



October 5, 2012

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Martha Ryan,
*Founder &
Executive Director*

Harold F. Mayer
President
The Oscar G. & Elsa S. Mayer Family Foundation
One South Pinckney Street, #312
Madison, WI 53703

Dear Mr. Mayer,

On behalf of the Homeless Prenatal Program (HPP), I am delighted to submit the attached proposal for funding from the Oscar G. & Elsa S. Mayer Family Foundation. As a family resource center that provides direct services in health and wellness support for families from conception through kindergarten, HPP strongly reflects the vision and mission of the Foundation.

With a foundation in promoting healthy pregnancy and birth, the Wellness Center works with families to help them overcome challenges to stability (poverty, homelessness, violence, addiction) while supporting positive parenting growth and education. Studies suggest that this approach – a healthy start, parent empowerment and support toward safe, self-sufficient homes – has been proven to correlate directly to increasing school readiness in disadvantaged children.

Thank you for this opportunity to share our work with you, and for your consideration of our request. HPP has been privileged in its past relationship with the Oscar G. & Elsa S. Mayer Family Foundation and looks forward to the possibility of again working together to support low-income and homeless children in their developmental growth, educational achievement and future success.

Sincerely,

A handwritten signature in blue ink that reads "Martha Ryan".

Martha Ryan
Founder & Executive Director

The Oscar G. & Elsa S. Mayer Family Foundation Request for Proposal (RFP) and Proposal Response Form

The Oscar G. & Elsa S. Mayer Family Foundation contributes to school readiness among at-risk children from conception to kindergarten. To do this we fund direct service, research, advocacy, and skills development in the fields of Education and related Health & Wellness. Our Foundation focuses on the development both of young children and their families, and of systems that deliver services to them.

Please make entries directly into this form, or as continuations or attachments to this form.

I. PROPOSAL SUMMARY AND RESPONSIBILITY

Organization name: Homeless Prenatal Program (HPP)

Proposal Title: Wellness Center

Proposal Information:

Start Date: Ongoing

End Date: Ongoing

First Year Funding: \$30,000

Total Funding: \$90,000

Proposal Administrator:

Name & Title: Kristin Hatch, Grants Manager

Address: 2500 18th Street

San Francisco, CA 94110

Telephone: (415) 546.6756x383 Fax: (415) 546.6778

Email: grants@homelessprenatal.org

Signature:



Date: October 5, 2012

Proposal Director/Principal Investigator/Manager (if different from above):

Name/Position: Nancy Frappier, Wellness Center Program Manager

Address: 2500 18th Street

San Francisco, CA 94110

Email: nancyfrappier@homelessprenatal.org

Telephone: (415) 546.6756x316 Fax: (415) 546.677

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II. PROPOSAL STATEMENT

A. Please indicate the Activity Type(s), Field(s) and Focus that best describe your proposal:

<u>Activity Type:</u>	Direct Services: <u>X</u>	Research: _____
	Advocacy: _____	Skills Development: _____
<u>Field:</u>	Education: _____	Health & Wellness: <u>X</u>
<u>Focus:</u>	Child & Family: <u>X</u>	Delivery System: _____

B. Please indicate the Request Type that best describes your proposal:

Meet General Operating Needs: _____	Continue an Existing Activity: <u>X</u>
Expand an Existing Activity: <u>X</u>	Start a New Activity: _____

REQUEST SUMMARY

When asked at a conference last year about how to improve schools, former Assistant Secretary of Education and Counselor to Secretary of Education Diane Ravitch replied, “universal prenatal care.”¹ Her comment echoed the results of a recent longitudinal study that showed that early prenatal care predicted high school graduation rates more reliably than test scores or IQ.² The achievement gap³ begins long before standardized tests; it begins before birth. Mothers who receive prenatal care are more likely to exhibit behaviors that are related not only to infant health, but also to sound cognitive and emotional development. For instance, mothers who have not received prenatal care are three times as likely to give birth to babies with low birthweights⁴. Low-weight babies are more likely to experience learning and behavioral problems as they grow. Additionally, prenatal care prepares and educates parents for the birth of their babies, helping to foster supportive family environments that have been proven to promote characteristics in children that encourage their school readiness. Unfortunately, families living in poverty face challenges in accessing critical, quality prenatal care.

There is a correlation between poverty and the problems facing America’s fraught public school system. Further, the stress of family instability (as related to socio-economic factors) has been shown to have significant negative effects on school readiness of at-risk children. Unless these families are given the tools necessary to achieve stability, children will remain at risk, regardless of their cognitive potential. Before schools can lessen the achievement gap in education, the instigating role that poverty plays in creating it needs to be addressed. **HPP works with families to break the cycle of childhood poverty. In doing so, the agency *directly* helps prepare our city’s most vulnerable children for the challenges of school.**

HPP respectfully requests a multi-year grant (\$30K/3 years) to support the agency’s Wellness Center, which provides low-income and homeless families with critical perinatal – and now,

¹ Kotlowitz, Alex. “Are We Asking Too Much From Our Teachers?” The New York Times [New York] 16 September 20 2012: Sunday Review 6-7.

² Tough, Paul. *How Children Succeed: Grit, Curiosity and the Hidden Power of Character*. Boston: Houghtlin, 2012

³ Generally defined as persistent differences in school performance between groups (often based on race/ethnicity, gender, income).

⁴ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. A healthy Start: Begin before baby’s born. Accessed 28 September 2012.

<http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm>

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early childhood – services. Offered in conjunction with the agency’s comprehensive poverty-ending services (housing assistance, domestic violence intervention, mental health support), the Wellness Center encourages child health and development from conception to kindergarten. It works with at-risk families to create healthy home environments that encourage their children’s school readiness and academic success.

