

FOCUS PROGRAM REPORT

SPRING 2023
COHORT

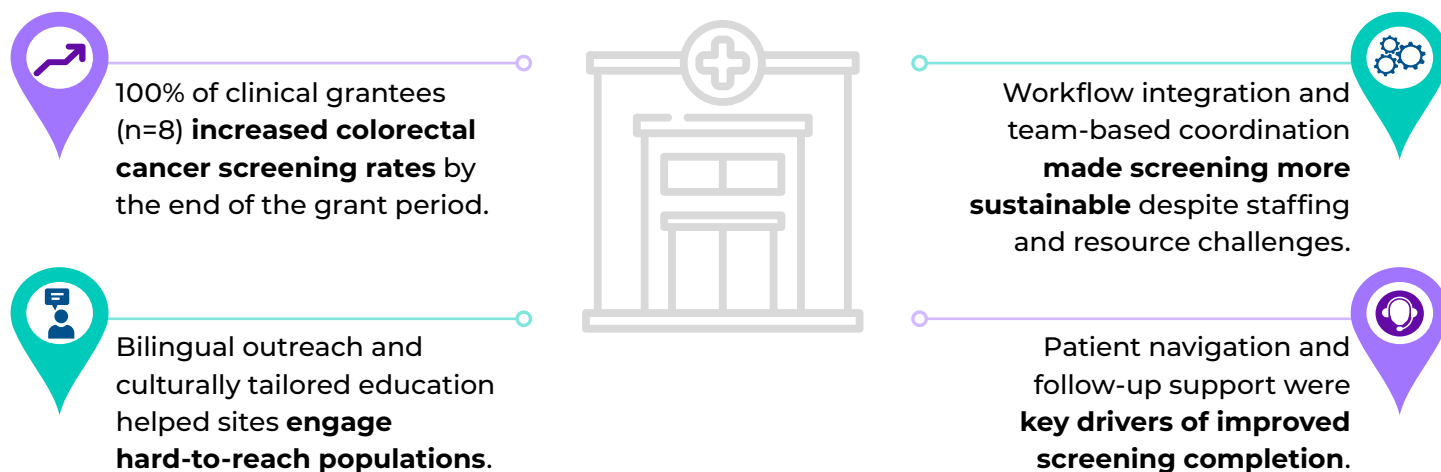
JULY 2025



EXECUTIVE SUMMARY

The Exact Sciences FOCUS program funds clinics and community organizations **to increase colorectal cancer (CRC) screening rates** and ensure pathways to affordable follow-up colonoscopies using evidence-based interventions. In the first cohort of 2023 (out of two total cohorts), grants were awarded to **8 clinical** and **3 community** sites.

Clinical Site Highlights



- Erie Family Health Centers was the Grand Prize Winner of the ACS NCCRT Annual National Achievement Award, “80% In Every Community”.
- Following the FOCUS Grant, River Valley Family Health Centers became the highest-ranked FQHC in Colorado for total CRC screenings delivered among 20 FQHCs statewide.
- Across University of Central Florida HealthARCH systems, colorectal screening orders rose by an average of 20% (Clinical site).

Interventions Used

Demand

Interventions such as community outreach, patient education, reminders, and small media successfully engaged underserved populations and increased screening uptake.*

* [The Community Guide](#)

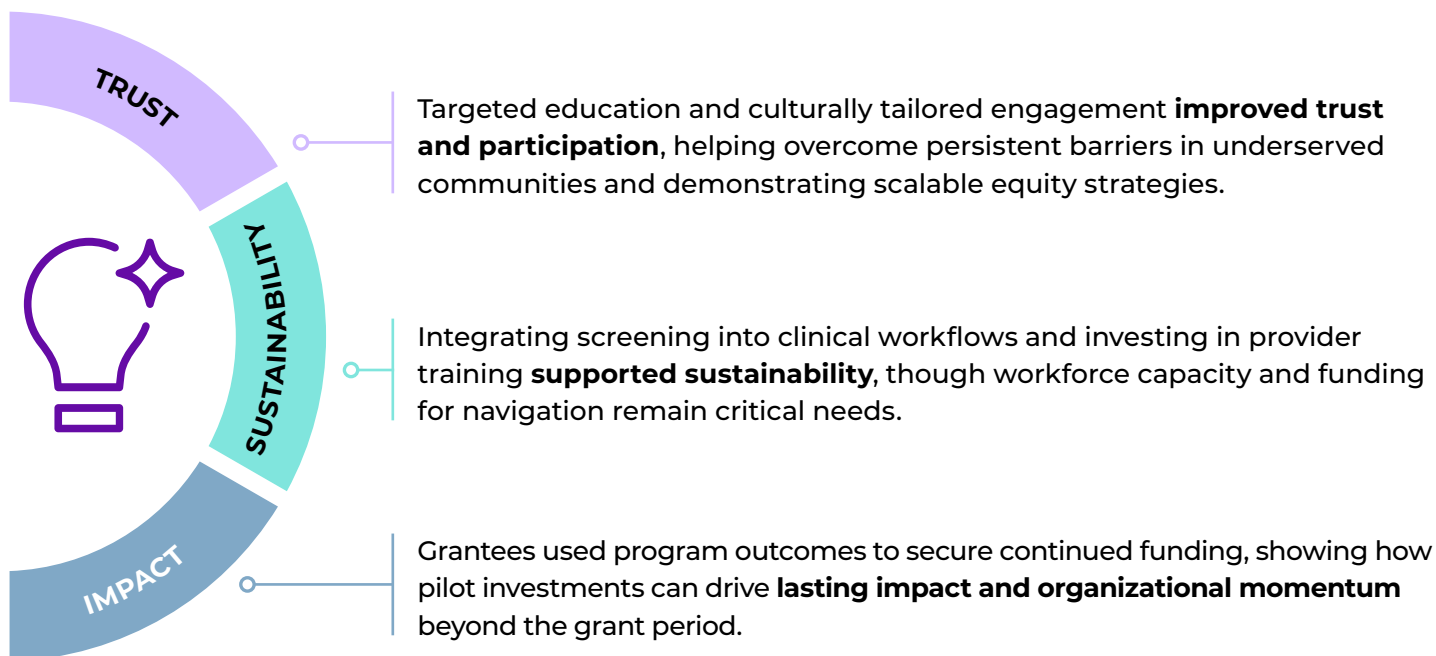
Delivery

Interventions that improved clinical workflows and engaged providers, including EHR prompts, provider reminders, and performance feedback, led to more consistent screening practices across clinical teams.

