CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES

Center-Wide Evaluation Manual 2019 – 2020

FINAL | NOVEMBER 2019

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CENTER-WIDE EVALUATION MANUAL 2019 – 2020

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BRIGHT RESEARCH GROUP

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Table of Contents

1. Introduction

Learning and evaluation are foundational elements of all Center for Healthy Schools and Communities (CHSC) programs and strategies. CHSC's investment in comprehensive program-level evaluations of school-based health centers (SBHC), REACH Ashland Youth Center, the School-Based Behavioral Health Initiative (SBBHI), and other efforts has allowed CHSC to learn, document, and duplicate quality practices; contribute to the field; and make the case for additional investment in its programs. CHSC contributes to and leverages these program-level evaluations to afford documentation of the impact of its entire body of work. To this end, CHSC engaged Bright Research Group to conduct a comprehensive evaluation design and planning process as the basis for a center-wide evaluation framework. This framework is built upon the recent reframing of CHSC's body of work around the concept of comprehensive School Health Initiatives, as described in this manual. The purpose of the framework is to reduce siloed evaluation efforts at the program level, and to establish standardized tools that accurately capture the breadth and depth of direct service and systems support activities in school districts.

This manual documents the center-wide evaluation framework and its two key components:

1. A set of common results-based accountability (RBA) metrics to capture the intended results of CHSC's entire body of work.
2. Data collection tools that will be used to capture this data, including the timing, frequency, and roles/responsibilities related to administration.

1.1 County-Wide and School District Focus

To note, all data collection tools are designed to collect data on the effort and quality of CHSC's activities in each partner school district, and cumulatively across Alameda County. This design allows CHSC to document its body of work across the county, and to dissect this data by school district. This design allows CHSC to develop district-level reports that offer comprehensive data about CHSC's resources and investments in each school district.

The CHSC Strategy Team developed their priorities for center-Wide evaluation at a November 2018 retreat:

> ### CHSC Staff Priorities for Center-Wide Evaluation
>
> - Improve ability to collect data on the level of effort in a school district as a whole.
> - Tell the story of CHSC's body of work across the county.
> - Develop common metrics across CHSC.
> - Determine how to measure the amount and impact of capacity building and systems change activities (currently, no data collected).
> - Understand improvements to social-emotional outcomes for youth who participate in programs or activities.
> - Standardize and reduce burden of data collection (for staff and for program participants).
> - Improve communication to key stakeholder audiences, including:
>   - Board of Supervisors
>   - Public system leadership
>   - School district leadership and administration (superintendents, school boards, etc.)
>   - School site decision-makers: principals, community school managers, vice principals
>   - School-partner lead agencies and workforce
>   - Teachers, student services or learning support staff
>   - Youth and families
>   - Other local investors in school health, e.g., First 5
>   - Private foundations/philanthropies
>   - School health field/industry

Methodology

The evaluation design is built upon a series of key methodologies including:

- The CHSC Strategy Team November 2018 retreat, as well as dozens of planning meetings and conversations with CHSC Strategy Team members who lead the REACH, SBBHI, SBHC, Youth and Family Opportunity (YFO), Unaccompanied Immigrant Youth (UIY), and other program teams.
- A review of the literature and evidence base for key data collection methodologies related to capacity building, youth outcomes, and family outcomes.

- A comprehensive review and crosswalk of CHSC's strategic plan, logic models, frameworks, and existing data collection tools utilized by different programs (e.g., youth and family surveys).
- Pilot tests of all data collection tools documented in this manual. Surveys and tracking logs were piloted with a subset of users, and iterated and improved based on user experience.

1.2 Key Values for Data Collection

The following values guided the development of the RBA measures and corresponding data collection tools:

- Don't reinvent the wheel: Utilize existing CHSC survey items that align with its mission and vision; and leverage validated tools or measures for youth and family outcomes where possible.
- Only collect data that is useful: Limit the number of items that may be interesting but not useful for improving programs or making the case for programs to key audiences.
- Limit the participation burden on youth and families, thereby lessening the stress that may arise from having to repeatedly disclose personal data.
- Pilot test new measures and survey tools before deploying Center-Wide.
- Identify opportunities to share evaluation results and close the feedback loop.

1.3 School Health Initiatives Framework

CHSC's mission is to partner with the education system to address and reduce health disparities that negatively impact school success and future opportunities for young people. CHSC partners with school districts by implementing, supporting, and sustaining school-based and school-linked health and wellness supports. Viewed from a holistic, district-wide lens, this combination of health and wellness supports allows CHSC to implement comprehensive school health initiatives.