THE WELLNESS CENTER

HPP’s Wellness Center offers an integrated array of services designed to help women deliver healthy babies, facilitate mother/child bonding (which can negate the negative effects of poverty on education) and acquire parenting skills that promote positive child development. The Wellness Center serves ~500 expecting or newly delivered women annually. Services offered include:

- *Case Management:* Expecting and new mothers receive ongoing case management, especially in conjunction with challenges to family stability such as such as housing, domestic violence and mental health.
- *Centering Pregnancy:* Through a partnership with San Francisco General Hospital, nurse midwives provide group prenatal care to clients on-site at HPP.
- *New Beginnings:* Expecting mothers overcoming substance abuse receive ongoing case management in support of healthy pregnancies and positive birth outcomes (normal birth weight, drug-free babies). Positive birth outcomes also decrease risk of a family’s involvement with CPS and child’s placement in foster care.
- *Prenatal & Parenting Classes:* Classes help acquaint clients for healthful pregnancies, deliveries and parenting. Prenatal class ends with a Baby Shower and is followed by an annual reunion at the San Francisco Zoo. HPP just recently expanded these offerings to include classes for parents with older (aged 3-5) children, which focus on the cognitive, emotional and physical needs of toddlers.
- *Alternative Health Services:* The Wellness Center offers a variety of alternative health service activities to clients that promote bonding between mother and child. Some provide wellness services to expecting and new mothers (prenatal massage, acupuncture) and others help clients connect with their changing bodies and new lives as mothers (prenatal photography, bellycasting). The Wellness Center also provides doulas to provide support to women in and directly following labor.
- *Post-Partum Services:* Post-partum services are a growing component of Wellness Center programming. newly delivered moms continue to have access to health education and alternative health services, community support and – as needed – mental health support as they adjust to their new lives. Activities include groups, breastfeeding support and infant massage class. In addition, Wellness Center Health Educators visit with mothers as needed following the birth of their babies to provide in-home support.

The Wellness Center is committed to holistically supporting family health and wellness as the foundation for family progress. Babies that are born healthy are more likely to continue to be healthy – and experience positive cognitive development – in childhood and adulthood. Likewise, research shows that parental attachment, which usually begins at birth (but for at-risk families can be challenged), builds qualities in children that better prepare them for school. **HPP works with families to leave poverty, decreasing the negative impact that economic disadvantage has been proven to have on learning.**

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III. PROPOSAL ATTRIBUTES

PROGRAM PARTICIPANTS

HPP Participants

While HPP believes that pregnancy creates an important opportunity for positive change, the agency serves all low-income and homeless families with children. All client families (over 3,500 annually) report income levels below the federal poverty line. Over 60% of HPP clients are homeless at intake, and approximately one-third⁵ are pregnant. Roughly 70% of client families are women-led households; 45% of HPP's clients are under the age of 30; and more than 75% are African American or Hispanic/Latino. Sixty-five percent of HPP clients come from four underserved San Francisco neighborhoods: Bayview, Mission, Ingleside and Visitacion Valley. Over 10% of HPP clients are monolingual Spanish-speakers.

Wellness Center Participants

The Wellness Center serves over 500 pregnant women annually, approximately 20% of whom report a recent struggle with substance abuse and become New Beginnings clients (a prenatal support program that responds to their specific needs). Since 1992, HPP has helped clients welcome over 3,000 babies. Of these, 90% were born at healthy weights and 98.7% were born drug-free.

Wellness Center Participant Expansion: Child Development

While the Wellness Center has historically focused on prenatal and post-partum services, HPP recently expanded its reach to include parents with toddlers. Five years ago, HPP began partnering with the San Francisco General Hospital Nurse Midwives to bring Centering Pregnancy on-site for group prenatal care. After cycling through the program, new moms provided feedback that they felt they would benefit from additional support through the first year. In response, HPP launched *Knowing Your Baby*, a parenting class that promotes bonding and helps new moms (and some dads) adjust to the first year with their babies.

Now with older children, clients have again noted the need for parenting support specific to the changing needs of their toddlers. In response, HPP launched *Knowing Your Toddler* to extend parenting support services through these critical – and sometimes trying – years before school. This group is offered in both Spanish and English, and it covers a range of topics, including child development, health care, potty training, the “terrible two’s”, early literacy and school readiness. In addition, the group also provides some child abuse prevention counseling. For example, new parents often feel stress when their children make a mistake while potty training, and this frustration can bring the potential for a physical response. *Knowing Your Toddler* shares parenting tactics to minimize and cope with high-stress situations involving toddlers.

⁵ Of new intakes vs. all clients (650 of 2,361 new clients in FY 12).

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COMMUNITY NEED & EVIDENCE OF NEED

(Please see above for the location, size and socio-economic characteristics of the community served by our proposed activity)

Evidence of Need: Family Stability

A recent study from Stanford University shows that the achievement gap between low-income and better resourced students has grown 40% since the 1960's.⁶ Not only do students in better resourced schools score better on standardized tests, but they also have higher rates of high school graduation and college completion.⁷ Poverty plays a large role in predicting school performance. In San Francisco (as in cities across the country), children of color are disproportionately disadvantaged. Fifteen percent of San Francisco's children live in poverty,⁸ but 77% of Latino children and 74% of African American in the city come from low-income or very low-income households (vs. 6% of white children)⁹. Public schools in the Mission and Bayview districts (traditionally under-resourced Latino and African American neighborhoods) consistently under perform those in more affluent neighborhoods in the city. This disparity was further highlighted when earlier this year the San Francisco Unified School District was ranked *last* among 147 California school districts with regard to the performance of black and Latino students.¹⁰ The crisis of the cycle of poverty (wherein socio-social factors contribute to generations of under-resourced families, often families of color) has become a crisis in education.

HPP works with over 3,500 families annually – 100% of them poor, 93% families of color – to reverse these noted achievement gaps through its mission of *breaking the cycle of childhood poverty*. Through comprehensive case management, housing assistance, job training and other services, HPP helps families grow steadily and self-sufficiently in able to support their children's positive emotional and cognitive development.

Evidence of Need: Family Stability & School Performance

Students from very low-income and homeless families face stressors that often contribute to achievement gaps in early childhood development. Children from under-resourced backgrounds start school less ready than their peers for a variety of reasons. For example, families facing challenges to stability often have less time and fewer resources to devote to their children's home learning experience than more financially secure families. Furthermore – and perhaps more importantly – recent research suggests that (in addition to the importance of cognitive skills like pre-literacy) non-cognitive skills such as resilience, self-control and persistence are essential to being “ready to learn” – and that these skills correlate directly to children's experiences with

⁶ Reardon Sean F. “The widening academic achievement gap between the rich and the poor: New evidence and possible explanations.” *Whither Opportunity? Rising Inequality and the Uncertain Life Chances of Low-Income Children*. Eds. In R. Murnane & G. Duncan. New York: Russell Sage Foundation Press, 2011.

⁷ Tavernise, Sabrina. “Education Gap Grows Between Rich and Poor, Studies Say.” *The New York Times*. [New York] 6 February 2012.

