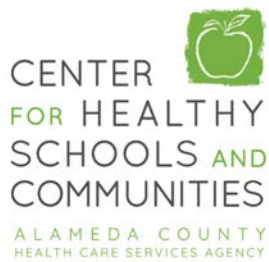


# How to Start and Sustain a School Health Initiative

## Guide

Our school health framework  
and the five stages to launch



## Acknowledgments

This guide was produced by the Center for Healthy Schools and Communities, staffed through the Alameda County Health Care Services Agency. We are a multidisciplinary team of professionals with expertise in education, behavioral health, public health, and youth development.

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Special thanks to the Alameda County schools, school districts, partners, and Center for Healthy Schools and Communities staff for your commitment and dedication to our young people, families, schools, and communities

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A publication of the Center for Healthy Schools and Communities | Alameda County Health Care Services Agency

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# Introduction



Young people's health and academic success are deeply connected. Our health and education systems should be, too.

The profound and persistent health and education inequities in this country require innovative and collaborative solutions. Far too many communities suffer from poor outcomes due to an absence of supports and resources, or “opportunity structures,” that enable children and families to thrive, such as quality schools, accessible health care, and economic opportunity. Given the urgent need for school health supports, school communities often start by bringing in all available services, which can be disconnected and have a limited impact.

School health initiatives are powerful because they go beyond single programs; they coordinate the relationships and resources of a community towards a shared vision – healthy students learn better. Combining the expertise and resources of the health and education sectors has proven to be a successful strategy in addressing disparities and creating equitable opportunities for all young people to succeed. In other words, school health works!

School health initiatives transform schools into centers of community that create the conditions for students, and the adults who support them, to thrive.

It is the leadership charge of the public sector to address our country's health and education inequities by carefully targeting resources and supporting collaborative, system-changing solutions. The Center for Healthy Schools and Communities (CHSC) is part of Alameda County Health Care Services Agency's answer to that charge – working across sectors to build school health initiatives that ensure all youth graduate from high school healthy and ready for college and career.

Since 1996, CHSC has worked with schools, public agencies, community-based organizations, youth, families, and policymakers to implement school health strategies that support children's health, well-being, and academic success. Through these partnerships, we have taken to scale a comprehensive school health initiative across the county.

Today, we have a sustainable system with over 100 public, non-profit, and private partners; 28 school health centers; behavioral health in 18 districts; community schools; youth centers; and cross-sector initiatives working toward health and educational equity. The health department's annual investment of \$15 million leverages an additional \$52 million for a health and wellness continuum.

### About this Guide

Linking health, education, and communities to change lives and achieve equity.

We recognize every community is different, and hope this can be a source of inspiration and guidance as you tailor school health services to meet your community's unique needs. We hope the experience shared here will support the field and guide the work nationally to eliminate health and education disparities for all youth.

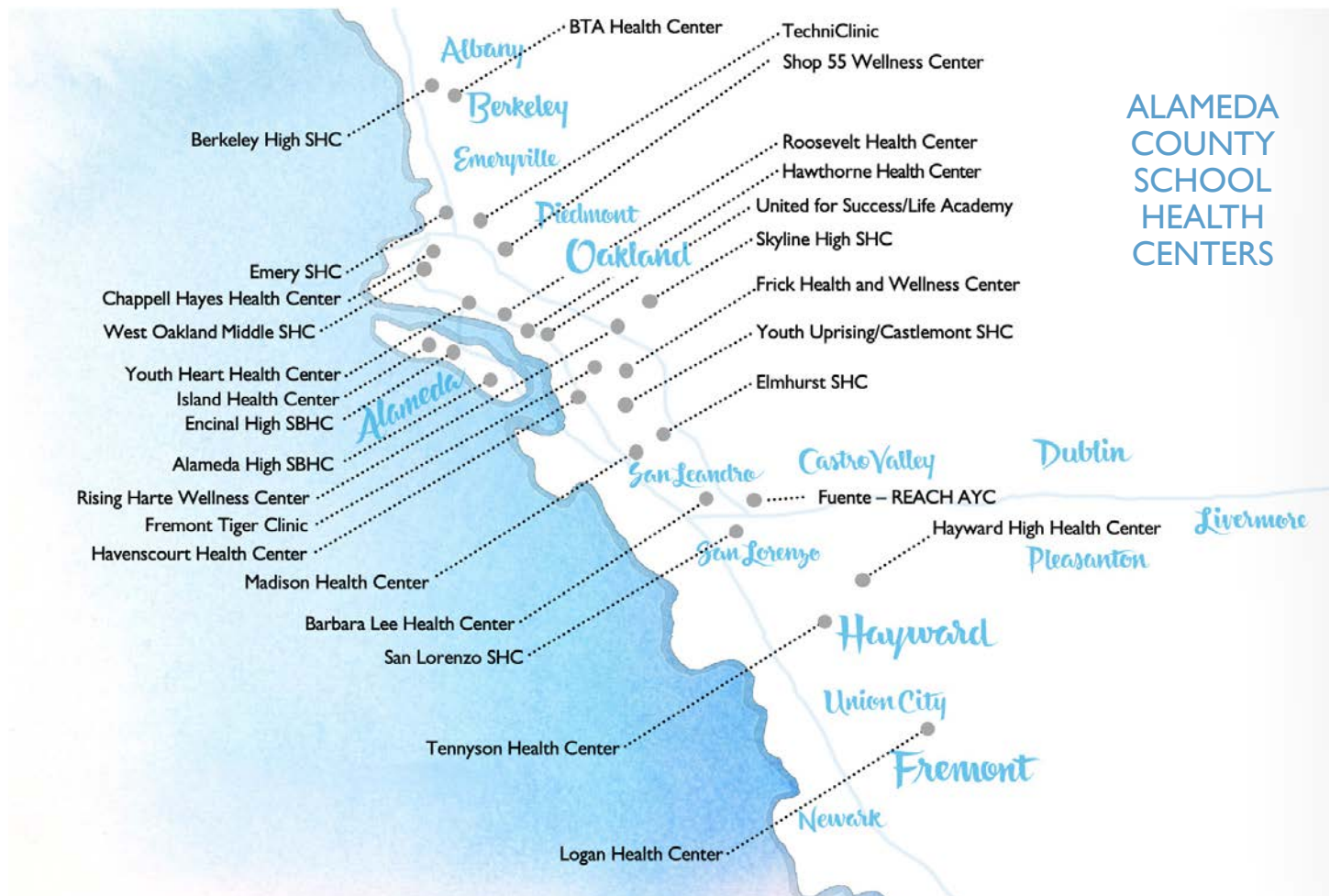
### Where We Are

How to Start and Sustain a School Health Initiative is the product of two decades of collaboration with a growing number of school health centers in Alameda County, California. All 28 current locations are shown on the map below.

This guide shares our lessons learned as a public institution partnering to build successful school health initiatives. The CHSC website, [achealthyschools.org](http://achealthyschools.org), offers best practices, tools, and resources covering all areas of school health: building school health initiatives; foundational practices; and program areas, such as school health centers and school-based behavioral health.

### Online Resources

Throughout these pages you'll find references and links to our comprehensive online tools and resources produced by CHSC. We call our online resources "School Health Works." Look for this blue icon on our website to find more downloadable documents at [achealthyschools.org](http://achealthyschools.org).



# How to Use this Guide

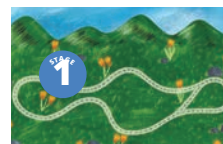
*How to Start and Sustain a School Health Initiative* is meant to be used on an ongoing basis to support the ever changing needs of school health initiatives and their champions. The Framework and Process section provides an orientation to starting and sustaining school health initiatives. This is followed by five sections for each of the five stages of the process to implement an initiative. Each stage includes the subsections shown in the example page below:



## Gather a Team of Champions

### Overview

1-to-2 pages of orientation to the stage, including key outcomes.



### Core Activities

Details of the major activities that the core team or collaborative undertakes in that stage. At the end of core activities, there is an invitation to take what is useful and apply it to your initiative, or *Pause and Plan*.

### Cultivate Your Roots

Key issues for the collaborative to consider at that stage in order to strengthen their *roots*. Our framework includes eight *roots*, or foundational elements, that we have found to be vital to the success and sustainability of school health initiatives. At the end, there is another opportunity to reflect and record *Your Thoughts and Reactions*.

### Tips, Tools, and Wisdom

A case study from Alameda County with a list of tools related to that stage. The tools referenced are all publicly available at [achealthyschools.org](http://achealthyschools.org)

# About School Health Initiatives

*I have the audacity to believe that peoples everywhere can have three meals a day for their bodies, education and culture for their minds, and dignity, equality, and freedom for their spirits.*

– Dr. Martin Luther King, Jr.

## What is a School Health Initiative?

We use the term “school health” to represent a holistic approach to wellness. The focus is not only on the physical health of students – knowing a student cannot learn if they are not present at school, or well-fed, or pain-free – but also on the other aspects of wellness that our youth and families need to thrive: social, emotional, spiritual, intellectual, environmental, and occupational health<sup>1</sup>. School health emphasizes wellness across the full educational spectrum from cradle to career. But schools cannot do this alone, nor should they. School health is a collaborative venture – bringing together the expertise of the health and education sectors, and leveraging the wisdom of the adults and youth in our schools and communities to enable students to fully engage and realize their potential.

An initiative is defined as an important act intended to solve a problem; it is the start of something with the intention that it will continue and grow. School health initiatives pull from decades of work on collaboration and school-based services. They require a “collective impact” approach, recognizing that no single organization or program can address the complex social problems we face as a society.

A school health initiative, therefore, is a collaborative and formalized effort to support the healthy development and academic success of students, their families, and the schools and communities in which they live. School health

initiatives have defined goals and outcomes, a holistic definition of wellness that supports school success, and an infrastructure that supports deep collaboration and sustainability.

## Why School Health Initiatives?

In Alameda County, as around the country, we face a leadership challenge. Factors such as race, place, and income are too often predictors of educational attainment, future income, health, and even life expectancy. Too many children lack access to the basic conditions and life opportunities that support wellness and school success. Young people living in low-income communities are more likely to have limited access to affordable health care, highly resourced schools, recreation opportunities, and career exploration. And, due to the persistent legacy of race-based, discriminatory institutional practices and structural racism, young people of color often face the greatest barriers to success and the fewest opportunities and support structures to allow them to thrive. Many of the health problems related to these inequities, such as hunger, asthma, uncorrected vision, and exposure to violence and trauma, have been proven to contribute directly to poor academic outcomes<sup>2</sup>.

<sup>1</sup> Dr. Bill Hettler, National Wellness Institute (original six dimensions of wellness); [wellness.ucr.edu/seven\\_dimensions.html](http://wellness.ucr.edu/seven_dimensions.html); [www.samhsa.gov/wellness-initiative/eight-dimensions-wellness](http://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness)

<sup>2</sup> Basch, C. E. (2011), Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. *Journal of School Health*, 81: 593–598.

School health initiatives are a proven strategy for improving health and learning outcomes for youth. They integrate strategies based on research from the fields of education, health and behavioral health, resiliency, neuroscience, youth development, organizational development, and more. The results are documented in Alameda County and around the country. For example:

- School health centers improve health access and utilization for those traditionally underserved, increase school engagement and success, improve social-emotional wellness and school climate, and improve healthy habits around everything from oral health to reproductive health to asthma management<sup>3</sup>.
- School-based behavioral health improves student academic functioning, emotional stability, and relationship skills, and builds the capacity of all adults to support the social-emotional needs of students<sup>4</sup>.
- Community schools show improved student and teacher attendance and engagement, increased homework completion, reduced disciplinary incidents, increased and diverse family involvement, and better school climate<sup>5</sup>.
- Authentic family and student engagement improves school climate, family self-efficacy, and school success<sup>6</sup>.

When these strategies are woven together, we can reduce the profound and persistent health and educational inequities in our communities, and create structures of opportunity that work for each and every child.

<sup>3</sup> Soleimanpour, S., Geierstanger, S.P., Kalley, S., et al. (2010). The Role of School Health Centers in Health Care Access and Client Outcomes. *American Journal of Public Health*. 100(9): 1597-1603.

<sup>4</sup> Center for Health and Health Care in Schools. (2014). The Impact of School-Connected Behavioral and Emotional Health Interventions on Student Academic Performance, An Annotated Bibliography of Research Literature. Washington D.C.: Center for Health and Health Care in Schools.

