to increase a child's self-reliance, adaptation to novel and challenging situations, empathy, curiosity, emotional regulation, and social competence.

Polly Seitz: A Final Word

Philanthropy is a privileged place, Terry Keenan told me at the start of LFP. And the work—to do good—is best done with humility, he said. It was advice the program tried to follow throughout its run of more than a quarter of a century. “Be gracious” was the office mantra. Many voices answered the phone, but the words were always the same: “This is the Robert Wood Johnson Local Funding Partnerships Program. How can I help you?”

All staff members knew the project directors by name, understood what they wanted their projects to accomplish, and invested in making it happen. Long-serving members—including Don Adams, Lynne Long, Susan Weitz, Peggy Kebl, and Caroline Conlon—made certain that the administrative process for each grant cycle was better than the previous one. And their sense of adventure was never subdued by the new technologies that continually altered the program’s administration and communications—not even the placement of cameras on top of office computers.

At RWJF many hands and heads—among the program officers and in grant management, communications, and research and evaluation—kept LFP alive and helped make the project directors and their staff members feel valued and respected. Jane Isaacs Lowe shepherded the program through countless hills and valleys, providing wisdom and also an unfailing respect for how difficult it is to turn the vision of an application into a living reality.

The final LFP grantee meeting was in Philadelphia, close to where Benjamin Franklin invented the lightning rod. It was an appropriate venue because the lightning rod is an apt metaphor for LFP—a program that captured, connected, and grounded many remarkable ideas. LFP was not designed to be an energy exchange, but it was one—and it never stopped being an experiment.

So the Final Word for the Local Funding Partnerships program has to be gratitude. To the national advisory committee members, local funders, project directors, and LFP and RWJF staffs—thank you. A quarter-of-a century worth of thank yous.

The lightning rod is an apt metaphor for LFP—a program that captured, connected, and grounded many remarkable ideas.

National Advisory Committee Members

(Positions as of August 2015 where known)

Steven Adelsheim, MD

2009-2012
Clinical Professor of Psychiatry and
Behavioral Sciences
Stanford University School of Medicine
Stanford, Calif.

Matthew Barnes

2009-2012
Executive Director
Families Empowered
Houston, Texas

America Bracho

1997-2003
President and CEO
Latino Health Access
Santa Ana, Calif.

John Bunker, ScD, MHS

1999-2008
Director of External Relations
University of New Hampshire
College of Health and Human Services
Durham, N.H.

Tim Callahan

2003-2009
President and Executive Director
The M.E. and F.J. Callahan Foundation
Cleveland, Ohio

Mary Campuzano (Chair)

1999-2005
Vice President for Programs
Kansas Health Foundation
Wichita, Kan.

Michael Carter, DNSc, DNP

1992-1999
University Distinguished Professor
University of TN College of Nursing
Memphis, Tenn.

Fernando Chang-Muy, JD

2005-2011
Thomas O'Boyle Lecturer in Law
University of Pennsylvania School of Law
Philadelphia, Pa.

Benjamin Chu, MD

1992-1999
Regional President, Southern California
Kaiser Foundation Health Plan
and Hospital
Pasadena, Calif.

Henry Chung, MD

2003-2004
Vice President and Chief Medical Officer
Montefiore Medical Center
New York, N.Y.

Larry Clark

2001-2005
President and Chief Executive Officer
Comprehensive Health Education
Foundation
Seattle, Wash.

Nancy Cuddihy, CNM, MPH

1992-1999
Consultant
East Chatham, N.Y.

Rheba de Tornyay, RN, EdD (deceased)

2001-2008
Former Dean Emeritus
University of Washington School
of Nursing
Seattle, Wash.

Richard B. Dillard

1998-2005
Retired
Winter Park, Fla.

Robert Eckardt, PhD

1992-1999
Executive Vice President
The Cleveland Foundation
Cleveland, Ohio

William Micheal Elliott

2005-2011
President
Micheal Elliott Enterprises
Tybee Island, Ga.

Jose Gonzalez

2008-2011
Director
Office of Minority and
Multicultural Health
Minnesota Department of Health
St. Paul, Minn.

Annette Green

2005-2011
Consultant
Pittsburgh, Pa.

Hurdis Griffith, PhD

2001-2007
Professor Emerita
Rutgers College of Nursing
Arlington, Va.

Gregory Hall

2009-2012
Director of Program Quality and
Effectiveness
The California Endowment
San Diego, Calif.

Orrin (Ted) Hardgrove

2006-2009
Former Deputy Director
Local Funding Partnerships
Princeton, N.J.

John Higgins-Biddle, PhD

1992-2000
Retired
Bethany, Conn.

Necole Irvin

2009-2012
Former Program Officer, Health
Houston Endowment Inc.
Houston, Texas

Marguerite Johnson

2000-2003
Senior Vice President Grants & Initiatives
Community Foundation of Birmingham
Birmingham, Ala.

Namratha Kandula, MD

2005-2008
Assistant Professor of Medicine
Northwestern University's Feinberg
School of Medicine
Chicago, Ill.

Marty Lynch, PhD, MPA

1995-2001
Executive Director/CEO
Lifelong Medical Care
Berkeley, Calif.

Dorothy H. Mann, PhD, MPH

1995-2001
Independent Consultant
Seattle, Wash.

Victor Merced, JD

2001-2007
Director
Oregon Housing and Community
Services Department
Salem, Ore.

Diane Moss

1999-2005
Executive Director
Project New Village
San Diego, Calif.

Paul Nannis

1987-2003
Director
Office of Planning, Evaluation
and Legislation
Health Resources and Services
Administration
Rockville, Md.

George Penick (Chair)

1992-2001
Head of School
St. Andrew's Episcopal School
Ridgeland, Miss.

Sharon Robinson

1998-2003
Director of Educational Programming
Major League Baseball
New York, N.Y.

Reymundo Rodriguez

1992-2001
Executive Associate
Hogg Foundation for Mental Health
Austin, Texas

David P. Ross

1998-1998
Consultant, Business and
Fund Development
KC Healthy Kids
Kansas City, Mo.

Martha Ryan

2009-2012
Founder and Executive Director
Homeless Prenatal Program
San Francisco, Calif.

Allen Smart

2003-2009
Vice President, Programs
Kate B. Reynolds Charitable Trust
Winston Salem, N.C.

Katherine Smith

2003-2009
Senior Program Officer
The Meadows Foundation
Dallas, Texas

Harry R. Tanner

1998-1998
Executive Director
Dallas Breakfast Group
Dallas, Texas

Mary Vallier-Kaplan (Chair)

2009-2012
Retired
Peterborough, N.H.

Peter Vaughan, PhD

1999-2005
Former Dean
Fordham University, Graduate School
of Social Service
New York, N.Y.

Joseph Westermeyer, MD, PhD, MPH

2001-2008
Professor
Department of Psychiatry
University of Minnesota
Minneapolis, Minn.

Betty Wilson

1997-2003
President and CEO
The Health Foundation of
Greater Indianapolis, Inc.
Indianapolis, Ind.

Dianne Yamashiro-Omi

2003-2006
Senior Program Officer
The California Endowment
Oakland, Calif.

Al Yee, MD, MPH

1995-2003
Program Director
Education Development Center, Inc.
Newton, Mass.

Additional Projects on Violence Prevention

The Streetworker Program

United Teen Equality Center
Lowell, Mass.

Supported by LFP July 2003 through June 2007

This project in Lowell, Mass., addressed gang violence in a way similar to Cure Violence, in this case among Latino and Southeast Asian youth. United Teen Equality Center employed local residents with credibility among teens to mediate gang conflicts and engage gang members in peacemaking activities.

For more on the [Streetworker Program](#) read the [Program Results Report](#), the RWJF Anthology chapter, “[The United Teen Equality Center in Lowell, Massachusetts](#),” and the [Grantee Story](#) about its director, Gregg Croteau.

Engaging Men: A Culturally Specific Domestic Violence Prevention Program for Latino Immigrants

Enlace Comunitario
Albuquerque, N.M.

Supported by LFP September 2011 through August 2014

This project by [Enlace Comunitario](#), a social justice agency in central New Mexico led by Latina immigrants, approached men as allies, rather than adversaries, in the effort to prevent domestic violence. After participating in domestic violence prevention classes, Latino immigrant men trained to become “promotores”—community leaders who make presentations on the domestic violence to other immigrant men. The initiative was supported by an LFP Peaceful Pathways grant. For more on the project, read the [Program Results Report](#).

Coalition for Gender Equity in Schools

Girls for Gender Equity
New York, N.Y.

Supported by LFP November 2009 through November 2012

[Girls for Gender Equity](#) formed a citywide, intergenerational partnership of youth, educators, parents, and policymakers committed to making New York schools free of sexual harassment and safer for all students. Youth organizers led some 100 sexual harassment prevention and gender respect workshops for 1,475 youth and youth educators. Some 37 youths ages 10–13 conducted research on sexual harassment in a Brooklyn middle school. Staff and youth participated in both state and local task forces dealing with sexual harassment in the schools.

Growing up, Nathania Fields was shy and avoided asserting herself in social situations, including those involving sexual harassment. When she heard school police officers make inappropriate remarks to female students or saw female students intimidated on the street, she would think, “That’s just a regular thing.”

But that changed after she joined the Girls for Gender Equity (GGE) program Sisters in Strength at the Law, Government and Community Service High School in Queens.

No longer a silent observer, she fought back against sexual harassment and bullying by speaking at rallies on the issue, helping to set up seminars and youth summits, and buttonholing students on research projects.

“When I got to GGE,” says Nathania, “I came out of my shell. Something just told me to step up, I guess. It’s a safe space.”

Girls for Gender Equity has continued its work with a series of projects not funded by RWJF. These include annual youth summits and an organizational evaluation plan sponsored by the [NoVo Foundation](#).

For more on the coalition’s work with youth read the [Program Results Report](#), which includes the story of Nathania Fields.

Funding Partners, 1987–2015

ALABAMA

B E & K, Inc.

Birmingham, Ala.

The Community Foundation of Greater Birmingham

Birmingham, Ala.

Joseph S. Bruno Charitable Foundation

Birmingham, Ala.

ALASKA

Rasmuson Foundation

Anchorage, Alaska

State Maternal, Child & Family Health

Anchorage, Alaska

ARKANSAS

Charles A. Frueauff Foundation

Little Rock, Ark.

Community Health Centers of Arkansas

North Little Rock, Ark.

ARIZONA

The Flinn Foundation

Phoenix, Ariz.

The Marshall Fund of Arizona

Scottsdale, Ariz.

Yavapai County Community Foundation

Prescott, Ariz.

CALIFORNIA

Alliance Healthcare Foundation

San Diego, Calif.

The Atlas Family Foundation

Santa Monica, Calif.

The California Endowment

San Diego, Calif.

The California Endowment and Tides Foundation

San Francisco, Calif.

The California Wellness Foundation

Woodland Hills, Calif.

City of Escondido

Escondido, Calif.

Community Clinics Initiative

San Francisco, Calif.

The Gasser Foundation

Napa, Calif.

Health Services Agency

San Mateo, Calif.

Irvine Health Foundation

Irvine, Calif.

James Irvine Foundation

San Francisco, Calif.

The John and Geraldine Cusenza Family Foundation

Hidden Valley, Calif.

Joseph Drown Foundation

Los Angeles, Calif.

Marin Community Foundation

Novato, Calif.

Mitchell Kapor Foundation

San Francisco, Calif.

Mount Zion Health Fund

San Francisco, Calif.

Queen of Angels-Hollywood Presbyterian Medical Ctr

Los Angeles, Calif.

QueensCare, Charitable Division

Los Angeles, Calif.

San Diego Human Dignity Foundation

San Diego, Calif.

San Francisco Foundation

San Francisco, Calif.

San Luis Obispo County Community Foundation

San Luis Obispo, Calif.

Seventh Grade Fund

San Bruno, Calif.

Tides Foundation/Out-of-Home Youth Fund

San Francisco, Calif.

Tuttleman Family Foundation

LaJolla, Calif.

van Loben Sels/RembeRock Foundation

San Francisco, Calif.

Walter S. Johnson Foundation

Menlo Park, Calif.

Weingart Foundation

Los Angeles, Calif.

W.M. Keck Foundation

Los Angeles, Calif.

COLORADO

Anthem Blue Cross and Blue Shield Foundation

Denver, Colo.

Catholic Health Initiatives

Denver, Colo.

The Colorado Health Foundation

Denver, Colo.

The Colorado Trust

Denver, Colo.

The Community Foundation of Boulder County

Boulder, Colo.

Daniels Fund

Denver, Colo.

John and Sophie Ottens Foundation

Ridgway, Colo.

Poudre Valley Hospital Foundation

Fort Collins, Colo.

United States Public Health Services

Denver, Colo.

CONNECTICUT

The Barden Foundation

Bridgeport, Conn.

Children’s Fund of Connecticut, Inc.
Farmington, Conn.

**Connecticut Department of
Child & Families**
Hartford, Conn.

Fairfield County Community Foundation
Bridgeport, Conn.

DISTRICT OF COLUMBIA

Alexander & Margaret Stewart Trust
Washington, D.C.

Consumer Health Foundation
Washington, D.C.

Eugene and Agnes E. Meyer Foundation
Washington, D.C.

**Jacob and Charlotte Lehrman
Foundation**
Washington, D.C.

**The Morris and Gwendolyn Cafritz
Foundation**
Washington, D.C.

FLORIDA

Dade Community Foundation, Inc.
Miami, Fla.

Darden Restaurants Foundation
Orlando, Fla.

The Dr. P. Phillips Foundation
Orlando, Fla.

The Edna Sproull Williams Foundation
Jacksonville, Fla.

Edyth Bush Charitable Foundation, Inc.
Winter Park, Fla.

Health Foundation of South Florida
Miami, Fla.

Jacksonville Jaguars Foundation
Jacksonville, Fla.

Jessie Ball duPont Fund
Jacksonville, Fla.

Ida M. Stevens Foundation
Jacksonville, Fla.

Palm Healthcare Foundation, Inc.
West Palm Beach, Fla.

Pinellas County Health Department
Saint Petersburg, Fla.

Quantum Foundation
West Palm Beach, Fla.

Salvation Army
Jacksonville, Fla.

SouthWest AIDS Network (SWAN)
Naples, Fla.

The Toppel Family Foundation, Inc.
Boca Raton, Fla.

Universal Orlando Foundation
Orlando, Fla.

Women’s Fund of Miami-Dade County
Coral Gables, Fla.

GEORGIA

Memorial Health System
Savannah, Ga.

HAWAII

Consuelo Zobel Alger Foundation
Honolulu, Hawaii

Queen Emma Foundation
Honolulu, Hawaii

The Queen’s Medical System
Honolulu, Hawaii

ILLINOIS

Advocate Health Care
Oak Brook, Ill.

The Chicago Community Trust
Chicago, Ill.

Doris and Victor Day Foundation
Rock Island, Ill.

The Irving Harris Foundation
Chicago, Ill.

**The John D. and Catherine T. MacArthur
Foundation**
Chicago, Ill.

Lloyd A. Fry Foundation
Chicago, Ill.

**The Otho S.A. Sprague Memorial
Institute**
Chicago, Ill.

The Retirement Research Foundation
Chicago, Ill.

The Rockford Community Trust
Rockford, Ill.

The Sandler Foundation
Lincolnwood, Ill.

VNA Foundation
Chicago, Ill.

Washington Square Health Foundation
Chicago, Ill.

Wheat Ridge Ministries
Itasca, Ill.

Woods Fund of Chicago
Chicago, Ill.

INDIANA

Caylor-Nickel Foundation
Bluffton, Ind.

English, Bonter, Mitchell Foundation
Fort Wayne, Ind.

**The Health Foundation of Greater
Indianapolis, Inc**
Indianapolis, Ind.

The Indianapolis Foundation
Indianapolis, Ind.

Memorial Health Foundation, Inc.
South Bend, Ind.

Nina Mason Pulliam Charitable Trust
Indianapolis, Ind.

**State of Indiana, Division of Family
and Children**
Indianapolis, Ind.

IOWA

The Melsa Foundation
Ames, Iowa

Mid-Iowa Health Foundation
Des Moines, Iowa

KANSAS

The REACH Healthcare Foundation
Merriam, Kan.

United Methodist Health Ministry Fund
Hutchinson, Kan.

KENTUCKY

Humana Foundation
Louisville, Ky.

LOUISIANA

Baptist Community Ministries
New Orleans, La.

The Rapides Foundation
Alexandria, La.

Zawadi Giving Circle
New Orleans, La.

MAINE

The Bingham Program
Augusta, Maine

United Way of the Tri-Valley Area
Farmington, Maine

MARYLAND

France-Merrick Foundation
Baltimore, Md.

The Hoffberger Foundation, Inc.
Towson, Md.

Jacob and Hilda Blaustein Foundation
Baltimore, Md.

Zanvyl & Isabelle Krieger Fund
Baltimore, Md.

MASSACHUSETTS

The Amelia Peabody Foundation
Wellesley, Mass.

Blue Cross Blue Shield of Massachusetts
Boston, Mass.

Boston Foundation
Boston, Mass.

Boston Police Department
Boston, Mass.

Brookline Community Fund
Brookline, Mass.