Access

Interventions that addressed financial and logistical barriers, such as navigation support, transportation assistance, and cost reduction, helped more patients complete screening, particularly those who are uninsured or hard to reach.

Insights Across Sites



What Worked

Layered Patient Navigation Increased Patient Engagement

Several grantees in current and previous cohorts implemented layered or co-branded navigation programs with Exact Sciences to alert patients about orders, overdue tests, and results.

Patients responded to communication coming directly from their clinic and showed increased adherence for screening tests when reminded.

Increased Provider Education Broadened Screening Conversations with Patients

Prioritizing colorectal cancer screening to meet quality measures and consistently including it as a topic in grand rounds and educational sessions, allowed providers to offer patients the most accurate, up-to-date information about available CRC screening options and how to complete them.

Community Health Workers Reduced Barriers for Bilingual Patients

Grantees prioritized hiring CHWs to help navigate non-English speakers through the various CRC screening options, building patient trust and empowering patients to make informed healthcare decisions for cancer screening.

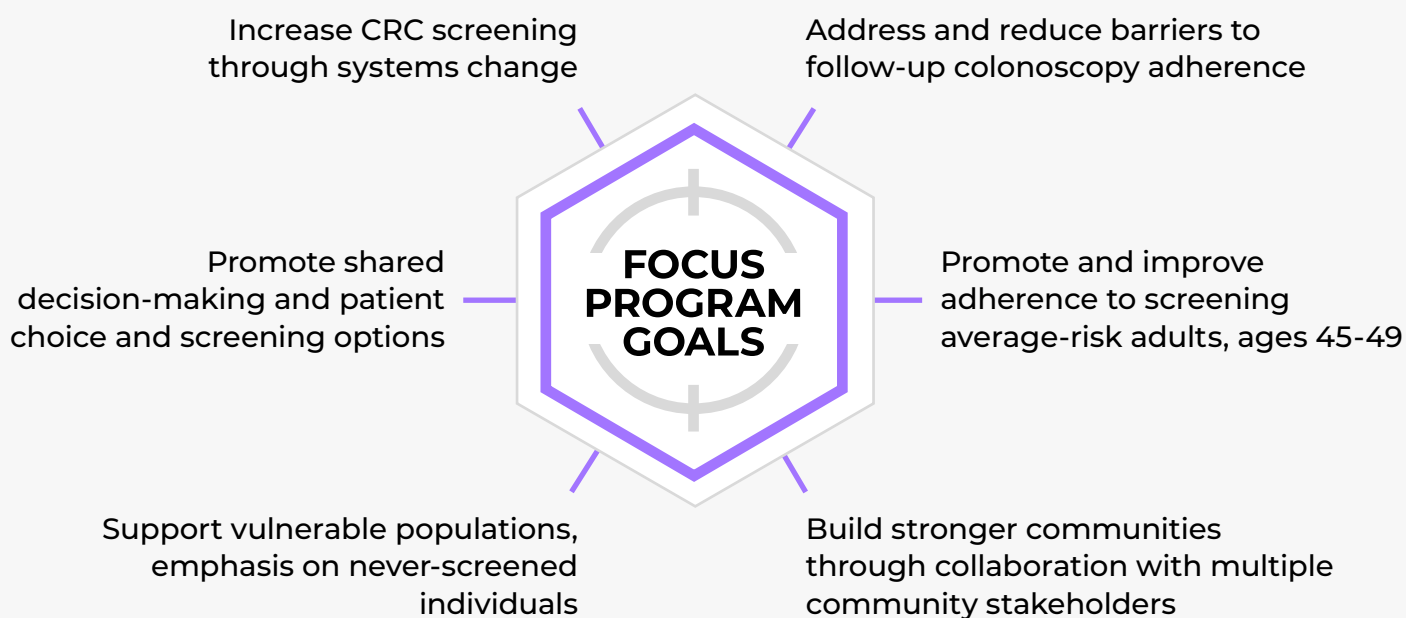
CHWs also worked to reduce financial, transportation, and colonoscopy scheduling barriers for their non-English speaking patients.

OVERVIEW OF THE FOCUS PROGRAM

Exact Sciences **is committed to overcoming barriers to care and ensuring access to colorectal cancer (CRC) screening** by working closely with community partners through its FOCUS Program, launched in 2022. This program:

- Awards grants ranging from **\$25,000 to \$75,000** over an **18-month period** to healthcare clinics, community organizations, public health foundations, and advocacy groups.
- Offers **technical assistance**, including a kickoff meeting, training, collaborative learning calls, and tailored support as needed.
- Aims to effectively **reach and serve the most vulnerable patients** at the community level.