<sup>5</sup> Coalition for Community Schools. (2009). Community Schools Research Brief 09. Washington, D.C.: Coalition for Community Schools, Institute for Educational Leadership.

<sup>6</sup> Henderson, A. and Mapp, K. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Austin: National Center for Family and Community Connections with Schools.



### Collective Impact

Since the 2011 Stanford Social Innovation Review article introduced the concept, collective impact has gained widespread support across the country. Collective impact is a framework or approach for addressing complex social issues, including health and educational disparities. It engages actors from different sectors in working together to solve a specific social problem at scale.

The article studied initiatives that had been successful in impacting deeply entrenched problems, such as student achievement in Cincinnati; watershed restoration in southeastern Virginia; and childhood obesity in Somerville, Massachusetts. From these successful initiatives, the researchers defined five conditions necessary to achieve collective impact: common agenda; shared measurement; mutually reinforcing activities; continuous communication; and backbone support.

The approach is easy to understand but requires a fundamental shift in thinking, a readiness to commit to long-term outcomes instead of specific or proprietary programs, and the willingness to invest in process in addition to outcomes. The collective impact framework, and ongoing lessons learned from the many communities utilizing the approach, can be highly relevant to any school health initiative. For more information, see [ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

# Framework and Process



## Framework for Successful School Health Initiatives

*Health is more than the absence of disease. Health is about jobs and employment, education, the environment, and all of those things that go into making us healthy. – Joycelyn Elders*

Successful school health initiatives need a framework to guide and communicate the work. A strong framework shares a vision that inspires and aligns stakeholders; provides clarity about the components of the work; and serves as a tool for communicating both the initiative's essence and key strategies.

Our school health initiative framework is guided by the belief that, together, we can cultivate the opportunities and supports young people need to be healthy and successful in school and in life. This means building diverse partnerships, at all levels, that are inclusive of the various sectors and stakeholders in children's lives, including the youth themselves and their families.

Our framework is symbolized by a tree: the roots representing the foundation elements that feed and sustain the program branches. When these roots are strong, they support the growth and success of the entire school health initiative, as well as the major school health programs and services. The five program branches are: positive school climate; school-based behavioral health; school health centers; family partnership; and youth wellness and leadership. When all the pieces and partners are in place, schools can support the healthy development and success of the whole child, their family, school, and community.



# Our School Health Initiative Framework.

Strong roots support productive branches and solid growth.

*School Health Centers*

*Family Partnership*

*School-Based Behavioral Health*

*Healthy Spaces and Places*

*Youth Wellness and Leadership*



*Transformative Leadership*

*Focus on Impact*

*Capacity Building*

*Infrastructure and Integration*

*Dynamic Partnerships*

*Smart Financing*

*Equity Lens*

*Stakeholder Engagement*

### Foundation

The roots, or foundation, of our School Health Initiative Framework codify how the collaborative works together to achieve results, grow, and sustain the work. Though it may seem simple, setting a foundation can be the most complex part of an initiative and is often overlooked until problems arise, e.g., competing agendas, lack of funding, or insufficient infrastructure. A collaborative must “tend to the roots” and put time, energy, and resources into strengthening them throughout all five stages of the initiative’s life cycle.



*Transformative Leadership*

*Capacity Building*

*Dynamic Partnerships*



*Equity Lens*

*Focus on Impact*

*Infrastructure and Integration*

*Smart Financing*

*Stakeholder Engagement*



### Transformative Leadership

#### THINKING AND ACTING BEYOND BOUNDARIES

Systemic change happens when leaders at all levels think and act across boundaries, challenge assumptions and the status quo, and work creatively to solve problems and advance a health and education equity agenda. We build the leadership capacity of county and partner staff by training them to excel in collaborative leadership competencies that are essential for creating more effective, equitable health and education systems. Additionally, we place special focus on supporting young people to become transformational leaders who actively participate in program planning, policy-making, and decision-making across our programs and initiatives.

### Capacity Building

#### STRONG ORGANIZATIONS, STRONG PEOPLE

Investing in the capacity of individuals and organizations strengthens their ability to manage change, collaborate, and fulfill their missions. Successful initiatives assess the needs of partner organizations and the overall collaborative, and dedicate resources to support the development of partners, their staff, and the initiative as a whole. We provide a range of services that support individuals and organizations to build these roots, transform systems, and deliver effective health and education supports. These services include coaching and consultation, facilitated learning communities, trainings and workshops, and ready-to-use toolkits. In many cases, CHSC acts as an intermediary or backbone organization for partner collaboratives, focusing on infrastructure and skill-building.

### Dynamic Partnerships

#### DEEP COLLABORATION CREATES DEEPER IMPACT

When partners come together around a shared vision, goals, and outcomes, their collective impact is greater than individual organizations acting alone. In deep collaboration, partners create trusting relationships, wrestle



### FOUNDATION

with challenges, and take risks together – and they are open to change in order to build aligned systems. Across our programs and initiatives, we promote partnership practices that help partners share decision-making and align their activities for deeper impact. We provide frameworks, tools, and technical assistance on partnership practices, such as coordination structures and partnership agreements.

#### Equity Lens

##### EACH AND EVERY CHILD GETS WHAT THEY NEED TO THRIVE

As long as factors such as race, class, and neighborhood have an impact on health and education outcomes, initiatives must be committed to supporting those furthest from opportunity. Applying an equity lens starts with embracing cultural humility, identifying inequities and their underlying causes, and engaging groups whose voices are not traditionally heard. This foundation informs all planning and decision-making, from the individual to the systems level. We bring an equity lens to all our work and consciously shift the conversation to “all children.” We use data to identify opportunity gaps, and apply that information to carefully target resources so that each and every child gets what they need to be successful.

#### Infrastructure and Integration

##### WELLNESS IS A CONDITION FOR STUDENT SUCCESS

Schools and districts make sure that all students, regardless of ability, get what they need to succeed in school. This requires an infrastructure that aligns siloed health and wellness efforts and integrates them into the academic program. Key components of this infrastructure are: a multi-tiered system of supports (MTSS); coordination of services teams (COST); integrated district-wide professional development and coaching plans; and district- and school-wide policies and practices that institutionalize the work as integrated with, and not separate from, the district’s core work.

#### Focus on Impact

##### THE DESTINATION DEFINES THE JOURNEY

Successful initiatives define and track progress toward clear results and make mid-course adjustments. An ongoing focus on results and evaluation, starting at the beginning of an initiative, helps collaborators drive their action in alignment. We use a results framework internally and with our partners to guide development of desired outcomes and key strategies. We develop evaluations, data-sharing agreements, and other tools as needed to track our progress toward these results and to adjust our strategies as needed.

#### Smart Financing

##### SUSTAINABILITY STARTS ON DAY ONE

Talking explicitly and often about financing is key to growth and sustainability. Smart financing encompasses a vast array of strategies that leverage resources across sectors, build shared investments, and secure long-term commitments.

We use a multi-pronged approach to smart financing: core support for school health services, e.g., local bond and tax measures; blended funding across public departments; revenue-generating strategies, including third-party billing; and partnerships across public, private, and non-profit sectors.

#### Stakeholder Engagement

##### ALL STAKEHOLDERS HAVE A VOICE

All stakeholders are recognized as valuable members of the school community. This means that staff, students, caregivers, partners, and district leaders are informed and given the opportunity to engage in planning and implementation of school health efforts, i.e., providing input and feedback, serving on planning and advisory committees, becoming trainers and ambassadors, and leading implementation.



# Our 5-Stage Process for Starting and Sustaining a School Health Initiative

*If you don't know where you're going,  
you'll probably end up somewhere else. – Yogi Berra*

Our process, shown on the following pages, involves five stages:

1. Gather a Team of Champions
2. Understand Assets and Needs
3. Draw Up a Plan
4. Do What Works
5. Celebrate and Improve

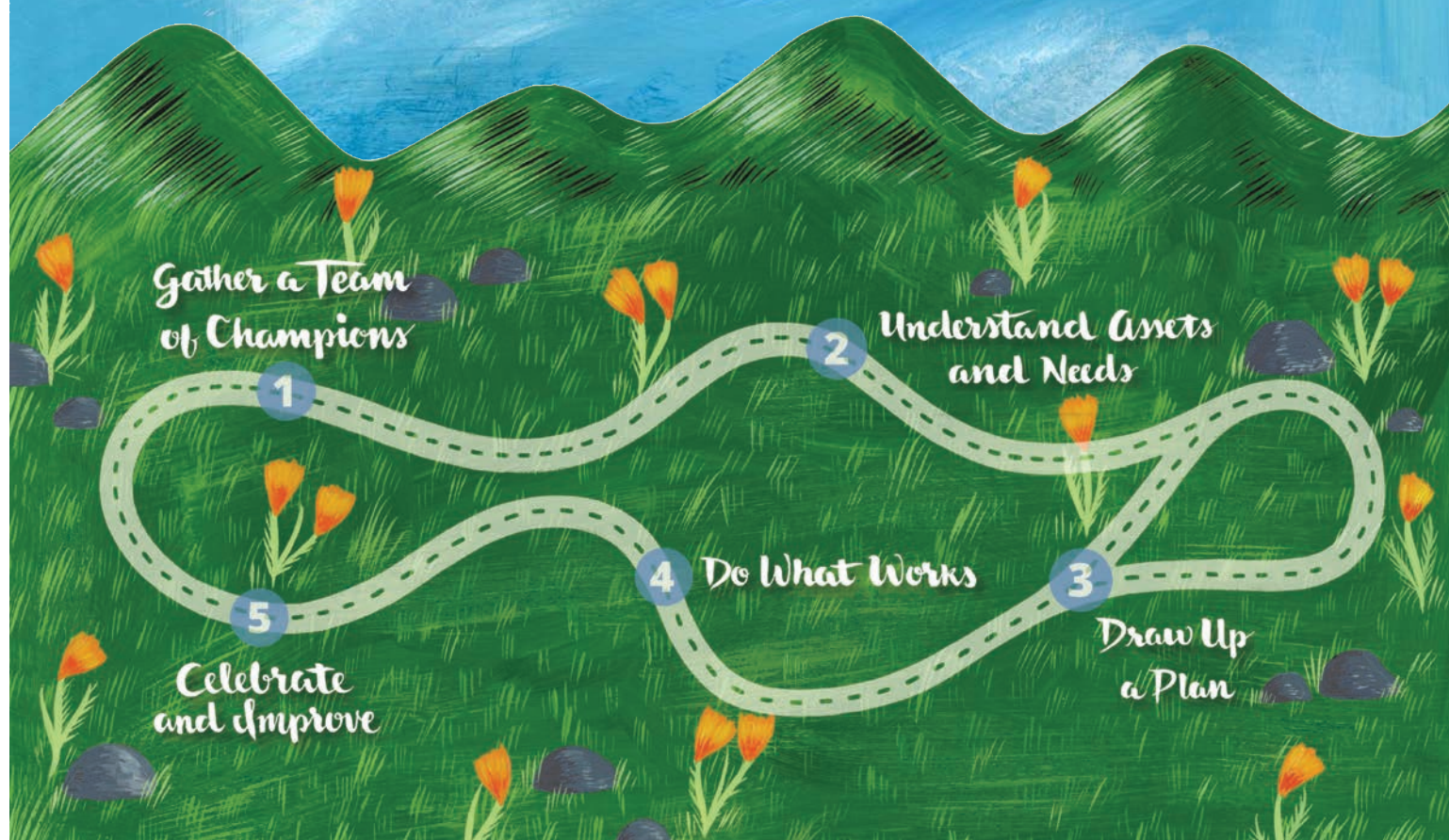
In order to successfully start and sustain a school health initiative, time must be taken to create a roadmap and an action plan. A robust planning process results in meaningful engagement from diverse stakeholders, relevant strategies, and both the political and financial will essential for early successes and long-term sustainability.

The process to launch a new initiative, or to reboot and strengthen an existing one, is not a linear process. For that reason, we have chosen to represent the process in an infinity shape, as collaboratives will often be working on two or three stages at any given time as well as continuously strengthening their foundation.

The following five sections describe each stage and detail the core activities and outcomes. For every stage, we highlight issues for the initiative leadership, or collaborative, to consider in cultivating the roots critical to the success of the overall effort.



# Five Stages to Start and Sustain a School Health Initiative



The process is not linear but ongoing, constantly strengthening the initiative.