The Carl and Ruth Shapiro Family Foundation
Boston, Mass.

Children's Hospital
Boston, Mass.

Community Foundation of Cape Cod
Yarmouthport, Mass.

Community Foundation of Western Massachusetts
Springfield, Mass.

The Jessie B. Cox Charitable Trust
Boston, Mass.

Greater Worcester Community Foundation, Inc.
Worcester, Mass.

New England Medical Center
Boston, Mass.

MetroWest Community Health Care Foundation, Inc.
Framingham, Mass.

New Balance Foundation
Boston, Mass.

Theodore Edson Parker Foundation
Boston, Mass.

MICHIGAN

Ethel and James Flinn Foundation
Detroit, Mich.

The Kresge Foundation
Troy, Mich.

Verizon Wireless
Southfield, Mich.

The W. K. Kellogg Foundation
Marquette, Mich.

MINNESOTA

Blue Cross and Blue Shield of Minnesota Foundation
Minneapolis, Minn.

Bush Foundation
Minneapolis, Minn.

Immanuel St. Joseph's/ Mayo Health System Hosp.
Minneapolis, Minn.

The Saint Paul Foundation
Minneapolis, Minn.

MISSISSIPPI

Lower Pearl River Valley Foundation
Picayune, Miss.

Robertson Foundation
Olive Branch, Miss.

MISSOURI

Bank of America Private Bank, The Speas Foundation
Kansas City, Mo.

Clearinghouse for Midcontinent Foundation
Kansas City, Mo.

Health Care Foundation of Greater Kansas City
Kansas City, Mo.

Incarnate Word Foundation
St. Louis, Mo.

Prime Health Foundation
Kansas City, Mo.

Saint Louis Community Foundation
St. Louis, Mo.

MONTANA

The O.P. and W.E. Edwards Foundation
Red Lodge, Mt.

NEBRASKA

Community Health Endowment
Lincoln, Neb.

St. Francis Medical Center Foundation
Grand Island, Neb.

NEVADA

Nell J. Redfield Foundation
Reno, Nev.

NEW HAMPSHIRE

Endowment for Health
Concord, N.H.

NEW JERSEY

The Nicholson Foundation
Newark, N.J.

Pollak Investments
Manahawkin, N.J.

NEW MEXICO

City of Santa Fe
Sante Fe, N.M.

Con Alma Health Foundation, Inc.
Santa Fe, N.M.

J.F. Maddox Foundation
Hobbs, N.M.

McCune Charitable Foundation
Santa Fe, N.M.

New Mexico Community Foundation
Santa Fe, N.M.

NEW YORK

The Asian American Federation
New York, N.Y.

The Betterment Fund
New York, N.Y.

Blue Ridge Foundation New York
Brooklyn, N.Y.

Bristol-Myers Squibb Foundation
New York, N.Y.

The Charles & Constance Murcott Charitable Trust
Glen Grove, N.Y.

Coordinated Care Services, Inc.
Rochester, N.Y.

ECMC Lifeline Foundation
Buffalo, N.Y.

The Fay J. Lindner Foundation
No. Merrick, N.Y.

Health Insurance Plan of Greater New York
New York, N.Y.

The Howard and Bush Foundation
Troy, N.Y.

The Jacob and Valeria Langeloth Foundation
New York, N.Y.

The John R. Oishei Foundation
Buffalo, N.Y.

New York Community Trust
New York, N.Y.

New York Women's Foundation
New York, N.Y.

The Pfizer Foundation
New York, N.Y.

Rochester Area Community Foundation
Rochester, N.Y.

The Starr Foundation
New York, N.Y.

State of New York Unified Court System
New York, N.Y.

Stella and Charles Guttmann Foundation
New York, N.Y.

Stonewall Community Foundation
New York, N.Y.

United Way of New York City
New York, N.Y.

van Ameringen Foundation
New York, N.Y.

NORTH CAROLINA

The Duke Endowment
Charlotte, N.C.

John Rex Endowment
Raleigh, N.C.

NORTH DAKOTA

Dakota Medical Foundation
Fargo, N.D.

Three Affiliated Tribes
New Town, N.D.

OHIO

Akron Children's Hospital Foundation
Akron, Ohio

The Cleveland Foundation
Cleveland, Ohio

The Health Foundation of Greater Cincinnati
Cincinnati, Ohio

The M.E. and F.J. Callahan Foundation
Cleveland, Ohio

**Sisters of Charity Foundation/
St. Ann Foundation**
Cleveland, Ohio

Thompson Hine LLP
Cleveland, Ohio

TriHealth
Cincinnati, Ohio

OKLAHOMA

Tulsa Community Foundation
Tulsa, Okla.

OREGON

The Collins Foundation
Portland, Ore.

Kaiser Permanente Fund at the Northwest Health Foundation
Portland, Ore.

Meyer Memorial Trust
Portland, Ore.

Northwest Health Foundation
Portland, Ore.

United Way of the Columbia-Willamette
Portland, Ore.

PENNSYLVANIA

Claude Worthington Benedum Foundation
Pittsburgh, Pa.

The Grable Foundation
Pittsburgh, Pa.

Highmark Foundation
Pittsburgh, Pa.

The Independence Foundation
Philadelphia, Pa.

The Jewish Healthcare Foundation
Pittsburgh, Pa.

Job Opportunity Investment Network (JOIN)
Philadelphia, Pa.

The Philadelphia Foundation
Philadelphia, Pa.

The Pittsburgh Foundation
Pittsburgh, Pa.

Pittsburgh Child Guidance Foundation
Pittsburgh, Pa.

Samuel S. Fels Fund
Philadelphia, Pa.

Thomas Scattergood Foundation for Behavioral Health
Philadelphia, Pa.

The United Way of Southeastern Pennsylvania
Philadelphia, Pa.

William Penn Foundation
Philadelphia, Pa.

PUERTO RICO

Fundacion Chana Goldstein y Samuel Levis
San Juan, P.R.

Puerto Rico Community Foundation
San Juan, P.R.

Rotary Club
San Juan, P.R.

RHODE ISLAND

The Fred M. Roddy Foundation
Providence, R.I.

Rhode Island Foundation
Providence, R.I.

The Rhode Island Fnd. & Health Ed. & Leadership
Providence, R.I.

SOUTH CAROLINA

Central Carolina Community Foundation
Columbia, S.C.

New Morning Foundation
Columbia, S.C.

South Carolina State Legislature
Columbia, S.C.

SOUTH DAKOTA

Dakota Charitable Foundation, Inc.
Rapid City, S.D.

South Dakota Dept. of Social Services
Pierre, S.D.

St. Mary's Foundation
Pierre, S.D.

TENNESSEE

The Assisi Foundation of Memphis, Inc.
Memphis, Tenn.

The Bernard van Leer Foundation of the Netherlands
The Netherlands, Tenn.

Erlanger Medical Center
Chattanooga, Tenn.

Rotary Club of Cookeville
Cookeville, Tenn.

Thompson Charitable Foundation
Knoxville, Tenn.

Urban Child Institute
Memphis, Tenn.

TEXAS

Brownsville Community Health Clinic Corporation
Brownsville, Texas

Dallas Women's Foundation
Dallas, Texas

D.D. Hachar Charitable Trust Fund
Laredo, Texas

Donald D. Hammill Foundation
Austin, Texas

Hogg Foundation for Mental Health
Austin, Texas

Harris and Eliza Kempner Fund
Galveston, Texas

Kronkosky Charitable Foundation
San Antonio, Texas

The Meadows Foundation
Dallas, Texas

Rockwell Fund, Inc.
Houston, Texas

T.L.L. Temple Foundation
Lufkin, Texas

UTAH

Esther Foundation
Orem, Utah

Intermountain Health Care
Provo, Utah

VERMONT

New England Telephone Company
South Burlington, Vt.

VIRGINIA

Bernardine Franciscan Sisters Foundation
Newport News, Va.

Theresa A. Thomas Foundation
Richmond, Va.

WASHINGTON

Bill & Melinda Gates Foundation
Seattle, Wash.

Comprehensive Health Education Foundation
Seattle, Wash.

Delta Dental—Washington Dental Service Foundation
Seattle, Wash.

Foundation Northwest
Spokane, Wash.

Key Bank
Seattle, Wash.

Knossos Foundation
Seattle, Wash.

Maternal Child Health Bureau
Seattle, Wash.

Pike Place Market Foundation
Seattle, Wash.

Pride Foundation
Seattle, Wash.

WEST VIRGINIA

Sisters of St. Joseph Charitable Fund
Parkersburg, W.Va.

United Way of Jefferson County
Charles Town, W.Va.

WISCONSIN

Greater Milwaukee Foundation
Milwaukee, Wis.

The Helen Bader Foundation, Inc.
Milwaukee, Wis.

John J. & Ethel D. Keller Donor Advised Fund
Appleton, Wis.

St. Mary's Medical Center
Madison, Wis.

WYOMING

Wyoming Community Foundation
Laramie, Wy.

Additional Projects on Increasing Access to Care

Health Access for Teens

Wilmington Health Access for Teens

Wilmington, N.C.

Supported by LFP July 1996 through June 2000

The Wellness Center at Lakeside High School in Wilmington, N.C., an alternative school surrounded by public housing projects, was not a typical school nurse's office.

The Wellness Center counselors saw it all—pregnancy, depression, abuse, fights, learning disabilities—as they helped young people deal with physical and psychosocial difficulties at home and school.

The Lakeside High Wellness Center was a satellite operation of [Wilmington Health Access for Teens](#), a nonprofit health facility for youth that opened in 1997 with the help of an LFP grant.

A small group of locals led by a parent and a high school athletic director developed the concept of a facility to provide health care and health promotion services to Wilmington's underserved adolescents and their families—and to do it in a convenient, welcoming setting.

In addition to developing a central health facility for youth, Wilmington Health Access for Teens opened the satellite operation at Lakeside High in 1999 with support of state funding and later a wellness center at a second Wilmington high school with funding from the Duke Endowment.

One example shows the positive impact of Wilmington Health Access for Teens:

A Lakeside High student with family problems was withdrawn and full of anger that found its outlet in verbal assaults at school. Through the school's Wellness Center, she began receiving regular counseling, including instruction in anger management.

At first she was scared and anxious, and building trust was a slow process. But two years later, as the student began her senior year, she felt and acted like a new person. Her counselor called the transformation amazing. And the 16-year-old student said, "I'm not shy anymore; [it is] like coming out of a shell," adding that she now knows what to say and not say to people and how to ignore comments that make her mad.

For more on Wilmington Health Access for Teens, see the [Program Results Report](#).

Model Hospice Program for Persons With End-Stage Alzheimer's Disease

Jacob Perlow Hospice Corporation

New York, N.Y.

Supported by LFP January 1993 through November 1996

The Jacob Perlow Hospice Corp. developed and implemented a home- and hospital-based program to provide hospice services tailored to the special needs of New York City residents with end-stage Alzheimer's. An LFP grant supported the program from 1993 to 1996.

Services included a customized care plan, medical supervision, home visits by nurses and social workers, 24-hour emergency telephone assistance, spiritual counseling, occupational and physical therapy, and bereavement services for family members.

During the project period, 124 Alzheimer's patients received care. The average length of service was 154 days, which was significantly longer than the average stay of 51 days for hospice programs in the United States. With the program's services, 70 percent of the patients were able to die at home rather than in an institutional setting.

Staff reached isolated families caring for Alzheimer's patients through widespread distribution of brochures, presentations to community groups, and local media coverage.

The project was featured in a chapter of the 1998 book, *Hospice Care for Patients With Advanced Progressive Dementia*, and as a case study in the 2000 book, *Improving Care for the End of Life: A Sourcebook for Health Care Managers and Clinicians*.

In June 2010, Jacob Perlow Hospice Corp. was acquired by Metropolitan Jewish Health System.

For more on the hospice program, read the [Program Results Report](#).

**Pilot Project for a Network of Local Service
Centers for High-Risk Youth**

Community Council of Greater Dallas

Dallas, Texas

Supported by LFP January 1989 through December 1991

In the 1980s, Dallas ranked among the country's top cities in the incidence of behaviors destructive to the health and life chances of young people. Rates of sexually transmitted diseases, pregnancy, substance abuse, youth crime, and school failure and dropout were among the nation's highest.

Many of the area's young people most in need of help lived in isolated neighborhood pockets dispersed throughout Dallas County. In addition, the agencies that served young people were also geographically scattered, requiring youth seeking help for multiple problems to make trips to different agencies.

With support from a 1989–1993 LFP grant, the [Community Council of Greater Dallas](#) developed Youth and Family Impact Centers of Dallas to provide services to high-risk young people. The project's key feature was co-locating providers from a range of health and social service agencies at neighborhood centers. The first facility, the Lemmon Avenue Bridge Youth Impact Center, opened in September 1989.

Between 1989 and 1993, 30 health and social service agencies placed staff at the Lemmon Avenue facility and served 686 high-risk youth. Services included primary health care, maternal/child health care, dental care, child care, employment services, support groups for young people and parents, GED instruction, tutoring, and other services.

Youth and Family Impact Centers was selected by the Dallas Independent School District to manage 10 additional centers modeled on the work of the Lemmon Avenue center.

For more on the Youth and Family Impact Centers of Dallas, read the [Program Results Report](#).

All LFP Grants by State, 1987–2015

(Where there is a Program Results Report, the report's linked title appears after the RWJF Grant ID)

ALABAMA

Community-based primary health care network for Jefferson County, Ala.

Cooper Green Hospital
Birmingham, Ala.

RWJF GRANT ID: 27348

WholeHealth: Providing access to mental health care for low-income women

Oasis Women's Counseling Center
Birmingham, Ala.

RWJF GRANT ID: 48857

BODYLOVE: Developing and disseminating a radio soap opera promoting healthy behavior messages to African-Americans

University of Alabama at Birmingham,
School of Public Health
Birmingham, Ala.

RWJF GRANT ID: 51424

School and Church Outreach Program(SCOP) providing health services for disadvantaged minority people

West Alabama Health Services
Eutaw, Ala.

RWJF GRANT ID: 22534

ALASKA

Dental Health Aide Program: Developing a program to address the oral health needs of Alaska Natives

Alaska Native Tribal Health Consortium
Anchorage, Alaska

RWJF GRANT ID: 51605

Mental health wellness and support program for families of children with behavioral problems and developmental disabilities

Stone Soup Group
Anchorage, Alaska

RWJF GRANT ID: 32315

[Stone Soup Group Integrates Care for Special Needs Children in Alaska](#)

Planning a transitional living program for Native and non-Native persons who have completed residential substance abuse treatment

Southcentral Foundation
Anchorage, Alaska

RWJF GRANT ID: 32314

Stone Soup Group: The Alaska Developmental Disabilities Resources System, a network for children with disabilities and their families

Stone Soup Group/Providence Health Care Foundation

Anchorage, Alaska

RWJF GRANT ID: 22526

Transitional housing, education, and therapy program for Alaska Native vulnerable populations

Cook Inlet Tribal Council, Inc.
Anchorage, Alaska

RWJF GRANT ID: 58067

Transitional living program for pregnant women with substance abuse problems

Southcentral Foundation
Anchorage, Alaska

RWJF GRANT ID: 34954

ARKANSAS

A comprehensive service center for high-risk youth providing health care, counseling, career placement, and mentoring services in Little Rock, Ark.

Arkansas Community Foundation
Little Rock, Ark.

RWJF GRANT ID: 15603 & 18046

Regional expansion of support and pastoral care for people with AIDS

Rain-Arkansas, Inc.
Little Rock, Ark.

RWJF GRANT ID: 21039

Building Community Bridges: Continuing care program for low-income mothers and their families in Pulaski County, Arkansas

University of Arkansas for Medical Sciences

Little Rock, Ark.

RWJF GRANT ID: 51439

ARIZONA

Community partnership in diabetes prevention and management among the Navajo in northern Arizona

College of Health Professions, Northern Arizona University

Flagstaff, Ariz.

RWJF GRANT ID: 42796

Nursing ministry network for people with chronic complex conditions

Beatitudes Center, D.O.A.R.
Phoenix, Ariz.

RWJF GRANT ID: 24374

Outreach and drop-in services for high-risk and homeless women in Phoenix

Women's Street Support Center
Phoenix, Ariz.

RWJF GRANT ID: 24388

Development of a managed care services plan for persons living with HIV/AIDS

Maricopa Medical Center
Phoenix, Ariz.

RWJF GRANT ID: 29815

Primary care-based mental health services for the uninsured

Yavapai County Community Health Services

Prescott, Ariz.

RWJF GRANT ID: 42797

Wickenburg Family Care Center: Expansion of primary care services to rural and migrant farm workers in northwestern Maricopa County

Clinical Adelante, Inc.
Surprise, Ariz.