Aligning Initiatives

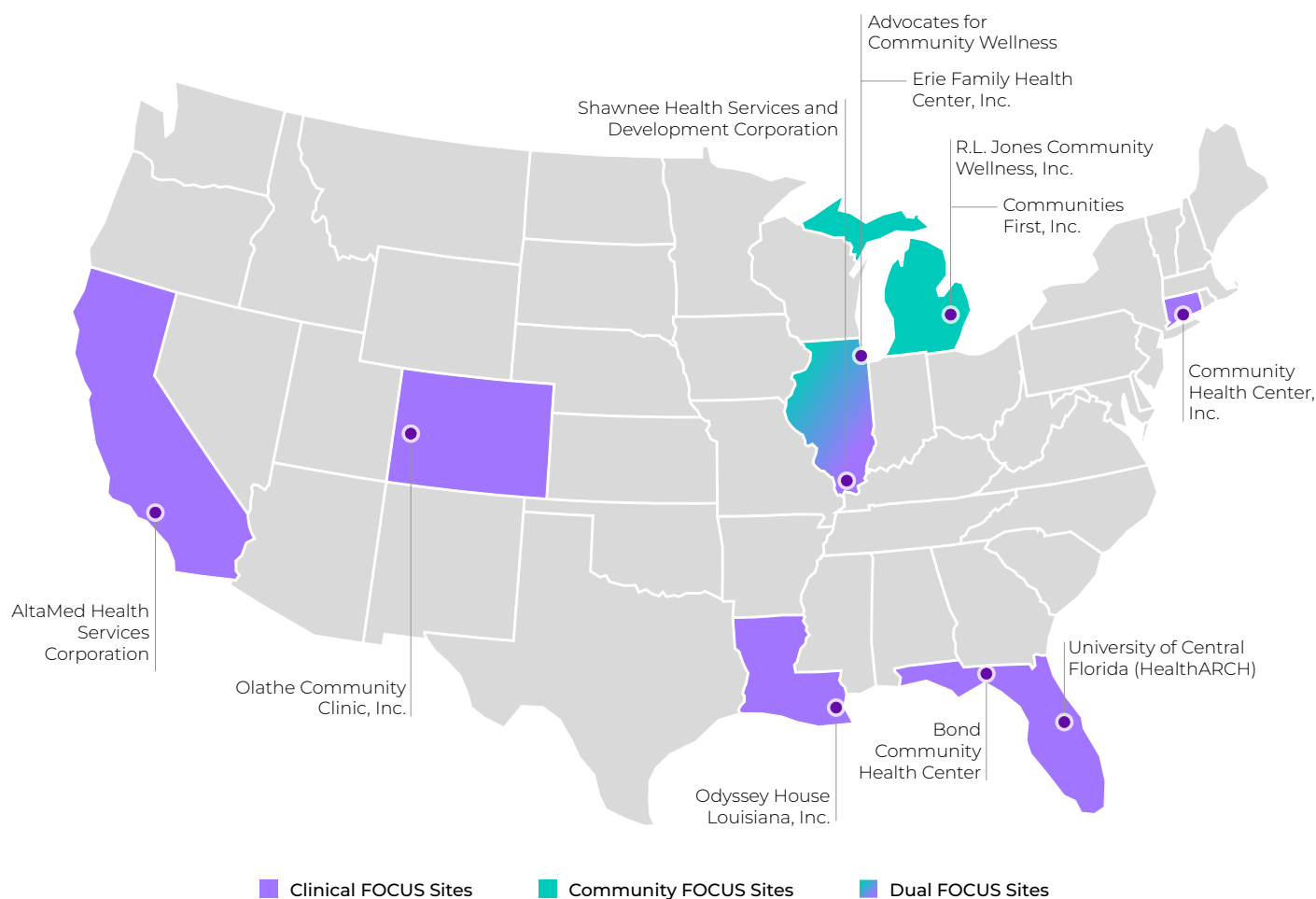


Reaching Key Unscreened Populations

Religious Minorities	Vulnerable Populations	LGBTQ+ Populations	Veterans
Black and African American Populations	Rural Populations	Latinx Populations	Immigrants

Spring 2023 Cohort

In the Spring 2023 Cohort (Cohort 1 of 2), Exact Sciences awarded eleven (11) FOCUS Program grants to organizations focusing on increasing CRC screening in their communities. The map below highlights the funded sites, including clinical and community sites.



Clinical Sites focus on **increasing CRC screening rates** and are required to collect and report screening outcomes. Clinical sites include, but are not limited to:

- Federally Qualified Health Centers
- Look-Alike Clinics
- Community Health Centers

Community Sites focus on **advancing CRC screening awareness, education, and access**, and are not required to report on screening outcomes. Community sites include, but are not limited to:

- Academic Institutions
- Behavioral Health/Addiction Services
- Community Development/Human Services Nonprofits

Introducing the Grantees



Federally Qualified Health Centers (FQHCs)

AltaMed Health Services Corporation

Serves primarily Latino and low-income patients with integrated health and human services in Southern California.

Community Health Center, Inc.

Serves vulnerable populations with integrated medical, dental, and behavioral health services in Connecticut.

Olathe Community Clinic, Inc.

Serves low-income, migrant, and senior populations with integrated health services in rural Colorado.

Bond Community Health Center

Provides comprehensive primary care to underserved residents in Tallahassee.

Erie Family Health Center, Inc.

Serves over 80,000 mostly low-income and Latino patients in the Chicago area with culturally competent, bilingual care.

Shawnee Health Service and Development Corp.

Provides outpatient health services to rural populations in Southern Illinois.



Community Development / Human Services Nonprofits

Advocates for Community Wellness

Focuses on reducing health disparities and increasing health literacy in underserved communities in Chicago.

Communities First, Inc.

Focuses on economic development and affordable housing, serving over 35,000 people annually, in Flint, MI.

R.L. Jones Community Wellness, Inc.

Supports basic needs, job training, and health access for underserved residents in Flint, MI.



Academic Institutions

University of Central Florida (HealthARCH)

Supports primary care practices in underserved areas across Florida with IT and quality improvement services.