# Gather a Team of Champions

*A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history.*

– Mahatma Gandhi

## Overview

The goal of Stage I is to develop a core of leaders that align around a shared vision and have the credibility and relationships to engage others. Initially, this small leadership team comes together with a sense of urgency and interest in the issue of health and educational inequities. The leaders should represent key sectors, be passionate about the work, and be truly committed to a collaborative process. They are often “early adopters,” willing to take on an issue they feel is important, although it might not yet be a priority for their organization.

This group works on developing shared understanding of the issues and making a case for what needs to change. They assess the current landscape, conduct research into what works, and come up with an initial and compelling theory of change. It is important to build momentum so that the core team of leaders can become a more formal body, e.g., a collaborative or task force that can move a collective agenda.



## Key Outcomes for Stage 1

- A small team of collaborative leaders
- A preliminary theory of action that articulates the issues and desired results
- Initial agreements for the collaborative, including purpose, staffing, and communication
- A stakeholder engagement strategy for the next stages

*Gather a Team  
of Champions* 

# STAGE 1

## GATHER A TEAM

### Core Activities

This first stage is about creating the foundation of the initiative or revisiting that foundation for existing efforts. This means that the activities focus heavily on building the roots, or foundational elements, of a school health initiative.

#### Engage Leaders

- Map your potential champions and the places leadership decisions are made that are related to health and education, e.g., board committees, education councils, policy workgroups, taskforces, advisory committees.
- Meet with key leaders about their awareness of and support for a cohesive school health initiative, in cross-sector pairs or small groups if possible, to show collaborative support.
- Engage leaders of existing education and health reform efforts.
- Hold a roundtable or dialogue with a dynamic speaker, sharing data on needs and disparities, and facilitating dialogue.
- Provide an overview of best practices in the field and exciting examples. Use speakers, case studies, videos, literature reviews, and site visits to inspire leaders.

#### Clarify Your Challenge and Initial Shared Agenda

- Present and discuss this School Health Initiative Framework: What resonates? What is missing? What questions does it raise?
- Look at available data on health and educational outcomes to identify trends.
- Analyze the disparities across race, class, gender, neighborhood, etc. to clarify the challenge.
- Talk about long-term outcomes and impacts for the initiative: what will be different for students, for families, for schools, for partners, for the community?

#### Core Activities for Gathering a Team of Champions



- Visit school health programs, locally and in other areas. Be sure to summarize the visits and what people liked and learned.
- Conduct a SWOT (Strengths, Weaknesses, Opportunities, Threats), force field analysis, or other type of assessment to identify the forces that can support and detract from your agenda.
- Articulate the group's initial theory of action.
- Write it down!



## GATHER A TEAM

### Start Thinking About Sustainability

- Even at this early stage, the core leadership team should be talking about resources. Explore possible funding sources and strategies, both for the initiative infrastructure and for the actual work.

### Create a Stakeholder Engagement Plan

- Create strategies for engaging a broad array of stakeholders in the next stages of the initiative. Consider groups that are: critical to successful implementation, already involved in this work, traditionally underrepresented, in charge of resources, connected to the community, most affected (e.g., students, families, schools), untapped, etc.
- Identify existing committees, events, meetings, and relationships that can be leveraged to reach key stakeholders.
- Put it together into an engagement plan with goals, stakeholder groups, specific outreach activities and events, timelines, and resources needed.

### Develop Your Initial Operating Structure

- Write initial agreements around the purpose, governance, structure, and staffing of the core team or collaborative. However, the small team should not go too far down the path of developing an initiative (e.g., final vision, priorities, governance structure) before engaging a broader coalition of stakeholders. The group should do some preliminary designing of the structure that will be revisited and finalized once the collaborative is formalized.

<sup>1</sup> "Channeling Change: Making Collective Impact Work." Fay Hanleybrown, John Kania, and Mark Kramer. Stanford Social Innovation Review. January 26, 2012.

### Questions You Are Trying To Answer In Stage 1

- Does your team have a solid and shared understanding of school health initiatives and different, successful models?
  - What is your leadership challenge?
  - What level of support do you have from systems leaders, e.g., superintendents, city and county department heads, board members, executive directors?
  - What are the forces that can support or detract from your effort?
  - Who else needs to be involved and how will you engage them?
  - How will your team or collaborative operate?
- Decide how to staff and resource the collaborative, including if and when to use an outside facilitator. The importance of an "intermediary" role to the success and sustainability of any initiative has been well documented, most recently in a series of research articles on collective impact<sup>1</sup>. This role consists of core functions, including the following: provide strategic direction; convene partners; lead communications and engagement; mobilize funding; manage evaluation; and provide technical assistance. While this role is often held by a single organization with the ability and credibility to convene cross-sector partners, the various functions can be shared by multiple organizations in the initiative. The core team should first decide how to fill the intermediary role for the collaborative in this early stage; and second, be prepared to support this much needed infrastructure as the initiative grows.



## GATHER A TEAM

# Cultivating Your Roots

Strong roots are essential to growing and sustaining a thriving school health initiative and must be cultivated from the start. The champions and organizers of the initiative will spend much of their time in Stage 1 on building relationships, shared understanding, and commitment to moving forward as a collective effort.

## Transformative Leadership

### Engage the Right Leaders

Figuring out where to start can be difficult; and even seasoned initiatives can be missing critical leaders after many years of operations. Some characteristics to look for when deciding who to bring together in the first stage include:

- History of interest and passion for education, health, and issues of equity.
- Ability to facilitate change within institutions or bureaucratic systems.
- Willingness to share power and commit time to a collaborative process.
- Prepared to have hard conversations about what is working, what needs to change, opportunity structures and gaps, (re)allocation of resources, etc.

## Capacity Building

### Staff an Intentional Process

In Stage 1, the most important capacity building action is to appoint dedicated staff responsible for convening the core team, planning agendas, facilitating, and handling logistics. For CHSC, this is often a shared intermediary role, combining our leadership and one or two key partners in the initiative, sometimes in conjunction with outside facilitators.

### Use a Framework

The core team of leaders will, by definition, bring considerable experience and knowledge to the

initiative. It is important to align this group, not only around the need for a coordinated school health effort, but around a specific unifying framework. Although it takes time up front to articulate this framework, alignment will improve the functioning and outcome of the collaborative through all future stages. It is helpful to look at frameworks from other communities or similar efforts to serve as a jumping off point and to help inspire creative and bold thinking.

## Dynamic Partnerships

### Develop an Initial Shared Agenda

Build on a shared understanding of the issue the initiative will address. Together, the core team looks at existing data, explores what is working locally and nationally, and develops the foundation for the initiative's purpose, agenda, and structure. Drafting a guiding document that defines the need and rationale for the initiative, proposed priorities, membership (current members and groups to be engaged), basic structure for meetings/communications, and initial agreements.

### Learn Each Other's Worlds

Relationships are at the heart of collaborative work. The team needs to take time to build trust and understand each other's worlds. Early agendas should include activities that foster sharing: What brought you to this work? What is rewarding about your work? What is challenging? What are your reporting considerations and organizational priorities?



## GATHER A TEAM

### Equity Lens

#### Surface the Inequities and Underlying Causes

All of the activities in this stage should question: How do we support every child to reach the universal goal of success in school and in life? Look at data and trends to identify disparities and opportunity gaps in the health and education systems. This requires the core team to engage groups whose voices are not traditionally heard. The initial agenda should be explicit regarding inequities the initiative will address, and a commitment to using an equity lens to target strategies and resources.

### Infrastructure and Integration

#### Map for Integration

Mapping existing efforts and resources is always part of the early stages of an initiative. However, it's important to map toward a goal; in this case, to integrate the initiative instead of creating yet another siloed program. This will help guard against initiative fatigue and resistance. In addition to mapping how current work relates to the initiative's initial agenda, look at conditions for success, such as leadership, policies, planning and decision-making bodies, and resource allocation.

### Focus on Impact

#### Get Grounded Together

In this first stage, the core team really uses data to set the direction of the whole initiative. It may be the first time that many of the leaders see the trends and connections between health and education outcomes. Looking at the data together builds shared understanding, commitment, and grounding among the team members.

### Smart Financing

#### Start Talking About Resources

Financing and sustainability need to be part of the discussion early on. Begin to explore existing resources, blending and braiding funds, public sources, revenue-generating strategies, and fund development ideas.

### Stakeholder Engagement

#### Ensure Diversity of Voices

A school health initiative requires broad engagement, with people who take responsibility for what matters to them and are able to work in a collaborative environment. This means engaging stakeholders from different sectors and at different levels of the work, e.g., a school principal and an associate superintendent. In this early stage, it is also important to consider how to involve and support youth and families to be authentic participants in the initiative, i.e., leadership training or formation of a Youth or Family Advisory Council.



## GATHER A TEAM

### Tips, Tools, and Wisdom

As influential champions are critical to catalyzing and sustaining a school health initiative, gathering the initial team of champions can set the initiative up for early success or struggle.

We have found that one of the biggest challenges of this first stage is balance: balancing various levels of leadership, from agency directors to young people, to implementers who move strategies forward; balancing time spent on process with time spent on products or outcomes; and balancing the need for diverse perspectives with the need to keep the core group small enough to be able to make decisions. The case study and tools presented here offer some insights into answering these challenges for your own initiative.

#### TOOL TO DOWNLOAD

- [Alameda County School Health Initiative Framework](#)



## Gathering Champions in Oakland: Launching a Full Service Community School Initiative

Oakland Unified School District (OUSD) began to gather their team of Community School champions as part of an in-depth strategic planning process. In 2009, after six years in state receivership, the school district regained local control and hired Tony Smith as their first permanent, locally appointed leader. Superintendent Smith led the School Board in adopting a strategic direction that called for OUSD to become a Full Service Community School district that serves all of its students in every neighborhood by providing high quality community schools where children, adults, and community thrive.

In order to unify the community behind this powerful vision for youth, and to make the vision a reality, the district established 14 task forces. The task forces engaged over 5,000 community members and experts in a process of research and recommendations. The process culminated in the school board unanimously adopting a bold, robust strategic plan: Community Schools, Thriving Students. One of the 14 task forces was on Full Service Community Schools (FSCS). The FSCS Task Force process, in particular, exemplifies Stage 1 of Starting a School Health Initiative, and all of the core activities.

### Engaging Leaders

The FSCS Task Force outreach built on the larger engagement that began with the new superintendent, and existing efforts already underway in Oakland around community school and school health. The Task Force was made up of a core team of about 25 participants, representing many sectors: district staff; school administrators and teachers; public agencies (including CHSC); service providers and community-based organizations; and foundations. Many leaders had been engaged in similar work for a long time, both in Oakland and beyond, and shared best practices and models from their own experience. Together the Task Force reviewed education and health data, community schools research, case studies, frameworks, and more. Over the course of six months, they had 14 meetings and 22 community engagement events. The result was a comprehensive report with 11 recommendations, and a number of related tools for implementing a district-wide FSCS vision, e.g., school and partner assessment tools, and critical questions in areas such as collaborative leadership and financing of FSCS.

### Clarifying the Challenge and Initial Agenda

The Task Force began by developing a set of principles to guide its work and OUSD's implementation of FSCS, such as: "we need to approach students and families in a manner that is strengths-based and rooted in child, youth, and human development principles, with the belief that all students and families have the ability to succeed if provided with adequate support," and "we need to actively foster engagement, alignment, and collaboration among diverse partners."

They articulated a Problem/Purpose Statement, which included the need, vision, and mission for FSCS in Oakland: "Oakland Unified is California's most improved urban school district over the last six years, yet.... OUSD continues to under-serve our African American, Latino, Pacific Islander, Native American and English Language Learners resulting in an opportunity gap that we must close.... in order for us to achieve our district vision that: all students will graduate. As a result, they are caring, competent, and critical thinkers, fully-informed, engaged, and contributing citizens, and prepared to succeed in college and career. The district will create FSCSs and a FSCS district serving the whole child, eliminating inequity, and providing each child with an excellent teacher every day."

The Task Force proposed working definitions and goals for both Full Service Community Schools and an FSCS District. In the definitions, they called out partnerships, alignment of resources, and integration of supports and opportunities for learning as key to the FSCS strategy. They also highlighted anchors of FSCS, specifically collaborative leadership and decision-making, sustainability planning, professional development, and continuous improvement. In the final report, the Task Force offered two sets of recommendations: one for the structures needed to support the anchors of the strategy; and one for FSCS site leadership and implementation.