RWJF GRANT ID: 24496

Task Force Against Domestic Violence in the Navajo Nation

Tuba City for Family Harmony, Inc.
Tuba City, Ariz.
RWJF GRANT ID: 27358

CALIFORNIA

Community Health Action Initiative (CHAI): Promoting health care access and healthy lifestyle choices to low-income community members of South Asian origin in Southern California

South Asian Network, AQAZ—
Voices Against Violence
Artesia, Calif.
RWJF GRANT ID: 48845

Nuestro Canto De Salud Diabetes Project: Program to reduce the incidence of diabetes among Latino adults

El Concilio of San Mateo County
Burlingame, Calif.
RWJF GRANT ID: 27357 & 35702

Westside Infant-Family Network (WIN): Providing a network of mental health services to families with children 0–3 years old

Westside Children's Center
Culver City, Calif.
RWJF GRANT ID: 62111

California Screening, Brief Intervention, Referral and Treatment (CASBIRT) Program: Primary care and substance abuse services

City of Escondido
Escondido, Calif.
RWJF GRANT ID: 22521
[Reducing the Harmful Effects of Alcohol and Drug Use by Nondependent Users](#)

Achieving Cancer Control Together (ACCT): Program for Chinese and Korean communities in Orange County, Calif.

The Regents of the University of California, University Calif. Irvine
Irvine, Calif.
RWJF GRANT ID: 42795

Pathways: Latino Health Initiative: A county-wide project to improve access to services for at-risk pregnant and parenting Latinas

Marin Community Clinic
Larkspur, Calif.
RWJF GRANT ID: 37324

Health and Faith Coalition: Increasing access to health care through public/private provider and faith congregation partnerships

Queen Angels Hollywood Presbyterian Foundation
Los Angeles, Calif.
RWJF GRANT ID: 27355

Oral health care for homeless people in the Skid Row area of Los Angeles

University of Southern California
Los Angeles, Calif.
RWJF GRANT ID: 39724

Homeboy MHETAS Project: Providing comprehensive mental health care to help youth and young adults transition out of gangs in L.A. County

Homeboy Industries
Los Angeles, Calif.
RWJF GRANT ID: 62088

Nuestra Esperanza, Latino Multi Service Center: Providing family-centered substance abuse treatment services for Latino families in Napa County, Calif.

Napa County Council for Economic Opportunity (N.C.C.E.O.)
Napa, Calif.
RWJF GRANT ID: 32307

Wolfe Center: Comprehensive outpatient day treatment program for substance-abusing youth and their families in Napa County, Calif.

Aldea Children & Family Services
Napa, Calif.
RWJF GRANT ID: 49027

Caught in the Crossfire, Los Angeles: Providing case management and mentoring for low-income youth hospitalized with violence-related injuries

Youth ALIVE!
Oakland, Calif.
RWJF GRANT ID: 51422

Healthy Transitions Project: Providing a healthy and safe transition for youth who age out of the foster care system

First Place Fund for Youth
Oakland, Calif.
RWJF GRANT ID: 53598
[Providing a Healthy and Safe Transition for Youth who Age out of Foster Care](#)

Critical Mass Health Conductors' Initiative: Reducing the health inequities among African Americans in the San Francisco Bay Area

Bay Area Black United Fund (BABUF)
Oakland, Calif.
RWJF GRANT ID: 58031

Heal the Streets: Training young adults of color to become leaders in advocating violence prevention in Oakland, Calif.

Ella Baker Center for Human Rights
Oakland, Calif.
RWJF GRANT ID: 67467

Tahoe Prevention Network Health Advocate Project: Outreach and case management for rural persons in need of specialized care

El Dorado County Public Health Dept.
Placerville, Calif.
RWJF GRANT ID: 24378

Students Run L.A.: A school-based running program; supporting a planning process for its replication through developing a business plan and toolkits

Students Run L. A.
Reseda, Calif.
RWJF GRANT ID: 34964, 49184 & 53149
[Students Run LA Expands and Is Taken Up in Philly](#)

Project ESSEA: Development and implementation of a culturally sensitive behavioral health program for immigrants from Africa

Alliant University Foundation, transferred to National University
San Diego, Calif.
RWJF GRANT ID: 39725 transferred to 45199

Injecting Drug Users Health Project: Program to provide medical care and prevention case management to injection drug users and their families

Family Health Centers of San Diego
San Diego, Calif.
RWJF GRANT ID: 42806

LGBT Senior Health Project: Aging as Ourselves: Providing a network of health and social services for lesbian, gay, bisexual, and transgender seniors

ElderHelp of San Diego
San Diego, Calif.
RWJF GRANT ID: 53612

Implementing the Coming Home to Stay program to improve health outcomes and reduce recidivism for ex-offenders

Jacobs Center for Neighborhood Innovation
San Diego, Calif.
RWJF GRANT ID: 67905

Prenatal and psychosocial services for homeless pregnant women living in San Francisco

Homeless Prenatal Program
San Francisco, Calif.
RWJF GRANT ID: 21040

Community-based health care for at-risk adolescents at the Cole Street Youth Clinic in San Francisco

Huckleberry Youth Programs
San Francisco, Calif.
RWJF GRANT ID: 21604

Living in a Non-Violent Community (LINC): Early intervention and treatment for children who witness domestic violence

The Regents of the University of California, UCSF Mount Zion Violence Prevention Project
San Francisco, Calif.
RWJF GRANT ID: 37335

Jail Outreach Project (JOP) for incarcerated women who are often homeless, substance abusing, and/or pregnant

Homeless Prenatal Program
San Francisco, Calif.
RWJF GRANT ID: 39731

Teen Intervention and Prevention Program (TIPP): Providing counseling, support, and advocacy for battered and at-risk teens

La Casa de las Madres
San Francisco, Calif.
RWJF GRANT ID: 39734

Family Acceptance Project: Family-centered programs to reduce risk and promote well-being for lesbian, gay, bisexual, and transgender youth from ethnically diverse families

The University Corporation, San Francisco State
San Francisco, Calif.
RWJF GRANT ID: 64613
[Building Family Acceptance and Support for LGBT Youth](#)

Project HEALTH (Harnessing Education, Advocacy & Leadership for Transgender Health): A network of health professionals who can provide culturally sensitive and medically competent care for transgender individuals

Lyon-Martin Health Services, Inc. transferred to Transgender Law Center
San Francisco and Oakland, Calif.
RWJF GRANT ID: 66557 transferred to 69044

Sisters on the Rise Initiative: Helping young women in detention or on probation achieve successful health, educational, and career outcomes

The Center for Young Women's Development
San Francisco, Calif.
RWJF GRANT ID: 69228

RWJF GRANT ID: 211 Developmental Screening Project: Conducting developmental screenings for at-risk infants, toddlers, and preschoolers through Los Angeles' 211 human-services call center

Information and Referral Federation of Los Angeles County, Inc. (dba 211 Los Angeles County)
San Gabriel, Calif.
RWJF GRANT ID: 67944

Clinica de Tolosa Dental Project: Dental services for low-income children and adolescents

The Partnership for the Children of San Luis Obispo County
San Luis Obispo, Calif.
RWJF GRANT ID: 46126

Let's Be Healthy!: Culturally appropriate, community-based health education and disease management programs for Russian immigrants in San Francisco

Bay Area Community Resources
San Rafael, Calif.
RWJF GRANT ID: 53614

Program to address the needs of Latinos with diabetes and heart disease in Orange County, Calif.

Latino Health Access
Santa Ana, Calif.
RWJF GRANT ID: 24384
[Latino Health Access Focuses on Diabetes and Heart Disease](#)

Children's Assault Treatment Services (CATS): A treatment services program for sexually abused and/or physically victimized children

Northridge Hospital Medical Center, Sherman Way Campus
Van Nuys, Calif.
RWJF GRANT ID: 34937

Mobile health outreach services for homeless youth in Hollywood and West Hollywood, Calif.

Gay and Lesbian Adolescent Social Services, Inc.
West Hollywood, Calif.
RWJF GRANT ID: 27351

COLORADO

GENESISTER/Women's Health Collaborative: Supporting Boulder County Public Health in providing pregnancy-prevention services to adolescent girls

Boulder County Public Health
Boulder, Colo.
RWJF GRANT ID: 69160

Comprehensive Healthcare Re-entry Program: A support system for ex-offenders that includes physical and mental health care to help with reintegration and reduce recidivism

SET Family Medical Clinics
Colorado Springs, Colo.
RWJF GRANT ID: 66551

Mile High Child Care Healthy Beginnings Program: Providing primary health care services to low-income children in subsidized day care

University of Colorado School of Medicine Department of Pediatrics
Denver, Colo.

RWJF GRANT ID: 32306

Miles for Smiles: Mobile dental clinic for children in low-income families in rural Colorado

Kids In Need of Dentistry (KIND)
Denver, Colo.

RWJF GRANT ID: 39715

Metro Denver Crisis Triage Project: A coordinated system of care across seven counties for people who experience a mental health crisis

Mental Health America of Colorado
Denver, Colo.

RWJF GRANT ID: 64667

Community-Wide Mental Health and Substance Abuse Partnership: Systematic changes to achieve a continuum of mental health and substance abuse services in Larimer County, Colorado

Health District of Northern Larimer County
Fort Collins, Colo.

RWJF GRANT ID: 46119 & 48834

Mesa County Consortium on Health Collaborative Family Health Care (CFHC) Project: Providing services for people with mental health disorders and chronic physical illness

Marillac Clinic, Inc.
Grand Junction, Colo.

RWJF GRANT ID: 39722

Aging Well: Promoting optimal physical, mental and social well-being for isolated seniors in rural Colorado

Northwest Colorado Visiting Nurse Association, Aging Well Services
Steamboat Springs, Colo.

RWJF GRANT ID: 64602

[Promoting Physical, Mental and Social Well-Being for Isolated Older Adults in Rural Colorado](#)

CONNECTICUT

Early Childhood Family Support Center Initiative: Home visiting program for at-risk families with children in Bridgeport, Conn.

Family Services Woodfield, Inc.
Bridgeport, Conn.

RWJF GRANT ID: 27350

Child First Community Partnership: Identifying and treating emotional and behavioral problems among children age 0-5 through a family-based approach

Bridgeport Hospital Foundation, Inc.
Bridgeport, Conn.

RWJF GRANT ID: 53605

Sobering Center: Substance abuse treatment program for homeless people

Midwestern Connecticut Council on Alcoholism
Danbury, Conn.

RWJF GRANT ID: 34958

The Center for Elder Abuse Prevention: Providing safety, shelter, and an array of services for victims of elder abuse in Fairfield County, Conn.

The Jewish Home for the Elderly, Inc.
Fairfield, Conn.

RWJF GRANT ID: 64600

SPARC (Sickness Prevention Achieved through Regional Collaboration): Development of a regional network to increase access to clinical preventive services

Berkshire Taconic Community Foundation, Inc.
Lakeville, Conn.

RWJF GRANT ID: 32299

Vote & Vaccinate: Developing SPARC's initiative to provide a polling place vaccination program for adults over 50

Sickness Prevention Achieved Through Regional Collaboration, Inc.
Lakeville, Conn.

RWJF GRANT ID: 45513 & 51610

[Vote & Vax: A Community-Based Strategy to Promote Adult Immunization](#)

DISTRICT OF COLUMBIA

Family Service Project: Health and social services for low-income parents and children

Bread for the City and Zacchaeus Medical Clinic, Inc.

Washington, DC

RWJF GRANT ID: 24389

The SHARE Health Project: Community-based health promotion and cancer reduction among culturally diverse people

Lombardi Cancer Center/Georgetown University Medical Center

Washington, DC

RWJF GRANT ID: 27352

Perry Family Health Center: A primary care health facility providing health care services for a severely underserved, urban population

Providence Hospital
Washington, DC

RWJF GRANT ID: 32310

[A Capitol Endeavor: Low-Income Washingtonians Get One-Stop Clinic](#)

Healthy Generations: Comprehensive health care services and parenting education for teen parents and their children

Children's National Medical Center
Washington, DC

RWJF GRANT ID: 42817

Community Correctional Healthcare Model: Re-entry Center: Providing comprehensive health and social services at a single site for recently released ex-offenders

Unity Health Care, Inc.
Washington, DC

RWJF GRANT ID: 64611

FLORIDA

Abriendo Puertas: Intervention and education program for Hispanic hospice patients and their caregivers

Hospice By The Sea
Boca Raton, Fla.

RWJF GRANT ID: 46134

[Florida Hospice Uses Grant to Improve Outreach, Service to Hispanics](#)

Caregiving Youth Project: Providing support services for middle school youth caring for ill or disabled family members

American Association of Caregiving Youth, Inc.

Boca Raton, Fla.

RWJF GRANT ID: 62113

[Help for Youth Caregivers](#)

Kinship Cares: Addressing health care needs of children and their adult caregivers when the children are placed with relatives instead of the foster care system

North Broward Hospital District

d/b/a Broward Health

Fort Lauderdale, Fla.

RWJF GRANT ID: 64607

School of Wellness: School- and community-based efforts to combat childhood obesity through wellness education and physical activity in South Florida

Joe DiMaggio Children's Hospital Foundation, Inc.

Hollywood, Fla.

RWJF GRANT ID: 51442

Healthcare for the Homeless: Primary medical, vision, dental care, and mental health treatment for the homeless in Duval County, Fla.

I. M. Sulzbacher Center for the Homeless, Inc.

Jacksonville, Fla.

RWJF GRANT ID: 29809

Seniors on a Mission: Promoting well-being for live-alone seniors through team-oriented volunteer work at local nonprofits, 2009–2013

Seniors on a Mission, Inc.

Jacksonville, Fla.

RWJF GRANT ID: 66556 & 69153

Girl Matters: It's Elementary!: An intervention to address the underlying issues contributing to young girls' (grades K-5) disruptive behaviors in two Duval County, Fla. schools

National Council on Crime and Delinquency, Center for Girls and Young Women

Jacksonville, Fla.

RWJF GRANT ID: 67920

Residential and support services and care program for homeless AIDS patients

Catholic Health and Rehabilitation Services Foundation

Miami, Fla.

RWJF GRANT ID: 13823

Health care program for homeless children, adolescents, and their families in Miami

Camillus Health Concern, Inc.

Miami, Fla.

RWJF GRANT ID: 15992

Teen Pregnancy Prevention Initiative: Clinic and outreach efforts aimed at reducing unintended pregnancies among girls 12-19

Planned Parenthood of Greater Miami, Inc.

Miami, Fla.

RWJF GRANT ID: 22525

Families-R-Us Care Center: Integrated program of primary care and behavioral health services to meet the needs of medically underserved people

Dade County Area Health Education Center (AHEC)

Miami, Fla.

RWJF GRANT ID: 37323

Supporting the Kristi House's Project GOLD to address the commercial sexual exploitation of girls 11–18 in Miami-Dade County

Kristi House, Inc.

Miami, Fla.

RWJF GRANT ID: 69150

Health and supportive services for people with HIV/AIDS

Collier Aids Research and Education Service

Naples, Fla.

RWJF GRANT ID: 24376

Primary, dental, and eye care for the homeless in the Orlando, Fla. area

Health Care Center for the Homeless, Inc.

Orlando, Fla.

RWJF GRANT ID: 24380

The Howard Phillips Center for Children & Families—Children's Advocacy Center: Comprehensive child abuse treatment program

Orlando Regional Healthcare Foundation

Orlando, Fla.

RWJF GRANT ID: 37336

Shepherd's Hope 2000: Free medical care at eight walk-in clinics for the working uninsured and their families in Orlando, Fla.

Shepherd's Hope, Inc.

Orlando, Fla.

RWJF GRANT ID: 39714

[In Orlando, Florida Free Walk-In Primary Care Clinics Add Services, Capacity](#)

EXTREME Health Challenge: Educating elementary school children about obesity and healthy lifestyle habits through a puppet show format

MicheLee Puppets, Inc.

Orlando, Fla.

RWJF GRANT ID: 51427 & 51632

Parramore Kidz Zone: Linking low-income minority children to medical and social services to improve school performance and reduce teen pregnancy, juvenile crime, and child abuse

Community Foundation of Central Florida

Orlando, Fla.

RWJF GRANT ID: 58039

Healthy Families Pinellas: Expanding home visiting family support project to 10 high-risk areas

Pinellas County Health Department

Saint Petersburg, Fla.

RWJF GRANT ID: 22522

Palm Beach County Home Visiting Program: A systemic expansion of the Healthy Start program providing access to basic health care to low-income pregnant women and their children

Children's Services Council of Palm Beach County

West Palm Beach, Fla.

RWJF GRANT ID: 34935

More than 25 community agencies participate in a transition-from-jail-to-community program in Palm Beach County, Fla.

The Lord's Place, Inc.

West Palm Beach, Fla.

RWJF GRANT ID: 67937

GEORGIA

Health Care for the Homeless: Comprehensive health services program for homeless people

Union Mission, Inc.

Savannah, Ga.

RWJF GRANT ID: 37327

[Giving Shelter and Health Care to Homeless in Savannah, Ga.](#)

HAWAII

Healthy Communities Farmers Market: Providing screening, education, and management of diabetes

Kahuku Hospital

Kahuku Oahu, Hawaii

RWJF GRANT ID: 29814

Lamalama Ka 'Ili--'Auinala--Moloka'i at Twilight: Chronic and end-of-life care for elderly native Hawaiians

Moloka'i General Hospital

Kaunakakai, Hawaii

RWJF GRANT ID: 37333

Kapi'olani Child At-Risk Evaluation (CARE) Program: Medical intervention and education for at-risk children or victims of child abuse and their foster caregivers

Kapi'olani Health Foundation

Honolulu, Hawaii

RWJF GRANT ID: 46121

[Hawaiian Health Foundation Launches Program to Diagnose and Treat Child Abuse Victims Entering Foster Care](#)

IDAHO

Rural case management program for pregnant and parenting teens in Southwestern Idaho

State of Idaho, Public Health District 3,

SW District Health Department

Caldwell, Idaho

RWJF GRANT ID: 13818 & 18302

ILLINOIS

Mobile delivery of mental and medical support, screening, and referrals for the homeless

Interfaith Council for the Homeless

Chicago, Ill.

