Strategic Direction Master Document

Revised: December 7, 2023

PETER & ELIZABETH
TOWER FOUNDATION

- External-Only Copy -

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I. OVERVIEW

The Trustees adopted the Tower Foundation's Strategic Plan in 2012. It spelled out a strategic direction that set the Foundation's course for the next several years. Since its adoption, the Trustees have been committed to keeping the 2012 Plan refreshed and relevant.

In 2015, they engaged in a formal strategic refresh process. The refresh process yielded two significant changes to the 2012 Plan. The Trustees adopted the first change in December, 2017, which reflects a shift in thinking about capacity building, and the Foundation's role in it. The second change revised the Foundation's Mission, Vision, and Values Statements.

The Trustees thought it important that the evolution of the Foundation's strategic direction be easily identified to the reader. Therefore, we did not alter the original document, but added changes in the form of amendments. All are found in this master document. The amendments were written so they could be shared independently when needed. This accounts for various redundancies in the master document.

II. 2012 STRATEGIC PLAN

- DOCUMENT FOLLOWS ON NEXT PAGE -

The Peter and Elizabeth C. Tower Foundation

Strategic Plan

Date of Adoption: September 24 2012

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I.OVERVIEW

The Peter and Elizabeth C. Tower Foundation was established in 1990 with contributions from Peter and Elizabeth C. Tower. To date, the Foundation has distributed approximately $28 million in grant awards. Grant awards have been made in a variety of areas, including mental health, education, developmental and intellectual disabilities, evidence-based practice as well as technology planning and implementation initiatives, and community partnerships.

In 22 years, the Foundation has grown in scope and size. Initially managed by the family and then an Executive Director, the Foundation currently employs an Executive Director, three Program Officers, and two Administrators. Presently, the Foundation maintains assets of approximately $72 million and awards an average of $2.5 million in grants annually. In the next few years, grant awards are expected to average $7 million annually.

Highlights of more recent accomplishments and exemplary project funding include:

- *Rapid Pediatric Psychiatric Consultation Initiative – Erie County*
  Through this initiative, primary care doctors are able to consult with pediatric psychiatrists by phone for assessment and on-going case management of their patients. This model provided an immediate solution to the severe shortage of pediatric psychiatrists in the community and provided psychiatric support in the primary care setting. The model was so successful it was adopted by the New York State Department of Mental Health and is being replicated in other communities across the state. It was a Foundation grant that bridged this critical gap and seeded this very important work.
- *Data Driven Instruction Initiative – Entire Geographic Footprint*
  This five-year special initiative provides training and technical assistance to support teachers' use of data to improve classroom instruction. School districts in the Foundation's geographic footprint were selected to participate. While the initiative is not yet complete, The Foundation already is seeing positive trends and encouraged about the culture shift happening in the schools. Teachers are seeing the merit of using data and are embracing informed instruction as a way to improve performance.
- *Technology Grants – Entire Geographic Footprint*
  The Foundation has always supported efforts to strengthen the capacity of partner organizations. One way this is done is through technology grants. The Foundation has awarded more than $2,150,00 to 23 organizations for technology planning and implementation, providing agencies the ability to develop and upgrade the systems needed to work in a more efficient and effective manner.
- *Institute for Trustees – Essex County*
  The Essex County Community Foundation holds this annual training session for individuals serving on Boards. The one-day training covers a wide range of topics and has been considered very successful. The feedback from attendees, especially the novice board member, has been very positive. Board development is an important part of the Foundation's capacity-building efforts.

While the Foundation continuously has operated to assist targeted populations – using defined, embedded criteria addressing specific funding categories – and though it has sustained grant cycles on a regular annual calendar, certain key factors are helping to reshape its operations. Integral among these future-defining influences are:

- A change in executive leadership
- A transition in generational leadership
- An overall trend toward collaboration
- An anticipated significant asset infusion, and
- The culmination of a strategic planning process in which the entire organization – Foundation Trustees and staff – has been intimately engaged.

The strategic planning process, expressly, has led to an internal operational refinement that will allow the Foundation to maximize resources and grow its outward effect. Much of these process improvements and external gains will be the result of the adoption of:

- A peremptory and prescriptive grant-making model
- Results-based accountability in funding
- A nested funding structure
- An open-source grant management database.

Perhaps the most vital directive is the aim for greater collective impact in the form of strong support for healthy communities and capacity building, both enriching our focus and furthering our affect on substance abuse, learning disabilities, intellectual disabilities, and mental illness.

The predicted outcome of our strategic planning process is two-fold:

- A more tactical, tangible, and traceable set of operational guidelines that more easily flow into successful Foundation work plans for staffing, solicitation, communication, evaluation, and asset distribution; and
- A more agile Foundation – one that is able to better support activities at multiple levels and from a variety of angles.

Consequently, in addition to continuing its role in detailed programmatic support, the Foundation will be positioned to function as a leader in partner strengthening and coalition building in desired areas. The expected result is a powerful and deep cumulative effect on communities over time. With a future asset infusion, this positive result should intensify.

II.STRATEGIC STATEMENTS

In order to best guide our operations moving forward, an updated set of guiding statements—mission, vision, and value—are presented for adoption herein. We've retained the existing single-sentence mission and vision statements; the value statement is new. We've then added a sentence or two to each area, in an effort to highlight the results of our strategic work.

Mission Statement

The Peter and Elizabeth C. Tower Foundation supports community programming that results in children, adolescents, and young adults affected by substance abuse, learning disabilities, mental illness, and intellectual disabilities achieving their full potential. The Foundation is dedicated to societal impact through healthy communities and capacity building. We work diligently to foster a sense of empowerment and an environment of collaboration.

Vision Statement

The Peter and Elizabeth C. Tower Foundation will serve as a strategic partner and catalyst for positive community change. The Foundation believes in the power of sustainable, healthy communities and the effectiveness of coalitions and self-advocacy—success as measured by stakeholder partnership and growth as defined by constituent action and understanding. We hope to inspire others to honor strength in difference and identify opportunity in challenge.

Value Statement

The Peter and Elizabeth C. Tower Foundation disperses assets strategically, to fund community programs and projects that boost societal and partner capabilities and lift young individuals to an enhanced quality of life. We prioritize funding that leads to improved systemic and organizational capacities in screening/assessment, education/awareness, transition/service navigation, evidence-based practice, efficiency, and technology solutions in Erie and Niagara Counties, NY and Barnstable, Dukes, Essex, and Nantucket Counties, MA.

The next section moves these guiding concepts into daily practice, detailing the results of our strategic planning process and the impact on day-to-day operations.

III.FROM THEORY TO PRACTICE

All foundations hold a philosophy that shapes their "theory of change" or beliefs about the nature and intensity of intervention that will best facilitate the types of change they seek to make. For The Peter and Elizabeth C. Tower Foundation, this ideology is based in a strong desire for healthy communities.

Early on in the strategic planning process, Foundation Trustees and staff were asked to define what a healthy community looked like. They described communities that seek to help children and adolescents affected by substance abuse, mental health, learning disabilities, and intellectual disabilities to achieve their full potential. They discussed the importance of creating a safety net and promoting community-wide health and wellness through cooperative integrative networks that build capacity and mobilize for social change. They highlighted the importance of partnering with like-minded providers and funders to create environments that enable community members to secure and maintain high quality of life and productivity.

From these varied definitions came an overarching Healthy Communities vision and strategy.