### Creating an Engagement Plan

Since the completion of the Task Force's recommendations and subsequent adoption of the Community Schools, Thriving Students strategic plan, OUSD has successfully implemented and grown their Community Schools Initiative. This is true despite the departure of Superintendent Smith and the turnover of many principals in the original community school cohort. Success has been due, in part, to the extensive engagement of key leaders and varied stakeholder groups - originally in the strategic planning process, and then ongoing at multiple levels of the initiative. The Task Force's definitions, goals, and initial agenda provided the basis for broader engagement of schools, partners, students, and families. They have been refined with input from stakeholders, but continue to drive implementation, expansion, and evaluation of the community school initiative.

### Developing an Initial Operating Structure

Many of the recommendations around infrastructure were implemented as suggested, such as: the creation of a Family, School, and Community Partnerships Department in the district (now called Community Schools and Student Support) and an executive level position (Associate Superintendent) to provide leadership of FSCS development and implementation; the development of standards for parent and student engagement and leadership; and building systems for data-driven decision-making and accountability. The Initiative developed a data collection system for student referrals and a data platform for community partners. In 2014, the John Gardner Center at Stanford University was brought on board to conduct an ongoing evaluation of the FSCS effort.

Another recommendation that informed both stakeholder engagement and the Initiative's operating structure was to "honor and learn from the work already underway, e.g., school-based health centers; small schools; after school programs; early childhood programs; family engagement." The Initiative created a Community Partnership Workgroup, charged with developing expectations and tools to

support partners, schools, and the district in working collaboratively to build Full Service Community Schools. The workgroup was co-facilitated by OUSD, CHSC, and a community partner, with open membership that resulted in a diverse group of community-based organizations, city, and county partners, as well as leadership across OUSD departments. To date, the workgroup has developed: definitions of community school partnerships in Oakland; a partnership orientation process; letter of agreement template and guiding questions; partnership assessment rubric; check-in guides for major areas of partnership; and a data-sharing pilot.

Other recommendations were adapted as opportunities emerged. For example, the Task Force recommended a very structured process for selecting the first cohort of community schools. However, given the resources and momentum at the time, it was more effective to create the first cohort by bringing together schools that were already implementing community schools type approaches. The district used seed funding from Kaiser Permanente to expand the number of middle schools in the cohort and hire Community School Managers, which was another major recommendation and is a lynchpin of the model. In 2015, OUSD received a large anonymous grant via the San Francisco Foundation which funded 12 new Community School Managers, among other community school and school health strategies. At that point, the initiative's infrastructure was established enough to allow for the expansion process to incorporate much of the Task Force's original recommendation for site selection, e.g., a site application process and site readiness scan.

These strategies have evolved to respond to a rapidly changing landscape; but the commitment of those core leaders engaged initially during the Task Force process continues to support the success and sustainability of Oakland's Full-Service Community School Initiative.

OUSD materials referenced here are available at [www.ousd.org](http://www.ousd.org) under District Services: Community Schools and Student Services.





# Understand Assets and Needs

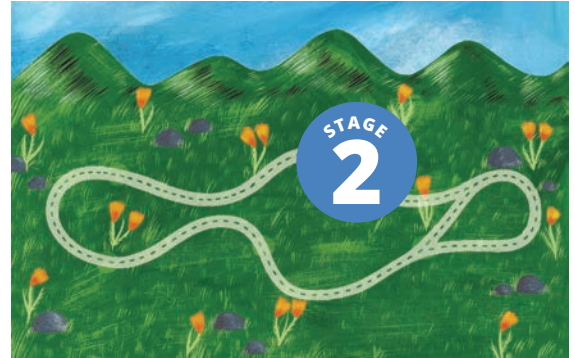
*What's at the core of equity: understanding who your kids are and how to meet their needs. You are still focused on outcomes, but the path to get there may not be the same for each one.*

– Pedro Noguera

## Overview

An assets and needs assessment is essential to an initiative's effectiveness and sustainability. It sets – or resets – the overall direction for the initiative and, at the same time, builds alignment and ownership among all the players.

When starting or strengthening an initiative, assessment is a powerful strategy for building leadership capacity and deepening partnerships. As stakeholders look at needs and assets together, they begin to create a shared understanding of priorities. The assessment process provides the basis for conversations about equity, strategy development, and resource allocation. It also builds relationships, credibility, and commitment with leaders and stakeholder groups who will be instrumental in shaping and implementing school health priorities, once the assessment is complete.



### Key Outcomes for Stage 2

- An assessment report with key findings of health and education trends, assets, and needs
- Recommendations that inform the initiative's plan
- Engagement of a broad range of stakeholders

## Understand Assets and Needs



## Core Activities

In Stage 2, it is important to be inclusive and yet focused in determining the scope of the assessment. The collaborative must decide what pressing questions they want answered, who to engage in the process, and what resources are available to conduct an assessment.

The overarching purpose of the assessment is to identify and prioritize the assets and unmet school health needs of students, families, and the overall system, while building critical relationships and commitment. Our assessment goals include:

- Understand current trends and disparities in health and education outcomes to define what the initiative is trying to impact.
- Assess the school health assets and needs – exploring, in more detail, the gaps and best practices.
- Build interest and involvement of leadership and stakeholder groups in school health.
- Produce recommendations that inform the next stage – draw up a plan.

Assessment is an ongoing process; it begins during this stage, but is a continuous conversation as the initiative grows and improves.

### Develop an Assessment Plan

Ideally, the assessment is overseen by a small workgroup of the major collaborative partners who have the resources and authority to support both the assessment itself and implementation of the recommendations.

### Core Activities for Understanding Assets and Needs

#### Develop an Assessment Plan

- Form a workgroup
- Clarify purpose of the assessment
- Determine assessment methods
- Develop assessment timeline and strategy
- Establish plan to use and communicate results

#### Collect and Analyze Data

- Review population level trends
- Collect in-depth population level data
- Map the branches and roots
- Collect financing data
- Conduct basic data analysis
- Make sense of it all

#### Recommend Strategies

- Develop and vet recommendations for the initiative's key strategies

#### Create a Report and Inform the Action Plan

- Finalize the assessment report
- Share out findings and recommendations

An often overlooked but critical first step in conducting an assessment is planning the assessment itself. The major tasks of the workgroup, with related questions, include:

- Form the workgroup: Is there representation from major partners? Who has access to existing data? Who has access to schools, families, etc.?
- Clarify the purpose of the assessment: What are we trying to accomplish? Based on previous assessments and other existing health and education data, what are we trying to impact? What issues are most important to explore? What framework will we use for the assessment?
- Determine the most appropriate assessment methods: What existing data do we have access to? Which qualitative and quantitative assessment tools will we use? How will youth be involved in the process? (More on this in the next column.)
- Develop an assessment timeline and strategy: What is the timeline for collecting and analyzing data? What are potential barriers to engagement? Who can help analyze data (check with public health and the district data office)? What staffing can we dedicate to support data collection, e.g., administer surveys, organize and/or facilitate focus groups? Who will be responsible for each step? Once data is evaluated, who will participate in developing recommendations?
- Establish a plan to use and communicate results of the assessment: Who will create the written report? How will the findings inform action? Who needs the results and how will we share them broadly?

At the end of Step 1, the workgroup should have a needs assessment plan with: a clear purpose statement and guiding questions for the assessment; a data collection plan for both primary and secondary data; a youth engagement strategy; an overall timeline; and assigned tasks.

### Questions You Are Trying To Answer In Stage 2

- What is working? What are the strengths you can build from?
- What are the root causes and barriers behind unmet needs and poor outcomes?
- What are possible strategies to address the root causes?
- What resources and infrastructure are available that you could leverage?
- Who else should see these findings and/or be involved in the next stage?

**A Note on Youth Voice.** Engaging youth in the process of designing the assessment and collecting data helps to ensure that information accurately reflects the needs of the youth in the school district. Research shows that engaging youth in the assessment and planning is a best practice because youth are more likely to then use the services and participate in the programming. Our experience working with youth in the assessment process has demonstrated additional benefits of authentic youth engagement. Youth leadership at the onset ensures authenticity of the assessment while enhancing the personal growth of youth.

Youth involvement in the assessment process can range from minimal to intensive, depending on the needs and resources of the initiative. At a minimum, youth should give feedback on the assessment questions and data collection strategies. On the far end of the spectrum are youth-led research projects. Youth-led focus groups are one very effective, mid-range strategy for collecting and making meaning of youth input.

## Collect and Analyze Data

Typically, the assessment begins with an analysis of existing or “secondary” data to understand population level outcomes and areas for further exploration. It is important for school health initiatives to assess health and education data together to gain a more robust picture of how supports and disparities in these two areas are connected.

The public health department can be a great source of support with data collection and analysis. In Alameda County, the Community Assessment, Planning and Evaluation (CAPE) division supports school health initiatives by providing data analysis, as shown in Figure 1.

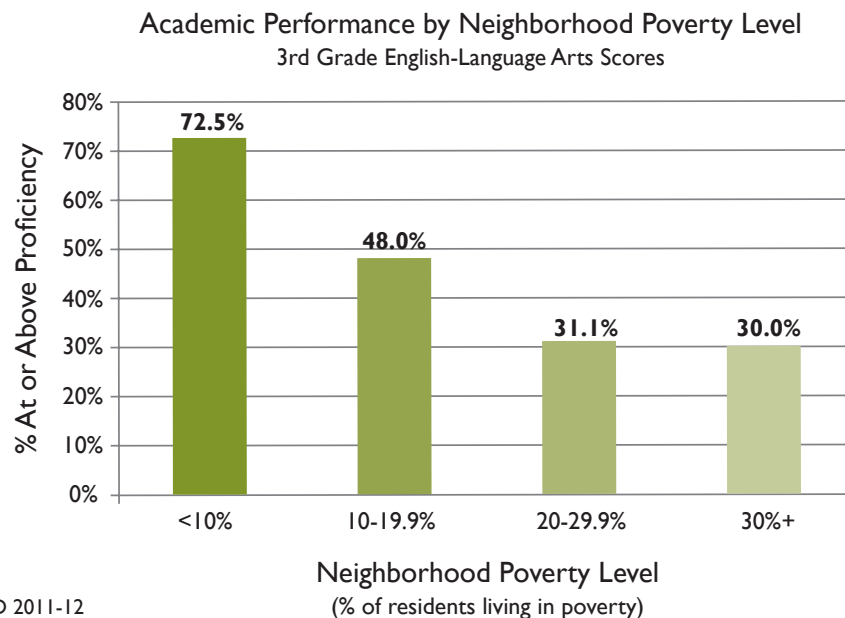
School district data and assessment departments are also an important resource and should be involved in data collection and analysis as much as possible. It is helpful to define categories of programs/services that can be used consistently across the assessment for mapping and data analysis.

**Overall Population Level Trends from Secondary Sources.** A review of existing data, including past needs assessments, helps inform the mapping and also the focus of new data collection. Secondary data sources that can be useful and easily accessible include:

- Previous needs assessments.
- School and district data, e.g., demographics, free/reduced lunch, academics, attendance, discipline, graduation, site plan measures.
- Program-specific evaluation reports.
- California Healthy Kids Survey.
- Health access, e.g., ER visits, percentage with medical homes.
- Health insurance coverage.
- Health indicators.
- Public safety data.
- U.S. census data.

**In-Depth Population Level Issues from Primary Sources.** Once there is a basic snapshot of how students and families are doing, the next step is to explore the more complex questions and drill down into issues

**Figure 1. Academic Performance by Neighborhood Poverty Level**



Source: OUSD 2011-12

## STAGE 2

## UNDERSTAND ASSETS AND NEEDS

that have emerged. This is new, first-hand information collected from the major stakeholders in students' lives, including the youth themselves.

Data collection methods will vary depending on an initiative's guiding questions and available resources, but will likely include a combination of approaches. Surveys, mapping tools, and targeted exploratory interviews (e.g., with site principals, department heads) are good methods of data collection at the earlier stages of an assessment. Surveys are especially useful for reaching large numbers of people relatively quickly, especially when conducted online. Surveys are limited, however, in that respondents can skip questions and cannot give reasons for their choice of answers.