RWJF GRANT ID: 24381

Care Group Illinois: Primary health care system for the underserved population of Rock Island County, Ill.

Community Health Care, Inc.

Davenport, Ill.

RWJF GRANT ID: 27347

Chicago Health Connection Doula Project: Birthing support for pregnant teens in low income communities

Chicago Health Connection

Chicago, Ill.

RWJF GRANT ID: 29806

[Chicago Project Delivers Support to Young Mothers-to-Be](#)

CeaseFire: Community-based intervention to reduce substance abuse-related youth violence and dissemination of the CeaseFire model to selected U.S. cities

University of Illinois at Chicago

Chicago, IL

RWJF GRANT ID: 37315 & 49802

[Treating Violence as a Contagious Disease](#)

Shelter Graduates' Network: Interfaith House, a residential program for homeless single adults in Chicago

Interfaith Council for the Homeless

Chicago, Ill.

RWJF GRANT ID: 37318

Community, provider, and patient partnership to improve asthma care in urban underserved communities

Chicago/Cook County Community Health Council

Chicago, Ill.

RWJF GRANT ID: 37331

Outreach Initiative for At-Risk, Underserved, Low-Income, Minority, Immigrant, and Refugee Elderly: Community-based health and wellness program

White Crane Wellness Center

Chicago, Ill.

RWJF GRANT ID: 39717

Implementation of Healthy Steps, an infant development and preventive pediatric care program for low-income Hispanic parents

Infant Welfare Society of Chicago

Chicago, Ill.

RWJF GRANT ID: 46155

Doorway to Integrated Health Care: Developing an integrated system to address the mental and physical health care needs of people with serious mental illness

Thresholds

Chicago, Ill.

RWJF GRANT ID: 51430

Vision of Hope Health Alliance: Using vision care as an entry point for uninsured adults to connect with primary care and prevention education

Illinois College of Optometry

Chicago, Ill.

RWJF GRANT ID: 53596

Temporary LockDown: Expanding a cultural program that prepares incarcerated boys to make positive life choices

Storycatchers Theatre

Chicago, Ill.

RWJF GRANT ID: 67421

PATHH Collaboration (Providing Access Toward Hope and Healing): Supporting the Network of Treatment Providers Collaborative Project in expanding mental health treatment for victims of child sexual abuse

Chicago Children's Advocacy Center

Chicago, Ill.

RWJF GRANT ID: 69165

[Expanding Mental Health Treatment for Victims of Child Sexual Abuse in Chicago](#)

MOMS Health System: Coordinated primary care for underserved women and children in Rockford, Ill.

MOMS Health Consortium

Rockford, Ill.

RWJF GRANT ID: 24385

Improved access to community-based primary health care and coordinated ambulatory care.

Illinois Primary Health Care Association

Springfield, Ill.

RWJF GRANT ID: 21034

Physician Referral and Linkage Project: Creating a bi-directional referral network between community health centers and a local hospital

Illinois Primary Health Care Association

Springfield, Ill.

RWJF GRANT ID: 26790

INDIANA

Client advocacy program for economically disadvantaged cancer patients

Cancer Services of Northeast Indiana
Ft. Wayne, Ind.

RWJF GRANT ID: 46156

[In Indiana Project, Economically Disadvantaged Cancer Patients Get Supportive Counseling, Medical Equipment and More](#)

The Child Assessment Clinic: A health clinic for abused and neglected children

Wishard Memorial Foundation
Indianapolis, Ind.

RWJF GRANT ID: 22533

[Marion County, Ind., Runs Child Assessment Clinic for Abused and Neglected Children](#)

Bridges to Success: School-community collaboration through community health center linkages

United Way of Central Indiana, Inc.
Indianapolis, Ind.

RWJF GRANT ID: 24387

Expansion of parish community health center services for inner city and uninsured individuals

Indiana University School of Nursing
Indianapolis, Ind.

RWJF GRANT ID: 29811

Amish Dental Intervention Project: Increasing access to dental care and education for Amish children

Indiana Hemophilia and Thrombosis Center, Inc.
Indianapolis, Ind.

RWJF GRANT ID: 29812 & 35938

[Providing Modern Dentistry for Folk Who Cling to Old Ways](#)

Youth Tobacco Initiative: Project to reduce smoking among children and youth

Health and Hospital Corporation of Marion County, Acute Disease
Indianapolis, Ind.

RWJF GRANT ID: 32304

Bridging the Gap: Care coordination and counseling services for African-Americans with HIV/AIDS

Ebenezer Church Foundation

Indianapolis, Ind.

RWJF GRANT ID: 42815

[Indianapolis Project Reaches African-Americans With Free HIV Testing and Support](#)

African Health Initiative: Increasing access to primary health care for African refugees

African Community International, Inc.
Indianapolis, Ind.

RWJF GRANT ID: 58029

Adolescent Health Initiative: School-based health care program for at-risk high school students and their children

Open Door Health Center
Michigan City, Ind.

RWJF GRANT ID: 34957

Operation Wellness: Collaborative school and community project to increase physical activity and improve eating habits in a rural setting

Ball State University
Muncie, Ind.

RWJF GRANT ID: 48853

IOWA

Neighborhood Health Initiative: Expansion of a primary health care clinic for underserved and vulnerable populations

Central Iowa Hospital Corporation
Des Moines, Iowa

RWJF GRANT ID: 42808

Searching for Miles of Smiles: A dental health service and education program for uninsured/underinsured children and older adults in Story County, Iowa

Mid-Iowa Community Action, Inc.
Marshalltown, Iowa

RWJF GRANT ID: 46150

KANSAS

Lifetime Smiles: Dental health education and treatment services for rural, low-income persons

United Methodist Western Kansas
Mexican-American Ministries, Inc.
Garden City, Kan.

RWJF GRANT ID: 39723

Supporting 'circuit riding' therapists treating residents of geographically remote and under-resourced areas

Area Mental Health Center
Garden City, Kan.

RWJF GRANT ID: 69167

Higher Ground: Substance abuse treatment program for low-income adolescents in Wichita, Kan.

Tiyospaye, Inc.

Wichita, Kan.

RWJF GRANT ID: 34931

Health Education and Leadership (HEAL): Physical fitness program for teens and adults with severe mental illness, including a new training curriculum for wellness coaches

Breakthrough Club of Sedgwick County
Wichita, Kan.

RWJF GRANT ID: 64608

KENTUCKY

Healing Place Women's Initiatives: Substance abuse recovery services for homeless and low-income women

Jefferson County Medical Society
Outreach Programs, Inc.
Louisville, Ky.

RWJF GRANT ID: 32303

LOUISIANA

Healthy Babies Concordia: Comprehensive outreach program to address the prenatal and postnatal needs of rural African-American women and their infants

Central Louisiana Area Health
Education Center
Alexandria, La.

RWJF GRANT ID: 42812

Wellness Works in Cenla: Worksites wellness initiative to decrease the incidence of cardiovascular disease and stroke

United Way of Central Louisiana
Alexandria, La.

RWJF GRANT ID: 58055

Church Nurse Program: Expansion of a church-based parish nurse program

Christian Health Ministries
New Orleans, La.

RWJF GRANT ID: 39719

**Center for Restorative Approaches:
Reducing violent behavior in schools
through restorative practices that
focus on building, strengthening, and
repairing relationships**

Neighborhood Housing Services of
New Orleans, Center for Restorative
Approaches
New Orleans, La.
RWJF GRANT ID: 68688

MAINE

**Outreach social services at two family
practice sites in Augusta and Lewiston,
Maine to improve medical and social
outcomes for the underserved
population**

Maine-Dartmouth Family Practice
Residency
Augusta, Maine
RWJF GRANT ID: 21036

**Maine’s Dual Diagnosis Collaborative
Project: Meeting the needs of people
with diagnoses of serious and persistent
mental illness and substance abuse**

State of Maine Department of Mental
Health and Mental Retardation
Augusta, Maine
RWJF GRANT ID: 21037

[Dual Disorders Demonstration Program](#)

**PCHC’s Community Clinic Project:
Providing integrated mental health and
substance abuse services for those at
highest risk of homelessness**

Penobscot Community Health Center
Bangor, Maine
RWJF GRANT ID: 53599

**Franklin Health Access Project: Links
low-income, uninsured residents of rural
Maine with a network of health care
providers and community resources**

Franklin Memorial Hospital
Farmington, Maine
RWJF GRANT ID: 39726

**Portland Identification and Early Referral
Project: Treatment of adolescent
psychosis**

Maine Medical Center
Portland, Maine
RWJF GRANT ID: 46139

**Healthy Futures Community Primary
Care Project: Expanding services to
improve access and reduce health care
costs, and using community health
nurses to improve access in six small
Maine towns**

Healthy Futures, Inc.
Winthrop, Maine
RWJF GRANT ID: 32302 & 44828

MARYLAND

**Hoffberger Program for the Prevention
of Blindness: Offering eye screenings,
diagnoses, and treatment for low-
income older adults in Baltimore**

Johns Hopkins University School of
Medicine/Wilmer Institute
Baltimore, Md.
RWJF GRANT ID: 29813

**Safe at Home: Home intervention and
support for low-income seniors**

South East Senior Housing Initiative
Baltimore, Md.

RWJF GRANT ID: 39733

[Baltimore Elderly in “Safe at Home”
Program Experience Fewer Falls,
Better Health](#)

**Threshold to Recovery: Demonstrating
a substance abuse recovery program
utilizing Western and Eastern modalities**

Baltimore Substance Abuse Systems, Inc.
Baltimore, Md.

RWJF GRANT ID: 53600

**Healthy Minds at Work: Comprehensive
mental health services integrated within
a job-training program for youth who
are not in school and are unemployed**

Historic East Baltimore Community
Action Coalition, Inc.
Baltimore, Md.

RWJF GRANT ID: 64614

**Enabling frail, impoverished, elderly
residents of the Metro Washington D.C.
area to continue living at home instead
of being institutionalized**

Jewish Social Services Agency of
Metropolitan Washington (JSSA)
Rockville, Md.

RWJF GRANT ID: 15605

**Supporting the Troops, Veterans, and
Families Care Project: Coordinating
health, mental health, and support
services for military families**

Mental Health Association of
Montgomery County Md.. Inc.
Rockville, Md.

RWJF GRANT ID: 69171

**Healthy Bodies, Healthy Minds:
Integrating mental health into primary
care safety net clinics for low-income,
uninsured residents**

Primary Care Coalition of Montgomery
County, Inc.
Silver Spring, Md.

RWJF GRANT ID: 46137

MASSACHUSETTS

**Voices of Love and Freedom: Bilingual
school- and family-based substance
abuse prevention program in 10 public
schools in Boston**

Judge Baker Children’s Center
Boston, Mass.

RWJF GRANT ID: 24382

**Circle of Health Care for High Risk
Adolescents: Medical care, specialty
care, substance abuse treatment,
and mental health care for high-risk
adolescents**

Justice Resource Institute, Inc.
Boston, Mass.

RWJF GRANT ID: 24383

**Establishment of a drug diversion court
to decrease the rate of recidivism**

The Boston Coalition Against Drugs
and Violence
Boston, Mass.

RWJF GRANT ID: 27345

[Addressing Drug and Alcohol Addiction
Through the Courts](#)

**Urban Youth Sports Health Connection:
Program to promote healthy youth
development and to increase insurance
coverage and access to primary service
through participation in youth sports
programs**

Northeastern University—Sports in
Society
Boston, Mass.

RWJF GRANT ID: 39727

Connecting with Care: Integrating trauma therapy into school-based services in Boston

Alliance for Inclusion and Prevention
Boston, Mass.

RWJF GRANT ID: 58058

[Connecting With Care in Low-Income Boston Neighborhoods](#)

Breaking the Cycle: Breaking the cycle of violence in Boston neighborhoods by intervening with gunshot and stabbing victims

Boston Public Health Commission
Boston, Mass.

RWJF GRANT ID: 64604

Children's Wellness Initiative: Developing a school-based infrastructure to improve mental and physical health for children of immigrants

Franciscan Hospital for Children, Inc.
Brighton, Mass.

RWJF GRANT ID: 51432

Brookline Resilient Youth Team (BRYT): Preventing drug relapse, school failure, and out-of-home placement among high-risk adolescents

Brookline Community Mental Health Center Inc.

Brookline, Mass.

RWJF GRANT ID: 51441

[When Students Have an Emergency, the Brookline Resilient Youth Team Steps In](#)

Community Care for Depression: Region-wide program to identify and coordinate care for low-income, uninsured, and immigrant adults with depression, anxiety, and/or alcoholism

Cape Cod Free Clinic in Falmouth Inc.
Falmouth, Mass.

RWJF GRANT ID: 51502

[Health Center Screens and Treats Depression and Addictions on Cape Cod](#)

Tempo Young Adult Resource Center: Providing accessible, comprehensive, single point-of-entry transition services for at-risk youth from the streets, criminal justice, or foster care

Wayside Youth & Family Support Network
Framingham, Mass.

RWJF GRANT ID: 62110

Streetworker Program: Expanding access to primary health care and mental health services for Cambodian, Latino, and other gang-involved youth

United Teen Equality Center (UTEC)

Lowell, Mass.

RWJF GRANT ID: 48872

[Streetworkers Mediate Gang Violence and Connect Teens to Health Services in Lowell, Mass.](#)

Supporting Triangle's IMPACT: Ability program to safeguard people with physical and cognitive disabilities from abuse

Triangle, Inc.

Malden, Mass.

RWJF GRANT ID: 69170

The Family Success Partnership: Bringing schools, families, and state agencies together to provide mental health care for children who are ineligible for existing programs

Assabet Valley Collaborative
Marlborough, Mass.

RWJF GRANT ID: 66552

Using a community decision-making process to ensure a better alignment of consumers, service providers, and service delivery systems

Baystate Health System

Springfield, Mass.

RWJF GRANT ID: 29805

Community Health Advocates: Integrated outreach network of lay health workers to link vulnerable families with primary care and prevention services

Partners for a Healthier Community, Inc.
Springfield, Mass.

RWJF GRANT ID: 32308

Program to increase Jewish Family Service's capacity to assume guardianship/conservatorship services of frail elders

Jewish Family Service of Worcester, Inc.
Worcester, Mass.

RWJF GRANT ID: 15606

MICHIGAN

Healthy Hair Starts with a Healthy Body: Non-traditional preventive education program for African-American females with chronic health conditions

National Kidney Foundation of Michigan
Ann Arbor, Mich.

RWJF GRANT ID: 42800

[African-American Hairstylists Enlisted as Lay Health Promoters in Eight Michigan Cities](#)

Detroit-Wayne County Partnerships for Integrated Care & Health Project: Removing barriers to health care for people with severe mental illness in Wayne County, Mich.

Adult Well-Being Services

Detroit, Mich.

RWJF GRANT ID: 67947

Sew Up the Safety Net for Women and Children: Supporting the Detroit Regional Infant Mortality Reduction Task Force in overcoming poor pregnancy outcomes for at-risk women

Henry Ford Health System, Office of Community Health, Education and Wellness

Detroit, Mich.

RWJF GRANT ID: 69168

Coordinated services for child sexual abuse victims and their families

Kalamazoo Child Guidance Clinic
Kalamazoo, Mich.

RWJF GRANT ID: 15607

[Coordinated Services for Child Sexual Abuse Victims and Their Families](#)

Better Future: Expansion of a jail diversion program for youth

Child and Family Services of the Upper Peninsula, Inc.

Marquette, Mich.

RWJF GRANT ID: 34961

MINNESOTA

Region Nine Community Care Partnership: Rural substance abuse prevention and health promotion program

Region Nine Development Commission
Mankato, Minn.

RWJF GRANT ID: 34960

Minnesota Community Health Worker Project: Creating a standardized, accredited community health worker training program

Minnesota State University, Mankato
Mankato, Minn.

RWJF GRANT ID: 51437 & 53607

[Promoting Community Health Workers to Reduce Health Disparities in Minnesota](#)

Hearth Connection: Managed care and supportive housing for homeless people with chronic chemical dependency, mental illness, or HIV/AIDS

Supportive Housing & Managed Care Pilot
Minneapolis, Minn.

RWJF GRANT ID: 37329

[Making the Case for Supportive Housing](#)

A program to help Hmong teens and their parents learn how to access preventive medical care and to help reduce the rate of teen pregnancy in the Hmong community in St. Paul.

Lao Family Community of Minnesota, Inc.
St. Paul, Minn.

RWJF GRANT ID: 13820 & 18569

Health care network for low-income clients

Family Tree Clinic
St. Paul, Minn.

RWJF GRANT ID: 21033

MISSISSIPPI

Healthy Lifestyles: Incorporating a healthy lifestyle curriculum in every grade to reduce obesity among students and teachers

Poplarville Special Municipal Separate School District
Poplarville, Miss.