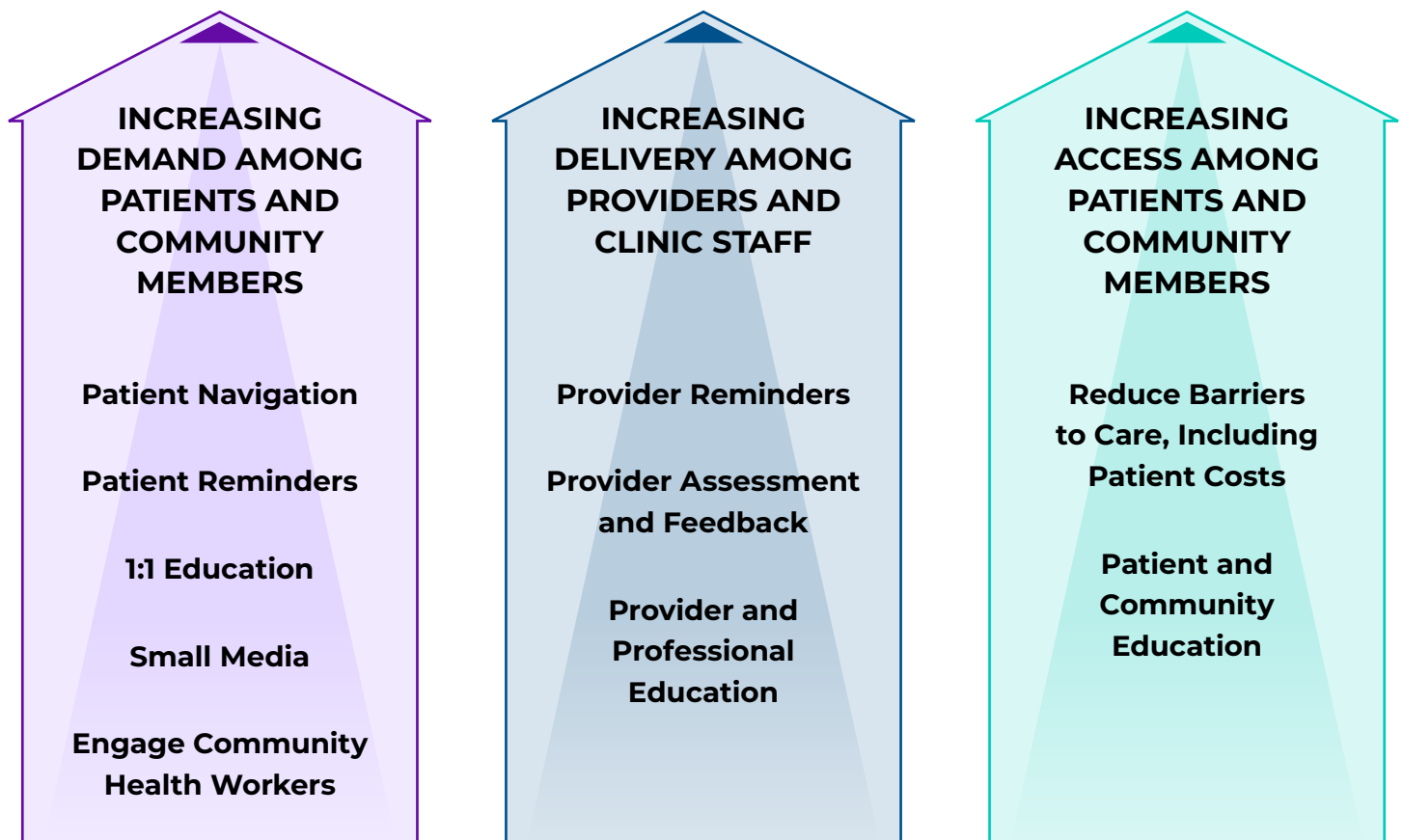
Behavioral Health / Addiction Services

Odyssey House Louisiana, Inc.

Offers addiction treatment and primary care to underserved and Medicaid populations in New Orleans.

INTERVENTIONS AND IMPACT

Evidence-based interventions, as recommended in the Centers for Disease Control and Prevention's [The Community Guide](#), are practices or programs that have peer-reviewed, documented empirical evidence of effectiveness (accessed 1/1/2024). In other words, we know these interventions work. Sites participating in the FOCUS Program utilize these interventions to improve the quality of cancer screening and increase the number of people screened.



“

I could not have asked for a better opportunity than Exact Sciences... This has been the best opportunity since I've been here at Bond Community Health, and I've been here since 2012.

– Bond Community Health Center

Increasing Demand Among Patients and Community Members

Sites utilized evidence-based and informed interventions that increased screening demand among patients and community members. The table below shows the interventions, examples of implementation strategies, and associated impacts.

INTERVENTION*	IMPLEMENTATION	IMPACT
Patient Navigation	Erie Family Health Center, Inc.'s patient navigators continued proactive outreach , provided financial linkages , and supported colonoscopy scheduling and preparation .	Patients overcame barriers , stayed engaged in follow-up care , and completed colonoscopy screenings .
Patient Reminders	Olathe Community Clinic, Inc. pulled EMR data to send multilingual reminders through calls, texts, and Patient Portal messages.	The reminders prompted patients to schedule appointments and supported increased screening uptake .
One-on-One Education	Shawnee Health Service and Development Corporation trained interpreters, case managers, and CHWs to deliver culturally sensitive one-on-one education and referrals for additional clinical support.	The training strengthened patient education efforts and enhanced culturally responsive care during visits and outreach calls.
Promotion of Screening Through Small Media	Advocates for Community Wellness promoted colorectal cancer screening through newsletters, ads, and 18 social media posts .	The campaign raised awareness about CRC and encouraged screening within their community.
Engaging Community Health Workers (CHWs)	Shawnee Health Service and Development Corporation's bilingual CHW conducted outreach and education for Spanish-speaking patients and community groups.	This approach helped increase screening access and education for Spanish-speaking patients.

*Evidence-based interventions to increase CRC screening recommended in [The Community Guide](#).

Increasing Delivery Among Providers and Clinic Staff

Sites utilized evidence-based and informed interventions that increased screening delivery among providers and clinical staff. The table below shows the interventions, examples of implementation strategies, and associated impacts.

INTERVENTION*	IMPLEMENTATION	IMPACT
Provider Reminders	University of Central Florida (HealthARCH) implemented a standardized paper risk assessment tool and integrated EHR alerts.	These tools improved provider engagement and helped ensure timely identification and referral of patients due for screening.
Provider Assessment and Feedback	Shawnee Health Service and Development Corporation tracked and shared colorectal cancer screening rates by age group with clinical staff, leadership, and providers through regular reports.	Detailed feedback helped providers monitor screening performance and identify opportunities for improvement.
Provider and Professional Education	Odyssey House Louisiana, Inc. trained all staff on colorectal cancer screening importance , established screening workflows, and implemented monthly audits and reporting.	This approach integrated screening into daily operations and supported continuous improvement.