Focus groups, community meetings, and key informant interviews are effective strategies for collecting in-depth information to better understand the range of needs across the school health initiative. Focus groups can provide rich data and insight not easily ascertained through surveys, as they allow for group interaction and follow-up questions. They are more time consuming, and rely on good facilitation and note-taking to collect quality data. Two strategies to improve focus group data are: 1) training facilitators to create a safe, welcoming space, i.e., youth for youth focus groups and parent for parent focus groups; and 2) conducting focus groups in pairs so one person can focus on note-taking.

Potential stakeholder groups to involve in surveys, focus groups, and interviews include:

- School administrators.
- Teachers and school staff.
- Youth.
- Families.
- School district personnel.
- Service providers, including school- and community-based directors and line staff.
- Elected officials.
- Community leaders and groups, e.g., local businesses, housing associations, churches.
- Specific subgroups by, for instance, ethnicity, language, geography, age group.
- Those who are not using services.
- Stakeholder groups across school health program areas, such as school health centers, school-based behavioral health, community school initiatives, youth centers, family support efforts, and other cross-sector collaboratives, e.g., 0-8, linked learning.

**Mapping the Branches and Roots.** Mapping is an important step in the assessment as it provides a picture of the initiative's assets and unmet needs. While the creation of actual maps is a compelling tool for communicating needs and disparities across a region, we use the term "mapping" to mean developing a snapshot of what is currently in place to support health and wellness – both the supports and the structures. The methods can vary from individual interviews to online surveys, depending on the resources available. It is worth investing time up front to map as much of the existing school health supports as possible.

The following is a summary of basic data categories for mapping services:

- Name of provider (school or agency).
- Type of support, using standard categories across the assessment.
- Description of support.
- Schedule (days and times).
- Location (on or off-site).
- Population served (demographics).
- Number of students served and whether or not there is a waitlist.
- Funding sources.

It is also important to map current practices across the roots, such as partnership agreements, coordination structures (i.e., Coordination of Services Teams or COST), professional development for school staff and partners (especially joint opportunities), how data is collected and used, and school- or district-wide initiatives that support health and well-being, e.g., school climate, PBIS.

The data collected during the assessment should also focus on uncovering lessons learned from the work, thus far, as well as promising strategies that need further support.

In this step, and on an ongoing basis, it is important to ask specifically what you want to know. For example, ask service providers, “Thinking of the top five barriers to health access that you selected, what actions has your agency taken to address these barriers?” Or ask teachers, “What is the level of negative impact that you believe the following health issues have on student learning?” Or ask students and families, “What Youth Wellness Center activities or services would you, or people that you know, use the most?”

**Collecting Financing Data.** Talking explicitly and often about financing is key to implementation and sustainability, which is why fiscal questions must be part of any assets and needs assessment. Examine the following issues with the

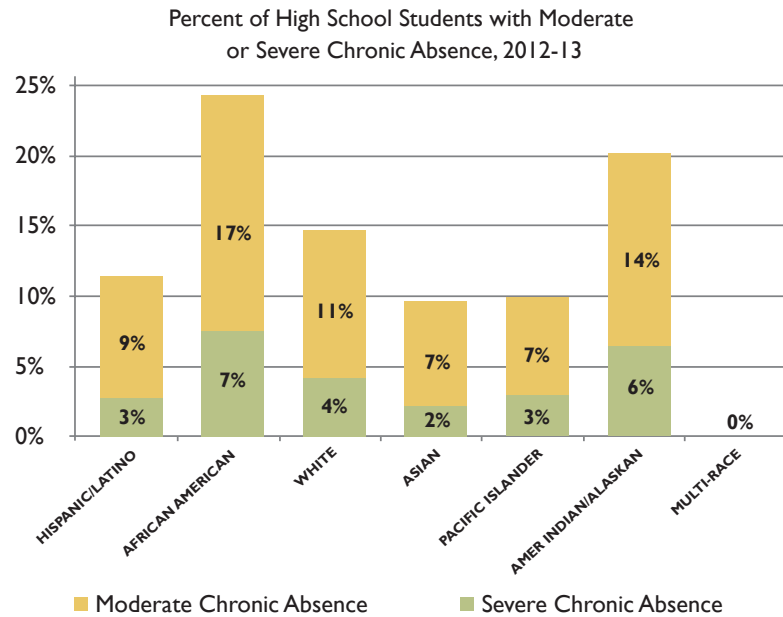
leadership of the district and other key partners, both during and after the assessment:

- What funding streams do you currently use to support school health and wellness services, including learning supports and social-emotional learning, e.g., local, state, federal, education, and Medicaid?
- How many staff are dedicated to school health and wellness? What is their role? How are they funded?
- Do you fund infrastructure and coordination? If so, how?
- How are resource decisions made for your organization? For the initiative?
- How could you better leverage existing funding streams to support or expand the school health initiative?
- What opportunities are there for redeploying or out-stationing current staff?
- What financing opportunities are you aware of that should be further explored?
- What partnerships could be built to increase access to services?

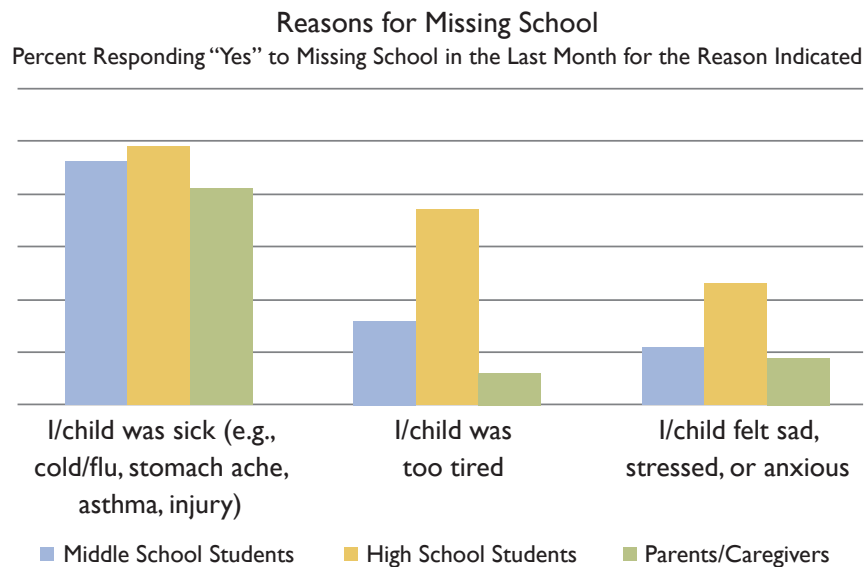
**Basic Data Analysis.** Once all of the data is collected, the workgroup identified in the planning phase is responsible for interpreting the data. It is important to look at the data overall, disaggregated by gender, ethnicity, grade level, school, neighborhood, etc., in order to identify general trends and groups of students or schools that may warrant targeted support. Figure 2 is an example of data on rates of chronic absenteeism disaggregated by ethnicity.

Comparing the responses and priorities of different stakeholder groups, or the same group across years if possible, helps to identify trends and elevate emerging issues to priority status. An example of data analysis across stakeholder groups is shown in Figure 3.

**Figure 2. Chronic Absence Data Disaggregated by Ethnicity**



**Figure 3. Top Priority Health Issues: Compared Responses**



Source: Student and Family Surveys 2013-14

**Making Sense of It All.** Identifying trends and needs is just the first step in making sense of the data. A school health initiative is effective because it looks deeper into the issues that emerge: What are the root causes of poor or inequitable outcomes? Where are the biggest gaps between need and resources?

For example, let's say the data reveals a problem with chronic absenteeism in the middle schools. Research shows that chronic absenteeism is often caused by child health factors, such as hunger, asthma, fear of bullying, and dental pain; family distress; and/or a lack of connectedness to school. In order to explore which of those root causes is affecting attendance, the initiative might look at health access and need among pre-adolescents; issues and resources that were identified for families at the middle schools; and indicators of school safety, climate, and connectedness. Further dialogue would be necessary to identify the major factors in this case, and to choose the appropriate strategies.

This level of analysis can be done by the workgroup or with the entire core team. Either way, the collaborative uses these initial findings to drive decisions about strategies and resources.

## Recommend Strategies

The final piece of the assets and needs assessment is to translate it into action. Either the workgroup or the full collaborative takes the assessment findings and develops recommendations for the key strategies of the initiative. Strategies should cover building and strengthening both school health services (the branches) and the overall school health system (the roots). Recommendations are guided by a few key questions: What needs are the most critical? What are some possible solutions that address root causes? What is working and what assets can we build on? Which solutions do we think will work best?

Ideally, a summary of the findings, along with preliminary recommendations, are shared with the stakeholder groups that participated and their feedback then informs the final recommendations. Well written recommendations include a complete rationale, such as: (1) statement of the issue or need that was identified, (2) related assets, and (3) recommended direction or high-level strategy. The decision regarding who will be involved in crafting recommendations should be made at the beginning of the process and shared during the assessment to ensure transparency.

## Create a Report and Inform the Action Plan

It is important to wrap up the assessment phase with a written report. The recommendations directly inform the next stage of starting or sustaining a school health initiative: Draw Up a Plan. The overall report and related collateral can be used to build support among decision-makers, partners, and other key stakeholders. A summary of the assessment findings should also be included in the final plan.

The transition from assessment to action also includes returning to the stakeholder groups to honor their involvement and engage them further in action planning and implementation. Information in the assessment report can be presented in many ways and venues, e.g., school assemblies, staff presentations, existing collaborative or committee meetings, community meetings, back-to-school nights, PTA meetings, district and partner websites, twitter feeds, neighborhood watch or community center meetings, school board meetings, city council meetings, and county supervisor meetings.

## Cultivating Your Roots

The assets and needs assessment is key to building involvement of students, families, schools, districts, and partners alike. Learning from the assessment and using it to strengthen the roots of the initiative will sustain stakeholder involvement and contribute to the success of the school health initiative.

### Transformative Leadership

#### Build Understanding Among Key Stakeholders

Remember that a needs and assets assessment is an intervention unto itself. Use the assessment process to build stakeholders' understanding of the key issues, e.g., the link between health and education, disparities and inequities, the need for coordination and integration. This should be an explicit goal of the process and reflected in the assessment approach.

### Capacity Building

#### Identify Lessons Learned

Identifying lessons learned seems obvious but is often overlooked in assessments. Glean all the learning possible from what has already been done. The collaborative will learn from what has been successful and from promising practices that are emerging; however, the best lessons frequently come from the biggest struggles.

### Dynamic Partnerships

#### Engage Current and Potential Partners

This stage involves both data collection and stakeholder engagement. Think as broadly as resources allow, and reach out not just to those already doing the work but those who could be instrumental in the future.

### Equity Lens

#### Look to Root Causes

Data only tells part of the story. The collaborative must look beyond symptoms and try to understand the root causes that underlie persistent inequities. Every recommended strategy should be designed to address some element of those root causes, no matter how difficult that may be.

### Infrastructure and Integration

#### Look at Infrastructure and Capacity Needs

Typically assessments focus on programs and services. While this is part of the picture, it is equally important to assess the strengths and gaps in the roots of the initiative, e.g., agency and initiative infrastructure, professional development and coaching, coordination structures, partnership practices, leadership alignment, cultural competency.

### Focus on Impact

#### Clarify Desired Outcomes and Current Baseline

Although data informs every stage in the life cycle of a school health initiative, in Stage 2 data plays a big role in setting future directions. The assessment helps to clarify the outcomes an initiative is trying to impact; helps to establish a baseline of how the target populations are doing currently; and serves as the basis for creating an evaluation plan.

STAGE  
**2**

## UNDERSTAND ASSETS AND NEEDS

### Smart Financing

#### Identify Opportunities to Leverage and Maximize Resources

Smart financing is a root in the framework because it is critical across all five stages. As mentioned in the section on data collection, it is important to ask specific fiscal questions. Don't wait until grants are fading or budgets are cut – use the assessment process to identify concrete, potential resources that could be developed, reallocated, or leveraged for the initiative.

### Stakeholder Engagement

#### Ensure Diverse and Under-Represented Voices

The assessment findings, and subsequent strategies, are only as good as the data collected. Spend time during the planning to identify the populations that are typically underrepresented, and develop strategies for engaging them. Use students to reach students, and parents to reach parents.

## Tips, Tools, and Wisdom

Designing a useful and manageable assets and needs assessment can be challenging. Well-crafted guiding questions will make all the difference. Be sure they are broad enough to capture trends in your community, and focused enough to help the initiative set its agenda.