RWJF GRANT ID: 53595

Establishment of a volunteer clinic providing health care services to the uninsured residents of Walls, Mississippi

DeSoto Health & Wellness Center
Walls, Miss.

RWJF GRANT ID: 48838

MISSOURI

School-based program to detect and prevent high-risk health behaviors among youth in Kansas City, Mo.

Adolescent Resources Corporation
Kansas City, Mo.

RWJF GRANT ID: 14416

Program to train and support volunteer health counselors in 160 black churches

Model Cities Health Corporation of Kansas City
Kansas City, Mo.

RWJF GRANT ID: 15609

Senior Links: Support for frail older adults in Kansas City, Mo.

Open Options, Inc.
Kansas City, Mo.

RWJF GRANT ID: 22524

Patient Navigator: Free program help low-income people with cancer get diagnosis and treatment

Truman Medical Center
Kansas City, Mo.

RWJF GRANT ID: 34963

Partnership for Smiles: A network of dental safety net providers delivering oral health care to indigent children

University of Missouri-Kansas City
Kansas City, Mo.

RWJF GRANT ID: 39728

Dental Cluster Reunion Meeting: Convening meetings of RWJF-supported dental grantees to examine innovative approaches to expanding oral health access

University of Missouri-Kansas City
Kansas City, Mo.

RWJF GRANT ID: 48892

Family Recovery Coalition: Multidisciplinary collaborative to expedite treatment for substance-abusing women

Women's 12-Step Recovery Center, Inc.
Kansas City, Mo.

RWJF GRANT ID: 51436

Citizens Assist Program (CAP):

Providing in-home health assessment, case management, and referrals to vulnerable people who call 911 for non-urgent needs

V.N.A Corporation dba Visiting Nurse Association, transferred to United Way of Greater Kansas City, Inc.
Kansas City, Mo.

RWJF GRANT ID: 64603 & 68660

[In Metropolitan Kansas City, a 911 Call Can Trigger Citizen Assist to Provide Other Needed Services](#)

Head Start-Trauma Smart: Supporting the Crittenton Children's Center's trauma-intervention program for children 3 to 5 in two urban Kansas counties

Crittenton Center (dba Crittenton Children's Center)

Kansas City, Mo.

RWJF GRANT ID: 67923

[Head Start-Trauma Smart Program Expands](#)

BRIDGE/S.P.A.N. (Safe Patient Advocacy Network): Providing advocacy and supportive services to victims of domestic violence who present at hospitals

Hope House, Inc.

Lee Summit, Mo.

RWJF GRANT ID: 48856

[Where Did You Get That Bruise? Identifying and Treating Domestic Violence Victims in Kansas City](#)

Early Care Network: Increase access to health care, reduce substance abuse, and provide support to children and families with special needs

South Side Day Nursery

St. Louis, Mo.

RWJF GRANT ID: 39721

Aging Out of Foster Care Initiative: Preparing teens to leave the foster care system as self-sufficient young adults

Epworth Children & Family Services
St. Louis, Mo.

RWJF GRANT ID: 62109

MONTANA**Primary care health network for the medically indigent**

Missoula City—County Health Department
Missoula, Mont.
RWJF GRANT ID: 21038

Power Up, Speak Out!: Creating an evidence-based model appropriate for preventing teen-dating violence in frontier communities

Domestic and Sexual Violence Services of Carbon County
Red Lodge, Mont.
RWJF GRANT ID: 67904
[Power Up, Speak Out!](#)

NEBRASKA**Grand Island Senior High School Student Wellness Center: Comprehensive school-based health services for underserved high school students**

St. Francis Medical Center Foundation
Grand Island, Neb.
RWJF GRANT ID: 34953

The Black Bag Project: Mobile chronic care team for chronically ill, homebound seniors

Lancaster County Medical Society
Lincoln, Neb.
RWJF GRANT ID: 42799

NEVADA**St. Mary's Neighborhood Health Center Midwife and Well Child Program**

St. Mary's Regional Medical Center
Reno, Nev.
RWJF GRANT ID: 27356

NEW HAMPSHIRE**In SHAPE: Improving the health of adults with severe mental illness through involvement in community wellness programs**

Monadnock Family Services
Keene, N.H.
RWJF GRANT ID: 51433
[Adults with Severe Mental Illness Get In SHAPE](#)

New Hampshire Foster Children's Health Care Project: Developing a statewide network of providers to create greater continuity of comprehensive care for children in foster care.

New Hampshire Foster Children's Health Care Project
Manchester, N.H.
RWJF GRANT ID: 21031

The Family Place: Providing therapy for homeless children and families with integrated treatment for mothers with co-occurring mental illness and substance abuse issues

Families in Transition
Manchester, N.H.
RWJF GRANT ID: 66553

NEW JERSEY**Developing the Pathways to Productive Citizenship re-entry program for juvenile offenders**

The Bridge, Inc.
Caldwell, N.J.
RWJF GRANT ID: 69229

NEW MEXICO**Engaging Men: Supporting a community-based initiative to reduce domestic violence among Latinos in Central New Mexico**

Enlace Comunitario
Albuquerque, N.M.
RWJF GRANT ID: 69210

Engaging Latino Immigrant Men in Preventing Domestic Violence**ArribaCare: Program to improve access to primary care and substance abuse services for low-income persons**

Rio Arriba Family Care Network
Española, N.M.
RWJF GRANT ID: 34939

Venturing Beyond Prevention: Developing a culturally appropriate asset-based model of care and prevention for Native American youth with substance abuse and mental health problems

National Indian Youth Leadership Project, Inc.
Gallup, N.M.
RWJF GRANT ID: 48839 & 53601

Mental health services for elementary school children

Santa Fe Community Foundation
Santa Fe, N.M.
RWJF GRANT ID: 21041

Access to mental health services for children and families in Santa Fe, N.M.

Carino Community Children's Program
Santa Fe, N.M.
RWJF GRANT ID: 27251

Mental health and substance abuse crisis response system for people in hospitals and jails

City of Santa Fe
Santa Fe, N.M.
RWJF GRANT ID: 29820

Strengthening New Mexico Families (SNMF): Community health nursing program for low-income, rural children

New Mexico Community Foundation (NMCf)
Santa Fe, N.M.
RWJF GRANT ID: 42813

New Mexico Foundation Places Nurses in Family Service Agencies to Improve Immunization Rates, Reduce Parental Smoking and Screen Parents for Alcohol Abuse**Expanding Coming Home Connection's volunteer model of in-home personal and bedside care for individuals with chronic or terminal illness**

Coming Home Connection, Inc.
Santa Fe, N.M.
RWJF GRANT ID: 66549 & 69159

NEW YORK**The Safe Landing Project—Improving Mental Health Care for Former Prisoners**

Osborne Association
Bronx, N.Y.
RWJF GRANT ID: 42803

Coalition for Gender Equity in Schools: Changing school culture to eliminate sexual harassment through youth-led education, policy enforcement, and policy advocacy

Girls for Gender Equity Inc.—GGE
Brooklyn, N.Y.
RWJF GRANT ID: 67096
[Addressing Sexual Harassment in New York City Public Schools](#)

**Community Alliance Against Violence:
Teaching lesbian, gay, bisexual, and
transgender youths in New York City to
reduce violence in their lives**

The Center for Anti-violence Education
Brooklyn, N.Y.
RWJF GRANT ID: 69233

**Integration of addiction services and
primary medical care**

Erie County Medical Center
Buffalo, N.Y.
RWJF GRANT ID: 29808

**LIFE Project (Lifeline to Independence
for the Elderly): In-home supportive
services for frail older adults**

American Red Cross, Greater Buffalo
Chapter
Buffalo, N.Y.
RWJF GRANT ID: 46154

**Unified Family Behavioral Health Center
for Military Veterans and Their Families:
Supporting the North Shore-Long
Island Jewish Health System in creating
a behavioral health center for military
veterans and their families**

North Shore LIJ Health System,
Foundation Office
Great Neck, N.Y.
RWJF GRANT ID: 69162

[A Health Care Model for Veterans
and Their Families](#)

**Families First: Drug court-based
program to refer and treat parents and
children involved in cases of neglect**

EAC, Inc.
Hempstead, N.Y.
RWJF GRANT ID: 34962

**Promotora Bar Outreach Project:
Supporting outreach to reduce violence
against Latinas working in bar-
restaurants in Queens, N.Y.**

Voces Latinas Corp.
Jackson Heights, N.Y.
RWJF GRANT ID: 69209

**An AIDS prevention program
demonstrating that family planning
clinics can become a key line of defense
against AIDS**

Planned Parenthood of New York City, Inc.
New York, N.Y.
RWJF GRANT ID: 13813

**Full service nonacute care system for
people with AIDS in New York City**

Village Nursing Home, Inc.
New York, N.Y.
RWJF GRANT ID: 13819

**Model hospice program for persons
with end-stage Alzheimer's disease**

Jacob Perlow Hospice Corp
New York, N.Y.
RWJF GRANT ID: 21030

[Model Hospice Program for New Yorkers
With End-Stage Alzheimer's](#)

**Chinese Community Partnership for
Health: Providing health education,
outreach, and case management**

New York Downtown Hospital
New York, N.Y.
RWJF GRANT ID: 22523

**NORC Initiative: Support
services for elderly residents in
government-assisted housing**

United Jewish Appeal Federation
New York, N.Y.
RWJF GRANT ID: 22530

[Keeping Residents in Their Naturally
Occurring Retirement Communities](#)

**Comprehensive health and social
services for HIV+ women in IRIS House**

IRIS House/United Way of NYC
New York, N.Y.
RWJF GRANT ID: 22531

**Dolan Family Health Center: Primary
health care center for undocumented
immigrants**

Huntington Hospital
New York, N.Y.
RWJF GRANT ID: 27354

**Development and implementation of
an integrated domestic violence service
strategy to reduce future abuse**

Victim Services Partnership to Prevent
Domestic Violence
New York, N.Y.
RWJF GRANT ID: 32309

**Primary Care and Mental Health
'Bridge' Program for Asian Americans:
Implementation of integrated primary
care and mental health services in
New York City**

Chinatown Action for Progress, Inc.
New York, N.Y.
RWJF GRANT ID: 34938

[Including Mental Health Care in
Primary Care](#)

**Projecto Goal Para La Mujer Latina:
HIV/AIDS outreach and prevention
program for Latinas**

Committee for Hispanic Children
and Families, Inc.
New York, N.Y.
RWJF GRANT ID: 39730

**The Guardianship Project: Creating
guardianship services for adults
incapacitated by illness or disability**

Vera Institute of Justice, Inc.
New York, N.Y.
RWJF GRANT ID: 53597

**Common Justice: Addressing violence,
incarceration, and mental and physical
health consequences arising from
violent crime**

Vera Institute of Justice, Inc.
New York, N.Y.
RWJF GRANT ID: 66550

[Common Justice: New Solutions for
Violent Crimes](#)

**Supporting the Speak Out project to
counter domestic violence in the
Asian-American community**

New York Asian Women's Center
New York, N.Y.
RWJF GRANT ID: 68687

**REMAP: Supporting the Reinventing
Manhood Project to reduce violence
against youths in New York City**

CONNECT, Inc.
New York, N.Y.
RWJF GRANT ID: 69235

Project Link: Prevention of jail recidivism among adults with severe mental illness by establishing a forensic psychiatry clinic and transitional housing

University of Rochester Medical Center,
Strong Ties Community Support Program
Rochester, N.Y.

RWJF GRANT ID: 32312

Model Community-Based Treatment Program Reduces Hospitalization and Jail Time Among People with Mental Illness and Substance Abuse

The SAVE Program Interactive CD-ROM: Safety and violence education training tool for mental health providers to improve access to care for mentally ill or substance abusing adults

University of Rochester Medical Center,
Strong Ties Community Support Program
Rochester, N.Y.

RWJF GRANT ID: 45915

Health-e-Access: Telehealth care program for low-income, inner-city children

University of Rochester Medical Center
Rochester, N.Y.

RWJF GRANT ID: 46133

New York Study Shows Telemedicine is Effective for Care of Low-Income Children in School-Based Settings

Support for patients living with HIV/AIDS and those in their households

Eddy Visiting Nurses Association
Troy, N.Y.

RWJF GRANT ID: 29807

NORTH CAROLINA

RAIN program to provide services to African-American and rural persons with HIV/AIDS

Regional AIDS Interfaith Network
Charlotte, N.C.

RWJF GRANT ID: 32311

Angels in the Carolinas: Interfaith Teams Overcome the Stigma of AIDS

Hope for Children: Overcoming the Devastating Effects of Witnessing Family Violence: Collaborative effort to provide mental health treatment for children and youth affected by family violence and abuse

Triangle Family Services, Inc.
Raleigh, N.C.

RWJF GRANT ID: 53616

Immigrants Seeking Safety: Providing safety and support to South Asian and Hispanic immigrant families affected by intimate partner violence in Wake County, N.C.

The Family Violence Prevention Center,
Inc. dba Interact
Raleigh, N.C.

RWJF GRANT ID: 66555

Develop accessible, affordable health services for underserved teenagers

Wilmington Health Access for Teens
(W.H.A.T.)

Wilmington, N.C.

RWJF GRANT ID: 29819

Health Access for Teens: From Pregnancy to Grief (a sidebar)

NORTH DAKOTA

Children's Mental Health Initiative: Providing screening, early intervention, and prevention for children's mental health issues

South Eastern North Dakota Community
Action Agency (SENDCAA)
Fargo, N.D.

RWJF GRANT ID: 66554

Planning a residential treatment facility for female substance abusers and their children

Parshall Resource Center
Parshall, N.D.

RWJF GRANT ID: 42804

OHIO

Children Who Witness Violence Program: Early intervention and treatment program for children who witness violence in the home

Children's Hospital Medical Center
of Akron
Akron, Ohio

RWJF GRANT ID: 46152

Community-based health clinic for an underserved section of Cincinnati

Christian Community Health Services
dba Crossroads Health Center
Cincinnati, Ohio

RWJF GRANT ID: 21032

Pediatric Integrated Care Project: Integration of pediatric behavioral health services in neighborhood health centers

Cincinnati Health Network, Inc.
Cincinnati, Ohio

RWJF GRANT ID: 34933

Cincinnati Respite Center for Homeless Individuals: Establishing a 24-hour staffed facility providing basic short-term medical and nursing care to homeless individuals

Health Resource Center of Cincinnati, Inc.
Cincinnati, Ohio

RWJF GRANT ID: 49443

Center for Respite Care: Establishing a 24-hour staffed facility providing basic short-term medical and nursing care to homeless individuals

Cincinnati Health Network, Inc.
Cincinnati, Ohio

RWJF GRANT ID: 48854 & 53655

Off the Streets: Helping women involved in prostitution move toward safety, recovery, empowerment, and community reintegration

Cincinnati Union Bethel
Cincinnati, Ohio

RWJF GRANT ID: 62102

Community-based, nurse-managed, low-risk primary care and birthing program

Case Western-Reserve University,
Frances Payne Bolton School of Nursing
Cleveland, Ohio

RWJF GRANT ID: 22520

Systematic Intervention for a Geriatric Network of Evaluation and Treatment (SIGNET)

Cleveland Clinic Foundation
Cleveland, Ohio

RWJF GRANT ID: 32300

Healthy CMHA: Planning and implementing a project to provide a multicultural employee wellness program in a public housing complex

The Health Museum of Cleveland
Cleveland, Ohio

RWJF GRANT ID: 35563 & 36128

**Healthy Smiles Sealant Project:
School-based dental care and
education program**

Case Western Reserve University
School of Dentistry
Cleveland, Ohio
RWJF GRANT ID: 46135

**Creando Posibilidades/Creating
Possibilities: Educational outreach
program to increase the number
of bilingual Hispanics entering into
health careers**

El Barrio transferred to West Side
Ecumenical Ministry
Cleveland, Ohio
RWJF GRANT ID: 48846 transferred
to 52569

**Community Advocacy Program (CAP)—
A Medical-Legal Collaborative: Medical-
legal collaborative to remove barriers to
health care for vulnerable populations**

The MetroHealth System
Cleveland, Ohio
RWJF GRANT ID: 58033
[Overcoming Legal Barriers to Health](#)

**STANCE: Supporting Cleveland's Police
Assisted Referral program to connect
distressed youths and their families with
needed services and interventions**

Task Force on Violent Crime Charitable
Fund dba Partnership For A Safer
Cleveland
Cleveland, Ohio
RWJF GRANT ID: 69232

**Love, Faith and Family—Amish Genetic
Disease Education and Care: Educational
intervention to reduce the incidence of
genetic disease among Amish families**

Das Deutsch Center for Special
Needs Children
Middlefield, Ohio
RWJF GRANT ID: 51426

**Substance abuse treatment and
supportive services for rural
low-income women**

Heartland Circle
Wellington, Ohio
RWJF GRANT ID: 34955

OKLAHOMA

**Birth-to-school care program: A system
of health surveillance and care for
young, low-income children**

Community Council of Central Oklahoma
Oklahoma City, Okla.
RWJF GRANT ID: 15604

**Paseo de Salud (Path to Health):
Creating a culturally responsive diabetes
prevention program centered around
a traditional place where Hispanic
families gather**