School health initiatives include four direct service strategies and three systems support strategies.

Direct Service Strategies

- Health Access
- Healthy Spaces and Places
- Youth Wellness
- Family Partnership

Systems Support Strategies

- Capacity Building for Quality Practice
- Systems Integration (working together)
- Operations and Administration

1.4 Evaluation Questions

The overall center-wide evaluation framework is designed to answer two key guiding evaluation questions:

How well is CHSC implementing school health initiatives in each of its partner school districts and across the county?

How is CHSC building the skills and capacity of its four key beneficiary groups: youth, families, school district/site staff, and health and wellness providers?

CHSC may identify more specific evaluation questions for its center-wide evaluation on an annual or biannual basis.

The framework is built around a set of key measures designed using an RBA approach: How much did we do? How well did we do it? What difference did it make? Data collection tools were designed to collect data on these RBA measures.

2. Direct Service Strategies

CHSC's school health initiatives include four key direct service strategies that support the health and wellness of youth and families in Alameda County. CHSC partners with school districts to offer both school-based and

community-based/school-linked health and wellness supports. These four strategies, and how they link to both school-based and community-based/school-linked health supports, is illustrated below.

Figure 1. Direct Service Strategies to Support Health and Wellness of Alameda County Youth and Families

Direct Service Strategies	School-Based Health and Wellness Supports	Community-Based/School-Linked Health and Wellness Supports
Health Access "Learning happens when students are healthy"	• School health centers • School-based clinical services [by school-based clinical consultants (SBCCs) and interns] • Connecting Kids to Coverage (CKC)	• REACH integrated health and wellness team • Fuente Wellness Center • Dental outreach and care • Tri-Valley school health fairs
Healthy Spaces and Places "Our environment shapes our lives"	• School climate coaching and consulting • In development: school culture and climate coaching teams through Resilient Systems	• REACH milieu and community engagement • Food security • Youth homelessness/shelter
Youth Wellness "Youth voices guide the future"	• Unaccompanied Immigrant Youth (UIY) Care Team • School-based youth wellness services [Health Initiatives for Youth (HIFY), East Bay Asian Youth Center (EBAYC), Latino Men and Boys (LMB)]	• REACH Ashland Youth Center (AYC) and youth engagement • REACH youth internships • Community-based youth wellness services [Berkeley Youth Alternative (BYA), Eden, YR Media]
Family Partnership "Supported families are supportive families"	• Family resource centers and hubs connected with CKC • School-based family partnership services [Hayward Unified School District (HUSD) Family partnership program, Newark Unified family partners]	• Father Corps • Community-based family partnership services [Union City Family Resource Center (FRC), City of Fremont FRC, Alameda Family Services]

2.1 Methodology

The following methodologies were used to inform the development of the RBA measures and data collection tools for Direct Service Strategies.

Youth and family surveys currently utilized by the SBHC, YFO, and SBBHI programs were cross-walked and compared to identify a common set of core questions. These questions form the foundation of the new data collection tools in this framework.

- A review of validated tools for measuring youth development outcomes was conducted, and the Developmental Assets Profile (DAP) was identified as a high-priority tool that aligned with CHSC's values and mission. The DAP is provided by Search Institute and measures internal strengths and external supports that influence youth success in school and life. The survey has been validated as a pre- and post-test to measure change over time or may be utilized to assess a student at one point in time. DAP is a 58-item Likert scale questionnaire that is administered via an online link provided by Search Institute. Due to the length of the survey and the lack of flexibility for data ownership, CHSC decided not to deploy the entire tool. Instead, CHSC's Strategy Team participated in a facilitated process to identify key questions from the

DAP that were relevant to CHSC, and those questions were included in the new youth survey. Questions may have been slightly amended to align with CHSC priorities.

- A review of validated tools for measuring family support outcomes was also conducted; however, relevant tools were limited. The Panoramic Family School Relationships (FSR) Survey—provided by Panorama Education—measures parent and family attitudes toward their school community. Results may be used to strategize how to build family capacity to support student learning outside of school. The FSR Survey has a total of 70 Likert scale items, 19 demographic questions, and 21 suggested free response questions and is intended to be completed by students' parents/guardians. CHSC's Strategy Team participated in a facilitated process to identify key questions from the FSR that were relevant to CHSC, and those questions were included in the new family survey.

- BRG facilitated a series of design and input sessions with supervisors of SBCCs and REACH Clinical Case Managers (CCMs) to design and test the Service Tracking Tool (STT). The STT is a customized web-based data tracking system built by BRG partner, Noetic Logic. The STT was user-tested with SBCCs and REACH CCMs in May 2019 and went live on July 1, 2019.