> *The Peter and Elizabeth C. Tower Foundation's vision for a Healthy Community is one in which young people live high quality, purposeful, fulfilling lives. Through its Healthy Communities approach, the Foundation aims to improve the health and wellness of children, adolescents, and young adults facing or at risk for intellectual disabilities, learning disabilities, mental illness, and substance abuse.*
>
> *The Tower Foundation's strategy for Healthy Communities involves convening local stakeholders to identify the issues and needs relevant to children, adolescents, and young adults in their communities. In response to these needs, the Foundation seeks to collaborate with new and existing community coalitions to foster cooperative, integrated systems that deliver effective, holistic, accessible services.*

In order to put this vision and strategy into regular practice, Trustees and staff engaged in an exercise to clarify their grantmaking goals based on Joel Orosz's *The Insider's Guide to Grantmaking: How Foundations, Find, Fund, and Manage Effective Programs*. The exercise required members of the Board of Trustees and staff to choose between four basic approaches to grantmaking as described below:

> The Passive Foundation responds to unsolicited requests and does little or nothing more than release general guidelines for giving. The Passive Foundation simply chooses the best proposals available in hand when the funding cycle comes to an end and it usually does very little to share results or lessons learned with others.
>
> The Proactive Foundation is more energetic in making its interests known to others. It tends to have well-defined priorities and sends its program staff out to actively search for good grantees. While still open to unsolicited requests, the Proactive Foundation

generally makes grants clustered around related subjects and they sometimes network their grantees in order to maximize the number of lessons that can be learned from them as well as maximizing benefits to the grantees themselves and to society

The Prescriptive Foundation clearly defines its interests and expects its program officers to identify relatively narrow fields of activity and to concentrate their efforts in those fields. The Prescriptive Foundation tends to do its grantmaking in an initiative-based format through strategically structured grants with applicants responding to formal and well-defined requests for proposals. The Prescriptive Foundation retains the capacity to respond to a few unsolicited requests, and it sometimes operates its own programs. Its focus is on its defined interests.

The Peremptory Foundation is agenda-driven and focuses on alignment with its core interests. It chooses its grantees directly - sometimes through a request for proposal or through non-public selection. Peremptory Foundations often operate their own programs or initiatives and rarely if ever accept unsolicited proposals.

Based on their interest in identifying their own initiatives as well as receiving requests from the larger community that are aligned with a specified set of goals, Foundation Trustees and staff selected a mixed grantmaking model based on the Prescriptive and Peremptory Foundations described above. This decision enables the Foundation to actively and strategically engage good organizations in partnerships that will ensure needed programming is available within communities. The approach also enables the Foundation to support larger community- and systems-change initiatives and to share information about its efforts with interested parties.

Use of Results-Based Accountability

After defining their Healthy Communities approach and mixed grantmaking model, Trustees and staff sought to identify a methodology that could be used relative to the Foundation's four substantive focus areas: substance abuse, mental health, intellectual disabilities, and learning disabilities. They were also interested in selecting a methodology with a strong emphasis on measurement, collaboration, and capacity building – a practice that is deeply rooted in the Foundation's history.

Results-Based Accountability offers a disciplined way of thinking and taking action to improve quality of life in communities as well as the performance of programs, agencies, and service systems (Friedman, 2005). The approach has been used by countless groups in the United States and around the world and has been lauded as an exceptional method for monitoring the effect of investments in social programming. Results-Based Accountability follows a step-by-step process, which requires participants to consider desired end states (or "results") for specified populations within communities and to determine the means necessary for achieving these results.

Individuals begin use of Results-Based Accountability by identifying their desires for a specified population (e.g., we want children who are healthy, happy, etc.) and crafting easy to understand "results statements" which encapsulate these desires. Participants then identify community-level indicators for use in determining overall progress towards these goals. Initial baseline data are recorded in graphical form on selected community indicators and a story describing current conditions is provided. In addition, possible strategies for addressing community conditions are identified along with a list of partners with a potential role to play. Once key strategies and partners are selected, their performance is also reviewed on a regular basis. Results-Based Accountability operates under the assumption that by improving program- or initiative-based performance, communities will also see desired changes in related conditions.

One critically important feature of the Results-Based Accountability approach is its emphasis on two levels of measurement: Population and Performance. Population Accountability focuses on the well-being of a specified population and measures results by examining the changes in the community-level indicators (e.g., rates, percentage change) described above. Performance Accountability focuses on the well-being of client populations and seeks to determine the answer to three questions regarding the performance of health and human service programs: How much did we do? How well did we do it? Is anyone better off?

Taken alone, neither of these measures provides a complete picture of the successes or failings of an intervention or set of interventions. Together, however, Population and Performance Accountabilities can provide a powerful and more exacting account of results achieved over time. The approach will enable the Foundation to regularly review progress on identified goals and to share this information with other foundations, health and human service organizations, interested parties, and the community at large.

Second, Results-Based Accountability explicitly recognizes that organizations cannot make the kind of community-level changes needed individually. As such, the approach places high priority on the identification of varied partners that have a role to play in achieving specified results. This aspect of the Results-Based Accountability approach specifically connects with the goals of The Foundation and its emphasis on collaborative partnerships.

Finally, Results-Based Accountability regularly highlights opportunities for capacity building – through the regular collection of data at the program performance level, efforts to track progress at the population and program level, inclusion of continuous improvement measures, and use of the Talk to Action reports which identify best practices and strategies to deliver results throughout the process.

Trustees and staff from The Peter and Elizabeth C. Tower Foundation drew on the Results-Based Accountability approach while engaging a six-step process – diagrammed below – to determine key results in each of four substantive focus areas (intellectual disabilities, learning disabilities, metal health and substance abuse).

Defining Populations of Interest

Foundation Trustees and staff began by examining the scholarly literature related to each substantive focus area and developing definitions related to each population being targeted. Within Results-Based Accountability, a population is the group of people being examined or the group for whom strategies and solutions are being developed. As such, it is critically important to be clear as to whom the Foundation is interested in supporting through its investment. In each focus area, children, youth, and young adults (up to age 26 years of age) were selected as the group targeted for primary intervention, as they experience myriad challenges that may hinder their ability to reach their full potential. Families and communities are also identified as being in need of supportive assistance and are identified in select results statements.

DEFINITIONS RELATED TO POPULATION GROUPS –
THE PETER AND ELIZABETH C. TOWER FOUNDATION

Substance Abuse

The Tower Foundation defines substance abuse as:

> The use of illegal drugs or the use of prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts. Substance abuse may lead to social, physical, emotional, and job-related problems.

Mental Health

The Tower Foundation defines mental illness as:

> Medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

The Tower Foundation has a particular interest in serious mental illnesses, including major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.

Intellectual Disabilities

An intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. Intellectual functioning refers to general mental capacity, such as learning, reasoning, and problem-solving.

Adaptive behavior comprises three skill types:

- Conceptual skills (*e.g.,* language and literacy; money; time; number concepts; self-direction)
- Social skills (*e.g.*, interpersonal skills; social responsibility; self-esteem; gullibility; naïveté; social problem solving; ability to follow rules/obey laws and avoid being victimized)
- Practical skills (*e.g.*, personal care; occupational skills; healthcare; travel/transportation; schedules/routines; safety; use of money; use of telephone)

Learning Disabilities

Learning Disabilities are defined as neurological disorders affecting the brain's ability to receive, process, store, and respond to information. These constitute disorders in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. These disorders do not include learning problems that are primarily the result of visual, hearing, or motor abilities, of mental retardation, of emotional disturbance, of traumatic brain injury, or of environmental, cultural, or economic disadvantage.

Crafting Draft Results Statements

As part of their second step, Foundation Trustees and staff went through a series of exercises during which they drew on their understanding of each substantive focus area and began to identify the key results they would like to see achieved. Within Results-Based Accountability, a result is a condition of well-being for children, adults, families and communities, stated in plain language. A result is also sometimes described as an outcome or goal.

Engaging Community Members - Vetting Results Statements

After completing a set of draft result statements in each substantive area, the Foundation reviewed these statements at a series of community vetting sessions. Participants included professionals from each respective field; educators; governmental representatives; law enforcement personnel; health and human service practitioners; parents, guardians and other family members; and the individuals directly affected.

During the community vetting sessions, participants were asked to offer their critique of the results statements based on their personal and/or professional experience. More specifically, they were asked to discuss what they liked and did not like about the statements and to identify problems with the language, sentiment, or philosophy. Session participants were also asked to recommend additions and/or modifications to improve clarity and to ensure that statements accurately reflected desired changes within communities.

In total, more than thirty community vetting sessions were held related to the four target areas (six related to substance abuse; eight related to mental health; nine related to intellectual disabilities; eight related to learning disabilities). Sessions took place in Erie and Niagara Counties within New York and Essex, Barnstable, and Dukes Counties in Massachusetts. Feedback from each of the sessions was used to modify draft result statements.