Community Service Council of
Greater Tulsa
Tulsa, Okla.
RWJF GRANT ID: 53602

OREGON

**Children's Assessment Service: Medical,
mental health, and developmental
assessment for children entering
foster care**

Morrison Center Child and Family
Portland, Ore.
RWJF GRANT ID: 29816

**Latino Medical Access Coalition:
Program to provide medical services
to low-income rural Latinos**

Sacred Heart Medical Center Foundation
Eugene, Ore.
RWJF GRANT ID: 34936

**Safe and Sound Youth Project:
Comprehensive medical and mental
health services outreach for homeless
and at-risk youth**

Human Services Commission of
Lane County
Eugene, Ore.
RWJF GRANT ID: 37322

**Powerful Tools for Caregiving:
Development of education and support
curriculum for family caregivers of
people with chronic diseases**

Legacy Health System, Caregiver's Services
Portland, Ore.
RWJF GRANT ID: 39736

**Metamorphosis: Integrated substance
abuse and mental health services
program for homeless youth**

Janus Youth Programs, Inc.
Portland, Ore.
RWJF GRANT ID: 42807

**Kids' Connection: Establishing
comprehensive services for children
and youth whose parent or primary
caretaker is HIV+**

Cascade AIDS Project
Portland, Ore.
RWJF GRANT ID: 48855

**Wraparound Oregon: Improving
coordination of services for children
with severe emotional disorders**

Albertina Kerr Centers
Portland, Ore.
RWJF GRANT ID: 53591

**Community Partners Reinvestment
Project: Adding mental health care to a
program for reducing recidivism among
young adult offenders**

Volunteers of America Oregon
Portland, Ore.
RWJF GRANT ID: 53604

**Neighborhood Sparks: Providing a
comprehensive system of social and
medical services to vulnerable people
displaced by inner-city gentrification**

Outside In
Portland, Ore.
RWJF GRANT ID: 62103

**Project Against Sexual Assault of
Indigenous Farmworkers: Reducing the
incidence of workplace sexual assault
and harassment of farm workers from
Central America and Mexico**

Oregon Law Center
Portland, Ore.
RWJF GRANT ID: 62112

**LIFE Plus: Creating a sustainable model
program to reduce recidivism among
incarcerated women**

Mercy Enterprise Corporation
(dba Mercy Corps Northwest)
Portland, Ore.
RWJF GRANT ID: 67938

**Early Assessment and Support Team
(EAST): Educational outreach and
intervention program for young people
with psychosis and their families in five
rural, low-income Oregon counties**

Mid-Valley Behavioral Care Network
Salem, Ore.
RWJF GRANT ID: 48841

Family Lifelines: Home-based model of care for foster children addressing serious mental health concerns and strengthening connection to neighborhood, school, and family
Catholic Community Services of the Mid Willamette Valley and Central Coast
Salem, Ore.
RWJF GRANT ID: 64609

PENNSYLVANIA

Work Healthy: Providing bilingual workplace health services to Mexican immigrants
La Comunidad Hispana
Kennett Square, Pa.
RWJF GRANT ID: 58044

Developing an outreach and case management team in two of Philadelphia's poorest neighborhoods to improve pregnancy outcomes and infant care
The Maternity Care Coalition
Philadelphia, Pa.
RWJF GRANT ID: 15608

From Prison to Parenthood: Improving the health and parenting skills of incarcerated pregnant and postpartum women and their babies
The Maternity Care Coalition
Philadelphia, Pa.
RWJF GRANT ID: 58037

School-based comprehensive care clinics, located in schools in a low-income, urban area
St. Christopher's Hospital for Children
Philadelphia, Pa.
RWJF GRANT ID: 22527

Low-Income HIV/AIDS Community Health Initiative: Establishment of a disease management model of care for low-income persons with HIV/AIDS
Philadelphia FIGHT
Philadelphia, Pa.
RWJF GRANT ID: 37326

Comunidades Unidas Apoyando a Envejecientes (Communities United Supporting the Elderly): Improving health care access of Hispanic elders through educating, developing, and mobilizing the community and its leaders
Center for Advocacy for the Rights and Interests of the Elderly
Philadelphia, Pa.
RWJF GRANT ID: 46147

Students Run Philly Style: Promoting health and self-esteem through a running program for middle and high school students
National Nursing Centers Consortium, Inc.
Philadelphia, Pa.
RWJF GRANT ID: 51434
[Students Run LA Expands and Is Taken Up in Philly](#)

GrandFamily Resource Center: Providing a network of support services for families headed by grandparents
Supportive Older Women's Network
Philadelphia, Pa.
RWJF GRANT ID: 58024

The Porch Light Initiative: Creating a mural project to illuminate and destigmatize behavioral health issues in North Philadelphia
Philadelphia Mural Arts Advocates
Philadelphia, Pa.
RWJF GRANT ID: 67921

Supporting the Career Support Network in helping vulnerable adults retain sustainable, competitive employment
Federation of Neighborhood Centers
Philadelphia, Pa.
RWJF GRANT ID: 69161

Community-based model to reduce teen pregnancy in Western Pennsylvania
Family Health Council, Inc.
Pittsburgh, Pa.
RWJF GRANT ID: 32301

Transforming the Safety-Net Delivery System: Community-based hospitalization reduction in seven high-risk disease categories
Coordinated Care Network (CCN)
Pittsburgh, Pa.
RWJF GRANT ID: 37334

The Healthy Black Family Project: Community mobilization campaign to prevent diabetes and hypertension among African-Americans
University of Pittsburgh Graduate School of Public Health
Pittsburgh, Pa.
RWJF GRANT ID: 53603

Helping Families Raise Healthy Children: Identifying and assisting families with co-occurring instances of parental depression and early childhood developmental delays
Community Care Behavioral Health Organization
Pittsburgh, Pa.
RWJF GRANT ID: 66558
[Helping Families Raise Healthy Children](#)

Re-entry Through a Child's Eyes: Safeguarding the health and well-being of the children of an incarcerated parent in Allegheny County, Pa.
Allegheny County Department of Human Services
Pittsburgh, Pa.
RWJF GRANT ID: 67912
[Reentry Through a Child's Eyes Provides Family Support for Inmates and Their Families](#)

Family Health Advocate: Development of a family health advocate network to improve birth outcomes among high-risk women
Maternal and Child Health Consortium
West Chester, Pa.
RWJF GRANT ID: 27346 & 32305

PUERTO RICO

Chronic Disease Prevention and Control Project: Peer-based effort to improve health care for people with chronic conditions through education and self-management
Corporación de Servicios de Salud y Medicina Avanzada (COSSMA)
Cidra, P.R.
RWJF GRANT ID: 42798
[Rural Puerto Ricans Get Lessons in Self-Managing Chronic Diseases](#)

Health Youth Leadership Program For Puerto Rico to encourage health care, promote health, and reduce substance abuse

Proyecto P.E.C.E.S., Inc.
Punta Santiago, P.R.
RWJF GRANT ID: 39718

Establish community-based public health services for low-income persons

Proyecto Península de Cantera
San Juan, P.R.
RWJF GRANT ID: 29804

San Juan Health Partnership for the Homeless: Providing on-demand appropriate and accessible health care for the homeless and those at risk of homelessness

La Fondita de Jesús, Inc.
San Juan, P.R.
RWJF GRANT ID: 48840 & 51503

RHODE ISLAND

Providence Smiles: Expansion of a school-based dental services program for low-income, uninsured children

St. Joseph Health Services of Rhode Island
North Providence, R.I.
RWJF GRANT ID: 32313

Vulnerable Infants Program of Rhode Island: Improving services for drug-exposed infants

Women & Infants Hospital of Rhode Island
Providence, R.I.
RWJF GRANT ID: 39729

Draw a Breath/Providence School Partnership: Education and disease management strategies for children with asthma

Rhode Island Hospital
Providence, R.I.
RWJF GRANT ID: 39732

SOUTH CAROLINA

Heart & Soul: Church-based volunteer program to reduce and prevent cardiovascular disease among African-Americans

Palmetto Project
Charleston, S.C.
RWJF GRANT ID: 37316

[The Heart and Soul of Black Churches](#)

NeighborCare: Neighborhood-based coordination of services for disabled and older adults

Council on Aging in the Midlands, Inc.
Columbia, S.C.
RWJF GRANT ID: 24377

The Puentes (Bridges) Project: Addressing the reproductive health needs of Latinos in South Carolina

South Carolina Research Foundation (PASOs Program), Perinatal Awareness for Successful Outcomes (PASOs) Program
Columbia, S.C.
RWJF GRANT ID: 67961

SOUTH DAKOTA

Homeward Bound Project: Physician assistant services for homebound disabled and older adults

Estelline Medical Rural Health
Estelline, S.D.
RWJF GRANT ID: 24379

South Dakota's Frontier School Health Initiative: Planning for a rural school health project

St. Mary's Foundation
Pierre, S.D.
RWJF GRANT ID: 38228

South Dakota's Frontier Health Initiatives: Primary care and mental health services for special needs and at-risk children and adolescents in Central South Dakota

Eastside Neighborhood Center, Inc.
Pierre, S.D.
RWJF GRANT ID: 42814

Outreach program for Native Americans and other citizens in isolated regions with substance abuse and mental health problems

Catholic Social Services
Rapid City, S.D.
RWJF GRANT ID: 37321

Lakota Circles of Hope: Implementing a culturally specific prevention curriculum for Lakota youth to address mental health and substance abuse on three reservations in South Dakota

Catholic Social Services
Rapid City, S.D.
RWJF GRANT ID: 62108 & 64599

TENNESSEE

An expansion project of a rural healthcare facility in two underserved rural areas of an Appalachian county.

Putnam County Rural Health Clinics
Baxter, Tenn.
RWJF GRANT ID: 46136

Medical Home Project: Neighborhood primary health care center in Western Chattanooga

Erlanger Medical Center
Chattanooga, Tenn.
RWJF GRANT ID: 27349

One Call Club for Seniors: Affordable referral services to help low-income seniors with medical appointments, transportation, and home repairs

Knoxville-Knox County Community Action Committee
Knoxville, Tenn.
RWJF GRANT ID: 62099

Healthy Schools, Healthy Lives: Project to provide integrated school, family, and health services

Board of Education Memphis City Schools—Teaching and Learning Academy
Memphis, Tenn.
RWJF GRANT ID: 34956

Memphis Healthy Churches: Training church health representatives to promote healthy lifestyles and reduce preventable diseases among low-income African-Americans

Christ Community Health Services, Inc.
Memphis, Tenn.
RWJF GRANT ID: 51423

MIHOW: Maternal Infant Health Outreach Worker Project: Implementation of an alternative financing model to improve access to care for underserved women and young children

Vanderbilt University, Center for Health Services
Nashville, Tenn.
RWJF GRANT ID: 32317

TEXAS

Dental services for people with HIV

AIDS Services of Austin

Austin, Texas

RWJF GRANT ID: 21029

Vida y Salud (Life & Health): Wellness program for uninsured, low-income Hispanic immigrants

El Buen Samaritano Episcopal Mission

Austin, Texas

RWJF GRANT ID: 46149

Campus Care Center: School-based primary care for children and adolescents

Brownsville Community Health Clinic

Corporation

Brownsville, Texas

RWJF GRANT ID: 24375

A network of local service centers for high-risk youth in isolated neighborhoods

Community Council of Greater Dallas &

Youth Impact Centers of Dallas

Dallas, Texas

RWJF GRANT ID: 14417 & 18882

[Addressing the Multiple Needs](#)

[of High-Risk Youth](#)

Primary health care services for low-income persons in Webb County colonias

University of Texas Medical Branch

Galveston, Texas

RWJF GRANT ID: 24386

Telehealth for School-Based Mental Health: School-based telehealth program to increase access to mental health services for disadvantaged adolescents

University of Texas Medical Branch

Galveston, Texas

RWJF GRANT ID: 58030 & 65706

[Using Telehealth for Mental Health](#)

The Denver Harbor/Port Houston Clinic: Health care services for underserved Hispanics

Houston Community Health Centers, Inc.

Houston, Texas

RWJF GRANT ID: 48852

Mixson Moore Total Care Center: Providing preventive, early detection, primary care, and mental health services service in rural three communities

Jasper Memorial Hospital Foundation

Jasper, Texas

RWJF GRANT ID: 21035

Rural Alzheimer's Disease Education Program: Improving the care received by patients with Alzheimer's disease who live in West Texas and Eastern New Mexico by training clergy to serve as a resource

Texas Tech University Health

Sciences Center

Lubbock, Texas

RWJF GRANT ID: 29821

Peace in the Home: Supporting the Texas Muslim Women's Foundation in preventing domestic violence and reducing its trauma in the Muslim community

Texas Muslim Women's Foundation, Inc.

Plano, Texas

RWJF GRANT ID: 68684

[Peace in the Home](#)

PATHWAYS—A Youth Development Model to Assist Adolescent Substance Abusers

Family Violence Prevention Services, Inc.

San Antonio, Texas

RWJF GRANT ID: 37320

The Healing Arts: Creative arts program to promote healing and prevent unhealthy behaviors in abused children

Boys & Girls Clubs of San Antonio

San Antonio, Texas

RWJF GRANT ID: 46124

UTAH

Dental Project of Utah County: Implementing a multifaceted volunteer dental disease prevention and treatment program for low-income, uninsured residents

Mountainlands Community Health Center

North Provo, Utah

RWJF GRANT ID: 48842

Healthy Utah Valley—Info/Med Access: Planning a project to improve access to health care information and services for underserved populations through a volunteer provider initiative

United Way Community Services

Provo, Utah

RWJF GRANT ID: 32316

Community Health Connect: Project to improve access to health care information and services for underserved populations

United Way Community Services

Provo, Utah

RWJF GRANT ID: 34965

VERMONT

I-SEE (Intergenerational Service and Education Exchange): Intergenerational volunteer service project

Southwestern Vermont Council on Aging

Rutland, Vt.

RWJF GRANT ID: 22529

VIRGINIA

Rainbow for Healthier Communities: Reducing health disparities through community collaboration

Northern Virginia Community College

Educational Foundation Inc.

Annandale, Va.

RWJF GRANT ID: 51425

Protect Our Kids—Preventing Exposure to Violence: Violence inoculation project for intervention, treatment, and prevention program for children and families exposed to violence

Transitions Family Violence Services

Hampton, Va.

RWJF GRANT ID: 46153

Richmond Urban Primary Care Initiatives for underserved populations

Virginia Commonwealth University,

Medical College of Virginia Campus

Richmond, Va.

RWJF GRANT ID: 22532

WASHINGTON

P.O.P!Tech (Power of Prevention and Digital Technology): Protecting high-risk youth in King County, Wash., against online sexual assault

King County Sexual Assault
Resource Center
Renton, Wash.
RWJF GRANT ID: 67939

Legacy House: Community-based assisted living facility for low-income seniors

Seattle Chinatown International District
Preservation and Development Authority
Seattle, Wash.
RWJF GRANT ID: 34934

Senior Services of Seattle/King County

Seattle, Wash.
RWJF GRANT ID: 37330

Pike Place Market Senior Wellness Program: Comprehensive wellness program for severely disadvantaged older adults

Pike Place Market Foundation
Seattle, Wash.
RWJF GRANT ID: 42801

Sharing the Caring, Best Practices Manual for AIDS Careteams: Research and prepare an AIDS Care Team manual and training guide

Multifaith Works
Seattle, Wash.
RWJF GRANT ID: 49803

Sea-Tac Smiles: Expanding dental student training to provide oral health care services for low-income children and adults

Seattle King County Department of
Public Health
Seattle, Wash.
RWJF GRANT ID: 51431

Pathways to Wellness: Increasing the emotional well-being of refugees to increase self-sufficiency and improve adjustment to life in the United States

Lutheran Community Services Northwest
Seattle, Wash.
RWJF GRANT ID: 66562

Evaluating and Responding to the Mental Health Needs of Refugees

People's Clinic: Nurse-managed program to provide health care services to low-income and homeless children

Washington State Univ. College of
Nursing, Intercollegiate Center for
Nursing Ed.
Spokane, Wash.
RWJF GRANT ID: 37317

SCMS Project Access: Providing universal, on-demand access to the full continuum of health care for low-income and uninsured populations

Spokane County Medical Society
Foundation
Spokane, Wash.
RWJF GRANT ID: 48851

WEST VIRGINIA

Eastern Panhandle Free Clinic: Health care and wellness program for uninsured and underinsured, low-income individuals

Charles Town Health Right, Inc.
Charles Town, W.Va.
RWJF GRANT ID: 46122

West Virginia School-Based Health Center Initiative: A network of 35 school-based health centers providing health care to students

New River Health Association
Scarbrough, W.Va.
RWJF GRANT ID: 29822

Neighborhood M.A.P. (More Active People): Reducing obesity in low-income neighborhoods through community-based physical activity programs

Center for Aging and Healthcare in
West Virginia, Inc.
Parkersburg, W.Va.
RWJF GRANT ID: 53608

WISCONSIN

Coordinated on-site case management in public housing

S.E.T. Ministry, Inc.
Milwaukee, Wis.
RWJF GRANT ID: 22528

Madre Angela Dental Clinic: Collaborative dental service program for low-income and homeless persons in Milwaukee

St. Mary's Hospital
Milwaukee, Wis.
RWJF GRANT ID: 42819
[Milwaukee Clinic Provides Dental Care to Low-Income and Homeless People as Part of RWJF's Local Funding Partnerships](#)

Latino Dementia Center: Alzheimer's disease medication management, adult day services, and caregiver support

United Community Center, Inc.
Milwaukee, Wis.
RWJF GRANT ID: 58038

Milwaukee Crisis Resource Center: Providing mental and physical health assessment, case management, and connections to housing, mental health, and legal services to adults with mental illness

Transitional Living Services, Inc.
Milwaukee, Wis.
RWJF GRANT ID: 62105

Creating new mental health services for children in an underserved, seven-county, rural area of Wisconsin

Children's Hospital of Wisconsin—
Fox Valley
Neenah, Wis.
RWJF GRANT ID: 62089

Respite Care Program: A network of collaborating respite care programs to reduce the stress of caring for older or disabled adults.