2.2 RBA Measures for Direct Service Strategies

The following RBA measures were developed for CHSC's Direct Service Strategies. All data will be collected at the county-wide level and school district-level (and REACH AYC).

Figure 2. RBA Measures for Direct Service Strategies

Effort How much?	• # of youth receiving individual service/counseling and/or youth development programming, by district and REACH AYC • # of total hours of individual counseling/services for youth, by district and REACH AYC • # of youth participating in groups, by district and REACH AYC • # of total hours of youth groups, by district and REACH AYC • # of total hours of health center services by district and type of service (medical, behavioral health, health education, vision, dental*) • # of families/caregivers served, by district and REACH AYC, by type of program/service, and by demographics (i.e., zip code, household composition, race/ethnicity, language) • # of family/caregiver group workshops/trainings
Quality How well?	• % satisfaction with programs/services, by district and Reach AYC, by type of program/service (e.g., COST, Target-Population-specific groups), and by demographics (i.e., grade level, race/ethnicity, language, gender)
Impact Better off?	• Developmental assets (youth) and/or protective factors (youth and family/caregiver) • Access to health services • Leadership skills • Basic life needs met for youth and/or families • Access to educational opportunities for families/caregivers • Access to career pathway development for families/caregivers • Relationships with and perception of school (school engagement) • Youth health behaviors (e.g., contraceptive use, oral health*) • Youth academic behaviors (e.g., school connectedness, attendance*) • Youth mental health and well-being*

*Measures marked with a * are collected by the University of California San Francisco (UCSF) School Health Center (SHC) evaluation team and will be provided to the center-wide evaluation on an annual basis.*

2.3 Overview of Direct Service Data Collection Tools

To collect data on the Direct Service Strategies RBA measures, the following three tools will be utilized:

1. Service Tracking Tool
2. Youth Outcomes Survey
3. Family Outcomes Survey

The information below summarizes the content of the tools, who will complete the tools, who will oversee administering the tools, and information on the timing and procedures for data collection. Individual program evaluations (e.g. SBHC, SBBHI, etc.) will have access to all raw data about their programs collected through these tools.

Please note—Clinical documentation and Medi-Cal Administrative Activities (MAA) continue to be required reporting for care management and billing purposes. Harvest will continue to be required until the Systems Support Activity Log is launched (expected date: Spring 2020).

Figure 3. Service Tracking Tool

Who completes?	SBCCs, REACH CCMs, and Community Health Workers (CHWs), Integrated Behavioral Health (IBH) site interns, UIY Care Team
Who administers?	Self-completed
When?	After any direct service support provided. It is recommended that users complete the tool on a daily, or at minimum, weekly basis.
How?	https://stt.noeticlogic.com/
Why?	Answers "how much"

The CHSC Service Tracking Tool (STT) is a customized online activity tracking platform to record direct service activities (clinical and non-clinical) conducted with youth and families. Because some CHSC staff/providers play multiple roles at school-based or community-based programs, the STT also tracks systems support activities. The STT tracks:

- The target population (i.e., youth, family, teacher/school staff)
- Type of service by tier
- Reason for conducting the service
- The corresponding CHSC focus area (e.g., restorative practices, social/emotional learning, family partnership/support)
- Number of individuals served (unduplicated)
- Number of hours of service, by type of service

The STT went live on July 1, 2019. SBCCs, REACH CCMs and CHOWs, Integrated Behavioral Health (IBH) interns, and the UIY Care Team will track their activities on a daily or weekly basis in the Activity Log, ideally shortly after a specific activity takes place. Users will have access to their own data. They will be able to utilize that data for service planning or other insights. Supervisors and system administrators will receive automated monthly reports and will be able to download customized reports of data by individual, team, district, or site. Program-level evaluators will receive a customized export of raw data, at request.