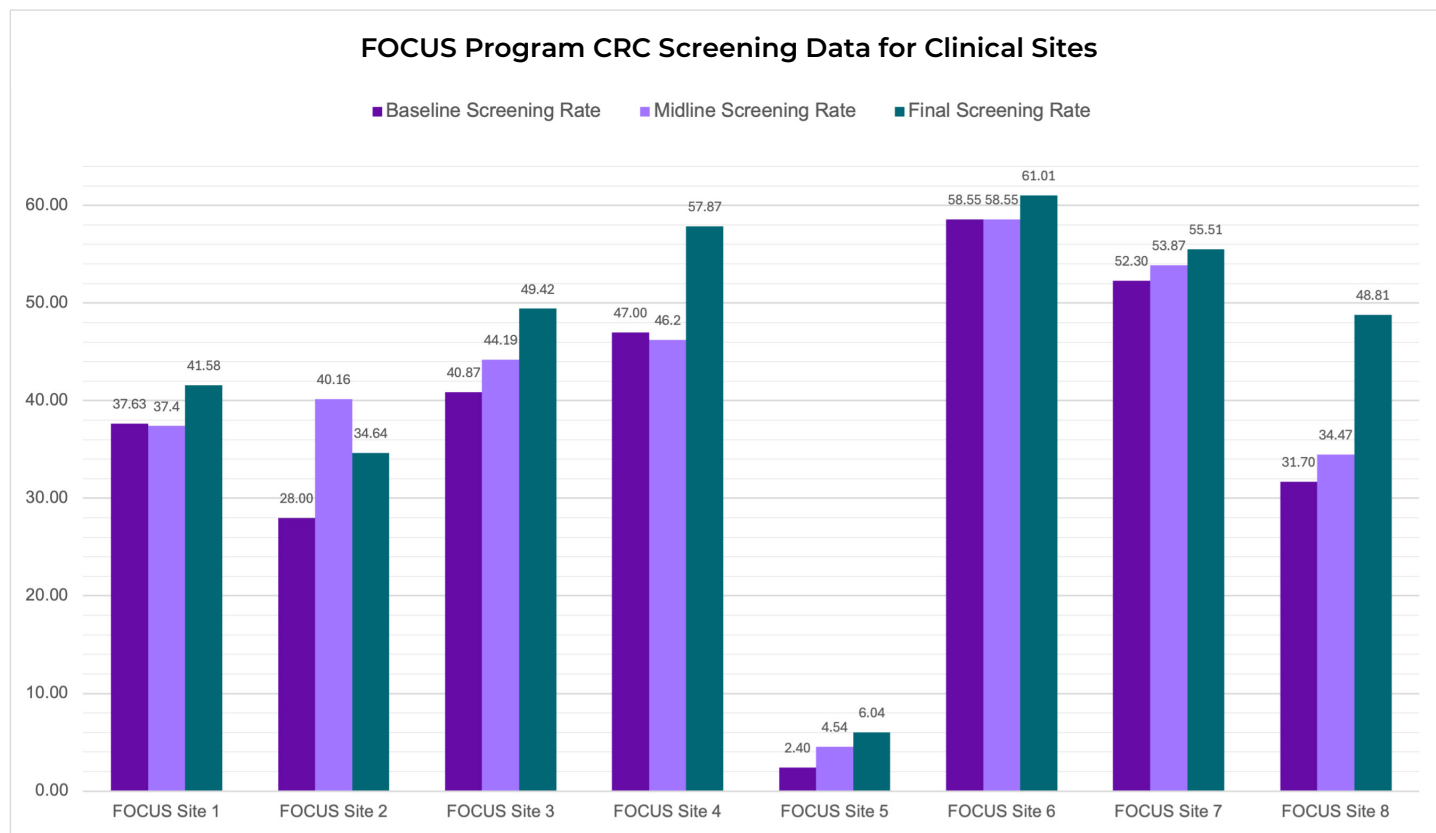
Increasing Access Among Patients and Community Members

Sites utilized evidence-based and informed interventions that increased screening access among patients and community members. The table below shows the interventions, examples of implementation strategies, and associated impacts.

INTERVENTION*	IMPLEMENTATION	IMPACT
Reducing Barriers to Care, Including Patient Costs	Odyssey House Louisiana, Inc. conducted direct outreach, provided transportation support, and removed financial barriers for patients.	These efforts improved access to screening and helped ensure that cost and transportation challenges did not prevent patients from receiving care.
Patient/Community Education (group education)	Advocates for Community Wellness delivered 42 outreach encounters and 23 cooking classes, reaching over 5,000 community members with CRC education.	Post-surveys showed that 97% of participants reported increased understanding of how healthy lifestyles can reduce cancer risk.

*Evidence-based interventions to increase CRC screening recommended in [The Community Guide](#).

SUCCESSSES WITH CRC SCREENING RATES



*R.L. Jones Community Wellness, Inc. received an extension on grant reporting.



All sites increased screening rates from baseline

100% of FOCUS sites (8 out of 8) demonstrated improvements in CRC screening rates by the conclusion of the project.

1

Highest final screening rates

Site 6 (61.01%)
Site 4 (57.87%)
Site 7 (55.51%)

2

Largest increases above baseline at final*

Site 5 (+151.67%)
Site 8 (+53.97%)
Site 2 (+23.71%)

3

Modest increases above baseline at final*

Site 4 (+23.13%)
Site 3 (+20.92%)
Site 1 (+10.50%)

*Points 2 and 3 indicate relative increases from baseline figures $((\text{Final} - \text{Baseline}) / \text{Baseline})$; the graph represents absolute screening rates.

*See Appendix for CRC Screening Rate Criteria

Spotlighting Effective Interventions at Clinical Sites

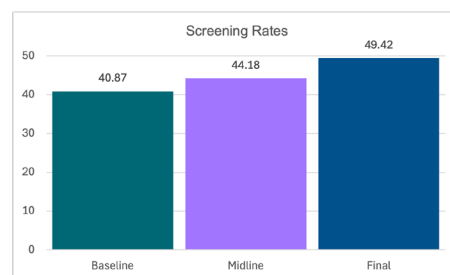
The following sites saw high growth in their screening rates between the baseline and final assessments.

FOCUS Site 3: Leveraging Targeted Text Messages

Site 3 initially used a **CHW-led approach** with education, reminders, and navigation, then **tested a targeted text-based intervention** to improve outreach efficiency and success and allow patients to request screening without a provider visit.

Interventions

- Engaging Community Health Workers
- One-on-one Education
- Patient/Community Education
- Patient Navigation Services
- Patient Reminders
- Reduce Barriers to Care, including patient



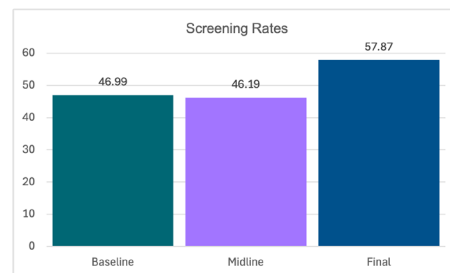
Screening Rate Increase: +20.92%

FOCUS Site 4: Pushing Personalized Patient Navigation

Site 4 implemented a comprehensive colorectal cancer screening strategy combining **personalized patient navigation with robust provider and community education**, supported by outreach campaigns, digital messaging, and promotional materials to increase awareness and follow-through.