Holy Communion Lutheran Church
Respite Ministry Program
Racine, Wis.
RWJF GRANT ID: 15610

WYOMING

Children's Advocacy Project: Establishing a children's advocacy center to address child abuse

Community Health Center of
Central Wyoming
Casper, Wyo.
RWJF GRANT ID: 48843

Rubrics for Project Selection

The LFP staff and national advisory committee developed an assessment rubric for each of the three stages of the selection process—brief proposals, full proposals, and site visits.

LOCAL FUNDING PARTNERSHIP RUBRIC—STAGE I BRIEF PROPOSALS

Vulnerable Populations: How would this project improve health or health care for people made vulnerable by social factors?				
LIMITED—This project employs a proven intervention to provide access to health care services for people made vulnerable by well-known social factors.	MODEST—This intervention addresses the health needs of a newly recognized vulnerable population (i.e., a recent immigrant group), combines health services in a new way, or adapts services to be more sensitive to the needs of vulnerable clients.	COMPETITIVE—This initiative offers an out-of-the-box solution to improve health or health care by causing significant change in one or more social factors such as education, housing, or poverty.	STRONG—This program operates outside of traditional service systems, demonstrates a high level of client involvement, engages professionals beyond health care, and alters at least one social factor (such as transportation) to reduce barriers to care.	EXCEPTIONAL—This project was developed and implemented by health care and other sector professionals working together with clients, creates public/private partnerships, is a catalyst for systems change in more than one social factor.
Funder/Applicant Partnership: How have funders been involved in the development of this idea?				
LIMITED—Nominating funder was recently contacted by the applicant agency to write letter of nomination; no prior funder involvement in this project.	MODEST—Nominating funder has expressed interest in committing new grant dollars to the project, has been consulted on the proposed program and assisted in preparation of the application.	COMPETITIVE—Nominating funder has been engaged with applicant agency in the planning and development of this project, has expressed interest in committing new grant dollars, and is actively working with other funders to raise additional support for the program.	STRONG—Multiple funders have been engaged in the planning and development of the concept and have expressed interest in providing grant dollars and technical assistance if the proposal advances with RWJF.	EXCEPTIONAL—Multiple funders participated in the original collaborative that identified the need for this initiative as a high community priority. Grantmakers continued to participate in the development of the concept, investing resources and technical assistance to facilitate convening, planning and/or piloting the project. Funding partners are committed to supporting implementation of the program with dollars and technical assistance.
Community Collaboration: What are the origins of this coalition and how is the partnership evolving?				
LIMITED—Idea was developed and will be implemented by the applicant institution.	MODEST—Project created by applicant agency and endorsed by other groups.	COMPETITIVE—One organization created project and convened community groups as active partners.	STRONG—Problem identified by community agencies that typically do not work together and have now joined forces to address the issue with a new infrastructure and clearly defined decision-making process.	EXCEPTIONAL—Project actively engages a broad-based, non-traditional coalition of community groups whose new working relationship/partnership stimulates breakthrough thinking leading to systems change.
Innovation: How new/creative is this idea?				
LIMITED—This project would replicate a well-tested model that has already been described in the literature, been broadly disseminated and demonstrated in the United States.	MODEST—This grant would bring a new pilot project to scale for the first time or fund an early replication of a successful intervention.	COMPETITIVE—This program will be the first adaptation of the model in a very different setting or with a different population (i.e., rural to urban, children to adults, chronic disease to acute condition).	STRONG—This intervention adds original program elements or methods that offer ambitious outcomes such as significant systems change.	EXCEPTIONAL—This initiative shows highly creative, fresh thinking about old problems to challenge the pervasive wisdom in the field, demonstrate a groundbreaking approach, and unveil a potential new national model.

LFP RUBRIC—STAGE II FULL PROPOSALS

Evaluation: How will the impact of the intervention be assessed/quantified?				
LIMITED—No baseline data; vague or absent quantifiable outcomes; and no evaluation model or plan in proposal.	MODEST—Some baseline data available but most extrapolated from state, national data; quantifiable outcomes not fully developed; evaluation minimally discussed in proposal.	COMPETITIVE—Baseline data specific to region targeted for program; quantifiable measures explained with some detail; model for evaluation described; evaluation conducted internally.	STRONG—Detailed baseline data specific to region targeted for program; quantifiable measures, process and outcome elements described; evaluation conducted primarily internally, may have some external consultation/ advice.	EXCEPTIONAL—Baseline data specific to region targeted for program; quantifiable measures, process and outcome elements described in detail; evaluation conducted internally as well as externally; may have opportunity to measure impact using controls or proxies.
Sustainability: What measures, opportunities are identified to promote continuation of this work after the RWJF grant? How does this program fit the mission of the larger agency?				
LIMITED—Single matching funder identified; program has minimal likelihood of attracting funding streams; project is a stretch for the mission of the parent agency.	MODEST—Several funders identified for year 1 matching funds; long-term funding commitments are uncertain; questionable likelihood of attracting funding streams; mission is broadly aligned with mission of the parent agency.	COMPETITIVE—Multiple funders providing match in year 1 and some expression of commitment for funding support in subsequent years; possibility of attracting funding streams; new project is a natural outgrowth of current services.	STRONG—Diversity of funders at the table including some who have never supported the organization or health issues; part of year 2 match secured; likely avenues to pursue funding streams through public, private sources; project well aligned with mission of the parent agency.	EXCEPTIONAL—Full match in place at the start of the grant; diversity of funders engaged including some who have never supported the organization or health issues; project has potential to influence policy to support funding streams and replication to other communities; project is essential to mission of the parent agency.

LFP RUBRIC—STAGE III SITE VISIT

Organizational Capacity: Does the agency have the infrastructure, management, and Board to support the new initiative?				
LIMITED—Small or start-up organization; initiative would mark the inception of a new organization; board is small, purely advisory or non-existent; financial instability.	MODEST—Agency is young, original board in place; limited internal management structure. OR project resides in a large organization such as a hospital or university and has limited independence.	COMPETITIVE—Stable, established agency; diversified sources of income/funding; board is established; executive director is supportive of the new initiative.	STRONG—Locally well-known agency; stable income/funding; board is strong, engaged; executive director promotes new initiative.	EXCEPTIONAL—Prominent organization; stable income/funding; board and full management team in place; executive director active on policy level.
Leadership: Is there a recognized “parent” for the program? Does the project have strong leadership?				
LIMITED—Project developed by committee, grant writer coordinating; no agency person appearing to own project OR competition for ownership of project.	MODEST—Project developed collaboratively with plan to hire director once funded OR project director in place but appears inexperienced; competing agendas among collaborative partners.	COMPETITIVE—Project developed by collaboration with project director identified; individual appears qualified.	STRONG—Project collaboration in place for several years; project director emerged during this process and appears to have leadership potential; dedicated staff in place.	EXCEPTIONAL—Long-standing collaboration with strong leader and staff with strong credentials; potential succession to leadership roles in evidence.
Fiscal Controls and Budget: Can the program manage the money?				
LIMITED—Agency has never had an audit or filed a federal form 990; not yet established as a 501(c)(3); budget reflects unrealistic salaries and other expenses; overall financial status appears problematic.	MODEST—Agency has had an unfavorable audit or management letter indicating need for stronger internal controls; federal form 990 incomplete; budget is reasonable for program but may be the largest the agency has managed.	COMPETITIVE—Agency has routine audits and completes federal form 990; budget is reasonable and proportionate with other projects within the organization.	STRONG—Agency has routine satisfactory audits and completes federal form 990; Guidestar reviews organization; board has strong role in financial management.	EXCEPTIONAL—Agency has impressive internal controls; long-standing history of strong fiscal management; Guidestar reviews.

Additional Projects on Fostering Mental Health

Early Assessment and Support Alliance

Mid-Valley Behavioral Care Network

Salem, Ore.

Supported by LFP July 2003 through June 2007

The [Mid-Valley Behavioral Care Network](#) based in Salem, Ore., modeled its [Early Assessment and Support Alliance](#) after the PIER program in Portland, Maine. The objective was to shift the focus of mental illness treatment from long-term care to early intervention.

The alliance started in a wide geographic area of five rural, low-income Oregon counties, and worked to overcome transportation challenges in offering treatment, home assessments, and family support. The alliance program is now in 19 Oregon counties, covering 81 percent of the state's residents.

For more on the Early Assessment and Support Alliance, read the [case study](#).

Coordinated Services for Child Sexual Abuse Victims and Their Families

Kalamazoo Child Guidance Clinic

Kalamazoo, Mich.

Supported by LFP August 1989 through September 1993

The Kalamazoo Child Guidance Clinic established and operated the Family Resource Center to provide comprehensive, coordinated services to victims of child sexual abuse and their families. (The Kalamazoo Child Guidance Center is has since been renamed the [Elizabeth Upjohn Community Healing Center](#).)

The primary goals of the Family Resource Center were to help families reconstruct a healthy environment and access specialized treatment and linkages to appropriate agencies.

From its opening in May 1990 through September 1993, the center reported providing case management, crisis intervention, support, and therapy to 739 child victims and 711 other family members. Approximately two-thirds of the family members would not have had access to those services had the center not existed, staff said. See the [Program Results Report](#).

PATHH Collaboration

(Providing Access Toward Hope and Healing)

Chicago Children's Advocacy Center

Chicago, Ill.

Supported by LFP July 2011 through June 2015

Sexually abused children and their non-offending caregivers need mental health services as soon as possible following a report of abuse. Children who have been sexually abused experience higher rates of sexually transmitted diseases, teen pregnancies, eating disorders, alcoholism, drug abuse, involvement in physically or sexually abusive relationships as adults, and suicide. They are also at greater risk of performing poorly in school, living in poverty, and committing crimes.

The [Chicago Children's Advocacy Center](#) coordinates the response to all reports of child sexual abuse and assault in Chicago. With support from an LFP grant, the Center launched [Providing Access Toward Hope and Healing \(PATHH\)](#) to help sexually abused children and their families get the mental health services they need.

PATHH, which involves 18 local partners, was designed to reduce wait times for treatment and improve referral strategies in order to more effectively engage and retain the children in appropriate services, and ultimately to increase their well-being.

A five-year evaluation of the PATHH collaboration began in 2010 and is examining the factors associated with successfully engaging families in therapy.

Project Director Kathy Grzelak, MA, LCPC, notes that calls are coming in from providers in New York, Tennessee, and elsewhere asking, "What is your success, what does this look like?" As we finish this last year, we can package the program [and say] 'Here is what we have learned.' We can speak about how to build a solid collaboration.... We have a core group of agencies; everyone is willing to think through things together."

For more on PATHH, read the [Program Results Report](#).

Reentry Through a Child's Eyes

Allegheny County Department of Human Services
Pittsburgh, Pa.

Supported by LFP July 2010 through December 2013

Children with incarcerated parents are more likely to suffer emotional distress and developmental delays, have impaired parent-child bonding, do poorly in school, commit delinquent acts, and develop substance abuse problems.

In 2010, the Pittsburgh Child Guidance Foundation estimated that 5,000 of Allegheny County's 255,000 children would lose a custodial parent to incarceration each year.

With support from LFP, the [Allegheny County Jail Collaborative](#) led a project to improve the health and well-being of children with incarcerated parents. Called [Reentry Through a Child's Eyes](#), the project developed family support services for inmates and families, including:

- Parenting classes for inmates
- Family prison visits and telephone calls
- Coordination of services for the inmate and family both before and after release

Reentry Through a Child's Eyes delivered support services to 802 inmates, 614 of their children, and 552 of their adult family members. The program also transformed existing jail policies prohibiting direct family contact (due to concerns about safety and influx of contraband) and initiated monthly, structured family visits that allowed inmates physical contact and playtime with their children.

"They come through the door and, magically, they step into this big room and in every area there are these age-appropriate colorful rugs, and there are little tables and chairs, and each one of 15 sections is marked 'the Smith family' or 'the Jones family' so everybody knows where to go, and the inmate is already sitting there. You would watch that door open, and the kids are running to their parents and jump into their arms. And you see these huge men bury their faces into their little kids trying to hide their tears. And their little kids are hugging them and laughing."—Amy McNicholas Kroll, project director

For more, see the [Program Results Report](#).

Primary Care and Mental Health Bridge Program for Asian Americans

Chinatown Action for Progress
New York, N.Y.

Support by LFP August 1998 through July 2001

Asian Americans with mental disorders often do not receive treatment until they are chronically ill or in crisis. Reasons include a lack of community awareness about mental health, a stigma associated with mental illness and psychiatric services, the failure of many primary care providers to recognize symptoms, and a lack of culturally competent services as a result of a dearth of accessible bilingual/bicultural Asian American mental health providers.

From 1998 to 2001, the [Charles B. Wang Community Health Center's Bridge Program](#) implemented a model to make mental health services more accessible to New York City's Chinese Americans.

The model integrates mental health services with primary care services, trains primary care providers on early detection and treatment of common mental disorders, and educates the community on mental health.

It also involves bilingual psychiatrists and social workers in providing consultations, medication management, therapies that match patients' cultural preferences, and other services.

In the program's first three years, mental health visits to primary care practitioners rose threefold, and both the number of mental health clinical encounters and the number of patients diagnosed with psychiatric disorders more than tripled at the initial three sites.

The program has been recognized as a prototype for other ethnic groups in other areas. The federal government recognized the Bridge Program as a model that can be replicated to improve access and care for ethnic minority patients with mental health problems. For more on the Bridge Program, read the [Program Results Report](#).

Maine's Dual Diagnosis Collaborative Project

Maine Department of Mental Health and Mental Retardation (since merged into the Department of Health and Human Services)

Augusta, Maine

Supported by LFP January 1993 through December 1996

Many people with chronic mental illness also have substance abuse problems, but most substance abuse and mental health services are not designed to recognize and treat both conditions.

With support of LFP funding, the [Maine Department of Mental Health and Mental Retardation](#) created a new system of treatment services for people in the Portland area with dual disorders of mental illness and substance abuse.

The system featured streamlined assessments, interagency case conferences, revised Medicaid reimbursement procedures, and extensive and ongoing training.

The Cumberland County Dual Diagnosis Collaborative—a group representing mental health and substance abuse administrators and clinicians, consumers, families, researchers, and government officials—oversaw the effort, which included the development of enhanced services (e.g., housing, crisis management, self-help groups) and an evaluation.

The evaluation concluded that the collaborative effort had an impact on the capacity of agencies to serve people who have both severe mental illness and substance use disorders. The Dual Diagnosis Collaborative has since become the [Co-Occurring Collaborative Serving Maine](#). For more see the [Program Results Report](#).

A Health Care Model for Combat Veterans and Their Families

North Shore Long Island Jewish Health System Foundation
Great Neck, N.Y.

Supported by LFP July 2011 through June 2015

New York's Suffolk County on the eastern end of Long Island is home to 85,000 military veterans. Some 4,000 served in Iraq or Afghanistan, and more than a thousand of those have post-traumatic stress disorders, post-concussive traumatic brain injury, or both.

Veterans' behavioral health problems affect their spouses and children. The initial stress caused by physical separation and worry about safety is compounded as the family struggles to reintegrate the returning vet. But while VA facilities provide treatment for the veterans themselves, they are not licensed to see their children and offer few services for other family members.

With support from LFP, the [Unified Behavioral Health Center for Military Veterans and Their Families](#) in Bay Shore has been providing behavioral health care at no charge to combat veterans and their families since December 2012. This is believed to be the first time a private hospital system and a VA hospital have worked together to offer treatment under one roof to both veterans and family members.

The center consists of two divisions:

- North Shore Long Island Jewish Health System provides behavioral health services to the families of veterans.
- The Northport Veterans Affairs Medical Center Bay Shore Clinic provides outpatient mental health and primary care services to veterans.

In its first 18 months, North Shore treated 145 patients, who made more than 2,100 visits. The Bay Shore Clinic treated 640 patients, who made 3,225 visits. Most families ranked their care as "good" or "very good" and said their condition had improved.

"[Having] a combination of trained clinicians and military cultural competence... that is when we can make inroads with these families," says Mayer Bellehsen, PhD, health center director.

Discussions about adopting the co-located clinic model as a VA demonstration project were underway as of 2014. For more on the Unified Behavioral Health Center, read the [Program Results Report](#).