Engaging Community Members - Identifying Possible Indicators, Strategies, and Partners

Participants at community vetting sessions also made suggestions for possible indicators to be used in tracking progress on result statements as well as strategies that might be undertaken to address existing community conditions. They also identified various individuals and organizations that have a potential role to play related to each strategy.

Within Results-Based Accountability, indicators are measures that help to quantify the achievement of a result. These measures typically provide information at the community- or population-level and are useful in tracking community trends. Baseline data are secured on each selected indicator (at least two to three years of) with additional information collected in subsequent years to determine if sufficient progress is being made on a particular goal. Strategies include a wide variety of programmatic, educational, awareness-raising, and other activities undertaken to improve community conditions.

Planning the Move from Talk to Action

Following the community vetting sessions, a set of preliminary materials – known as Talk to Action Reports – were created within each substantive area. These materials included data describing existing conditions within the Foundation's catchment area (when available) as well as review of the literature on suggested strategies – emphasizing best practices and state–of-the-art interventions. Using this information, Foundation Trustees and staff engaged in a series of "Strawman" conversations in order to clarify potential funding interests moving forward.

Determining Results

Finally, Foundation Trustees and staff incorporated feedback from these various sources (e.g., vetting sessions, community data, best practices) to complete results statements in each substantive focus area.

RESULTS STATEMENTS - THE PETER AND ELIZABETH C. TOWER FOUNDATION

SUBSTANCE ABUSE

1. Community members understand the prevalence and harmful effects of alcohol and drugs, and work to address them.
2. Resources for substance abuse prevention, treatment, and recovery are readily available.
3. Families provide safe environments that support healthy and informed choices about alcohol and drugs.
4. Young people make healthy and informed choices about alcohol and drugs.

MENTAL HEALTH

1. Stigma related to mental illness is eliminated.
2. Children with social, emotional, and behavioral challenges are identified early and connected to appropriate services.
3. Young people with mental health challenges understand and manage their conditions and behaviors.
4. Families understand mental health challenges and help members live productive lives.
5. Communities offer meaningful opportunities and appropriate support to young people with mental health challenges and their families.

INTELLECTUAL DISABILITIES

1. Children with intellectual disabilities are identified early and receive services that meet their evolving needs.
2. Young people with intellectual disabilities are engaged in meaningful social, vocational, and educational pursuits.
3. Families understand intellectual disabilities and secure needed supports.
4. Communities embrace persons with intellectual disabilities and provide them with a full-range of supports and opportunities to engage in community life.

LEARNING DISABILITIES

1. Children with learning disabilities are identified early, diagnosed and connected to services that meet their on-going individual needs.
2. Youth with learning disabilities understand how they learn and pursue resources that support them accordingly.
3. Young adults are confident and do not view their learning disability as a liability
4. Young adults with learning disabilities are ready for work and/or educational pursuits
5. Families are informed about learning disabilities and are able to identify and navigate available services.
6. Communities value persons with learning disabilities and accommodate their needs.

IV.FUNDING STRUCTURE

The selection of a nested funding structure (illustrated below) provides The Foundation with the flexibility to support a wide-range of activities that are strategically aligned to achieve the identified results and the overall vision of Healthy Communities. The structure makes it possible for the Foundation to fund (or otherwise support) activities that operate at multiple levels – from individual- and family-focused programming to organizational capacity building efforts to initiatives that focus on the broader community – in an effort to change prevailing social norms, policies, and systems. It is anticipated that this manner of funding will yield a powerful cumulative effect and lead to improvements in community conditions over time.

The funding structure includes three major components.

First, the structure incorporates opportunities to fund core programs and services that seek to prevent (where possible) or directly address the needs of individuals and families affected by substance abuse, mental illness, intellectual disabilities, and learning disabilities.

The table on the next page lists various strategies identified at community vetting sessions and determined to be of "greatest interest" to the Foundation following a review of best practices and use of Strawman exercises. Notably, there is considerable overlap in the types of services needed within each of the Foundation's four substantive focus areas.

The identified activities will be incorporated into four funding categories: screening and assessment, individual education (for young children, adolescents, and young adults), family education, and transition/service navigation. This incorporation will make it possible to

standardize language used to describe Foundation funding interests and to measure performance across disciplines. It will also allow the Foundation to fund efforts that cross long-established disciplinary silos to more effectively address the wide variety of co-occurring conditions experienced by individuals today.

THE PETER AND ELIZABETH C. TOWER FOUNDATION
STRATEGIES IDENTIFIED OF GREATEST INTEREST

SUBSTANCE ABUSE

- Prevention Programming
- Life Skills Development
- Peer Mentors
- Screening and Assessment Activities
- Transitional Support/Service Navigation
- Family Education on Substance Abuse
- Family Peer Support

INTELLECTUAL DISABILITIES

- Screening and Assessment
- Life Skill Development
- Peer Mentors
- Recreational Programming (Art, Music)
- Educational Advocates
- Career Preparation and Engagement
- Transitional Supports/Service Navigation
- Family Education on Intellectual Disabilities
- Family Peer Support

MENTAL HEALTH

- Screening and Assessment
- Use of Socio-Emotional Curriculums
- Life Skills Development
- Peer Mentors
- Educational Advocates
- Transitional Supports/Service Navigation
- Family Education on Mental Illness
- Family Peer Support

LEARNING DISABILITIES

- Screening and Assessment
- Life Skill Development
- Peer Mentors
- Use of Technology (Kurzweil, iPads)
- Recreational Programming (Art, Music)
- Educational Advocates
- Career Preparation and Engagement
- Transitional Supports/Service Navigation
- Family Education on Learning Disabilities
- Family Peer Support

Second, the Foundation will continue to serve as a leader in its support of efforts to strengthen organizations and programs within each of its substantive focus areas. This will include providing training dollars or otherwise supporting staff members who incorporate evidence-based practices into their programming; funding innovative projects aimed at increasing organizational efficiencies and/or effectiveness; offering technology solutions to support strategic and programmatic goals; and engaging in other forms of capacity building. Once again, funded activities may be population-specific or may be universal in scope. These efforts are undertaken in the hope of bolstering partner organizations and advancing the substance abuse, mental health, intellectual disabilities, and learning disabilities fields.

Finally, the Foundation will seek to support broader initiatives (including coalition-based activities) aimed at improving system responsiveness through improved coordination; providing opportunities for professional development related to the Foundation's four substantive focus areas for individuals who do not work in these fields (e.g., physicians, nurses, child care workers, educators, first responders); engaging community members in greater education and awareness-raising activities; and supporting the development and/or modification of policies that impact the lives of individuals experiencing substance abuse, mental illness, intellectual disabilities, and learning disabilities and their families.

These latter activities will require greater engagement of community partners potentially including, but not limited to: child care and Head Start workers, teachers, educational administrators, other school personnel, school district leaders, academics, health and human service professionals, physicians, nurses, other health professionals, government, public officials, first responders, courts, businesses, non-profit organizations, media outlets, faith and community groups, block clubs and other neighborhood organizations, parents and guardians, and the individuals directly affected.

Overall, the nested funding structure will provide the Foundation with opportunities to initiate ("seed") and extend ("stem") various activities. Community partners will be able to identify activities for funding based on their assessment of need or activities may be identified and initiated by the Foundation itself.

Funding Criteria

To operate as effectively and efficiently as possible, Foundation Trustees and staff have already begun to identify criteria to be used to ascertain the "goodness of fit" between the Foundation's goals and the various funding applications.

All applicants will be screened related to their alignment with Foundation mission and goals, connection to specific result statements, and ability to address the needs of targeted population group(s).

In the Healthy Communities area, the Foundation will seek funding partners that have:

- A clear plan and the capacity to deliver on that plan
- Appropriate buy-in from a range of stakeholders/members
- Ability to leverage available resources and to sustain the effort
- Measurable outcomes and plan for evaluation.