⁸ Data Center, Kids Count. National Kids Count Program. *The Annie E. Casey Foundation*. Accessed 25 September 2012. <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=3&by=a&order=a&ind=43&dtm=322&tf=867>

⁹ San Francisco Department of Children, Youth & Families. Community Needs Assessment, May 2011.

¹⁰ Crawford, Amy. “SFUSD given poor grade for achievement gap.” *The Examiner*. 22 March 2012. Accessed 24 September 2012. <http://www.sfexaminer.com/local/education/2012/03/sfusd-given-poor-grade-achievement-gap>

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family stability. Children with stable home lives often possess non-cognitive traits that better prepare them for school, whereas children with stressful homes have fewer and less developed socio-emotional skills. Research suggests that the stress of poverty (as experienced by children) interferes with the development of these traits, further disadvantaging these disadvantaged children.

In discussing this new approach to school readiness, New York Times columnist David Brooks writes, “in the past several decades, policy makers have focused on the material and bureaucratic things that correlate to school failure, like poor neighborhoods, bad nutrition, schools that are too big or too small. But, more recently, attention has shifted to the psychological reactions that impede learning — the ones that flow from insecure relationships, constant movement and economic anxiety.”¹¹ The Wellness Center works with families specifically to hone early childhood parenting skills that purposefully, psychologically instill critical non-cognitive, socio-emotional skills in young children that encourage their school readiness.

FINDINGS, RESEARCH & CURRICULUM

I.) Findings, Research & Curriculum

Research shows that both environment and parenting have strong connections to the school readiness of disadvantaged children. As noted in Paul Tough’s recently published and celebrated *How Children Succeed: Grit, Curiosity and the Hidden Power of Character*, “...children who grow up in stressful environments generally find it harder to concentrate, harder to sit still, rebound from disappointments, and harder to follow directions. And that has a direct performance on their performance in school.” Writes Tough, “when you’re overwhelmed by uncontrollable impulses and negative feelings, it’s hard to learn the alphabet.” Additionally, the stress of family instability can create stress that affects the body – notably the brain – negatively, further challenging children’s learning potential¹². When the body reacts to stress – especially sustained stress, especially in childhood (for instance a constant threat of physical violence or worry related to hunger) – the brain’s prefrontal cortex becomes damaged.¹³ This damage interferes with cognitive abilities related to memory and learning, and can change the cellular architecture of the brain.¹⁴

However, a growing body of research now suggests that even facing the most stressful of environments (homelessness, poverty, violence), consistent, responsive parenting can eliminate the damage created by environmental stressors. HPP services are designed to create a foundation of safety and support for the child that encourages their children’s socio-emotional development by decreasing their exposure to stress.

¹¹ Brooks, David. “The Psych Approach.” New York Times/. New York: 27 September 2012.

¹² Tough, Paul. *How Children Succeed: Grit, Curiosity and the Hidden Power of Character*. Boston: Houghtlin, 2012

¹³ See above.

¹⁴ Arnsetn, Amy F. T. “Stress signalling pathways that impair prefrontal cortex structure and function.” *Nat Rev Neuroscience*. 2009 June; 10(6): 410–422. Accessed 1 Oct 2012: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2907136/>

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HPP promotes healthful living in families with three major goals: 1) *Healthy Babies*: serve parents as they work to deliver healthy babies and bond with their infants; 2) *Safe, Nurturing Environments Where Children Thrive*: empower motivated parents with the knowledge and skills necessary to support a child's healthy development and success; and 3) *Economically Stable Families*: ensure access to information and resources that facilitate the acquisition of permanent, stable housing and support economic self-sufficiency.

The Wellness Center addresses school readiness with a three-pronged approach:

- A. *Prenatal Support*: To encourage health (including prenatal brain development) and connection in utero and at birth.
- B. *Parenting Education*: To facilitate bonding and attachment, while minimizing the potential for child abuse and maximizing positive parent/child relationships.
- C. *Family Stability*: To ensure families have safe, stable homes (as well as safe cribs and other baby necessities) and are working toward self-sufficiency.

Prenatal Support:

Extensive research confirms that poor health at birth and limited parent resources can result in lasting, significant detrimental effects, interfering with children's cognitive development, reducing educational and employment attainment and affecting health outcomes during childhood and adulthood. A 2007 study by Rucker Johnson and Robert Schoeni found that low birthweight "increases the probability of dropping out of high school by one-third, reduces later earnings by about 15 percent a year, and burdens people in their 30s and 40s with the health of someone who is 12 years older."¹⁵ Low-income women are more likely than affluent women to have low birthweight babies.¹⁶

Prenatal care reduces the risk of negative health outcomes such as low birthweight. However, homeless and low-income mothers-to-be are less likely to seek care, especially in the important early months of their pregnancies. Further, low-income women tend to have higher levels of depression and anxiety, which "can affect the mother's and baby's health directly (by affecting neuroendocrine functioning and the immune system) or indirectly (by influencing behaviors such as smoking or drinking)."¹⁷ HPP supports mothers to promote healthful pregnancies.

In conjunction with notable studies on child development, HPP strongly believes that a child's socio-emotional health is as important as their cognitive progress. The agency understands that (in addition to brain development) a child's socio-motional health begins in utero and continues as the child grows from baby to toddler. Because of the stressors present in the lives of the agency's expecting mothers, many have trouble adjusting to their pregnancies. For instance, moms-to-be struggling with poverty, incarcerated partners, domestic violence and/or addiction may not be able to properly prepare for the arrival of their babies. The Wellness Center helps to ensure that these mothers are given not only prenatal health services and education, but also additional services that help to connect them with their new lives. Enrichment services such as

¹⁵ Johnson, Rucker C., "From One Generation to the Next," American Prospect, November 19, 2007.

¹⁶ Shore, Rima, Ph.D & Barbara Shore, MA. Kids Count Indicator Brief: Preventing Low Birthweight" Annie E. Casey Foundation. [Baltimore] June 2009.

¹⁷ Shore, Rima, Ph.D & Barbara Shore, MA. Kids Count Indicator Brief: Preventing Low Birthweight" Annie E. Casey Foundation. [Baltimore] June 2009.