Over the years, we have conducted many types of focused assessments on: school-based behavioral health, school health center expansion, beginning a dialogue between health and education providers, and building a new youth center from the ground up. Each of these has informed the way we understand and use assessment. The case study and tools presented here represent a comprehensive school health initiative assessment.

#### TOOLS TO DOWNLOAD

- [Evaluation and Quality in School Health Centers](#)
- [School-Based Behavioral Health Assessment](#)



## Understanding Assets and Needs in Livermore: Mobilizing the Livermore School Health Initiative

The goal of the Livermore School Health Initiative (LSHI) is to strengthen the capacity of Livermore to provide a continuum of high-quality, accessible, school-linked health and wellness supports to improve the health and educational outcomes of youth and families. The initiative includes Livermore Valley Joint Unified School District (LVJUSD), the City of Livermore, the Office of County Supervisor Haggerty, CHSC, and Kaiser Permanente.

In the spring of 2014, the LSHI executive team began conducting a needs assessment to learn about the health needs of students and their families, and to inform planning of school-based health and wellness services. The needs assessment, framed around CHSC's School Health Initiative Framework, studied assets and needs across both the branches and roots of the framework. The LSHI executive team began by reviewing and approving the Framework. They looked at a summary of two previous assessments: the Human Services Needs Assessment for Tri-Valley Regional Health Planning Committee; and the Data Report to Support LVJUSD Planning for Health and Welfare compiled by the Alameda County Health Department's Community Assessment, Planning, and Evaluation team. These assessments presented population level trends and disparities in multiple areas, including academic performance, school climate, student health, and community health, which the team used to focus their outcomes, target populations, and guide questions for the assessment.

The assessment included input from students, parents, school staff, health providers, and public sector leadership in Livermore. Methods included secondary data review, surveys, interviews, and focus groups. The LSHI executive team, with support from CHSC and a consultant, collected and analyzed the data and presented findings in these areas:

- Summary of Demographics and Key Population Level Trends
- Assets and Strengths
  - Existing programs and services
  - Partnerships
  - Leadership support
- Health and Wellness Needs
  - Behavioral health
  - Physical health
  - Specialty care
  - Youth wellness center
- Barriers to Health and Wellness Services
  - School pressures
  - Health coverage and cost
  - Cross-cultural responsiveness
  - Fragmented school health system
  - Based on the findings and executive team discussions, five recommendations emerged as next steps for LSHI. The following are excerpts from those recommendations; the full report can be found on our website: [ahealthyschools.org/resources](http://ahealthyschools.org/resources)

**Recommendation 1:****Build a Comprehensive District-Wide School-Based Behavioral Health System**

The assessment identified a range of behavioral health needs in LVJUSD, from expanded services for students, to increased provider capacity, to district infrastructure. In order to address the myriad of needs, LSHI should build a school-based behavioral health (SBBH) system that emphasizes promoting students' social-emotional development and learning. Developing this type of SBBH system at the district level and at each school site requires district capacity and partnership from the behavioral health field. Key strategies that emerged from this assessment include the following:

- Define and adopt a district-wide approach to school-based behavioral health.
- Expand behavioral health promotion.

**Recommendation 2:****Expand Universal Health Access**

Approximately a quarter of all LVJUSD students surveyed said they did not have a doctor or nurse to go to for check-ups or when they are sick. Increasing universal health access will provide students with the health and wellness services that are necessary for them to be successful in school and in life. Strategies that emerged from this assessment include the following:

- Maximize under-utilized resources.
- Expand capacity of current providers.
- Acquire more resources for school sites.
- Offer specialty care for children.

**Recommendation 3:****Strengthen High-Quality Culturally Competent Practices**

As Livermore becomes a more diverse community, health and wellness providers need to reflect the changing cultural landscape. Parents and providers alike spoke about the need to increase culturally competent services. For example, only half of the parents surveyed said that health and wellness providers seemed to understand that their culture may be different. This aligns almost directly with the results of the provider surveys, in which only 48% of respondents said they have trainings in place to increase staff capacity to provide culturally competent services. Strategies that emerged from this assessment include the following:

- Increase provider training.
- Increase language capacity.
- Recruit and retain culturally diverse staff.
- Introduce client feedback mechanisms.

**Recommendation 4:****Develop a Well-Coordinated System of School Health and Wellness**

There is a need to strengthen schools' ability to support their students holistically. All stakeholder groups expressed feeling uninformed about available supports, resources, and procedures. School staff and provider surveys, in particular, highlighted the lack of strategies in place to integrate health and wellness. Having a well-coordinated system of school health services would expand and maximize the impact of available resources, increasing schools' capacity to respond quickly and appropriately to a wide range of student needs. With this enhanced support, more students would be able to stay engaged in school and ultimately graduate healthy and successful.

Strategies that emerged from this needs assessment include the following:

- Build awareness of services and supports.
- Coordinate providers at the District level.
- Coordinate providers at the school site level.

#### **Recommendation 5: Create a Youth-Centered Space for Wellness and Leadership**

The majority of student survey respondents reported wanting more opportunities to share their concerns about school, health, and life with others; and relationships and trust were cited as the most important components for all activities from tutoring to health supports. At the same time, the needs assessment found that health and behavioral health services at school were under-utilized by students. Most of the students surveyed said they would be more likely to utilize specific services (such as health and wellness classes, exercise and fitness activities, counseling or therapy, and leadership programs) if they were offered at a Youth Wellness Center. Similarly, parents tended to think that if services were available at such a Center, their children would be more likely to utilize them. The primary strategy that emerged from the needs assessment was the following:

- Create a Youth Wellness Center, located on or near a school site, to provide a safe place for youth to seek information on health and wellness, to receive services with little or no charge, to foster youth development, and to create a safe space for youth to develop caring and connected relationships with adults. Youth expressed an interest in participating in the design of a wellness center or space. Youth were very clear that a wellness center would be most successful if it had a warm, inviting aesthetic where students could “hang out” and a mix of wellness and enrichment activities. Fostering youth involvement in the development of a wellness center or space from start to finish will ensure a well-utilized center with a youth-friendly environment.



# STAGE 3

## Draw Up a Plan

*If we want to achieve our goal,  
let us empower ourselves with  
the weapon of knowledge and  
let us shield ourselves with unity  
and togetherness.*  
– Malala Yousafzai

### Overview

Stage 3 is the design and decision stage. You have brought together a team of dedicated leaders, gotten aligned around a vision, and completed your assessment recommendations. Now it is time to put it all together into a strategic and actionable plan. This means bringing in more expertise from your community and making decisions about the initiative's key strategies. The plan includes the following:

- Statement of need and rationale for a school health initiative.
- Vision, mission, and values of the initiative.
- Summary of the assessment, i.e., trends, findings, and recommendations.
- Desired results and indicators of success.
- High-level strategies, with chosen school health models and a sustainability plan for each strategy.
- Infrastructure, e.g., governance, staffing, capacity building, communications, data tracking, and evaluation.
- Priorities for the next 1-3 years with agreement from all partners.



### Key Outcomes for Stage 3

- Broader engagement for strategy development and implementation
- The Plan

## Draw Up a Plan

## Core Activities

Planning is essentially a series of conversations, written down and compiled into a living document that guides the initiative. These conversations build on the work done in Stages 1 and 2 and become action-orientated in Stage 3.

Although the order can vary, the following are the seven major activities when drawing up the plan.

### Design the Planning Process

Yes, it is necessary to “plan to plan.” This does not need to be a long or detailed process; but there are many ways to approach the development of a plan, and the core team should think through a few key process details, namely:

- Who else needs to be involved in the process: Use this stage to bring in more expertise and wisdom. Involving broader stakeholder groups ensures that the initiative’s strategies will be relevant and effective. Expanding the core team also lays the groundwork for partnerships and structures needed for implementation, e.g., workgroups, committees, communication protocols.
- Timeframe: Set deadlines to keep the planning process focused and moving.
- Decision-making process and structures: Will there be a steering committee or other type of process design team? Will you have workgroups or do all the planning as one body? Who will facilitate the meetings?
- Resources needed: Identify funding and/or staffing for items such as food, outside facilitation, venue, graphic design, printing, etc.

### Core Activities for Drawing Up a Plan

#### Design the Planning Process

- Expand the core team
- Set deadlines
- Establish the decision-making process
- Identify needed resources

#### Review Context and Planning Work

- Review Stages 1 and 2 findings
- Bring all participants up to speed

#### Finalize the Initiative’s Purpose

- Create a vision statement
- Set your values
- Develop a mission statement.

#### Choose Results and Indicators

- Commit to high-level results
- Set shared indicators of success

#### Design High-Level Strategies

- Set criteria for decision-making
- Brainstorm and choose strategies
- Develop the best model
- Detail the business plan

#### Formalize Initiative Infrastructure

- Memorialize collaborative agreements
- Decide on intermediary functions
- Design an evaluation plan

#### Take the Plan on the Road

- Report back and engage
- Use to guide your initiative

## Review Context and Planning Work

Once the full planning group convenes, the first step is to revisit what was learned in Stage 1 and Stage 2 and bring any new participants up to speed. Get grounded in what the assessment found – trends and disparities in your community, assets, barriers, unmet needs, and recommendations. Review what was learned about best practices in the field from research and study trips. What was successful and what was challenging? What is applicable or adaptable to your context and community? Continue to research and make site visits if needed.

## Finalize the Initiative's Purpose

There are three core pieces that make up the initiative's identity and define its purpose:

- A vision statement that inspires and defines the ideal future the initiative hopes to create, for example: *All Alameda County youth graduate high school healthy and ready for college and career.*
- Values that describe the beliefs of the initiative; a set of shared principles internalized and acted upon by all partners, for example: (1) *Supporting the Whole Child: We know that healthy students learn better. To maximize student learning, schools cannot focus solely on academics, but must address the needs of the whole child;* (2) *Strength-Based Approach: We approach students and families in a manner that is strength-based and rooted in child, youth, and human development principles.*
- A mission statement that defines why the initiative exists, specifically, what you do and who you serve, for example: *The Office of African American Male Achievement creates the systems, structures, and spaces that guarantee success for all African American male students in the Oakland Unified School District.*

## Questions You Are Trying To Answer In Stage 3

- What are your high level strategies? What programs, services, and systems will you build?
- What school health models will you use?
- How will you work together to achieve your shared outcomes? How will you staff the initiative?
- How will you track and sustain progress?
- What are the initiative's immediate next steps?

## Choose Population-Level Results and Indicators

The collaborative must move from agreement on a shared vision, e.g., healthy thriving kids, to a commitment to specific high-level results and related indicators.

- High-level results are the conditions for well-being that you want to see, e.g., children are physically, socially, and emotionally healthy; students succeed academically; systems are integrated and care is coordinated and equitable. Think about the populations you serve (youth, families, school staff) as well as the policies and/or systems you want to impact.
- Each result area needs a few shared metrics that can be tracked and serve as indicators of progress. Metrics may include population-level indicators, such as the percentage of students who report not eating breakfast or the percentage of students graduating high school on time.

## Design High-Level Strategies

The results also guide the initiative's high-level strategies. The results-based accountability (RBA) model defines a strategy as "a coherent collection of actions that has a reasoned chance (i.e., a theory of action behind them) of improving results. Strategies are made up of our best thinking about what works, and include the contributions of many partners."<sup>1</sup> Some results will require a specific service delivery model or approach; however, the planning team should look for cross-cutting strategies that span multiple areas; these are your high-level strategies.

For example, in CHSC's Strategic Plan, one high-level, cross-cutting strategy is: "build safe, healthy, culturally responsive school and youth spaces." As part of that strategy, we have seven major priorities, or buckets of work. These include partnering with schools and districts to build comprehensive school climate initiatives and train school staff to support students' social-emotional development through mental health consultation and coaching. We also collaborate with public and private partners to develop facilities and infrastructure that support wellness, such as youth

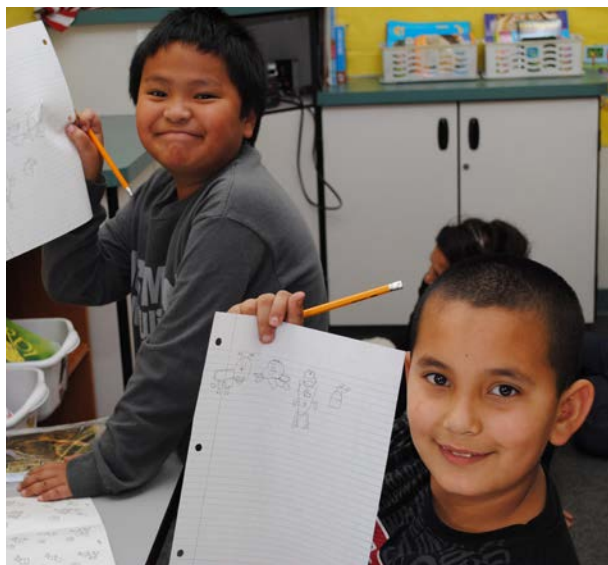
centers, safe routes to school, and places to access healthy foods.