The Foundation will also look for opportunities to make a critical difference in project efforts while seeking out other collaborators who are interested in supporting the project monetarily or through other resources. When possible, applicants should attempt to devise interventions that can be replicated and/or used in other organizations or communities.

Related to opportunities to strengthen partners, Foundation Trustees and staff have expressed interest in funding efforts that:

- Improve quality and/or variety of services available to clients
- Improve efficiency or effectiveness by freeing up time and talent
- Create or support leadership
- Offer opportunities to sustain and potentially replicate an intervention
- Promote greater accountability.

Finally, core programs and services must be able to demonstrate a(n):

- Ability to develop and use an appropriate project design or business plan
- Awareness of required resources necessary for their program or service
- Strong organizational and/or programmatic leadership or capacity
- Familiarity with program evaluation and the ability to secure specific measureable results.

V.ADDENDA

On the following pages are addenda deemed useful as supplements to this document.

Results-Based Accountability Definition Page

Results-Based Accountability Definitions

Population: Identify the group that is being examined or for whom strategies and solutions are being developed.

Result: A result is a population condition of well-being for children, adults, families and communities, stated in PLAIN Language. Keep it simple and easy to understand. Results are sometimes known as outcomes or goals.

Examples:

- Healthy Children
- Children Ready for School
- Children Succeeding in School
- Strong Families
- Elders Living in the Community with Dignity
- A Safe Community
- A Clean Environment

Indicators: Measures that help quantify the achievement of a result and answer the question, "How would we recognize this result if we fell over it?" Tells us if we are getting results or not. Should list several indicators and choose the best one(s) based on Communication Power, Proxy Power, and Data Power as defined below.

- *Communication Power* – Does the indicator communicate to a broad and diverse audience?
- *Proxy Power* – Does the indicator say something of central importance about the result?
- *Data Power* – Do you have quality data on a timely basis? Is the data reliable and consistent? To what extent do you have data at the state, county, city, and/or community levels?

For each indicator, you will want to locate baseline information.

NOTE: Sometimes the process of identifying indicators highlights the need to secure or develop data collection strategies. This is known as a Data Development Agenda.

Story Behind the Baselines: What is the story behind the baseline? What are some of the causes and forces at work in your community for this indicator? If we can understand the primary causes, we can decide which actions to take. Ask the question "why" three times to get at root causes.

Questions:

- What are the key factors that make this indicator worse?
- What are the key contributing factors to improving this indicator?

Partners with a Role to Play: Who are the partners with a role to play in helping you do better? Each partner has something important to contribute to turning the curve.

What Works? Examine the research literature and brainstorm what works to address these causes and forces. Include at least one low-cost, no-cost idea as well as at least one off-the-wall, outrageous idea. Select your top these ideas by addressing the questions below

What strategies can help you to "turn the curve?"

- *Specificity*: Is the strategy specific enough to be implemented? Can it actually be done?
- *Leverage*: Does the strategy have the leverage to "turn the curve"? How much difference will the proposed action make on results, indicators and turning the curve?
- *Values*: Does the strategy meet community, organizational, cultural and systems of care values? Is it consistent with what we stand for and how we work?
- *Reach*: Is the strategy feasible and affordable? Can it actually be done and when?

Action Plan and Budget: What needs to be done first, by whom, and what will it cost?

Alphabetical List of Individuals and Entities Touched by the Strategic Planning Process

Individuals & Entities Touched by the Strategic Planning Process	
Individuals/Independent Advocates	**State**
Education Consultant	-
Parents - Gow School	NY
Parents - Martha's Vineyard Regional High School	MA
Parents of Children with Addiction Issues	NY, MA
Parents of Children with Intellectual Disabilities	NY, MA
Parents of Children with Mental Health Issues	NY, MA
Students - Gow School	NY
Young Adults with Mental Health Issues	NY, MA
Agencies/Organizations	**State**
Albion Public Schools	NY
Alcohol and Drug Dependency Services, Inc.	NY
Amesbury Public Schools	MA
Anchor to Windward, Inc.	MA
Aspire of WNY	NY
Association for Behavioral Healthcare (ABH)	MA
Autistic Services	NY
Baker Victory Services	NY
Bringing People & Services Together (BAMSI)	MA
Barnstable Counseling Associates (also Cape Cod Justice for Youth Collaborative)	MA
Beacon Center	NY
Big Brothers Big Sisters of Erie County	NY
Bornhava	NY
Bridgewell	MA
BryLin Hospitals, Inc.	NY
Buffalo Federation of Neighborhood Centers, Inc.	NY
Buffalo Hearing & Speech Center	NY
Cantalician Center for Learning	NY
Cape Behavioral Health Center	MA
Cape Cod Child Development	MA
Cape Cod Child Development-Early Intervention	MA
Cape Cod Child Development-Head Start	MA
Cape Cod Justice for Youth Collaborative	MA
Cazenovia Recovery Systems, Inc.	NY
Center for Health and Social Research | Buffalo State College	NY
Child and Adolescent Treatment Services (CATS)	NY
Child and Family Services	NY
Children's Friend and Family Services	MA
Children's League of Massachusetts	MA
Clarence High School	NY
Clarence Police Department	NY
Class	MA
Clearview Treatment Services	NY

Coastal Connections, Inc.	MA
Community Action Organization of Erie County	NY
Community Connection of WNY	NY
Community Connections, Inc.	MA
Community Health Center of Buffalo-Niagara	NY
Community Health Center of Cape Cod	MA
Community Services for Developmentally Disabled, Inc.	NY
Compass House	NY
Compeer of Greater Buffalo	NY
Council on Addiction Recovery Services, Inc. (CAReS)	NY
Cradle Beach Camp	NY
Crisis Services	NY
Edgartown School	MA
Eliot Community Human Services	MA
Erie 1 BOCES	MA
Erie Community College	MA
Erie County Council for the Prevention of Alcohol and Substance Abuse, Inc.	NY
Erie County Dept. of Mental Health	NY
Erie County Dept. of Mental Health	NY
Erie County Medical Center Outpatient Chemical Dependency Services	NY
Erie County Senior Services	NY
Erie County Sheriff's Department	NY
Essex County Community Foundation (facilitated by NCHC) Danvers, MA	MA
Excalibur Leisure Skills Center, Inc.	NY
Falmouth Human Services	MA
Family Continuity	MA
Fellowship House, Inc.	NY
Gateway-Longview, Inc.	NY
Goodwill Industries	NY
Gosnold on Cape Cod	MA
Grace Community Services	NY
Group Ministries, Inc.	NY
Harwich Youth Services	MA
Healing Abuse Working for Change (HAWC)	MA
Healthy Community Alliance, Inc.	NY
Heritage Centers	NY
Heritage Christian Services	NY
Horizon Health Services	NY
Horizon Village	NY
Jewish Family Service of Buffalo and Erie County	NY
Kaleida Health	NY

Kennedy Donovan Center - Family Support	MA
Kids Escaping Drugs	NY
Lake Shore Behavioral Health	NY
Landmark School	MA
Latham Centers	MA
Learning Disabilities Association of Western New York	NY
Lew-Port Public Schools	NY
Lyndonville Public Schools	NY
Lynn Community Health Center	MA
Lynn Public Schools	MA
Martha's Vineyard Community Services	MA
Martha's Vineyard Regional High School- Special Education	MA
Martha's Vineyard Schools	MA
Massachusetts Rehabilitation Commission	MA
Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)	MA
May Institute | Department of Developmental Services	MA
Mental Health Association of Erie County	NY
Mid-Erie Counseling and Treatment Services	NY
Monsignor Carr Institute	NY
National Association of Mental Illness (NAMI) Cape Cod	MA
National Association of Mental Illness (NAMI) MA	MA
Native American Community Services	NY
New Directions Youth and Family Services	NY
New Life Residential Center, Inc.	NY
New York State Education Department	NY
New York State Office of Mental Health | Western Office	NY
Niagara Cerebral Palsy	NY
Niagara County Health Department/Special Needs Division	NY
Niagara County Mental Health Association	NY
Niagara University	NY
Niagara Wheatfield Central School District	NY
Northeast ARC	MA
Northeast Behavioral Health	MA
Northeast Center for Healthy Communities (NCHC) Lawrence, MA	MA
Northpointe Council, Inc.	NY
Northshore Education Consortium	MA
Oak Bluffs School	MA
Opportunities Unlimited of Niagara	NY
Orleans-Niagara Board of Cooperative Educational Services	NY
Parent to Parent of New York State	NY