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belly-casting classes and professional prenatal portraits help moms-to-be celebrate their coming transition while helping them to bond with the child that they are carrying. Likewise, the Wellness Center offers post-partum support (onsite mental health therapy, home visits) to ensure that parents are able to bond soundly with their infants (despite and/or defraying possible post-partum symptoms).

Parenting Education:

Following the birth of their babies, the Wellness Center has a robust menu of programming for families to encourage parent-baby and parent-toddler bonding. Research has shown that while the stress of family instability can have adverse effects in brain development, strong bonds with parents can block and/or mitigate these effects. Parents who are able to form what scientists call “secure attachments” with their children in their first years are more socially competent, better able to deal with set backs, more likely to be engaged in the classroom and graduate high school¹⁸. *Knowing Your Baby* and *Knowing Your Toddler* together with infant massage class (teaches parents how soothe and communicate with babies to foster bonding) and other activities empower parents to give their children the support they need to become socio-emotionally skilled.

Family Stability:

The Wellness Center works within the agency’s larger model of services to support family stability, self-sufficiency in order to end poverty. Wellness Center clients often take part in various HPP services so that they can find safe, permanent and affordable housing, job training and mental health therapy and other activities. In addition, the Wellness Center provides (safe and up to code) portable cribs, strollers and baby car seats and training in their use to high-need clients to help ensure they are equipped with the resources necessary to support their parenting skills.

Additionally, HPP partners with the University of California’s Child Trauma Research Project (CTRP). The CTRP has offices on-site and provides therapy to families with young children who have experienced domestic or community violence. The CTRP helps parents engage with children in a way that can be therapeutic for both parties and increase attachment.

II.) Format, Setting, Duration & Intensity

Format & Setting:

HPP’s modern, three-story facility is a generous (26,800 sq/ft), welcoming space that contributes to its success as a thriving family resource center. In addition to private offices for case management, HPP has various large rooms that host support groups and community building activities, as well as a Computer Room, Childcare Center, Art Room and a Sewing Room. The agency is accessible and proximate to various bus lines and located only a few blocks from San Francisco General Hospital.

Moreover, HPP helps clients build a community. Studies show that families living in poverty are often isolated from larger communities, often due to geographic disenfranchisement, community

¹⁸ “Back to School.” [This American Life](#). Narr. Ira Glass. NPR, Chicago, 14 September 2012.

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violence, language barriers, inaccessibility to education and employment and various other factors. HPP's building encourages interaction (with various meeting areas) and its service-delivery (especially that of the Wellness Center) has been structured with community-building in mind. In fact, client feedback consistently indicates that group activities (classes, workshops) are a valued component of HPP and Wellness Center programming.

Duration:

There are no limitations as to length and frequency family participation in HPP services. Generally, a family engages in case management for ~6 months to a year. Follow-ups are given after services to gauge ongoing family need and/or success.

Intensity:

Case Managers meet families where they are and recommended intensity is based on need (for example, some clients need minimal case management support, others have more complex challenges that may involve case management, Wellness Center services and mental health therapy).

Additional Notes on Model:

HPP was recently awarded a two-year Impact Award from the James Irvine Foundation in association with the Executive Director's recent James Irvine Foundation Leadership Award. This award is intended to help HPP partner with other agencies (that serve a similar demographic, but have a different focus; shelters, health centers, etc) to serve as a model in service-delivery, replicating its Wellness Center programs and services across California. HPP is currently developing curriculum and will launch the project soon.

STAFF EXPERIENCE & VOLUNTEERS

MARTHA RYAN

Executive Director, November 1989- present

Martha Ryan founded HPP and is responsible for leadership of 65 employees, 200+ volunteers, and a 26,800 sq. ft. Family Opportunity Center from which services are provided. She provides overall vision and direction for the organization and leads HPP's involvement with community efforts to improve the lives of poor and homeless families. Ryan holds an M.P.H., Maternal and Child Health, Magna Cum Laude University of California, Berkeley (1989) and a B.A. in Modern Languages from the University of San Francisco (1972). She has received numerous honors for her work with HPP, including a James Irvine Foundation Leadership Award (2011), the Redford Center's Art of Activism award (2010), the Thomas Jefferson Award for public service (2005), and the Robert Wood Johnson Foundation's Community Health Leadership Award (2003).

For more than 12 years prior to founding HPP, Ryan was a family nurse practitioner for the San Francisco Department of Public Health. She was a member of a comprehensive perinatal team serving a predominantly high-risk population.

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From September 1981 to March 1982, Ryan led an eight person Medical Volunteers International team of physicians and nurses in a refugee camp in Somalia. The team was responsible for all medical and public health services for 35,000 refugees from Ethiopia. She developed a Community Health Outreach Worker program, from which she modeled HPP's Community Health Worker Program.

SHONA Q. BAUM, LCSW

HPP Director of Programs, August 201- present

Shona Q. Baum, LCSW joined Homeless Prenatal Program this August as the Director of Services. She came to us from Westside Community Services in San Francisco where she served as Division Director of Child Youth and Family Services. In this capacity she oversaw three outpatient clinics including: CalWORKs Counseling, which has the contract to provide the mental health and substance abuse services to San Francisco's CalWORKs population; Ajani, an afro-centric family focused clinic; and ICYF which provides a combination of outpatient, SED partnership and early childhood mental health consultation services. She was with Westside for over eight years.

Previously, Baum developed a bi-lingual parent-child psychotherapy program in the Mission District in San Francisco, and contributed to the development of Casas con Corazon, a foster care program for Latino youth and foster families. She also maintains a small private practice in San Francisco with a specialty in family therapy. Baum also spent time at Seneca Center as a Program Manager working in the SF Connections Wrap Around services and Intensive Treatment Foster Care Programs.

Baum was a presenter at the Northern California Psychiatric Society 47th Annual Meeting Presenter in 2006, 'Collaborating with African American and Latino Families.' She also received the SF Mayor's Office on Disability Award in 2004 on behalf of Westside for Work place accommodation for disabled staff support. She has sat on various committees for the San Francisco Department of Human Services and San Francisco Community Behavioral Health Services including; CalWORKs Grievance committee, CalWORKs Domestic Violence Advisory Committee, Children's System of Care committee and the work group to develop CBHS contract objectives for 07-08. She is also a member of San Francisco's Mental Health Contractor's Association representing Westside.

Baum is a graduate of San Francisco State and University of California at Berkeley School of Social Welfare where she received a Masters' degree in Administration and Planning. In 2008 she graduated from a two year fellowship for leaders in health care reform through the California Health Care Fellowship (CHCF) program.