Interventions

- One-on-one Education
- Patient/Community Education
- Patient Navigation Services
- Patient Reminders
- Promotion of Screening through Small Media
- Provider and Professional Education
- Reduce Barriers to Care, including patient cost



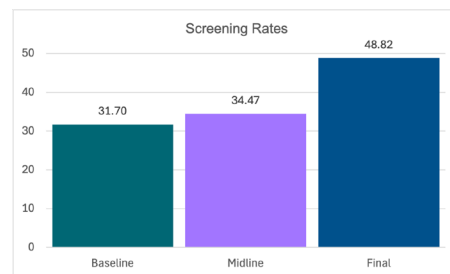
Screening Rate Increase: +23.13%

FOCUS Site 8: Emphasizing Shared Decision-Making

Site 8 enhanced colorectal cancer screening through a combination of **pre- and post-visit patient outreach, culturally appropriate education, shared decision-making aids, standardized risk assessments, and provider prompts** integrated into clinical workflows and electronic health records.

Interventions

- One-on-one Education
- Patient Reminders
- Promotion of Screening through Small Media
- Provider Reminders



Screening Rate Increase: +53.97%

TRANSLATING INSIGHTS INTO ACTIONS

Through midline and offboarding interviews and surveys, participants shared detailed perspectives on implementation strategies, successes, and ongoing challenges. The following section highlights recurring themes, challenges, and key takeaways that emerged across sites.



Exact Sciences' Support Enhanced Program Implementation

- Grantees were initially concerned about commercial influences, but reported being very satisfied with the **extensive resources and responsive support provided by Exact Sciences**.
- Some organizations also benefited from direct, **on-site or remote assistance** from Exact Sciences representatives.



Community Partnerships Expanded Outreach and Built Trust

- Strong community connections and partnerships enhanced outreach efforts, allowing programs to **reach tens of thousands of people across diverse populations**.
- **Collaborations with local organizations, churches, and media helped build trust** and align colorectal cancer screening with existing health initiatives. Although the ability to scale outreach was limited by staffing constraints for some sites.



CHWs and Navigators Helped Overcome Access Barriers

- **CHWs and patient navigators played a crucial role in follow-up and navigation**, helping patients complete screening through consistent outreach and tailored support. Although, reaching some patients was challenging due to changing contact information.
- In some cases, **bilingual CHWs allowed for effective outreach** to otherwise hard-to-reach populations.



The message I heard was: don't give up, keep talking about screening, and eventually they may choose to do it.

– Shawnee Health Service and Development Corporation

TRANSLATING INSIGHTS INTO ACTIONS



Patient Education Helped Address Mistrust and Cultural Barriers

- Some sites faced **challenges engaging underserved communities** due to mistrust, cultural barriers, and hesitancy toward mailed kits. **Patient education and decision aids helped boost participation** by making screening more approachable.
- Many patients **responded positively to stool-based testing like the Cologuard® test**, with some receiving support for free kits based on income eligibility.



Provider Education Increased Acceptance of the Cologuard Test

- While some initial hesitancy existed due to differing guidelines, **many providers ultimately preferred the Cologuard test** for its ease of use and patient accessibility.
- Educating providers about the Cologuard test and sharing regular data helped expand adoption and keep the program top of mind.



Standardized Policies and Provider Training Contributed to Sustainability

- Several health systems strengthened their long-term impact by **implementing standardized screening policies and investing in regular provider training** to maintain adherence and continuity.
- Some sites experienced **sustainability challenges** due to **staff turnover, shifting priorities, limited funding** for CHW programs, and **financial and geographical barriers** to follow-up colonoscopies, especially for uninsured or underinsured patients.

“

[When] we first drafted this grant, we thought it was about a community health worker. But when you take a look at it, it starts from the person who's scheduling, the client, provider, the medical assistant, to the referral coordinator, to management. So it was a true collaborative.

– Odyssey House Louisiana, Inc.