Peabody Public Schools	MA
People and Possibilities, Inc. (subsidiary Niagara Falls Housing Authority)	NY
Plummer Home for Boys	MA
Preventionfocus, Inc.	NY
Professional Center for Child Development	MA
Research Institute on Addictions	MA
Rivershore, Inc.	NY
Roy Hart Learning Center	NY
Seven Hills Community Services	MA
Spectrum Human Services	NY
Stutzman Addiction Treatment Center	NY
Suburban Adult Services, Inc.	NY
Summit Educational Resources	NY
Tisbury School Principal	MA
Tri-Town School Union	MA
Turning Point, Inc.	MA
United States Drug Enforcement Agency	-
University at Buffalo Social Work	NY
University Psychiatric Practice (@ UB)	NY
Villa Maria College	NY
West Tisbury School	MA
Western New York United Against Drug and Alcohol Abuse	NY
Windrush Farms Therapeutic Equitation, Inc.	MA
WNY Developmental Disabilities Service Office (DDSO)	NY
WNY Independent Living, Inc.	NY
END OF LIST	-

III. AMENDMENTS

BUILDING OUR CAPACITY FOR CAPACITY BUILDING

- DOCUMENT FOLLOWS ON NEXT PAGE -

THE PETER AND ELIZABETH C. TOWER FOUNDATION
BUILDING OUR CAPACITY FOR CAPACITY BUILDING
Strategic Refresh
Adopted: December 8, 2017

The Peter and Elizabeth C. Tower Foundation recently decided to increase opportunities available through its Strengthening Partner Capacity area including funding and other support. This represents an important next step in the Foundation's efforts to fully implement its new strategic direction. This document highlights the process undertaken by the Foundation in making this determination. It begins with a brief overview of the Foundation's strategic direction based on its 2012 planning process. It also includes a definition of capacity and an overview of the capacity building approach adopted by the Foundation based on the work of TCC Group. Finally, the document offers a glimpse into the Foundation's plan for future capacity building activities as well as a discussion of its areas of critical emphasis.

AN EMERGING STRATEGIC DIRECTION

The Peter and Elizabeth C. Tower Foundation was established in 1990 with the overarching goal of using its considerable resources to "Do Good for People."

In its more than twenty-five years of operation, the Foundation has distributed approximately $69 million in grant awards in the areas of education, mental health, substance use disorders, and developmental and intellectual disabilities. The majority of these funds disbursed in Erie and Niagara Counties in New York and Barnstable, Dukes, Essex, and Nantucket Counties in Massachusetts. These grants focus on the operation of programs and services; provision of professional development training; use of evidence-based practices; planning and implementation of technology initiatives; and fostering of community partnerships.

Five years ago, the Foundation sought new opportunities to support individuals and families, organizations, and communities. While the Foundation had always endeavored to assist targeted populations using clearly defined criteria within specific funding categories, Board leaders were interested in further refining their areas of focus. The Foundation also found it had an increasing appetite for strategies that would lead to the development of healthy communities – *places where young people live high quality, purposeful, fulfilling lives* – as well as collaborations with *new and existing community coalitions to foster integrated systems that deliver effective, holistic, accessible services.*

In 2012, Board and staff entered into discussions about the Foundation's strategic direction with the expressed goal of making operational refinements that would maximize resources and grow its outward effect.[1] Toward that end, the Foundation sought to modify its grant-making model - moving from a passive entity that released general giving guidelines and responded to unsolicited requests to one that was more proactive and prescriptive in nature. This called for the Foundation to become clearer and more energetic about making its interests known and to actively pursue potential partners.

To support these efforts, the Foundation decided to employ a well-regarded method used to monitor the effectiveness of social programming investments known as Results-Based Accountability (RBA). RBA offers a disciplined way of thinking and taking action to improve quality of life in communities as well as the performance of programs, agencies, and service systems (Friedman, 2005). The method follows a step-by-step process, which requires participants to consider desired end states (or "results") for specified populations within communities and to determine the means necessary for achieving them.

Foundation Board and staff began their work by identifying target populations within each of four (4) substantive focus areas including:

[1] Please see The Peter and Elizabeth C. Tower Foundation 2012 Strategic Direction document for complete details about this process. The document is available at: http://www.thetowerfoundation.org/documents/Strategic-Plan-Document.pdf

- **Substance Use Disorders** - Persons using illegal drugs or prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts who may experience social, physical, emotional, and/or job-related problems.

- **Mental Health** - Persons experiencing medical conditions that disrupt their thinking, feeling, mood, ability to relate to others, and daily functioning with a particular interest in serious mental illnesses, including major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.

- **Intellectual Disabilities** – Persons who have a disability characterized by significant limitations both in intellectual funding (i.e., general mental capacity, such as learning, reasoning, and problem-solving) and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.

- **Learning Disabilities** – Persons who have neurological disorders affecting the brain's ability to receive, process, store, and respond to information. These constitute disorders in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which many manifest in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Foundation Board and staff drew on their understanding of each substantive area to identify the key results (i.e., condition of well-being for children, adults, families, and communities) they would like to see achieved. Each draft result statement was reviewed by professionals from the respective field; educators; governmental representatives; law enforcement personnel; health and human service practitioners; parents, guardians, and other other family members; and the individuals directly affected by the issue through a series of community vetting sessions. A total of nineteen (19) result statements were identified. These results statements formed the basis for future grant-making activities for the Foundation.

Finally, the Foundation developed a new, "nested" funding structure to support its emerging strategic direction. The structure included three major components:

1) Opportunities to fund **core programs and services** that seek to prevent (where possible) or directly address the needs of individuals and families affected by mental illness, substance use disorders, intellectual disabilities, and learning disabilities;

2) Opportunities to **strengthen partner capacity** within each of its substantive focus areas through provision of professional development training; incorporation of evidence-based practices in organizational programming; offering technology solutions to support strategic and programming goals; funding innovative projects aimed at increasing organizational efficiencies and/or effectiveness; or otherwise engaging in population-specific or more universal capacity building; and

3) Opportunities to build **healthy communities** by supporting broad initiatives aimed at engaging community members via education and awareness-raising activities; improving systems coordination; and supporting the development and/or modification of policies and regulations impacting the Foundation's substantive focus areas.

While it is anticipated that the Foundation's new funding structure would yield a powerful cumulative effect and lead to improved community conditions over a period of time, the immediate outcomes of the process were manifold:

- First, the Foundation was better able to articulate its desires and to develop a more tactical, tangible, and traceable set of operational and grant-making guidelines;

- Second, the changes made it possible to better align organizational communications, evaluation activities, and asset distribution strategies;

- Third, the Foundation became more agile and better able to determine whether or not to support activities based on its identified interests;

- Fourth, the nested funding structure offered the Foundation the flexibility to support a wide range of strategically aligned activities to achieve identified results; and

- Fifth, the structure made it possible for the Foundation to fund (or otherwise support) activities that had the potential to do more than improve individual lives but to actually change prevailing social norms and beliefs, organizations, systems, and policies.

Importantly, the process also highlighted the critically important role capacity building would need to play in securing desired results and advancing the Foundation's overarching goal.

BUILDING THE CAPACITY OF INDIVIDUALS, ORGANIZATIONS, AND COMMUNITIES

The Foundation has long been supportive of capacity building activities especially as they relate to improving the quality of programs and services offered to individuals and their families. For many years, the organization provided small grants for professional development trainings as well as resources for organizations to use in their efforts to incorporate evidence-based practices into their programming. The Foundation also supported innovative projects aimed at increased organizational efficiencies and/or effectiveness including the use of technology solutions to support strategic and programmatic goals.