RENU KARIR

Associate Program Director, September 2006-present

Renu Karir is HPP's Associate Program Director. Her duties in this post include managing the agency's Family Resource Center grant funded by three organizations: the City and County of

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San Francisco's Department of Children, Youth and Families and Human Services Agency plus First 5 San Francisco.

She joined HPP five years ago as its Housing Program Manager. In May 2009, Karir became the agency's Financial Education Manager and created a new program that included teaching financial education classes. She has served as the Associate Program Director since July 2011.

Karir has a background in public health, education, and community development, having worked as a Program Officer for the William and Flora Hewlett Foundation, as a consultant for both the Campaign for College Opportunity and the University of California's Center for Reproductive Health Policy Research, and as a fellow at the San Francisco Foundation. She earned a Masters of Public Health, Schlesinger Fellowship, Yale School of Medicine; a Masters of Business Administration, Yale School of Management; and a B.A. in Economics, Walter Mintz Scholarship, Reed College.

NANCY FRAPPIER

Wellness Center Coordinator, 1995-present

Nancy Frappier coordinates and directs all services offered in the Wellness Center, the core of HPP's programs for pregnant and new mothers and families. She also coordinates the New Beginnings Program, which offers supportive services to pregnant women with a recent history of drug and/or alcohol use. She provides case management and counseling in prenatal care, substance abuse, domestic violence, family reunification and teen pregnancy. She serves on HPP's Management Committee.

Prior to coming to HPP, she was a social work intern with Legal Services for Children, San Francisco, 1994 – 1995, where she provided advocacy, case management, intake assessments, crisis counseling, and information and referrals to a diverse group of children and youth. She provided outreach to homeless youth shelters, prepared legislative research concerning child welfare bills in Congress.

In 1993 – 1994, Frappier was a social work intern with the City and County of San Francisco Public Defenders' Office, where she counseled youth incarcerated at San Francisco Juvenile Hall and on probation. She advocated for youth before the court and provided case management in counseling, education, employment and housing.

Frappier received an MSW degree from San Francisco State University in 1995. She is also a LCCE (Lamaze Certified Childbirth Educator).

Additional Staff

The Wellness Center is also staffed by three (3) Health Educators and two and a half (2.5) Case Managers. Health Educators assist with Centering Pregnancy, facilitate classes and workshops and make home visits. Case Managers work as counselors with specific training in the needs of pregnant (pregnant and at-risk for substance abuse relapse) women. A part-time Volunteer Services Coordinator recruits and schedules volunteer bilingual doulas for clients requesting this service.

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Volunteer Support

In FY 2011-12, over 200 volunteers donated more than 11,000 hours of service to the organization, valued at \$256,190. Volunteers support HPP with every aspect of its work – from stuffing letters to helping bag and distribute weekly produce to families in need. In addition, volunteers help sort and process donations, staff events, lead activities in the Childcare Center, help clients with job and housing searches in the Community Technology Center, teach ESL/art/sewing/yoga classes, aid clients in tax law and preparation at HPP’s on-site Tax Clinic, and provide financial and legal counseling to clients.

Volunteer support is especially critical to the Wellness Center. Volunteer doulas (bi-lingual) offer their time and expertise to coach clients before, during and after the birth of their babies. Volunteers help throw quarterly Baby Showers for mothers-to-be who have graduated from prenatal class, and also help at various classes groups. Last year, 75 volunteers helped support the Wellness Center.

COLLABORATIONS

HPP collaborates extensively with community partners to maximize the services and programming available to clients on-site and elsewhere. The Wellness Center provides pregnant and newly-delivered women with perinatal support. Through a partnership with the proximate San Francisco General Hospital (SFGH), HPP is able to offer clients community health care through weekly sessions of Centering Pregnancy, provided by SFGH Nurse Midwives. This type of innovative care (offered in English and Spanish) provides a community for pregnant clients, while empowering them to become actively engaged in their health care (and bringing them to HPP where they can access additional services). Last fiscal year, 200 women received prenatal health care at HPP through this partnership. Additionally, HPP has close partnerships with the Dependency Drug Court, Infant Parent Program, the Child Trauma Research Project, Jumpstart, and various community clinics, shelters and service providers across San Francisco and the greater Bay Area.

OUTCOMES¹⁹

Wellness Center Outcomes

- At least 400 clients will participate in Wellness Center activities.
- At least 90% of babies born to HPP clients each year will be delivered at normal birth weight (at least 5 lbs., 8 oz.) and with negative toxicology reports (“drug free”).
- At least 85 clients will participate in post-partum services through the Wellness Center.
- At least 200 families will receive free strollers and/or cribs and training in their use.

Supporting Outcomes

- At least 400 families will obtain permanent housing with the financial assistance provided by our Housing Program.

¹⁹ Please note that in accordance with the prompt “evidence to show if the intended outcomes are being achieved” that these outcomes reflect the agency’s consistent success rates.

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- At least 100 unduplicated pregnant or parenting women will receive on-site mental health therapy (one-on-one, mother-child, couples or family counseling).²⁰
- At least 200 families will received domestic violence support services.
- Five (5) women will graduate from the Community Health Worker Training Program; each of the five (5) Community Health Worker Training Program graduates will secure employment within 30 days of graduation and/or pursue educational goals.

DATA & EVALUATION

HPP is continually measuring its success and refining its programs based on client need. The agency has recently updated its client evaluation processes. Case Managers now use an assessment tool (based on the widely-used ANSA or Adult Needs and Strengths Assessment) which is able to determine both client need and progress over time. The assessment generates consistent, measurable data regarding efficacy across all programs.

The agency also has a customized Salesforce database that captures relevant client information. HPP can easily measure objectives and outcomes. Subjectively, HPP clients report improvement in personal health, the health and well-being of their children, and satisfaction with services through surveys and self-reporting to their Case Managers and other HPP service providers.

HPP has been actively analyzing its impact on long-term outcomes. For years it has captured metrics including newborn health and housing stability (months following initial placement in permanent housing) with stellar results. HPP recently wanted to begin gauging broader indicators of stability and launched – with the help of a federal appropriation grant – an Aftercare Program that began to probe progress through four areas: housing, education, income and health.