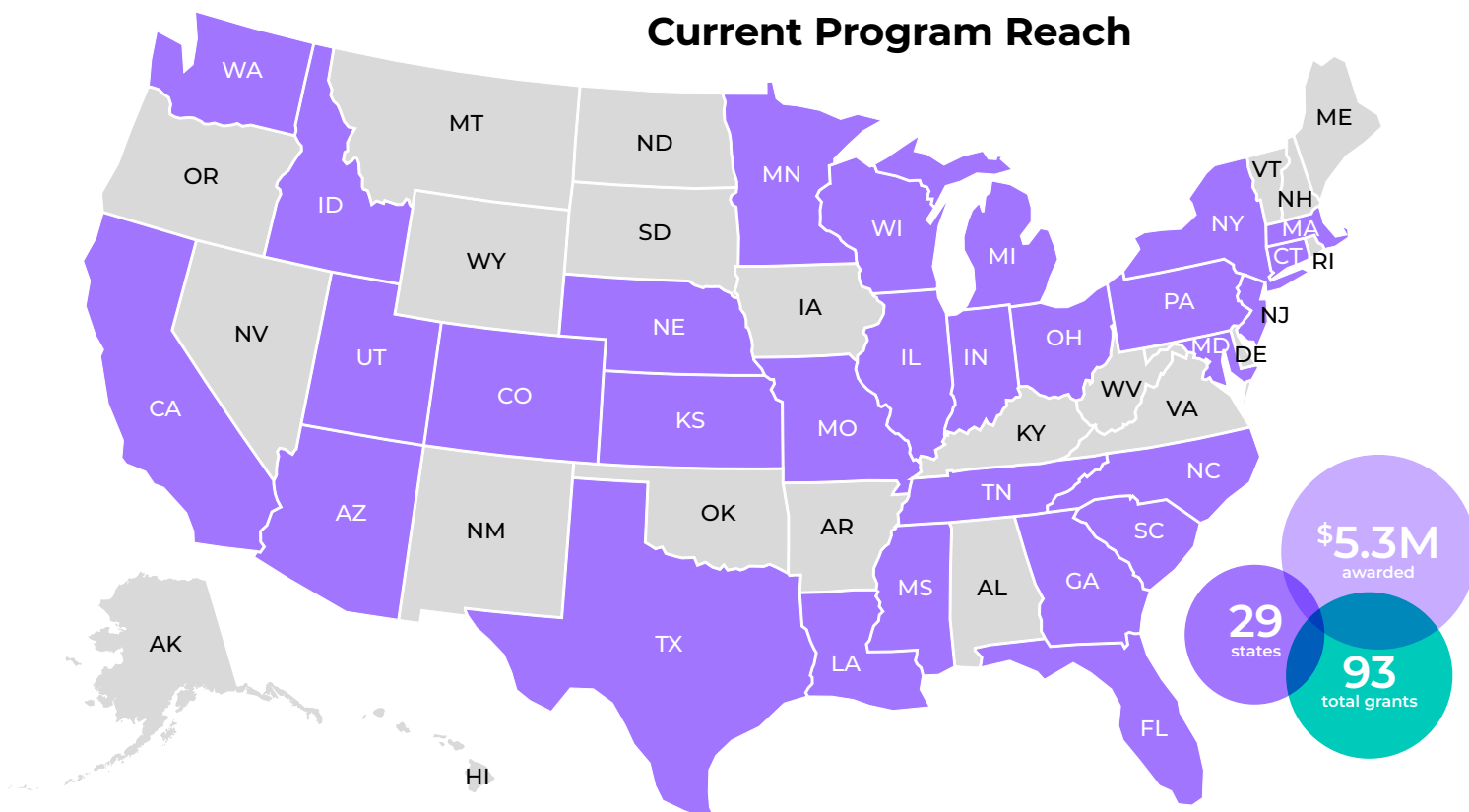
BUILDING ON SUCCESS FOR THE FUTURE

After offboarding, programs have continued to apply the strategies and learnings gained during the FOCUS Program. Several grantees have leveraged their project outcomes as proof of concept to secure operational funding and sustain their initiatives. Since Spring 2023, Exact Sciences has supported three additional cohorts of grantees, expanding the program's reach to 29 states and a total of 93 grantees.

Off-Boarding Insights

Commitment to Continued CRC Screening and Education	Strengthening Patient Navigation and Follow-Up	Challenges to Sustainability and Resource Needs
<ul style="list-style-type: none"> • Embedding screening activities into routine operations and health system workflows through structured, multi-pronged plans. • Sustaining patient outreach campaigns and provider education efforts to promote screening, especially during CRC Awareness Month. • Relying on the Cologuard test to address the gap in screening for uninsured and low-income patients. 	<ul style="list-style-type: none"> • Maintaining patient navigation strategies, including follow-up, education, and referral support for underserved communities. • Using reminders and coordinating with specialty care (e.g., colonoscopy referrals) to support patient completion. 	<ul style="list-style-type: none"> • Seeking continued funding and resources to support workforce, navigation, education, and access. • Long wait times for diagnostic and follow-up colonoscopy continue to hinder access to treatment.

Current Program Reach





FOCUS PROGRAM SPOTLIGHTS



REACHING VULNERABLE POPULATIONS WITH COLOGUARD® BULK ORDERING

Erie Family Health Centers | Chicago, IL

Interventions Used

Primary Interventions

- Patient Reminders
- Provider and Professional Education
- Reduce Barriers to Care, including Patient Costs

Supporting Interventions

- One-on-one Education
- Patient/Community Education
- Patient Navigation Services
- Promotion of Screening through Small Media



Populations Served

- Low-income patients
- Hispanic population
- Urban-based in Chicago, IL



Grand Prize Winner

ACS NCCRT Annual National Achievement Award, *"80% In Every Community"*

100% of age- and risk-appropriate patients due for screening **received a test** for CRC screening (16,600+ orders & 7,000+ valid results).

Patient navigators **addressed transportation, scheduling, language needs, and colonoscopy prep.**

Screening Successes

Erie increased **screening rates from 49% to 58%** during the grant period (2023-2024).

870 patients completed colonoscopies, and **barriers were reduced for 399** of these patients.

Gap Closure Program

Purpose

The Cologuard® CRC Screening Gap Closure Program **coordinates efforts** between health systems, health plans, payers, and Exact Sciences to **improve CRC screening rates**.

Target Population

Individuals indicated for the Cologuard test who are **aged 45 and older** at **average risk** who are due or **overdue for CRC screening** based on medical records.

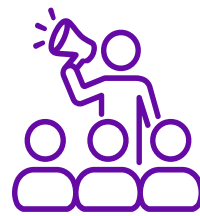
Program Goals

- **Close the CRC screening gap** by proactively reaching out to individuals identified by health systems or payers as due or overdue for screening.
- **Address the public health challenge** of keeping average-risk individuals up to date with CRC screening.
- **Reach patients** who may not regularly visit their healthcare providers.

Power of Partnerships

Nearly **1/6 of uninsured patients** needing follow up **received care** at hospital partners (Swedish or Northwestern).

Navigators provided **follow-up within 2 months of a positive test result**, including help with financial assistance, sliding-fee scale enrollment, scheduling, transportation, interpretation, and colonoscopy prep coordination with hospital partners.



Engaging Patient Populations

- Erie created an **FAQ page** for never-screened patients to **provide consistent reminders and education**.
- Outreach was done at 3, 6, 8, and 10 months to **support never-screened patients** and help close screening gaps.
- Erie **delivered focused education** on CRC risks and screening options (FIT, Cologuard, colonoscopy) to at-risk patients 45+ through MyChart, waiting room materials, social media, and patient handouts.
- Providers **engaged patients in one-on-one conversations** during visits to explain the risks of CRC, discuss available screening options, and support shared decision-making.
- **CRC Awareness Month** promotions included social media, **website updates**, lobby materials, patient handouts, and support from Exact Sciences marketing.

INCREASING ACCESS TO CRC SCREENING IN A RURAL COLORADO FQHC

River Valley Family Health Centers (RVFHC) | Olathe, CO

Interventions Used

Primary Interventions

- Patient/Community Education
- Patient Navigation Services
- Patient Reminders

Supporting Interventions

- Promotion of Screening through Small Media
- Reduce Barriers to Care, including Patient Costs



Populations Served

- Low-income patients
- Hispanic population
- Rural-based FQHC in CO



Top Performing Site

Following the FOCUS Grant, RVFHC became the highest-ranked FQHC in Colorado for total CRC screenings delivered among 20 FQHCs statewide.