The Foundation's new direction, however, called for an expanded understanding of capacity building – including an understanding of how it might help to advance the substance use disorders, mental health, intellectual disabilities, and learning disabilities fields and facilitate community change. In keeping with this, the Foundation set out to find an approach to capacity building that was comprehensive in nature - eventually locating a briefing paper developed by TCC Group as part of its Strategies to Achieve Social Impact Briefing Paper series.[2]

TCC Group defines capacity (the "what") as the *skills and ability to make and execute decisions in a manner that achieves effective and efficient results* and capacity building (the "how") as the *process of developing those skills and abilities*. Perhaps most importantly, TCC Group also identified the primary audiences for capacity building: individuals, institutions, and the social sector ecosystem or community (the "who").

According to TCC Group, individuals were the earliest targets of capacity building efforts including Board members, staff, and organizational leaders in nonprofit organizations. These individuals had defined roles to play within these organizations and were involved in various professional development activities to increase their personal knowledge and skills and as a means of addressing perceived deficits in organizational functioning. Over time, this individual focus gave way to an institutional one with increasing emphasis on the social relationships that profoundly effect an organization's functioning. With this, the focus of capacity building activities shifted toward improving operational systems and effectiveness.

[2] Please see The TCC Group paper, Capacity Building 3.0: How to Strengthen the Social Ecosystem (Raynor, Cardona, Knowlton, Mittenthal, and Simpson, 2016). http://www.tccgrp.com/pubs/capacity_building_3.php

TCC Group suggests, however, that every actor within a community or "ecosystem" can benefit from capacity building. The authors further contend that capacity building efforts should be expanded beyond their initial scope (individuals and organizations) and towards a broader web of connection. This form of capacity building seeks to grow organizations beyond their four walls and to involve them in the development of coalitions and networks; collective governance and shared leadership structures; and the development of larger movements. It further requires opportunities to engage learning and knowledge generation within organizations, fields of inquiry, and communities; to experiment with new collaborative approaches; and to explore opportunities for advocacy and systems change.

TCC Group further suggests that capacity building efforts should engage every actor as both a capacity builder as well as a capacity-building recipient with each participant intentionally committing to help others within the ecosystem to do the same. In doing so, actors become better positioned to develop the knowledge and skills they need as individuals and contribute to the functionality and effectiveness of their organizations. They also help to improve the larger community by building the capacity of coalitions, networks, systems, and movements.

A NEW APPROACH TO CAPACITY BUILDING

After reviewing TCC Group's work, the Foundation Board became increasingly convinced that investment in expanded capacity building activities could yield significant results. The Foundation also undertook its own research activities to gain a greater appreciation of how other foundations defined and supported capacity building within the Foundation's catchment areas and to determine the capacity building needs of local organizations.[3]

The results of this investigation corroborated the Foundation's perspective on the importance of continuing to meet the needs of individuals and organizations while also building capacity within the larger community ecosystem. According to TCC Group, this approach requires:

- **Capacity to Understand the Community Ecosystem** – Organizations should enhance their ability to receive and comprehend information within their environment. This requires organizational actors to develop reliable feedback sources; understand different perspectives; and develop increased sensitivity to community and organizational issues. It also calls for increased research skills including analysis of power, its structures and dynamics.

- **Capacity to Respond to an Ever-Changing Ecosystem** - Organizations need to operate proactively in a fluid and dynamic environment. This includes developing a greater understanding of collaboration, advocacy, and change-management strategies as well as the ability to communicate efficiently and effectively across multiple stakeholders.

- **Capacity to Build Structure in Response to Its Ecosystem** – Organizations must be able to develop adaptive structures – ones which allow them to maintain their core identities while also working across organizational boundaries. The creation of formal and informal coalitions and network designs, as well as other forms of collective governance and shared leadership, will make it possible for organizations to function within larger change efforts.

The Foundation Board deliberated for many months – defining their terms, clarifying their goals, identifying their perspectives, and discussing potential benefits and consequences - before ultimately deciding to increase opportunities

[3] Please see The Peter and Elizabeth C. Tower Foundation Capacity Building Study Reports for more details. The reports are available at: https://www.dropbox.com/s/n8mht84llbhifzv/TOWER-Capacity Building Landscape Scan FINAL Dec-15.pdf?dl=0

available through Strengthening Partner Capacity including funding and other support for capacity building. This includes the possible provision of multi-year capacity building grants to high potential organizations or initiatives.

As part of this process, the Foundation Board outlined its expectation that staff will carefully screen potential capacity building grantees to determine their alignment with the Foundation's target populations and identified results; current capacity challenges and potential for improvement; investment in their own development; and desire to work collaboratively to address community concerns.

The Foundation's new approach to capacity building will also emphasize the use of three funding mechanisms:

- Convening Events;
- Cohort-Based Activities; and
- Directed Grants

The use of these flexible funding mechanisms will make it possible to blend the Foundation's Strengthening Partner Capacity and Healthy Communities funding areas over time. Each of these funding mechanisms is described below.

CONVENING EVENTS

The Foundation describes a "convening event" as a facilitated conversation on a specific topic, issue, or concern which brings key players together with the primary goal of building relationships and seeding interest in future collaborative activities. A secondary goal of a convening event is to listen to participants, identify opportunities for further relationship-building and/or development, and position the Foundation as an important partner within critical field- and community-building activities.

It is anticipated that the Foundation would host convening events – inviting local representatives to participate in an information sharing session with a subject matter expert. The convening will also include time for participants to engage with one another, share their perspectives on related matters, and identify opportunities to work together to develop possible solutions where appropriate. Convening events will be memorialized through white papers and other documentation and shared as part of the Foundation's commitment to learning and knowledge generation.

The Foundation anticipates that some of these convening events will blossom into something greater as participants identify the desire to work together on an on-going basis. While this is not a required outcome of a convening event, the Foundation would be interested in potentially supporting such undertakings through its cohort-based activities funding mechanism (described below). The Foundation does hope that convening events will provide participants an opportunity to build their capacity to understand as well as their relationships and skills to be able to respond to the ever-changing community ecosystem.

COHORT-BASED ACTIVITIES

The Foundation defines a "cohort" as a group of organizations and individual actors that come together with a shared purpose or goal which requires specific resources to support their *learning and/or development*. Wherever possible, cohorts should develop naturally, within a specific geography, and focus on a topic, issue, or concern of interest to the Foundation.

Convening activities (described above) can be used to determine the need or appetite for, interest in, and ability to develop a cohort that is organic, self-organizing, and brings appropriate participants together to develop a collectively held strategy and share leadership. Cohorts can also be specifically created through a Foundation-led initiative on a

specific topic, issue, or concern. The Foundation's work on the GetSet initiative provides an example of the latter approach.[4]

The Foundation will be responsible for providing the cohort access to a wide-range of resources as needs emerge including, but not limited to:

- Access to consultants or coaches to facilitate or otherwise help guide cohort activities;
- Training for cohort participants related to the topic/issue/concern of interest, expanding collaboration, and/or organizational matters;
- Strategic planning activities (especially as it relates to the expansion of convening activities to cohort-based activities);
- Support for a broad range of advocacy activities including issue research, awareness-raising, education, use of traditional and social media, and engagement of elected and other officials; and
- Access to directed grants (described below).

The primary goal in funding cohort-based activities is to improve overall functioning and effectiveness of organizations and the larger ecosystem. It is also the Foundation's hope that participants will develop adaptive structures which will allow them to effectively respond to their ecosystem.

DIRECTED GRANTS

The Foundation defines directed grants as *restricted operating grants* which may be provided, at any time, as a one-time opportunity to a single organization or as part of a larger initiative (including cohort-based activities). Directed Grants are not limited to "known" organizations - although it is assumed that most requests will come from current and formerly funded partners.

Foundation staff will be responsible for screening organizations or entities interested in securing a directed grant (with assistance from consultants, as needed) to determine the viability of such an undertaking. Screening will include a careful examination of the organization's mission and vision, leadership, current strategies, and partnerships (as appropriate) as well as alignment with The Peter and Elizabeth C. Tower Foundation target populations and result statements.