Instability issues (changing living situations frequently, lack of transportation, difficulty with guardianship or residency, transferring records) often make attending school – or for younger children, preschool or kindergarten – logistically difficult, and studies show that children living in poverty often attend more than one school during a given school year. Given the wealth of data that suggests low-income and homeless families face stressors that often contribute to achievement gaps in early childhood development, HPP was pleased to see that (in its initial findings through the Aftercare program) over 80% of families indicated that their children attended only school. Of those who attended more than one school, a new school's support services (a move for the better) accounted for 23% of the moves, and moving homes accounted for 37% (50% of families who moved in the past year reported moving for better). HPP believes this finding represents a great stride toward family stability and illustrates how HPP services invest in parents to invest in their children.

The agency is currently restructuring the Aftercare program to complement its new assessment tool. As such, the agency will be able to weave indicators of children's school readiness into all aspects of assessment – from intake to aftercare. HPP is currently in the process of analyzing which indicators are most descriptive in demonstrating school readiness. In the meantime, it measures birth outcomes and various other markers of family stability, which beget academic success.

²⁰ An additional 50 families will receive dyadic therapy (parent/child) through the on-site Child Trauma Research Project.

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Undoubtedly, the years before school build a foundation for student success. Because of various factors, disadvantaged children are at-risk for negative educational outcomes. HPP believes that a healthy, drug-free birth (supported by prenatal care and education) is the first step toward developing important cognitive skills that enhance school success. Moreover, family stability helps children build socio-emotional skills that can overcome the challenges that poverty poses their academic future. HPP works with families to encourage health and stability, so that children are ready to learn.

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IV. OUTCOMES AND EVALUATIONS²¹

Please complete the following table giving numerical expressions of the intended outcome(s) of your proposal, the numerical criteria for determining your success in achieving each outcome, and the specific measurement tools that you will use for these evaluations. Use only as many rows as needed to present your intended outcomes. You may add rows if necessary. We do not have any expectations about how many outcomes you might present. Please cite data for the entire period of the funding that you are seeking.

Intended Outcome(s):	Indicator(s) of Success:	Measurement and Evaluation Tool(s):	Evaluation Function (Internal/External?):²²
At least 400 clients will participate in Wellness Center activities annually.	1) Number of pregnant women who enter the program. 2) Participation in at least one Wellness Center component.	Expectant mother participation in all Wellness Center (and HPP) services and programs tracked in client records in client database. Additionally, clients complete satisfaction surveys that gauge parenting education and confidence.	Internal
At least 90% of babies born to HPP clients each year will be delivered at normal birth weight (at least 5 lbs., 8 oz.) and with negative toxicology reports (“drug free”).	1) Number of women who deliver normal birth weight babies. 2) Number of women who deliver babies with negative toxicology screens.	Birth outcomes reported by new mothers maintained in client record in client database.	Internal

²¹ HPP is currently transitioning to an evidence-based tool based on the ANSA (Adult Needs and Strengths Assessment) which will be able to provide numeric representation of client progress in designated areas including: residential stability, family functioning, education, legal, life domain (living skills, social functioning), mental health and substance abuse/use. This assessment will track need at intake, progress during services and follow-up after completion of services

²² Please note that while HPP’s assessment was specifically crafted for HPP client needs, the ANSA is an external, evidence-based tool.

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At least 85 clients will participate in post-partum services through the Wellness Center.	Number of newly-delivered women who participate in at least one post-partum component.	1.) Participation tracked in database. 2.) Progress tracked with assessment.	Internal
At least 200 families will receive free strollers and/or cribs and training in their use.	Number of high-need women who receive strollers, cribs and/car seats and training in their use.	Distribution tracked in client records in database.	Internal
At least 400 families will obtain permanent housing with the financial assistance provided by our Housing Program.	Number of families who receive move-in assistance.	1.) Number of families housed tracked in client records in database. 2.) Progress tracked with assessment.	Internal
At least 100 unduplicated pregnant or parenting women will receive on-site mental health therapy (one-on-one, mother-child, couples or family counseling).	Number of pregnant or parenting women participating in therapy.	1.) Participation tracked in database. 2.) Progress tracked with assessment.	Internal
At least 200 families will received domestic violence support services.	Number of families receiving domestic violence support including DV-focused case management, support groups and special programs.	1.) Participation tracked in database. 2.) Progress tracked with assessment.	Internal
Five (5) women will graduate from the Community Health Worker Training Program; each of the five (5) Community Health Worker Training Program graduates will secure employment within 30 days of graduation and/or pursue educational goals.	1.) Number of women who participate in CHW program. 2.) Number of graduates. 3.) Number that find employment/enroll in school within a month of completing program.	1.) Participation tracked by CHW Training Program Manager. 2.) Number of graduates. 3.) Follow-ups performed by CHW Training Manager.	Internal

* Please indicate whether internal or external services are used to evaluate success in achieving intended outcomes.

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V. ADDITIONAL PROPOSAL INFORMATION

Please comment on each of the following points for our consideration in reviewing this proposal and in making our grant award decisions:

- *Please indicate whether your organization is proposing a multi-year funding commitment. If you are making such a proposal, please explain why a multi-year award is an operational necessity for the proposed work. Also, please acknowledge the following two conditions that apply to multi-year awards:*
 - *Our funding will not exceed a three year commitment. (Additional funding, even to continue the same work, requires a new application cycle, including new sponsorship by a Foundation Member)*
 - *A second and, if applicable, a third year of funding will depend on our favorable evaluation of reports of your work to achieve the outcomes cited in your proposal.*

HPP is requesting a multi-year award. By committing to the Wellness Center over time, the Oscar G. & Elsa S. Mayer Family Foundation is investing in families over three critical three-year period before preschool. Additionally, an investment of this size helps the agency to allocate fundraising resources toward building other programs that speak to family stability. HPP has recently expanded both its domestic violence program and its mental health therapy services so that it can better meet the multifaceted needs of its families. This level of giving (\$30,000) complements the Foundation's 2009 award, which also supported the Wellness Center. HPP is confident that the agency will provide impressive evaluation and outcome reports.

- *Please comment on the effect of an award for less than the full amount of the proposed funding. Please mention any factors of which the Foundation needs to be aware (e.g., any possible segmentation or rescheduling of the work) if it were to reduce the amount of its award compared to the proposed funding.*

HPP would be appreciative of any award from the Oscar G. & Elsa S. Mayer Family Foundation. Though the agency believes its program uniquely reflects the priorities of the Foundation, HPP is committed to offering high-quality Wellness Center services regardless of this award. HPP has a 6-person development team; a lesser award amount would mean greater internal resources would be spent to raise sufficient funds to support the program. In the unlikely chance that the agency would have to re-evaluate the budget, cuts would likely first be made to direct program costs.