Figure 4. Youth Outcomes Survey

Who completes?	Youth program participants (available in English and Spanish).
	Goal: If possible, the survey should be completed by youth who have been engaged by the program at least three times. Youth should only be surveyed once per school year; however, this is up to the discretion of program staff or program evaluators, based on the program format and relationship with youth participants.
Who administers?	District Health and Wellness Consultants (provided to program staff in districts), SBHC staff (in partnership with UCSF), REACH AYC staff (in partnership with Raimi & Associates), YFO Youth Programs, UIY Program Participants (in partnership with La Clínica)
When?	February/March (annually) OR
	If programs have existing workflows and timelines for distributing surveys to youth, those workflows can remain as is to support effective data collection. All youth survey data must be reported no later than May 31 of each school year.
How?	In-person, administered by paper (see Appendix) or on phones/computers using this Youth SurveyGizmo link:
	www.surveygizmo.com/s3/5179138/Youth
	If surveys are collected by paper, staff must:
	Before printing and distributing to youth, fill out the fields at the bottom of the youth survey highlighted in <mark>green</mark>, i.e., School District or Other Location, Date of Survey Administration, CHSC Program, Organization.
	Once surveys are completed, staff are required to input each individual survey response at the SurveyGizmo link. It is recommended that this activity be completed as soon as surveys are collected, and no later than May 31 of each school year.
	If surveys are to be completed by youth online, staff must:
	Provide youth with the SurveyGizmo Link for Youth Survey (see above).
	Provide youth with the answers to the first three questions: 1) today's date, 2) the name of the program (from the drop-down menu), and 3) the name of the school district or community center where the survey is being conducted (from the drop-down menu).
	For programs with external program-level evaluations (e.g., SBHC and REACH AYC), please review evaluation data sharing protocols in the Appendix.
Why?	Answers "how well" and "better off."

The youth outcomes survey has 24 items, including questions that ask youth to share:
- Reflections on the support they received from people who work at the CHSC program on issues such as goal development, school, health, coping mechanisms, and peer or familial relationships.
- Satisfaction with the program.
- Self-reported protective factors, including peer relationships, relationships with adults, access to places to go for help, health status, etc.

2.4 Demographics

The youth outcomes survey will be available in both English and Spanish. The youth outcomes survey will replace all existing youth surveys utilized by CHSC programs. Specific programs and program-level evaluations will have the option of amending the survey to add a maximum of eight (8) additional custom questions. Custom questions should focus on specific program elements not currently covered by the youth outcomes survey. Youth outcomes surveys will be coded by program, and sorted accordingly during the analysis.

For programs with program-level evaluations (i.e., SBHC and REACH), please review the Appendix for protocols related to youth survey administration and data sharing with the center-wide evaluation team.

Figure 5. Family Outcomes Survey

Who completes?	Family program participants (available in English and Spanish).
	Goal: If possible, the survey should be completed by family members/caregivers who have been engaged by the program at least three times and/or are in a consistent or intensive engagement in services. Family members should only be surveyed once per school year; however, this is up to the discretion of program staff or program evaluators, based on the program format and relationship with family participants.
Who administers?	REACH AYC family service providers (CCMs); SBCC family support services; FatherCorps; YFO Family Support providers; District Health & Wellness Consultants (in districts with family engagement strategies).
When?	February/March (annually) OR
	If programs have existing workflows and timelines for distributing surveys to family members, those workflows can remain as is to support effective data collection. All family survey data must be reported no later than May 31 of each school year.
How?	In-person, administered by paper (see Appendix) or on phones/computers using this Family SurveyGizmo link:
	https://www.surveygizmo.com/s3/5185283/Family
	If surveys are collected by paper, staff must:
	Before printing and distributing to family members, fill out the fields at the bottom of the family survey highlighted in green, i.e., School District or Other Location, Date of Survey Administration, and CHSC Program.
	Once surveys are completed, staff are required to input each individual survey response at the SurveyGizmo link. It is recommended that this activity be completed as soon as surveys are collected, and no later than May 31 of each school year.
	If surveys are to be completed by family members online, staff must:
	Provide family members with the SurveyGizmo Link for Family Survey (see above).
	Provide family members with the answers to the first three questions: 1) today's date, 2) the name of the program (from the drop-down menu), and 3) the name of the school district or community center where the survey is being conducted (from the drop-down menu).
Why?	Answers "how well" and "better off."

The family outcomes survey has 25 items, including questions that ask family members to:

Self-report outcomes as a result of program participation, including parental resilience, social connection, knowledge of child and adolescent development, leadership and advocacy skills, and relationship/partnership with the school.

Satisfaction with the program, and areas for improvement.

2.5 Demographics

The family outcomes survey will be available in both English and Spanish. The family outcomes survey will replace all existing family surveys utilized by CHSC programs. Specific programs will have the option of amending the survey to add a maximum of eight (8) additional custom questions. Custom questions should focus on specific program elements that are not currently covered by the family outcomes survey. Family outcomes surveys will be coded by program, and sorted accordingly during the analysis.

3. Systems Support Strategies

CHSC's school health initiatives include three key Systems Support Strategies that support policy, systems, and environmental change around school health in Alameda County.

CHSC builds the capacity of school districts, health-and-wellness providers, and community and institutional partners to implement school health initiatives through training, coaching, and consultation. Key beneficiaries include teachers, administrators and school staff; health and wellness providers; and school systems.