Directed grants may be used to fund the following:

- Research on state of field and/or community conditions (including needs assessments, environmental scans, white papers)
- Funding for key staff/leadership for coalitions and/or community-based initiatives;
- Marketing and outreach for coalitions and/or community-based initiatives; and
- Support for self-organizing groups.

Directed grants are designed to be flexible but should improve overall functioning and effectiveness of organizations and the larger ecosystem. These opportunities should maximize the ability of organizations to understand and respond to their ever-changing environment while developing the adaptive structures necessary to create change within it.

CRITICAL EMPHASIS

[4] Please see The Final Evaluation Report for the GetSet Project for more details. The report is available at: https://www.dropbox.com/s/tdku4l0iyh2oh9l/FINAL Report GetSET Cohort A %26 B.pdf?dl=0

TOWER FOUNDATION
BUILDING OUR CAPACITY FOR CAPACITY BUILDING
Strategic Refresh | Adopted: December 8, 2017

As the Foundation moves forward with its new strategic direction and expands its capacity building efforts, it will also place critical emphasis on the following:

- **Listening** – The Foundation will listen - with intention - to organizations and individual actors in communities to identify challenges, meet people and entities "where they are," examine potential opportunities and solutions, make connections, and apply resources to improve community conditions.

- **Process as Product** – Born of the recognition that specific and/or immediate solutions may not materialize as a result of increased capacity building efforts, the Foundation will view "process" as important as any final outcome that might be achieved and commit to supporting it as deemed necessary and appropriate by various actors.

- **Relationship** – The Foundation acknowledges the importance of relationship especially as it relates to the development of collective governance and shared leadership within collaborative efforts. The Foundation will endeavor to build trust and rapport with each of its partners and facilitate opportunities for engagement among them.

- **Advocacy** – The Foundation will leverage its considerable resources and relationships to support systems change through advocacy efforts. This includes engaging in issue research, awareness-raising, education, use of traditional and social media, and engagement of elected and other officials to improve system requirements, regulations, and/or policy.

- **Experimentation** – The Foundation will work with its partners to determine what might be possible and apply the necessary resources (time, person, financial, expertise) to support opportunities to benefit individuals, organizations, and communities and advance the Foundation's goals.

- **Learning** – Finally, through its expanded capacity building work, The Peter and Elizabeth C. Tower Foundation will ask the critical question deeply rooted as part of its legacy - **How do you do good for people?** - and seek to learn and continuously examine its success in keeping with this overarching goal.

For more information about The Peter and Elizabeth C. Tower Foundation's Strengthening Partner Capacity funding, please visit our website: www.towerfoundation.org.

THE PETER AND ELIZABETH C. TOWER FOUNDATION
MISSION, VISION, AND VALUES

MISSION STATEMENT

As grantmaker, partner, and advocate, the Tower Foundation strengthens organizations and works to change systems to improve the lives of young people with learning disabilities, mental illness, substance use disorders, and intellectual disabilities.

VISION STATEMENT

The Tower Foundation envisions equitable communities where all young people are included, accepted, and valued; and are confident in themselves.

VALUES

The Tower Foundation values:

- **Diverse Voices** – We listen to and learn from those with different points of view and perspectives. We seek to be proximate with the communities we serve – continually engaging in respectful conversation and incorporating what we hear into our work.

- **Collaboration** – We understand that in order to make progress, we must build relationships with our partners and share knowledge, resources, expertise, and strategies.

- **Innovation** – We embrace change and are willing to take risks, recognizing the potential for transformative effect. We look for opportunities to try new and creative strategies and encourage others to do the same.

- **Perseverance** – We recognize that change work can be slow and challenging. We are committed to the long-term improvement of organizations and communities.

- ***Equity*** – We pay close attention to the convergence of our focus areas with systemic issues of racism, sexism, classism, ableism, and more, because living at the intersection of multiple identities is a reality that factors importantly into our grantmaking. *(adopted 2022-12-06)*

AMENDMENT - C

Ethical Principles Statement

The Tower Foundation adheres to national standards such as ***The Council on Foundation's Statement of Ethical Principles*** found below:

STATEMENT OF ETHICAL PRINCIPLES

The Council on Foundations and its members promote the highest standards of ethical behavior. In recognition of the importance of philanthropy toward the public good and those we serve, we adopt these ethical principles.

MISSION

Our members are committed to the public benefit and to their philanthropic purposes and act accordingly.

STEWARDSHIP

Our members manage their resources to maximize philanthropic purposes, not private gain; and actively avoid excessive compensation and unreasonable or unnecessary expenses. They pursue maximum benefit through their work, how they work, and by supporting the work of partners, colleagues and grantees.

ACCOUNTABILITY AND TRANSPARENCY

In carrying out their philanthropic activities, our members embrace both the letter and the spirit of the law. They welcome public interest, take responsibility for their actions and communicate truthfully.

DIVERSITY AND INCLUSIVENESS

Our members seek diversity and inclusiveness in order to reflect the communities they serve and to ensure that a range of perspectives contribute to the common good and the development of their mission in a changing society.

GOVERNANCE

Our members' governing bodies understand and embrace their responsibility to oversee the mission, strategic direction, finances and operations of their respective organizations, and do so honestly and with integrity. They establish clear and understandable policies and ensure that they are followed.

RESPECT

Members interact respectfully with grantees, colleagues, donors and peers.

AMENDMENT – D

Investment/Spending/Distribution Policies

Section VI. – ASSET DISTRIBUTION – of the 2012 Strategic Plan document, is replaced with the following:

INVESTMENT/SPENDING/DISTRIBUTION POLICIES

In September, 2007, the Foundation adopted a written Investment Policy Statement (subsequently revised and restated) which included a Spending/Distribution Policy. In early 2013, the Spending/Distribution Policy was incorporated in a written Spending Policy Statement which has been revised from time to time. The Foundation's investment objectives (established and managed by the Investment Committee of the Foundation) and spending objectives (established and managed by the Operations Committee of the Foundation) provide for the Foundation continuing in perpetuity without significant modification for more than 25 years. The Operations Committee believes that grants to be made in the future are as important as grants made currently which is consistent with the perpetual time horizon of the Foundation.

The Operations Committee of the Foundation recognizes that the rate of spending under the Trust Indenture of the Foundation is limited by a formula based upon the value of the assets of the Foundation. Under the formula, the spending/distributions of the assets of the Foundation in each year for grants and administrative and operating costs are a percentage of the total assets determined by the unanimous approval of the voting members of the Operations Committee.

AMENDMENT – E

Revisions to Terms/References/Vocabulary

Revisions to Terms/References/Vocabulary

1. Previous: Substance Abuse
   Revised: Substance Use Disorders
   Note: No change to the definition.

2. Previous: Healthy Community (ies)
   Revised: Community Change
   Note: Definition change on December 7, 2023 (see Amendment H).

3. Previous: Core Programs and Services
   Revised: Programs and Services
   Note: No change to the definition.

4. Previous: Strengthening Our Partners
   Revised: Strengthening Partner Capacity
   Note: Refer to Amendment A for detail about changes made to this grantmaking portfolio.

Updated Grantmaking Highlights

Reimagine Learning

The Foundation was lead funder in Reimagine Learning, a national initiative supporting communities and schools in creating learning environments for all students, particularly those with learning differences. The six year, $12M investment was the Foundation's single, largest investment in its history. The collaboration included several national funders including: the Poses Family Foundation, The Oak Foundation, and in the later years, Bill & Melinda Gates Foundation. New Profit, a venture philanthropy organization, in Boston, Massachusetts was the grantee.

As the sole regional funder among national foundations, The Foundation brought a unique and necessary perspective, increasing their understanding of the local context and paving the way for their entrée into different communities.

Reimagine Learning supported three projects within Tower's geographic footprint in Massachusetts including a community-wide strategic planning initiative for Salem schools; support for Acceleration Academies in Lawrence, designed to support struggling students; and the Essex County Learning Community, a cohort of six school districts working to improve outcomes for their students with learning differences specifically. Working in a Tower region was a high priority for the Foundation.

While the Foundation provided local perspectives to its Reimagine Learning partners, this work also provided The Foundation with further understanding on the importance of supporting policy change, communications strategy and research to address issues, and achieve sustainable results.