Again, there are many ways to design the actual planning process, but the following four-point guide will help your collaborative reach relevant, actionable high-level strategies.

**Set Criteria for Decision-Making.** Create criteria for evaluating and choosing key strategies. The criteria should reflect the initiative's values and ensure that strategies will advance the initiative's agenda as a whole. Examples of criteria the group might use include rating how much the strategy:

- Responds to needs identified in the assessment.
- Integrates existing resources and partnerships.
- Has agreement and support from key partners.
- Will impact more than one result.
- Has sustainable funding sources.
- Competes with other sectors or existing initiatives.

<sup>1</sup> Friedman, M. (2005). Trying hard is not good enough: How to produce measurable improvements for customers and communities. Tfford.



## Write It All Down

Remember, planning is a series of documented conversations. In the initiative's written plan, each strategy should include:

- Description of the strategy
- Supporting research and assessment findings
- Major priorities
- Roles of partners
- Initial business model

**Brainstorm and Choose Strategies.** Once the results are agreed upon, the group can design the best strategies for achieving them. Brainstorm ideas based on individuals' expertise, research summaries, and site visit learnings, especially from other efforts that have been successful with communities such as yours. Group by themes, narrow down the options, and decide on your core strategies and related priorities. (See Reaching Consensus on page 48 for some useful methods for reaching agreement in a group process.)

**Develop the Best Model.** Strategies can be implemented in different ways. The next step in strategy design is to develop the best approach for your specific community.

For example, in Alameda County, we have committed to creating universal access to health in schools as a high-level strategy. One of the models we utilize for this strategy is the school health center. We target school health centers to middle and high schools with significant numbers of low-income students who have limited access to health care in the community. We developed a model that offers integrated health and wellness services, which include medical, dental, and behavioral health; health education; and youth development. Our model uses Federally Qualified Health Centers, also called community health clinics, as lead agencies because they have enhanced reimbursement rates and high standards of health care which contribute to both sustainability and quality. However, other communities have built out their school health centers with a different mix of services and staffing, based on the unique needs, strengths, and barriers to care faced by youth in their communities.

Some specifics to consider when deciding on the best model for your strategies are:

- What has been proven to be effective with the target population, e.g., age group, ethnicity, gender, rural/urban?
- Should all services be school-based, or both school-based and school-linked, i.e., community-based with strong links to local schools?
- Would your community access centrally located "hubs" with health and wellness resources, or do you need dedicated spaces at all schools?
- What should be the partnership model? For example, using a lead agency to run a major school health strategy (e.g., school health centers), creating a key district position to build systems (e.g., behavioral health lead), or deploying county staff to schools or a community hub to provide health and benefits enrollment.

There will be additional considerations depending on the school health strategies you choose, e.g., school health centers, school-based behavioral health system, community schools.

**Detail the Business Plan.** Each strategy needs a sustainability plan that includes a proposed budget, with costs, funding sources, and a partnership/staffing model. Revisit what you learned about how school health initiatives are funded, and what is applicable to your specific context. Look at all resource possibilities, such as: revenue-generating strategies, third-party billing, grant funding; and reallocation of public resources.

## Formalize the Initiative Infrastructure

The conversation around infrastructure and evaluation will carry into Stage 4; but it is important to reach agreement on the basics as part of the plan at this stage. These basics include:

- Memorializing collaborative agreements, structures, roles, and responsibilities in memoranda of understanding or agreement (MOU, MOA).
- Deciding who will hold the intermediary functions for the initiative for the first year, e.g., convene the collaborative, support communications, manage the evaluation, mobilize funding. Will one partner be responsible for this, or a staffed steering committee? How will you fund it?
- Designing an evaluation plan with your outcomes and metrics. This will require data-sharing agreements, which can take many months to complete. So start early.

## Take the Plan on the Road

The last component of drawing up a plan is taking it on the road. The input gathered from stakeholders should inform the next steps in the plan. There are three main purposes to sharing the draft plan more broadly. First, it ensures an authentic process. Returning to groups that were engaged in the needs assessment or other outreach efforts demonstrates that their contribution was valued and keeps open lines of communication.

Second, soliciting input from diverse stakeholder groups helps strengthen the strategies and infrastructure in the plan.

And third, engagement in reviewing and vetting the plan builds relationships that will be needed for successful implementation and sustainability. This is equally true at both the implementation and the decision-making level, e.g., executive director, board, superintendent.



## Cultivating Your Roots

In designing the planning process, be sure to develop sound practices across the seven roots; they are critical to both creating and implementing a meaningful plan.

### Transformative Leadership

#### Be Internal Champions

Often, the leaders of the initiative are change agents in their own organizations. Part of their role is to build internal support for the work. This involves educating their leadership and colleagues about school health and about the ways the organization can make a difference. It also means looking for ways to increase participation in the process, and to leverage the best of their organization in service of the initiative's vision and shared agenda.

### Capacity Building

#### Support Learning Across the Initiative

Drawing up a plan includes conversations about building the capacity of individuals to do the work, and building the capacity of the initiative to support and sustain it. Discuss how to create professional development, peer learning, and coaching opportunities for all of the stakeholders. This takes dedicated resources and responsive, differentiated approaches.

#### Adapt Best Practices

As there is no shortage of research on school health, it is important to focus information gathering on what works. This is true for literature reviews, research projects, and study trips. It is helpful to develop some guiding questions to use in summarizing research from the field and in directing study trips, in order to better understand and adapt best practices.

Sample study trip questions include: What is the model (approach, services, staffing, etc.)? What are the partnership practices (how are partnerships formalized, what are the issues or tensions that arise, how are they resolved)? How do personnel engage youth? How do they finance and sustain? What are key accomplishments? What were the biggest challenges and how were they overcome? What lessons have been learned?

### Dynamic Partnerships

#### Align Around Models

The planning process provides an opportunity to align school and health partners around shared priorities and models. Take the time to understand best practices in the respective fields and to reach agreement on what strategies will be most effective.

### Equity Lens

#### Apply Your Equity Lens

Use an equity lens to guide decisions, such as John Powell's concept of targeted universalism<sup>2</sup>. This concept involves setting a universal goal of quality learning and health supports for all. Use an equity lens to guide decisions, such as John Powell's concept of targeted universalism<sup>2</sup>. This concept involves setting a universal goal of quality learning and health supports for all children, coupled with targeting approaches and resources in ways that are responsive to how children and families are situated differently to opportunities for success.

<sup>2</sup> John A. Powell, Stephen Menendian, and Jason Reece (2009). "The Importance of Targeted Universalism," Poverty and Race Research Action Council.

# STAGE 3

## DRAW UP A PLAN

### Infrastructure and Integration

#### Be Intentional in Planning

Integrate, integrate, integrate. Are you creating workgroups to take on parts of the planning? Use existing committees wherever possible. Choosing high-level results and indicators? Build from the district's strategic plan and data systems. Planning professional development? Combine it with sessions on social-emotional learning, or culturally relevant teaching, or other relevant priorities. Put that mapping from Stage 1 to work in creating a plan that leverages and integrates into related efforts.

#### Focus on Impact

##### Drive Strategy Development

The results focus in Stage 3 is about planning explicitly for the results the collaborative wants. Reaching agreement on outcomes and indicators drives strategy development and helps focus the initiative. Partners are able to align, not just their vision, but their high-level strategies and, in Stage 4, their day-to-day activities.

#### Smart Financing

##### Build Relationships with Finance Experts Early On

Finance officers are a key part of the team; and yet are often left out of the design and decision conversations until the last minute. It is critical that finance people understand the initiative and are connected to the overall vision. They can be both a voice of reason and a source of creativity. Start early, and build strong relationships with finance within and across organizations.

##### Fund Coordination and Universal Access

Funding for infrastructure and coordination of school health programs improves effectiveness and enables the programs to provide non-billable services responsive to specific school and

community needs. This can be the hardest funding to secure, especially through grants, so look to initiative partners to provide this much needed component.

For example, Alameda County provides an annual base allocation of \$114,000 to each school health center. This leverages anywhere from three to eight times the funding in services, depending on the school health center's maturity. However, the return on investment is much greater. The county's core funding ensures implementation of an evidence-based model, universal access to health care for all students, engagement in the county-wide learning community, and participation in a shared database and evaluation. It also builds the school health centers' ability to leverage partner resources and create seamless systems of support for students and families.

### Stakeholder Engagement

#### Expand Engagement

A fundamental part of this stage is broadening the response of participants' perspectives and expertise in the planning process. Leverage the engagement done thus far, and the team members' networks, to expand participation. Be clear in communicating your purpose, expectations for participation and decision-making, and the planning process and structures so people feel valued and heard



## Reaching Consensus

Consensus decision-making fosters collaboration and inclusion, which leads to shared ownership of the decisions made, in this case, the initiative's core strategies. The consensus process also builds stronger relationships, which are needed for successful implementation and sustainability. There are many approaches and methods for facilitating a consensus process. All of them stress inclusion, full participation, cooperation, and being solution-minded. It also requires dedicated facilitation; groups need structure and support to move through the process. The following are a few of the methods we have found useful:

- **Turn the Curve.** Results Based Accountability (RBA) is a framework for going from the results you want to impact to an action plan. The overall approach is called "Turn the Curve" thinking. It involves mapping the data, looking at root causes, identifying partners who can address key factors, brainstorming strategies, and developing a plan. There are many RBA activities that can help guide an initiative to reach consensus in all five stages of the School Health Initiative process. More info: [resultsaccountability.com](http://resultsaccountability.com)
- **Process Enneagram.** The Process Enneagram is a nine-point framework for collaborative work. It can be used to guide groups through dialogue, planning, design, and decision making. More info: [www.stevezuieback.com](http://www.stevezuieback.com)
- **Technology of Participation (ToP).** ToP, also known as the "sticky wall," is a structured method that supports a group in generating many ideas, pooling individual contributions into larger themes, and reaching consensus on the ideas to move forward to action. More info: [icausa.memberclicks.net](http://icausa.memberclicks.net)
- **Gradients of Agreement.** This approach allows members of a group to express their support for a proposal along a continuum, from endorsement, to agreement, to disagreement but willing to go along, to block. Another variation is the Roman Evaluation which uses thumbs up to indicate agreement, thumbs sideways for accept and support the majority's decision, and thumbs down for veto or block. These voting approaches can be used with any of the other methods, as can multi-voting techniques. More info: [www.communityat-work.com](http://www.communityat-work.com)

STAGE  
**3**

## DRAW UP A PLAN

### Tips, Tools, and Wisdom

*In planning, it can be helpful to heed Voltaire's adage, "Perfect is the enemy of good." Drawing up a plan requires both design and decision-making, which means you want to allow enough time for the best design to emerge but also provide a deadline for making*

One key to success in Stage 3 is to set a firm timeline. Be sure you have enough of the right people at the table, and take them through all of the core activities; but don't allow the initiative to get stuck on the unknowns. Details can be worked out in the next stage. This process has ongoing reflection and improvement built into it, in part to empower collaboratives to innovate and take risks. The case study and tools presented here represent how we guide planning processes for school health efforts.

#### TOOLS TO DOWNLOAD

- [Alameda County School-Based Behavioral Health Model](#)
- [Alameda County School Health Center Model](#)
- [Smart Financing for School Health Centers](#)
- [School Climate for Learning](#)
- [Restorative Justice: A Working Guide for our Schools](#)
- [Smart Financing for School-Based Behavioral Health, Leveraging Blending, and Systems Building](#)
- [District Health and Wellness Leads: Transforming the Way School Districts Support Student Success](#)



## Drawing Up a Plan in Hayward: Aligning the Public Sector around Vision and Strategy

In 2008, there was a lot of excitement in Alameda County regarding use of the community school approach to organize our resources and district partnerships around student wellness and success. At the same time, Hayward Unified School District (HUSD) was exploring the community schools model and focusing on health and wellness as a key component. Building on this enthusiasm, the Center for Healthy Schools and Communities (CHSC) partnered with The California Endowment to convene strategic public partners – specifically school districts, cities, and other county departments – in regional planning conversations, of which Hayward was one target city. The goal was to build joint initiatives to improve education and health outcomes for students and their families.