Historically, CHSC has collected minimal data on the amount and impact of its Systems Support Strategies on school systems. The center-wide evaluation will prioritize evaluating CHSC's Systems Support Strategies as identified below.

Figure 6 CHSC Systems Support Strategies: Activities

Capacity Building for Quality Practice "Be relevant and do what works"	• Learning communities (District health and wellness consultants, school health centers, youth centers, family support providers) • Mental health trainee program • Frameworks and publications • Trainings (internal and external) • Bi-annual conference and convenings
Systems Integration (Working Together) "Collaboration increased impact!"	• District-level health and wellness consultants • Coordination of Services Teams (COST) • Education Re-entry (Justice Involved Youth) • REACH COST and Care Coordination • Joint Powers Authority (JPA), Oakland Thrives Leadership Council (OTLC), and Health Impact Table
Operations and Administration "It's foundational for all we are able to do."	Human Resources, Finance, MAA, IT, contracts, workstations and facilities, conference and event logistics, ergo, scheduling, website(s), database systems

3.1 Methodology

A review of existing frameworks on measuring and evaluating capacity-building initiatives was conducted to inform the center-wide evaluation approach for Systems Support Strategies, including Karen Mapp's *4 C's Capacity-Building Framework*; Julia Coffman's *Framework for Systems Change* and the *Center for Evaluation Innovation Systems Change Evaluation Toolkit*.

There is a lack of literature on approaches to evaluating systems change and/or capacity building work that results in policy, systems, and environmental change. The frameworks above informed the conceptual approach to this part of the evaluation design; however, CHSC has the opportunity to contribute to the field by offering a model for measuring systems change initiatives.

3.2 RBA Measures for Systems Support Strategies

The following RBA measures were developed for CHSC's Systems Support strategies. All data will be collected at the county-wide and school district-level (and REACH AYC).

Figure 7. Systems Support Strategies:
Capacity Building for Quality Practice; Systems Integration (Working Together)

Effort How much?	• # of participants in capacity-building activities, separated by type of activity (e.g., training, coaching and consultation, learning community) • # and hours of trainings and consultation/coaching, by topic and by location (e.g., school site level, district level, countywide) • # and hours of learning community meetings, by topic • # of district/school staff and # of provider partner staff who received coaching and consultation services, including # of hours provided • Dollar amount of CHSC investment in schools, including initiatives and provider services • # of FTE hours of CHSC staff and provider staff committed to capacity building and direct service in districts • # of system committees, tables, convenings with CHSC presence
Quality How well?	• % satisfaction with trainings and learning community (met participant objectives and priorities for learning) • % of school and partner staff who report feeling supported/prepared by CHSC • # of FTE hours of school staff committed to CHSC initiatives (i.e., individual champions) • Dollar amount of school district or school site investment in CHSC initiatives
Impact Better off?	• Support for schoolteachers and administration (and decreased burnout) • Self-reported increase in skills and knowledge as a result of trainings, coaching/consultations, learning community • # and types of policies or practices adopted and/or sustained at school-site or district level (e.g. shared goals related to restorative practices, Positive Behavioral Intervention and Supports (PBIS), Coordination of Services Team (COST) • Implementation of quality practices • Alignment in school system goals with CHSC mission • # of schools implementing CHSC initiatives • Sustainability of CHSC initiatives (measured through proportion of CHSC programs led by school staff compared to provider or CHSC staff)

3.3 Overview of Systems Support Data Collection Tools

To collect data on the Systems Support RBA measures, the following five tools will be utilized:

• Systems Support Activity Log
• Staff Training Survey
• Learning Community Survey
• Systems Support Impact Survey
• Systems Support Impact Interviews

The information below summarizes the content of the tools, who will complete the tools, who will be in charge of administering the tools, as well as information on the timing and procedures for data collection.

Please note—Gateway and MAA continue to be required reporting for billing purposes. Harvest will continue to be required until the Systems Support Activity Log is launched (expected date: Spring 2020).

Figure 8. Systems Support Activity Log

Who completes?	CHSC Strategy Team
Who administers?	Self-completed
When?	After any capacity-building support is provided. It is recommended that users complete the tool on a daily, or at minimum, weekly basis.
How?	https://ssal.noeticlogic.com/
Why?	Answers "how much"

The Systems Support Activity Log will allow CHSC to measure the amount and type of systems support (via coaching, capacity-building, training, etc.) that is being provided to school district/staff partners or health and wellness providers by the CHSC team. These counts may include the number and type of personnel who participate in training activities, the number of hours provided in consultations, and the types of topics or initiatives that are being supported. CHSC staff will track their activities on a daily or weekly basis in the Activity Log, ideally shortly after a specific activity takes place. Users will have access to their own data, and will be able to utilize it for service planning or other insights. CHSC leadership will be able to download customized reports of data.