Mental Health Advocacy Program for Kids (MHAP-for Kids)

Mental Health Advocacy Program for Kids (MHAP for Kids) enables youth with unmet mental health needs who are in, or at risk of entering juvenile court, to access treatment. Health Law Advocates (HLA), located in Boston, is the organization leading this effort with on-going support from the Tower Foundation.

Though the need for and effectiveness of MHAP for Kids was well-established by HLA's experience over many years of providing legal assistance to children with unmet mental health needs, HLA commissioned an independent study of the program to provide further evidence that MHAP for Kids is not only an essential service, but a cost-effective one. The Boston University School of Public Health conducted such a study over two years and confirmed what HLA knew. This validation of MHAP for Kids' approach has led to progress toward sustainable investment in the program. HLA seeks to continue helping children overcome barriers to mental health services and build on the progress made to create a statewide MHAP for Kids program with designated, sustainable funding.

Join The Conversation **- Mental Health Anti-Stigma Campaign**

Directly aligned with one of the Foundation's priorities, "Join the Conversation" Anti-Stigma Campaign is designed to change how people in the community of Erie and Niagara Counites view mental illness in order to reduce or eliminate stigma. The Anti-Stigma Coalition, composed of members from 16 well known organizations in Erie County, including The Foundation, joined together to pursue the larger goal of eliminating negative perceptions, or stigma, often associated with mental health issues.

The Campaign is well underway. It is too soon for results, but early indicators are showing community members are responding to the various calls to action.

Boston Children's Hospital Early Dyslexia/Reading Disability Screening App

The Foundation, in collaboration with several funders interested in learning disabilities, provided funding to the Boston Children's Hospital Laboratories of Cognitive Neuroscience for the development of an app to identify dyslexia at a very early age. The grant supported the planning and development of this app. As of late 2018, the app is being beta tested in school districts around the Boston area with promising results.

NoticeAbility - Martha's Vineyard Learning Differences Community Enrichment Project

The Foundation provided funding to NoticeAbility to implement a blended learning curriculum within six schools on Martha's Vineyard. Through this initiative, teachers, parents and community volunteers received professional development and capacity building in dyslexic education. Middle school students with dyslexia participated in NoticeAbility's 'Entrepreneurs and Innovators' curriculum. This is a strength-based pedagogy underscored by social emotional learning and executive functioning methodology. Students learned the fundamental tenets of entrepreneurship through project-based learning, reinforcing their ability to identify the cognitive skills that make dyslexics successful entrepreneurs.

Cape Cod Collaborative

The Cape Cod Collaborative is an independent collaboration of public school communities located throughout Cape Cod. The Collaborative provides a flexible, evolving range of high quality, cost effective programs and services.

The Foundation's grant provided funding to establish a regional structure to provide support for administrators and instructional leaders towards successful implementation of more effective Tier I and II teaching strategies which include all students and which raise the achievement of all students including students with disabilities, in inclusive classrooms.

GetSET

The Foundation, in collaboration with several Western New York funders, invested in an organizational capacity initiative known as GetSET (Get Set: Success in Extraordinary Times). GetSET is a two-year, team-based approach to capacity building to help mid-sized health, behavioral health, and human services organizations strengthen their internal infrastructure, while identifying their value proposition and responding to new business opportunities.

Organizations invited to participate in GetSET receive limited capacity building grants while: working with an organizational development consultant for two years; completing an online organizational self-assessment to measure the organization's strengths in six core competencies; developing and implementing a capacity-building plan based on assessment results; and participating in group education sessions and peer learning with other GetSET organizations.

The Foundation sponsored organizations in all four cohorts of the program. Three cohorts have completed the program and the fourth cohort is well underway. The program evaluators reported the leadership of the participating organizations found the program extremely beneficial, with the majority of the organizations meeting and exceeding established goals.

AMENDMENT – G

Diversity, Equity, and Inclusion Goals and Objectives

Diversity, Equity, Inclusion Goals (approved by board October, 2021)
Objectives (drafted by staff, reviewed by DEI Work Group December, 2021)

We conduct our grantmaking with an equity perspective.

Paying attention to systemic inequities that intersect with our four focus areas, makes us a more intentional and just funder.

- We award grants and deploy non-grant financial assets with an equity lens to advance Foundation and grant partner goals.
- People of all abilities, identities, and backgrounds can access Foundation opportunities equally.
- We factor into our funding decisions the applicant's work to advance equity in their organization and community.

We advocate for equitable systems.

We are explicit about advancing systemic equity for the populations we focus on, and we examine and experiment with ways to improve unjust systems.

- We use our position in the community to advocate for just systems in partnership with organizations and the people closest to the issue.
- We experiment with different strategies and partners to advance our shared advocacy agenda.
- We use communications as a major lever to inform and raise awareness on critical issues and amplify the voices of people closest to the issues.

We closely resemble the communities that we fund.

Our staff and board, and our culture of belonging, show that we value diverse voices.

- We work to build an increasingly diverse pipeline of potential board and staff members
- All staff and board feel valued and all aspects of the organization reflect the voice, contributions and interests of a multicultural constituency.
- The organization has an inclusive culture where people can be themselves and has created systems, policies and practices to maintain this culture.
- We pay attention to the diversity of our partners, thought leaders, and grant partners.

AMENDMENT – G

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We meaningfully engage communities in our work.

The Foundation engages and co-creates with community in convenings, feedback, and decision making.

- People with lived expertise, our grant partners, and leaders in the fields we fund are a part of important Foundation decisions.
- We invite people with diverse perspectives into our grantmaking decisions.
- We learn and adapt from feedback from our partners (going beyond the usual suspects) in all of our areas of work and share what we learn.
- We actively seek out opportunities to co-create with and convene our partners and we recognize when it's important for us to play the role of supportive participant at other convening tables.

We prioritize learning about diversity, inclusion, and equity and apply what we learn.

We are committed to learning and growing at the individual, interpersonal, organizational, and systemic levels to promote a culture of belonging internally and externally. We are data-informed and use our communications platform to advance racial equity.

- We educate ourselves on the ways in which inequities are produced and maintained on the basis of racism, ableism, and other systemic inequities that intersect with our focus areas.
- We collect and report on equity information to learn from and strengthen our work.
- DEI learning is a key component of staff work and board competencies.

AMENDMENT – H

Community Change Definition

The Board of Trustees approved the following revised Community Change Definition at the December 7, 2024, meeting of the Grants Committee.

Community Change

Through its Community Change funding, the Peter & Elizabeth Tower Foundation seeks to forge equitable relationships and more just power dynamics among different constituencies relating to young people and their families affected by intellectual disabilities, learning disabilities, mental health challenges, and/or substance use disorders.

Community Change projects must be aligned with the Tower Foundation's goals and involve multiple, diverse stakeholders – especially those most directly harmed by existing conditions and practices – working together towards common ends.

Such work can include (but is not limited to) initiatives that:

- challenge existing beliefs, assumptions, and entrenched practices involving these populations;
- supplement, coordinate, or more effectively resource relevant continuums of care;
- employ creative approaches to workforce recruitment and development that enhance the availability of and access to high-quality, culturally relevant services;
- support coalitions and networks built on community assets; and/or
- employ innovative approaches to creating equitable relationships and practices among elements within and across systems.

The strongest projects will incorporate most, if not all, elements of the Foundation's values:

Diverse Voices – We listen to and learn from those with different points of view and perspectives. We seek to be proximate with the communities we serve – continually engaging in respectful conversation and incorporating what we hear into our work.
Collaboration – We understand that in order to make progress, we must build relationships with our partners and share knowledge, resources, expertise, and strategies.
Innovation – We embrace change and are willing to take risks, recognizing the potential for transformative effect. We look for opportunities to try new and creative strategies and encourage others to do the same.
Perseverance – We recognize that change work can be slow and challenging. We are committed to the long-term improvement of organizations and communities.
Equity – We pay close attention to the convergence of our focus areas with systemic issues of racism, sexism, classism, ableism, and more, because living at the intersection of multiple identities is a reality that factors importantly into our grantmaking.