- *Please comment on the timing of an award. Please tell us if the timing of the receipt of our funds would be significant to your organization or to the proposed work. In your comment, please address the effect, if any, of a delayed award, or of an award that may be divided, for example, between calendar years or fiscal years.*

Wellness Center activities are ongoing throughout the year. HPP has a fiscal year that runs from July 1-June 30. The attached budget reflects funding that would begin in this fiscal year. However, should award timing need to be adjusted, the agency is flexible and prepared to make modifications.

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- *Please mention anything else that you would especially like The Oscar G. & Elsa S. Mayer Family Foundation to know about your organization, its work, and/or your proposal.*

SUPPORTIVE SERVICES

Wellness Center activities are supported by the following additional HPP services that encourage school readiness in client children:

Childcare Services: HPP offers free, on-site childcare to client children while their parents are receiving services at HPP. The Childcare Center sees over 500 children (all ages) a year. With the help of a part-time Child Development Therapist and Child Development Consultant, the Childcare Center encourages school readiness whenever possible. Since attendance is drop-in, much of this focus has been on socio-emotional skills (trusting others, playing well with other children, communication needs, etc). Last year, HPP worked with Jumpstart to bring reading curriculum to the Childcare Center. After working on-site for months, Jumpstart trained Childcare Teachers in pre-literacy skills-building, and Jumpstart lessons are now used 2-3 times a week.

CEL Applications: Childcare staff also assists HPP clients with applications to the San Francisco Child Care Connection (SFC3) list for free high-quality pre-schools and subsidized day care. By working with the client on-site, case managers can offer language assistance as needed and answer general questions about the program. Additionally, HPP offers the use of its address as a secondary address for clients who may have fluctuating living situations. When a space opens to an HPP client family, notice is then sent to both the client family and the case manager to ensure quick action, as space is first come, first served. Last year, HPP helped 100 families submit SF3 applications. HPP believes this service is an incredibly important service for client families. A 2007 San Francisco-based report²³ stated that preschool attendance is especially effective in decreasing risk factors that can undermine school readiness in low-income children. The study suggested that low-income children in San Francisco who attend preschool enter kindergarten *as ready* for school as their peers.

Uniform and Backpack Drives: HPP holds school uniform and backpack drives to help equip school-aged children with the resources necessary to begin school prepared for success.

RECOGNITION

HPP has received a number of recognitions and accolades in the past year, often through the recognized achievements of its Founder & Director, Martha Ryan. Ryan was recently recognized at the San Francisco General Hospital's 7th Annual "Hearts and Heroes" luncheon at AT&T Park. Ryan's leadership was also honored with a Ruby Award by the Soroptimist International of San Francisco. Ryan was also featured as a "Change Agent: Ordinary People Doing Extraordinary Things" in a June edition of The Bay Citizen. The agency was featured in the fall issue of Stanford University's *Pathways* magazine, and with a front page article, the San Francisco Chronicle very favorably celebrated the achievements of HPP's past Community

²³ *Children's Readiness for Kindergarten in San Francisco: Results of the Fall 2001 Assessment in San Francisco Unified School District.* Executive Summary, 2007.

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Health Workers in conjunction with a photography exhibit entitled “Facing Forward” by photographer Marcia Guggenheim. Last year, Ryan was honored as a recipient of the esteemed 2011 James Irvine Foundation Leadership Award, and – in association with this award – the Foundation recently made a generous grant to encourage HPP to replicate services across California. As noted previously, HPP was selected to present at its Wellness Center at the 2012 National Health Promotion Summit this past April. This two-day event showcased HPP’s findings alongside federal, state and local officials, policy makers, clinicians and other public health stakeholders.

VI. PROPOSAL ATTACHMENTS

When you submit your Proposal, please attach a completed RFP-Proposal Budget spreadsheet. (Please submit this form as a separate MS Excel spreadsheet file.)

Please see attached.

The Oscar G. & Elsa S. Mayer Family Foundation

PROGRAM BUDGET

Organization Name:	Homeless Prenatal Program
Program Title:	Wellness Center
Program Start Date:	7/1/2012
Program End Date:	6/30/2014

	Notes ⁽¹⁾	1st Year Budget	2nd Year Budget	3rd Year Budget	Total Proposal Budget
Foundation Grants: ⁽²⁾					
Oscar G & Elsa S. Mayer Family Foundation	Pending	30,000	30,000	30,000	90,000
Bella Vista Foundation	Secure Yr 1, Planned Yr 2 & Yr 3	50,000	50,000	50,000	150,000
California Wellness Foundation	Secure Yr 1, Planned Yr 2 & Yr 3	50,000	50,000	50,000	150,000
Chauncey & Miriam D McCormick Family Found	Secure Yr 1, 2 & 3	30,000	30,000	30,000	90,000
James Irvine Foundation	Secure Yr 1 & Yr 2	75,000	75,000		150,000
George Jewett Foundation	Secure Yr 1, Planned Yr 2 & Yr 3	25,000	25,000	25,000	75,000
Sisters of the Holy Order	Secure Yr 1 & 2, Planned Yr 3	20,000	20,000	20,000	60,000
M-Anon Foundation	Secure Yr 1, Planned Yr 2 & Yr 3	48,000	50,000	50,000	148,000
Anonymous Individual	Secure Yr 1, Planned Yr 2 & Yr 3	20,000	20,000	20,000	60,000
Mimi & Peter Haas Foundation	Secure Yr 1, Planned Yr 2 & Yr 3	22,500	22,500	22,500	67,500
0-3 Collaboration Through Anonymous Found	Secure Yr 1, 2 & 3	13,500	13,500	13,500	40,500
David B Gold Foundation	Secure Yr 1, Planned Yr 2 & Yr 3	35,000	35,000	35,000	105,000
Stevenson Pope Babcock Foundation	Pending	5,000	5,000	5,000	15,000
Junior League of San Francisco	Pending	7,500	7,500	7,500	22,500
Joseph & Vera Long Foundation	Planned	25,000	25,000	25,000	75,000
San Francisco Foundation	Planned			45,000	45,000
Total Foundation Grants		\$ 456,500	\$ 458,500	\$ 428,500	\$ 1,343,500
Government Contracts & Grants: ⁽²⁾					
First Five of SF - Family Resource Center	Secure	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000
City and County of San Francisco	2 Separate Sources - Secure	\$ 115,154	\$ 115,154	\$ 115,154	\$ 345,462
Total Government Contracts/Grants		\$ 265,154	\$ 265,154	\$ 265,154	\$ 795,462
Donations:					
Corporate/Business	Pending	15,000	15,000	15,000	45,000
Individuals	Planned	20,000	20,000	30,000	70,000
Fundraising Events					
	Planned Annual Events	3,916	18,009	38,009	59,934
In-Kind Gifts ⁽³⁾					
	Secure Yr 1, Planned Yr 2 & Yr 3	35,290	35,290	35,290	105,870
TOTAL SOURCES OF SUPPORT		\$ 795,860	\$ 811,953	\$ 811,953	\$ 2,419,766