While this tool is intended for CHSC staff only, there may be cases where CHSC provider partners who serve in similar capacities as CHSC staff may need to fill out this tool or report the same types of data [e.g., District Health and Wellness Consultants (DHWCs) who are employed by providers instead of CHSC].

CHSC and BRG are in the process of designing this tool, with the goal of launching it in the Spring of 2020.

Figure 9. Staff Training Survey

Who completes?	Any school or health professionals who participate in CHSC trainings Note: Youth and family members who participate in trainings or workshops should NOT complete this survey.
Who administers?	CHSC staff (i.e., whoever is the lead facilitator of the training)
When?	Professional trainings: at each event
How?	In-person, administered by paper (see Appendix) or on phones/computers using this Staff Training SurveyGizmo link: https://www.surveygizmo.com/s3/5185218/Training

Figure 9. Staff Training Survey

	If surveys are collected by paper, staff must:
	Before printing and distributing to training participants, fill out the fields on the training survey highlighted in <mark style="background-color:#00ff00">green</mark>, i.e. Facilitator Name(s), Topic of Training, School District or Other Location, and Date of Training.
	Once surveys are completed, staff are required to input each individual survey response at the SurveyGizmo link. It is recommended that this activity be completed as soon as surveys are collected, and no later than May 31 of each school year.
	If surveys are to be completed by training participants online, staff must:
	Provide participants with the SurveyGizmo Link for Staff Training Survey (see above).
	Provide participants with the answers to the first four questions: 1) today's date, 2) names of facilitators (from drop-down menu), 3) the topic of the training (from the drop-down menu), and 4) the name of the school district or community center where the training is being conducted (from the drop-down menu).
Why?	Answers "how well"

The Staff Training Survey has eight (8) survey items and collects participants' feedback on satisfaction with trainings or workshops that CHSC offers to school/district staff and provider partners. The survey will also ask respondents to reflect on changes in their skills, knowledge, and behaviors. If facilitators would like to add a few questions to the survey for their own learning or quality improvement purposes, they may do so. However, the existing questions in the center-wide training survey may not be changed.

Please allow sufficient time (~5 minutes) for Staff Training Surveys at the end of every training and encourage participants to complete them.

Figure 10. Learning Community Survey

Who completes?	Participants in the DHWC, YFO, and SBHC Learning Communities
Who administers?	CHSC staff who convene/lead Learning Communities
When?	May/June (annually)
How?	Online via SurveyGizmo Learning Community link:
	https://www.surveygizmo.com/s3/5179083/LearningCommunity
	The survey may be administered in person during the last learning community meeting of the school year, or emailed to participants.
Why?	Answers "how well" and "better off"

CHSC aims to measure systems support and capacity building provided to its network of health and wellness providers. CHSC convenes three learning communities of District Health & Wellness Consultants, Youth & Family Organizations, and School-Based Health Centers. The purpose of the ten-item learning community survey is for health and wellness providers to reflect on the support they received from CHSC and the impact it has had on their work. Survey items will be consistent across all learning communities, and include the following topics:

- Role and responsibilities.
- Participation in the learning community.
- Satisfaction with the content and format of the learning community.
- Reflections on the impact of CHSC's support on the school community.
- Key successes and areas for improvement for the learning community.

A data summary report of the results of the learning community survey will be shared with the facilitators/leaders of each of the three learning communities for their own quality improvement purposes.

Figure 11. Systems Support Impact Survey

Who completes?	District/school staff who received coaching/consultation during the current school year
Who administers?	BRG
When?	February/March (annually)
How?	Online, distributed via email by center-wide evaluation team
	https://www.surveygizmo.com/s3/5185097/Systems
Why?	Answers "how well" and "better off"

The District/School Staff Impact Survey is intended to gather quantitative and qualitative data on the impact of CHSC system support strategies on school and district staff such as administrators, teachers, and other school staff. The survey will be distributed to any school/district staff who received capacity building support during the existing school year. The respondent pool will be identified via planning conversation with CHSC staff. The survey has 12 items and will be distributed via email one-time per school year. Survey items include topics such as:

- Role and responsibilities at school.
- Topic areas where CHSC provided support (e.g., restorative practices, social-emotional learning, etc.).
- Overall satisfaction with CHSC support.
- {Only if respondent is a District or School leadership} Reflections on the impact of CHSC's support on the school community.
- {Only if respondent is a teacher} Changes in classroom management and approaches for individual students.
- Key values and areas of improvement for capacity-building support.