RVFHC surpassed its goal screening rate of 6.5%, **increasing screenings by 8%** in 2023.

RVFHC has seen **more average-risk adults choosing the Cologuard test**, helping reduce colonoscopy wait times and transportation barriers for patients.

Screening Successes

Screening **metrics were tracked** monthly via a dashboard, reviewed on QA/QI Committee calls, and presented to the board.

Partnerships with Exact Sciences and Colorado West General Surgery **improved access** to free screening and timely colonoscopy referrals.

Support to Increase Access

- During visits, Resource Specialist/ Interpreters (RS/I) **provided personalized education** on the importance of CRC screening, explained available screening options, and assessed barriers to screening.
- **RS/Is assisted patients** with scheduling colonoscopies, arranging free transportation when needed, and completing free Cologuard test applications for eligible patients based on income.
- In 2023 and 2024, RVFHC **hosted free health clinics for migrant farm workers**, offering bilingual education on CRC screening and available screening options.

Proactive Outreach

- Using EMR data, RVFHC sent **multilingual reminders** via calls, texts, and the patient portal to patients ages 45–74 due or overdue for CRC screening, including those never screened.
- Outreach efforts also included bilingual staff at community events, social media campaigns, and radio ads in English and Spanish to **raise community awareness of CRC screening**.
- After recognizing that many patients needed additional support, **navigators prioritized multiple touchpoints** and ongoing encouragement to help patients complete screening.
- The QA/QI Director **met quarterly with providers** to review patient panels and highlight individuals due or overdue for CRC screening.



Promoting Informed Screening Choices

- All clinical staff and bilingual RS/Is were **trained on CRC screening options**, including detection rates, costs, and appropriate use based on family history and health status.
- RVFHC **partnered with Exact Sciences** to provide bilingual educational materials and videos on screening options.
- During appointments, **providers used shared decision-making** to discuss CRC screening options and order the most appropriate test.
- Medical Assistants **reviewed upcoming patient charts** to flag those due or overdue for CRC screening and **prepared order templates** with options like FOBT, Cologuard, or colonoscopy to streamline the visit.
- During **CRC Awareness Month, screening was promoted** through staff wearing blue ribbons, CRC education in lobbies and exam rooms, and a “Bowlin’ for your Colon” contest that gave patients who completed screening a chance to win free bowling passes.

SUCCESSFULLY IMPLEMENTING CRC RISK ASSESSMENT TOOLS INTO PATIENT CARE ROUTINE

University of Central Florida/HealthARCH | Maitland, FL

Interventions Used

Primary Interventions

- Patient Reminders
- Provider Reminders
- Promotion of Screening through Small Media



Populations Served

- Central Florida



Enhanced CRC Screening Measures

UCF established formal agreements with four clinic partners to support enhanced CRC screening measures, including implementing evidence-based interventions, updating or developing organizational policies, and making systems changes.

Screening Success

All four clinic partners achieved about a **10% increase in CRC screening rates**, with **screening orders rising by an average of 20%** across participating health systems.

Culturally Tailored Decision Support

Participating clinics **provided pre-visit shared decision-making aids and culturally appropriate educational materials** during and after patient visits to support understanding and engagement.



Risk Assessment Tools to Boost Screening Orders

UCF introduced a standardized CRC risk assessment tool, printed on brightly colored paper and flagged in patient charts during visits to **support provider assessment and documentation** of screening risk factors.

All four partner health systems **fully integrated a CRC risk assessment tool** into routine patient care workflows, contributing to a **sustained average 20% increase** in CRC screening orders since implementation.

Clinical Decision Support (CDS) **alerts were implemented in EHR systems** with technical assistance provided to participating health systems, helping providers identify patients due for CRC screening, reinforce guideline-based care, and streamline the ordering process.



Screening Reminders at Every Step

Participating health systems **adopted pre-visit, point-of-care, and post-visit outreach strategies** to improve patient awareness and follow-through on CRC screening.

Pre-Visit Postcard Reminders:

Patients approaching their 45th birthday received postcards explaining the importance of CRC screening and how to complete testing.

Point-of-Care Education:

All clinic sites **provided tailored educational materials** during visits to reinforce CRC screening messages and support patient understanding.

Post-Visit Follow-Up Phone Calls:

Designated staff followed up with personalized phone calls after appointments to reinforce screening recommendations and answer questions.

Ongoing Text Message Reminders:

Health systems used both automated and manual text messages for continued follow-up, ensuring patients received timely reminders about pending CRC screenings.

APPENDIX

CRC Screening Rate Criteria

All clinical FOCUS grantees were asked to share their midline and final screening rates. The following criteria were shared to calculate those rates.

Measure Description

Percentage of Adults 45-75 Years of Age
Who Had Appropriate Screening for CRC

Denominator Statement

Total Eligible Patients Aged 45-75

Numerator Statement

Total Eligible Patients with Appropriate
Screening

Appropriate screenings are defined by any of the following:

- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- mt-sDNA (Cologuard®) during the measurement period or the two years prior to the measurement period
- CT Colonography during the measurement period or the four years prior to the measurement period

Technical Assistance and Training

Virtual kick-off meeting.

One 60-minute training on CRC and the Cologuard® test.

Quarterly learning collaborative calls, where 3-4 representatives from each site convene to delve into successes, challenges, and thoughtful check-in questions.

One-on-one calls as needed with the Exact Sciences project lead.

Local Exact Sciences support was made available as needed.



ACKNOWLEDGMENTS

Meg Fischer, Tanvi Gaitonde and Mary Doroshenk contributed to this report. The team would like to thank the Corporate Impact Team, the FOCUS grant applicant volunteer reviewers, and Exact Sciences leadership for supporting the FOCUS program and making the inaugural year such a success.

FOCUS Grantees

Federally Qualified Health Centers

- AltaMed Health Services Corporation
- Bond Community Health Center
- Community Health Center, Inc.
- Erie Family Health Center, Inc.
- Olathe Community Clinic, Inc.
- Shawnee Health Service and Development Corp.

Community Development / Human Services Nonprofits

- Advocates for Community Wellness
- Communities First, Inc.
- R.L. Jones Community Wellness, Inc.

Academic Institutions

- University of Central Florida (HealthARCH)

Behavioral Health / Addiction Services

- Odyssey House Louisiana, Inc.

Evaluation

Caitlin Allen, CGA Consulting