PROGRAM EXPENSES	Notes	1st Year Budget	2nd Year Budget	3rd Year Budget	Total Proposal Budget
DIRECT Program Expenses:					
Compensation Expense (by position)					
Executive/Medical Director	0.05	6,000	6,000	6,000	18,000
Director Of Programs	0.20	18,000	18,000	18,000	54,000
Perinatal & Wellness Coordinator	1.00	68,500	68,500	68,500	205,500
Wellness Center Health Educator	Yr 1 - 1.5 FTE Yr 2 & 3 2. FTE	58,086	70,465	70,465	199,016
Wellness Center Outreach Educator	1.00	37,000	37,000	37,000	111,000
Wellness Volunteer and Event Coordinator	0.50	20,000	20,000	20,000	60,000
AfterCare Case Manager	1.00	37,000	37,000	37,000	111,000
Mental Health Therapist	0.33	30,000	30,000	30,000	90,000
New Beginnings Case Manager	1.00	47,380	47,380	47,380	142,140
New Beginnings Peer Mentor	1.00	33,900	33,900	33,900	101,700
Childcare Provider	0.25	16,175	16,175	16,175	48,525
Volunteers and Goods Coordinator	0.15	9,000	9,000	9,000	27,000
SUBTOTAL PERSONNEL		381,041	393,420	393,420	1,167,881
Benefits	.30 of Total Personnel	114,312	118,026	118,026	350,364
Total Compensation Expense		\$ 495,353	\$ 511,446	\$ 511,446	\$ 1,518,245
Other Direct Program Expenses					
Client Emergency Needs		15,000	15,000	15,000	45,000
Nutrition Support Groups		6,000	6,000	6,000	18,000
Incentives Support Groups - Baby Showers		12,600	12,600	12,600	37,800
Volunteer Stipends (Douglas, Infant Massage, Breast Feeding)		42,879	42,879	42,879	128,637
Equipment Supplies (Yoga, Acupuncture, Lactation, Massage)		1,500	1,500	1,500	4,500
Cribs/Strollers/Car Seats		16,000	16,000	16,000	48,000
Parent Training		4,000	4,000	4,000	12,000
Community Building (Parents/Children)		2,000	2,000	2,000	6,000
Educational Materials		2,000	2,000	2,000	6,000
Travel - Local (Homes, Hospital Visits, Client Appts)		2,100	2,100	2,100	6,300
Staff Development (Conferences, Out of State Trav)		5,000	5,000	5,000	15,000
Occupancy Expenses (Rent, Telecommunications, Utilities, Maintenance) at .1096		16,500	16,500	16,500	49,500
Total Other Direct Program Expenses		\$ 125,579	\$ 125,579	\$ 125,579	\$ 376,737
INDIRECT Program Expenses ⁽⁴⁾					
Allocation of shared expenses to project (based on program direct to total agency direct - .1343 of shared equipment, computer hardware, insurance, office/kitchen supplies, printing, shared consultants, technology licensing)		52,066	52,066	52,066	156,198
Allocation of management and development to project (spread by FTE at .1261)		122,862	122,862	122,862	368,586
Total Indirect Wellness Expenses (.0311 of total agency budget)		\$ 174,928	\$ 174,928	\$ 174,928	\$ 524,784
TOTAL EXPENSES		\$ 795,860	\$ 811,953	\$ 811,953	\$ 2,419,766

(3) 75 volunteers (Douglas, Acupuncturists, Yoga Teachers, Photographers) working total of 1050 hours at San Francisco standard volunteer rate of \$21.79 = \$22,879.
 9100 diapers donated for Wellness Clients/Year at .21/diaper = \$1,911.
 35 fully loaded diaper bags (diapers, onesies, blankets, soaps and shampoos, bibs, hats, baby thermometers) at \$75./bag 4 times/annual donated = \$10,500.

A SECOND CHANCE FOR MOMS IN NEED

MARTHA RYAN, 61

San Francisco

As a nurse in African refugee camps, Martha Ryan thought she'd seen it all. But returning to San Francisco in 1985, she was shocked to see women and children on the streets—a grim sign of the spike in the nation's homeless population. Ryan asked a pregnant woman if she was under a doctor's care, and her heart broke at the answer. "I can't worry about the baby in my belly," Ryan recalls her saying. "I'm worried about the kids I've got."

The exchange gave Ryan her life's mission. "Pregnancy," she remembers thinking, "is an amazing opportunity to help a woman turn her life around." And so was born the Homeless Prenatal Program (homelessprenatal.org), the nonprofit Ryan started in 1989 as a clinic in a homeless shelter. As homeless and needy women flocked there, the program offered services ranging from help with regular medical care and job training to substance-abuse and mental-health counseling.

Today, in a three-story building, with 200 volunteers and 68 employees, she has helped more than 2,000 women deliver healthy babies. One is Laura Close, 30, homeless and drug-addicted five years ago and now a college student raising Nathan, a lively 4-year-old. "Martha saved my life and my son's," Close says. "I don't want to think where we'd be without her."

By Meredith Maran

KNOW A HERO?
SEND SUGGESTIONS TO
HEROESAMONGUS@
PEOPLEMAG.COM

Ryan (center) with Close and Nathan (left) and Elizabeth Rivera and son Luis David.



HAIR AND MAKEUP: VERÓNICA SJOEN; STYLIST: TIETJEN FISCHER

Photograph by GABRIELA HASBUN