Figure 12. Systems Support Impact Interviews

Who completes?	8 - 12 district/school staff and/or CHSC health and wellness providers who received coaching and capacity building support
Who administers?	BRG
When?	April/May (annually)
How?	Phone or in-person, conducted by evaluator
Why?	Answers "how well" and "better off"

A select group of 8 to 12 district/school staff and health and wellness providers who received intensive CHSC capacity building support will be identified. Evaluators will facilitate a collective process with CHSC staff to identify this group. CHSC should prioritize individuals who have implemented a priority initiative, are launching a new effort, have partnered in significant ways with CHSC, or have experienced dismantling or reduction in an
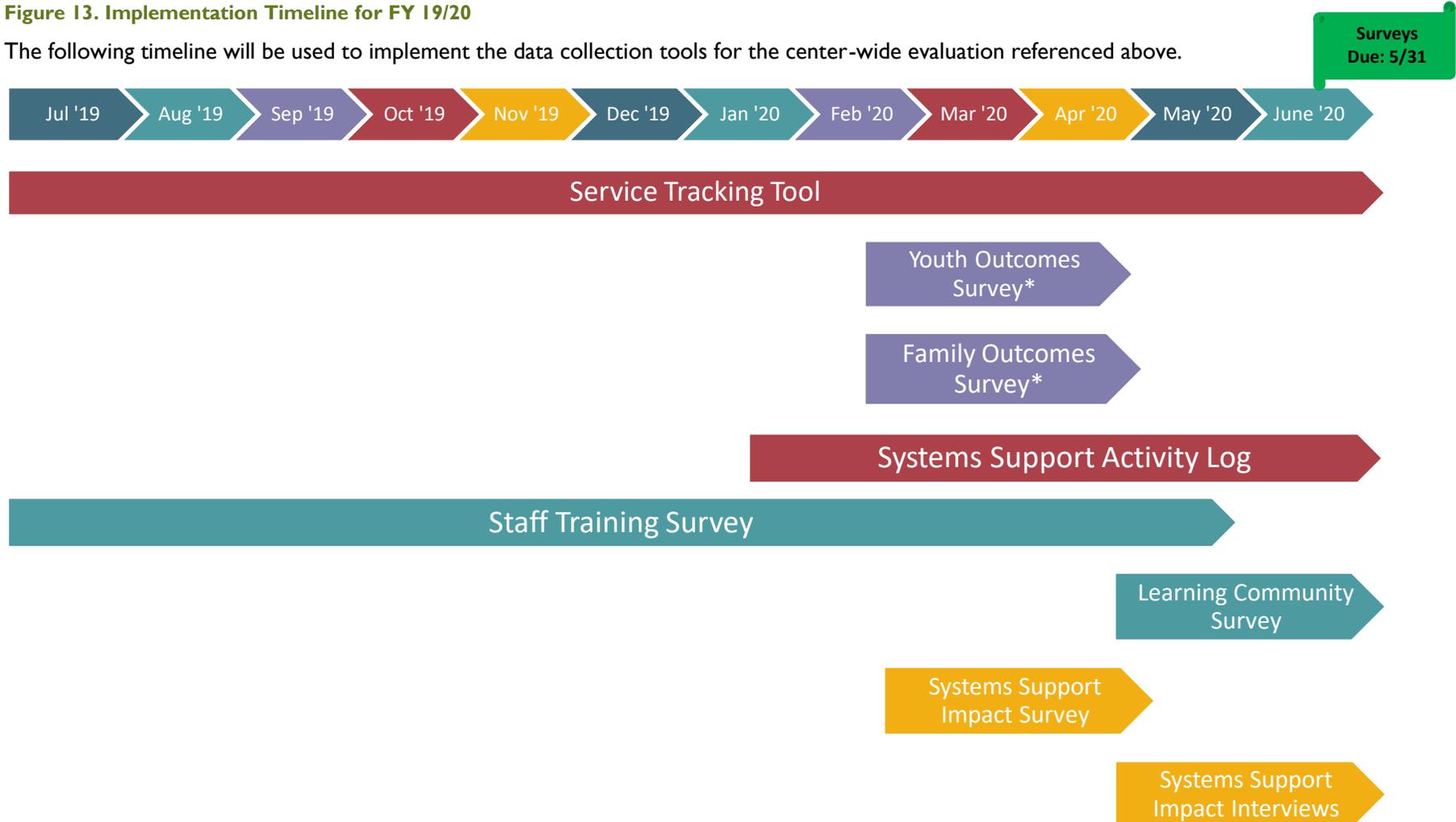
existing school health initiative. Interview questions will be tailored to specifically address these systems changes and the role that CHSC played in that change. Sample interview questions may include:

- Please tell us about your consultation experience with CHSC. What did CHSC do to help you implement at your district/school?
- What was valuable about CHSC's partnership and support?
- As a result of the capacity-building support CHSC has provided to your district/school, what types of policies or practices have been adopted, supported, and/or sustained at your school-site(s) (i.e.: restorative practices, PBIS, COST)? How sustainable do you think CHSC programs are in your district/school site?
- As a result of your partnership with CHSC, to what extent has the capacity of direct service programs increased (i.e., number of students referred through COST)?
- As a result of the support you have received from CHSC, how have student and family/caregiver experiences and relationships with your district/school improved, if at all?
- When it comes to CHSC support, what did you expect to happen that didn't happen this year, and why?
- What feedback do you have for CHSC's future partnership and support? What could have been better? What more do you need or want from CHSC?

Figure 13. Implementation Timeline for FY 19/20

The following timeline will be used to implement the data collection tools for the center-wide evaluation referenced above.

Surveys Due: 5/31

| Jul '19 | Aug '19 | Sep '19 | Oct '19 | Nov '19 | Dec '19 | Jan '20 | Feb '20 | Mar '20 | Apr '20 | May '20 | June '20 |

Service Tracking Tool

Youth Outcomes Survey*

Family Outcomes Survey*

Systems Support Activity Log

Staff Training Survey

Learning Community Survey

Systems Support Impact Survey

Systems Support Impact Interviews

* Depending on the program, Youth and Family Surveys may be administered throughout the year. Please refer to the sections of this manual for a detailed description of protocols by program.

Appendix A: Data Collection Tools

See attachments for the following center-wide evaluation data collection tools:

- Youth Outcomes Survey
- Family Outcomes Survey
- Staff Training Survey
- Learning Community Survey
- Systems Support Impact Survey

Appendix B: Intersections with Program Evaluations

CHSC's center-wide evaluation will complement and support program-level evaluations that are ongoing for the School-Based Health Center, School-Based Behavioral Health, REACH AYC, and Youth and Family Opportunity (YFO) programs and initiatives. In addition, the CHSC Strategy Team will participate in key data collection and evaluation activities described in this manual, and detailed below. The following table describes how the center-wide evaluation intersects with the program-level evaluations and with the Strategy Team.

Center-Wide Evaluation Data Tool	SBHC	SBBHI	REACH AYC	YFO	CHSC Strategy Team
Service Tracking Tool		X SBCCs only	X CCMs & CHOWS		
Youth Outcomes Survey	X UCSF will administer a youth survey that includes all data elements of the center-wide survey. UCSF will provide center-wide evaluator with cleaned, raw data extract that only includes center-wide data elements. Data extract must identify in which school district each youth survey was collected. This data extract will be provided to CHSC and the center-wide evaluator in xls format by May 31 of each year.	X DHWCs and UIY program contractor will distribute the centerwide youth outcomes surveys (as is) through school-site staff. BRG will analyze this data on an annual basis for program-level evaluation.	X Raimi will administer a youth survey that includes all data elements of the center-wide survey. Raimi will provide center-wide evaluator with cleaned, raw data extract that only includes center-wide data elements. This data extract will be provided to CHSC and the center-wide evaluator in xls format by May 31 of each year.	X YFO programs will distribute the center-wide youth outcomes survey (as is). CHSC YFO program lead will receive an extract of all survey data collected via YFO programs by June 30 of each year.	
Family Outcomes Survey		X DHWCs and UIY program contractor will distribute the centerwide family outcomes surveys (as is) through school-site staff. BRG will analyze this data on an annual basis for program-level evaluation.	X REACH AYC will develop a survey distribution process; BRG is available to support strategy development here.	X YFO programs will distribute the center-wide family outcomes survey (as is). CHSC YFO program lead will receive an extract of all survey data collected via YFO programs by June 30 of each year.	
Systems Support Activity Log		X DHWCs only (TBD)			X
Staff Training Survey		X DHWCs and SBCCs	X		X
Learning Community Survey	X	X DHWCs		X	
Systems Support Survey and Interviews					X
Other	On an annual basis, UCSF should report key "Effort" direct service metrics noted on Figure 2 RBA			On an annual basis, YFO programs should report key "Effort" direct	

Measures for Direct Service
Strategies

service metrics on the RBA table
on p.7 of this manual.