Additional Replicated Projects

The following are further examples of LFP projects that extended their reach through support from other organizations, additional RWJF funding, or a combination of the two.

California Screening, Brief Intervention, Referral, and Treatment Program

City of Escondido

Escondido, Calif.

Supported by LFP July 1993 through June 1997

Contrary to common opinion, more than half of all alcohol-related community problems are accounted for by nondependent drinkers. They represent a much larger group than dependent drinkers, also known as alcoholics.

From 1993 to 1997, with support from an LFP grant, the city of Escondido, Calif., worked with a local health center, medical facility, and police department to develop and implement a project to reduce the harmful effects of alcohol and drug use caused by nondependent users.

Here is how the intervention—now called the California Screening, Brief Intervention, Referral and Treatment Program—works:

When nondependent alcohol and drug users visit their primary health care provider, show up in an emergency department, or come into contact with law enforcement, trained nonprofessional staff members stationed in those settings conduct a brief screening to identify potential drug or alcohol use and provide brief interventions and referrals.

The program also includes:

- Public health services for people arrested for public inebriation as an alternative to arrest or incarceration
- Health care for patients under the influence of alcohol and other drugs as an alternative to more intensive medical services or no services

During the four LFP grant years, program staff made 45,770 screening and behavioral intervention contacts. When the grant ended, the program used funding from the San Diego County Commission on Children, Youth, and Families to continue the services and to develop screenings and brief interventions for problems such as mental illness, family/interpersonal violence, and child abuse.

For more on the California screening program, read the [Program Results Report](#).

RWJF also continued funding in this area—supporting an \$8.4 million national program called *Cutting Back: Managed Care Screening and Brief Intervention for Risky Drinking*.

For more on this program, which ran from 1996 to 2002, see the [Program Results Report](#).

Stone Soup Group: The Alaska Developmental Disabilities Resources System

Stone Soup Group

Anchorage, Alaska

Supported by LFP July 1993 through July 2002

“Stone Soup” is a fable about cooperation: A hungry stranger tells a village of people he can make soup from a stone with the help of only a small garnish. Villagers each contribute something of their own until there is enough balanced, nutritious soup to feed everyone.

In Anchorage, Alaska, people who shared a common vision for care of children with disabilities—including parents, health care providers, and social workers—created the [Stone Soup Group](#).

The purpose was to bring together public and private agencies to create an integrated, statewide, network of services for Alaskan children with developmental disabilities and behavioral challenges and for their families.

The group developed a training curriculum for families and professionals and delivered it to about 1,500 people. It also created a database to help match families with treatment providers and with other families for mutual support.

The Stone Soup Group began in 1992 and had early funding from LFP—an initial grant in 1993, and a second in 1997. As of 2015, the organization provides services statewide and works in partnership with state and federal agencies.

For more on the Stone Soup Group, read the [Program Results Report](#).

Hearth Connection—Supportive Housing and Managed Care Pilot

Hearth Connection

St. Paul, Minn.

Supported by LFP September 1999 to August 2003

People who are chronically homeless often struggle with mental illness, addiction, health problems, and histories of abuse. They rely on crisis-oriented interventions, including emergency departments and state hospitals, or they end up in prison. When released from these institutions, they often become homeless again.

Without housing, people in these situations cannot gain access to treatment, yet without treatment they often are unable to remain in stable housing.

Hearth Connection—a Saint Paul, Minn., organization that works to end long-term homelessness—developed and implemented a program to provide chronically homeless single adults and families with affordable housing and integrated, on-site services from housing specialists, nurses, and child development workers.

Called the Supportive Housing and Managed Care Pilot, the project was supported by an LFP grant from 1999 to 2003. The pilot relied on an intensive service model staffed by case managers carrying small caseloads of no more than 10 households. A support team secured adequate housing for the homeless, and developed and coordinated a comprehensive plan for the delivery of services.

From its inception through August 2003, the pilot served 277 participants, including 151 children. With support from the Minnesota legislature and other funders, it served an additional 471 participants through October 2005. The National Center on Family Homelessness evaluated the impact of the program on all 748 participants.

The results were encouraging. Average annual cost per participant was \$4,239—the cost of only about six days of publicly funded inpatient treatment for mental illness or substance abuse. Also, participants reported much greater housing stability nine months after joining the program, and they sustained that stability after 18 months.

According to Hearth Connection, the project's evaluation played a key role in educating state legislators on the need for and effectiveness of this kind of intervention. From 2005 through 2011, the legislature appropriated some \$12 million every two years for a state fund that helps Minnesotans with long histories of homelessness. Each year the fund serves about 3,300 persons—almost half of them children under the age of 18 living in homeless families.

The funding level was cut approximately \$2 million for the 2012–2013 biennium.

For more on Hearth Connection, read the [Program Results Report](#).

Students Run L.A.

Students Run L.A.

Reseda, Calif.

Supported by LFP August 1998 through July 2001; August 2003 through June 2006; and July 2005 through June 2007

Training for and completing a marathon is highly demanding and also highly rewarding. For at-risk youth, the experience can be life-changing.

Students Run L.A. is a marathon training program for at-risk students in Los Angeles that builds resiliency, teaches self-discipline and goal-setting skills, develops character, and improves health.

Beginning in 1998, LFP supported Students Run L.A. with three grants:

- The first (1998–2001) to expand the program from high school to middle school students
- The second (2003–2006) to develop a toolkit for use by other communities interested in establishing a similar program
- The third (2005–2006) for business planning, including determining the revenue stream from the “Up & Running” toolkits

Students Run L.A. documented the positive impact of its running and motivation program for thousands of students; the program contributed to increased physical fitness, reduced obesity and substance abuse, and improved school attendance and graduation rates.

From 2004 to 2008, RWJF supported a full-scale replication of Students Run L.A. in Philadelphia with an LFP grant to the National Nursing Consortium. **Students Run Philly Style** is managed from nurse-run clinics rather than schools.

For more on Students Run L.A. read the [Program Results Report](#).

Drug Diversion Court Program

Boston Coalition Against Drugs and Violence

Boston, Mass.

Supported by LFP July 1995 through October 1999

The Boston Coalition Against Drugs and Violence worked with other Boston organizations to develop and implement a drug diversion court in the Massachusetts District Court in Boston.

The court offered drug-abusing or addicted nonviolent offenders the opportunity to participate in a court-supervised intensive outpatient drug treatment and counseling program. The goal was to decrease recidivism by addressing alcohol and drug addiction, a primary cause of criminal behavior.

The drug-diversion program in the Boston court admitted 551 clients through January 1999. In addition, the court expanded to two additional district courts (South Boston and Roxbury).

RWJF's experience with the program influenced the Foundation's funding strategy on substance abuse, leading to support for such initiatives as:

- Establishment of [New Jersey's first alternative sentencing program for drug offenders](#)
- Preparation of a [national publication](#) for drug court professionals
- A [pilot program](#) to train public defenders in Pennsylvania to identify offenders with substance abuse issues and refer them to appropriate health and social services

Going beyond just drug diversion courts, RWJF funded a \$29.8 million national program, [Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime](#) that has developed service-delivery models that integrate comprehensive services into the juvenile justice system and promote the creation of community-based systems of care for substance-abusing youthful offenders. See the [Program Results Report](#) on Phase One.

For more about Boston's drug diversion court, see the [Program Results Report](#).

List of Program Results Reports on LFP Projects Organized by State

Alaska

- [Stone Soup Group Integrates Care for Special Needs Children in Alaska](#) (Grant IDs 22526 and 32315, posted July 2014)

California

- [Reducing the Harmful Effects of Alcohol and Drug Use by Nondependent Users](#) (Grant ID 22521, posted July 2014)
- [Building Family Acceptance and Support for LGBT Youth](#) (Grant ID 64613, posted September 2013)
- [Providing a Healthy and Safe Transition for Youth who Age out of Foster Care](#) (Grant IDs 53598, 67046, and 70461, posted September 2014)
- [Latino Health Access Focuses on Diabetes and Heart Disease](#) (Grant ID 24384, posted July 2014)
- [Students Run LA Expands and Is Taken Up in Philly](#) (Grant ID 51434, posted in December 2014)

Colorado

- [Promoting Physical, Mental and Social Well-Being for Isolated Older Adults in Rural Colorado](#) (Grant ID 64602, posted June 2013)

District of Columbia

- [A Capitol Endeavor: Low-Income Washingtonians Get One-Stop Clinic](#) (Grant ID 32310, posted December 2005)

Florida

- [In Orlando, Florida Free Walk-In Primary Care Clinics Add Services, Capacity](#) (Grant ID 39714, posted August 2006)
- [Florida Hospice Uses Grant to Improve Outreach, Service to Hispanics](#) (Grant ID 46134, posted August 2006)
- [Help for Youth Caregivers](#) (Grant ID 62113, posted June 2013)

Georgia

- [Giving Shelter and Health Care to Homeless in Savannah, Ga.](#) (Grant ID 37327, posted December 2005). Also see a [Grantee Story](#) of Rev. Michael Elliott, MDiv, MSW, Union Mission's Pastor and an RWJF Community Health Leader (posted June 2006)

Hawaii

- [Hawaiian Health Foundation Launches Program to Diagnose and Treat Child Abuse Victims Entering Foster Care](#) (Grant ID 46121, posted March 2007)

Illinois

- [Chicago Project Delivers Support to Young Mothers-to-Be](#) (Grant ID 29806, posted April 2008)
- [Expanding Mental Health Treatment for Victims of Child Sexual Abuse in Chicago](#) (Grant ID 69165, posted October 2014)
- [Treating Violence as a Contagious Disease](#) (Grant IDs ENCP, 71612, 71541, 70750, 70702, 68156, 67086, 60697, 56522, 55535, 49802, 37315, posted September 2014)

Indiana

- [Providing Modern Dentistry for Folk Who Cling to Old Ways](#) (Grant IDs 29812 and 35938, posted December 2005)
- [Marion County, Ind., Runs Child Assessment Clinic for Abused and Neglected Children](#) (Grant ID 22533, posted July 2014)
- [Indianapolis Project Reaches African-Americans With Free HIV Testing and Support](#) (Grant ID 42815, posted February 2007)
- [In Indiana Project, Economically Disadvantaged Cancer Patients Get Supportive Counseling, Medical Equipment and More](#) (Grant ID 46156, posted February 2007)

Maine

- [Dual Disorders Demonstration Program](#) (Grant ID 21037, posted July 2014)

Maryland

- [Baltimore Elderly in "Safe at Home" Program Experience Fewer Falls, Better Health](#) (Grant ID 39733, posted February 2007)

Massachusetts

- [When Students Have an Emergency, the Brookline Resilient Youth Team Steps In](#) (Grant ID 51441, posted April 2011)
- [Streetworkers Mediate Gang Violence and Connect Teens to Health Services in Lowell, Mass.](#) (Grant IDs 48872 and 59598, posted February 2014)
- [Health Center Screens and Treats Depression and Addictions on Cape Cod](#) (Grant ID 51502, posted June 2009)
- [Connecting With Care in Low-Income Boston Neighborhoods](#) (Grant ID 58058, posted November 2012)
- [Addressing Drug and Alcohol Addiction Through the Courts](#) (Grant ID 27345, posted July 2014)

Michigan

- [African-American Hairstylists Enlisted as Lay Health Promoters in Eight Michigan Cities](#) (Grant ID 42800, posted June 2007)
- [Coordinated Services for Child Sexual Abuse Victims and Their Families](#) (Grant ID 15607, posted July 2014)

Minnesota

- [Promoting Community Health Workers to Reduce Health Disparities in Minnesota](#) (Grant IDs 51437 and 53607, posted December 2012)
- [Making the Case for Supportive Housing](#) (Grant IDs 37329 and 51237, posted August 2014)

Missouri

- [Where Did You Get That Bruise? Identifying and Treating Domestic Violence Victims in Kansas City](#) (Grant ID 48856, posted November 2009)
- [Head Start-Trauma Smart Program Expands](#) (Grant ID 67923, posted August 2014)
- [In Metropolitan Kansas City, a 911 Call Can Trigger Citizen Assist to Provide Other Needed Services](#) (Grant ID 68660, posted October 2014)

Montana

- [Power Up, Speak Out!](#) (Grant ID 67904, posted July 2014)

New Hampshire

- [Adults with Severe Mental Illness Get In SHAPE](#) (Grant ID 51433, posted January 2011)

New Mexico

- [New Mexico Foundation Places Nurses in Family Service Agencies to Improve Immunization Rates, Reduce Parental Smoking and Screen Parents for Alcohol Abuse](#) (Grant ID 42813, posted February 2007)
- [Engaging Latino Immigrant Men in Preventing Domestic Violence](#) (Grant ID 69210, posted July 2014)

New York

- [New York Study Shows Telemedicine is Effective for Care of Low-Income Children in School-Based Settings](#) (Grant ID 46133, posted April 2007)
- [Model Hospice Program for New Yorkers With End-Stage Alzheimer's](#) (Grant ID 21030, posted July 2014)
- [Addressing Sexual Harassment in New York City Public Schools](#) (Grant ID 67096, posted October 2014)
- [A Health Care Model for Veterans and Their Families](#) (Grant ID 69162, posted October 2014)
- [Common Justice: New Solutions for Violent Crimes](#) (Grant ID 66550, posted October 2014)

- [Model Community-Based Treatment Program Reduces Hospitalization and Jail Time Among People with Mental Illness and Substance Abuse](#) (Grant ID 32312, posted September 2008)
- [Including Mental Health Care in Primary Care](#) (Grant ID 34938, posted July 2014)
- [Keeping Residents in Their Naturally Occurring Retirement Communities](#) (Grant ID 22530, posted July 2014)

North Carolina

- [Angels in the Carolinas: Interfaith Teams Overcome the Stigma of AIDS](#) (Grant ID 32311, posted December 2005)
- [Health Access for Teens: From Pregnancy to Grief](#) (Grant ID 29819, posted June 2008)

Ohio

- [Overcoming Legal Barriers to Health](#) (Grant ID 58033, posted October 2014)

Pennsylvania

- [Students Run LA Expands and Is Taken Up in Philly](#) (Grant IDs 34964, 49184, 51434, and 53149, posted December 2014)
- [Reentry Through a Child's Eyes Provides Family Support for Inmates and Their Families](#) (Grant ID 67912, posted October 2014)
- [Helping Families Raise Healthy Children](#) (Grant ID 66558, posted July 2014)

Puerto Rico

- [Rural Puerto Ricans Get Lessons in Self-Managing Chronic Diseases](#) (Grant ID 42798, posted July 2006)

South Carolina

- [The Heart and Soul of Black Churches](#) (Grant ID 37316, posted May 2012)

Texas

- [Using Telehealth for Mental Health](#) (Grant IDs 58030 and 65706, posted February 2012)
- [Addressing the Multiple Needs of High-Risk Youth](#) (Grant IDs 14417 and 18882, posted July 2014)
- [Peace in the Home](#) (Grant ID 68684, posted September 2014)

Washington

- [Evaluating and Responding to the Mental Health Needs of Refugees](#) (Grant ID 66562, posted January 2014)

Wisconsin

- [Milwaukee Clinic Provides Dental Care to Low-Income and Homeless People as Part of RWJF's Local Funding Partnerships](#) (Grant ID 42819, posted August 2006)

Local Funders Interviewed for Their Reflections on the LFP Program

Robert E. Eckardt, PhD*

Executive Vice President
The Cleveland Foundation
Cleveland, Ohio

Virginia Elliott, MEd

Vice President for Programs
United Methodist Health Ministry Fund
Hutchinson, Kan.

Pamela W. Golden

Executive Director
Pittsburgh Child Guidance Foundation
Pittsburgh, Pa.

Gregory Hall*

Director, Program Quality and Effectiveness
The California Endowment
Los Angeles, Calif.

Necole S. Irvin, JD*

Former Program Officer, Health
Houston Endowment
Houston, Texas

Mary Kettlewell (deceased)

Former Program Officer
Health Care Foundation of
Greater Kansas City
Kansas City, Mo.

Sister Joan Kuester, DC

Executive Director
Daughters of Charity Foundation
of St. Louis
St. Louis, Mo.

David Odahowski, JD

President and CEO
Edyth Bush Charitable Foundation
Winter Park, Fla.

Joe Pyle, MA

President
Thomas Scattergood Foundation
for Behavioral Health
Philadelphia, Pa.

Allen Smart*

Funding partner as:
Vice President of Programs
The Rapides Foundation
Alexandria, La.

Position as of 2015:

Vice President, Programs
Kate B. Reynolds Charitable Trust
Winston-Salem, N.C.

Katherine Smith*

Senior Program Officer
The Meadows Foundation
Dallas, Texas

Mary Vallier-Kaplan*

Former Vice President and
Chief Operating Officer
Endowment for Health
Concord, N.H.

Karen Voci, MA

Funding partner as:
Senior Vice President for Programs
Rhode Island Community Foundation
Providence, R.I.

Position as of 2015:

President
Harvard Pilgrim Healthcare Foundation
Wellesley, Mass.

Betty H. Wilson*

President and CEO
The Health Foundation of
Greater Indianapolis
Indianapolis, Ind.

**Member of the National Advisory Committee*