The planning effort marked the first time key public education and health agencies in Hayward worked together to set a strategic direction, as opposed to developing individual services. It enabled the various organizations to get aligned around an overall vision, a shared agenda, and best practices in school health.

### OVERVIEW OF WORK DONE IN STAGES 1 AND 2

The entire planning process began with gathering a team of champions. CHSC worked with HUSD to bring together key representatives from HUSD, Alameda County's CHSC and Behavioral Health Care Services, the County Supervisor's Office, and the City of Hayward Family and Youth Services Bureau to form a Community Schools Planning and Oversight Committee. These leaders represented decades of experience and commitment to improving health and education outcomes for young people. They were invested in working together on a shared agenda, as well as moving each of their organizations toward a more holistic approach to supporting young people and their families. These leaders were also chosen because they were "deputy" level leaders in their organizations, which meant they had sufficient authority to make high-level decisions, yet were still involved in implementing policies and programs.

As part of the initial formation of the team, they adopted two frameworks to create a shared lens for planning across the different sectors. They chose a framework for school-based behavioral health already being used to guide the collaborative work of HUSD, CHSC, and Behavioral Health Care Services. They also adopted a community schools framework used nationally to transform public schools into community hubs where a network of partners support students and families through a range of integrated supports and opportunities.

Once the team was formed, their first major undertaking was an assets and needs assessment. They enlisted the county health department's Community Assessment, Planning, and Evaluation (CAPE) unit to compile a comprehensive assessment report. CAPE mapped population level trends to an initial results framework that combined the school-based behavioral health and community school frameworks.

## DRAWING UP A PLAN: STAGE 3

### Designing the Planning Process, Reviewing Context, and Finalizing the Initiative's Purpose

The Planning and Oversight Committee designed a planning process similar to the one described in this guide. They hired an outside facilitator to support the group; and they expanded the planning group to include more HUSD and CHSC staff responsible for school health program areas. The planning group began by reviewing the assessment report to identify unmet needs, gaps in services, and barriers to access. They also examined integration of services and supports at the school level. This led to the first components of the Plan, described and excerpted below:

- **Statement of the Issue.** "Educationally relevant health disparities exert a powerful, but generally overlooked, influence on the achievement gap. The strong association between social class and health persists throughout the lifespan. Despite the widespread and substantial investment in school health programs and services, current investments are likely to yield only limited educational benefits to students for several reasons. First, current financial investments are not sufficient to address the magnitude and severity of health problems affecting urban minority youth. Second, in too many cases the programs being implemented are not high quality. Third, existing efforts are not strategically planned to influence educational outcomes. Fourth, existing efforts are not effectively coordinated to capitalize on potential linkages between efforts."

The full-service community school model recognizes that schools do not operate in total isolation from the communities in which they are located....When schools and community partners collaborate and align their resources to achieve common results, children are more likely to succeed academically, socially, and physically. Full-service community schools have been associated with improved attendance and student achievement, increased family and community engagement, and improved student behavior and youth development."

- **Assessment Findings.** The Plan described the education and health inequities in Hayward across gender, ethnicity, and school. For education, it highlighted inequitable outcomes in academic performance and dropout rates. For health, it highlighted disproportionately in: physical fitness, obesity rates, reproductive health, substance use, and mental health issues.
- **Mission Statement.** "To create, develop, enhance, and expand an integration of process, programs, and services to engage and support students, families, and schools in a comprehensive way which, in turn, creates a community which develops successful thriving students."
- **Guiding Principles.** The principles were designed to guide all aspects of the group's work: philosophical stances, e.g., "we will use social justice, fairness, equity as the basis of our work;" operating principles, e.g., "we will involve the school, parents, and the community to promote caring relationships and develop safe and healthy communities;" and an emphasis on systems-level work, e.g., "we

will work to shift existing systems to become more prevention-oriented, more holistic, and to make high-impact changes to the broader systems that effect children.”

### Choosing Population-Level Results and Indicators

The next step for the planning group was to finalize a results framework which all of the planning partners could commit to supporting. The group chose desired results for five populations, including the school and overall system. Each level had between five to eight results (bullets), a sampling of which are presented here:

All students are:

- \_ Academically successful, competent learners.
- \_ Actively engaged and attend school consistently.

All staff and community school partners:

- \_ Take a proactive and preventive approach in the provision of support to students and families.
- \_ Make decisions that are student-centered and in alignment with the broader vision of the district on high student achievement.

All parents and families are:

- \_ Knowledgeable about their roles and responsibilities in advocating for the success of their children.
- \_ Able to access the needed services for their children and able to trust that the providers, including district, have the best interest of their children in mind.

The school environment is:

- \_ Safe, healthy, and promotes increased resiliency and decreased risk factors for students.
- \_ Organized and has resources to provide students a high-quality education and families a continuum of services and supports.

The school support system will:

- \_ Increase effectiveness in managing implementation of policies and procedures through active utilization of a data-based accountability system (internal).
- \_ Enhance and increase collaboration with community partners to increase and expand services to the students and families in the community (external).

The planning group also identified overall indicators of success for the collaborative work. These included: improved student attendance; reduction in student discipline; increased collaboration and coordination among internal staff and key community partners; and active family engagement in the school system.

## Designing High-Level Strategies

Finally, the group developed five goals, each with high-level strategies and indicators of success. This process was facilitated over four sessions, beginning with sharing of the key partners' current models, strategies, and best practices. Through brainstorming, grouping, discussion, and prioritization, the group was able to create shared goals and strategies. Below are all five goals, with a few selected strategies for each.

Goal	Selected Strategies
Create shared vision and leadership around Community Schools (CS) at the school, district, and community level.	<ul style="list-style-type: none"> <li>Educate CS partners at multiple levels in each system to create deeper understanding and alignment around the CS vision, mission, goals, and frameworks.</li> <li>CS partners participate in agency-specific and cross-system professional development and capacity-building activities that cultivate leadership and ownership of the CS framework.</li> </ul>
Empower families and youth to ensure equitable health and education systems, policies, and practices.	<ul style="list-style-type: none"> <li>HUSD and CS partners develop and implement a district-wide family engagement training series to empower families to engage in district and school community in meaningful ways, including input in school governance and methods of supporting students.</li> <li>Continue to invest in Parent Centers and provide opportunities for families to gain knowledge of school systems and available CS supports.</li> </ul>
Create universal access to an expanded continuum of school and community health and learning supports.	<ul style="list-style-type: none"> <li>HUSD and partners develop and convene a Coordination of Services Team (COST) at each school site made up of academic, administrative, and support staff and partners.</li> <li>HUSD and partners collectively examine continuum of care services from pre-school to high school on an on-going basis to determine gaps and barriers to services and to expand system capacity.</li> <li>HUSD/CHSC collaborate to increase capacity at each school site to improve academic and socio-emotional outcomes for students, e.g., capacity to convene COST, and to provide individual and group case management, parent and teacher consultation, and staff trainings.</li> </ul>
Build safe, healthy, and culturally responsive community school environments.	<ul style="list-style-type: none"> <li>HUSD and partners conduct an awareness campaign to educate students, families, and the community about the district-wide Positive School Climate Initiative.</li> <li>HUSD, school site, and school-based partners are oriented to the Rtl model and trained and supported to develop an integrated academic and mental health program using Rtl.</li> <li>HUSD and partners sponsor and participate in agency-specific and cross-system cultural sensitivity trainings to understand how their behaviors may affect the behaviors of students.</li> </ul>
Build systems and linkages to support school success for high-risk youth.	<ul style="list-style-type: none"> <li>HUSD develops a district-wide Attendance Initiative, with an attendance improvement plan and an attendance committee, involving community partners and district leadership.</li> <li>HUSD collaborates with Hayward Police Department to conduct truancy sweeps. HUSD and community providers participating in the district's School Attendance Review Board (SARB) increase supports for chronically truant youth and their families.</li> </ul>

### Next Steps: Using the Plan to Inform Action

While the Planning Committee did not transition to a formal initiative with an infrastructure and shared oversight, it was successful in defining a roadmap for the collaborative work of organizations involved. The draft plan was used by the key partners to guide their work together, and specifically to expand and focus the county investment in HUSD. It still undergirds the collaborative work in Hayward, and is now being used to inform the next stage of community school planning. A few key examples of strategies that the partners advanced as a result of the planning process include:

**School-Based Behavioral Health Initiative.** The planning process helped the district, CHSC, and Behavioral Health Care Services align around a model and high-level strategies. This led to the implementation of COST teams district-wide, the expansion of CHSC-funded Clinical Case Managers at school sites to coordinate services and to provide individual and group supports to students, and consultation and training for staff. It also paved the way for joint school climate efforts, such as the district-wide adoption of Positive Behavior Intervention and Supports, and Restorative Justice, now underway with support from the county and city.

**Made in Hayward.** Chronic absenteeism was another area of alignment that grew out of the work of the Planning Committee. Hayward used to have one of the county's highest truancy rates; but last year the district was recognized as a model by the California Department of Education for their collaboration and use of data in improving attendance. Part of the Made in Hayward movement, the attendance initiative relies on close partnership with the Hayward Police Department and local merchants to return truant students to school. Organizations, such as CHSC, the local state college, and HUSD's afterschool program provide academic, health and behavioral health, and family supports to students in danger of becoming chronically absent or dropping out.

**Hayward Community School District.** The planning process laid the foundation for Hayward's CS Initiative. The district re-engaged with CHSC around the community schools model in 2014, with a new Superintendent and renewed interest from HUSD's Student and Family Services Department. Key HUSD staff and the CHSC Behavioral Health Consultant participated in a retreat series to develop an emerging vision for Hayward as a Community School District, and an engagement toolkit. The retreats also explored issues of equity and bias and how they connect to a community schools approach. The following year, HUSD launched an "early adopter cohort" to lead implementation of community schools work at the site level and inform the district-wide community schools approach and implementation plan. The cohort is co-facilitated by HUSD and CHSC.

Planning is, first and foremost, a process for thinking and designing together. The Hayward story is an example of how a planning process built alignment and shared ownership of school health work and how it fortified the relationships and financial investment necessary to start and sustain an initiative.



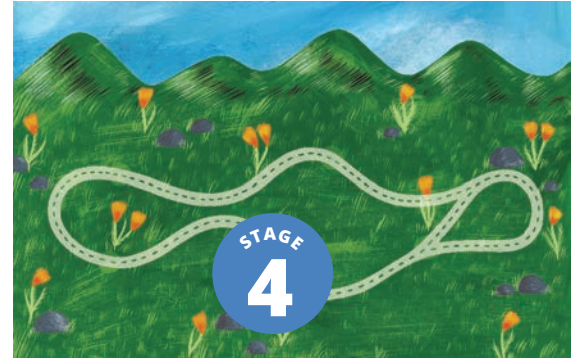


# Do What Works

*Remember that no one succeeds alone. Never walk alone in your future paths.*  
– Sonia Sotomayor

## Overview

Stage 4 is the stage everyone has been waiting for – implementation! Whether launching a school health initiative or strengthening an existing effort, people are ready to get to work. Capitalize on the excitement to galvanize people, but remember to be strategic in “Doing What Works.” The collaborative must prioritize activities and do those things well. At the same time, they continue to strengthen the roots of the initiative.



### Key Outcomes for Stage 4

- Successful implementation of key strategies
- A strong initiative infrastructure that supports collaborative work and partners
- Aligned partnerships
- More school health champions

Do What Works

## Core Activities

In Stage 4, the focus of the initiative shifts from planning to action. Action involves not only implementing programs and services, but also building infrastructure and capacity that promotes long-term impact and sustainability.

### Create a Rollout Plan

You cannot do everything at once, at least not well. It is important to prioritize the initiative's work at this stage. Form teams for each prioritized strategy and plan the details of implementation. Recruit more broadly for the implementation teams. School health initiatives are powerful because they bring together diverse perspectives and expertise. Things to keep in mind for rollout planning include:

- Prioritize activities that are important and can be moved forward. Select some activities that will have an immediate impact to build momentum and working relationships. Select others because they are pivotal in improving outcomes for students and families.
- Leverage structures put in place for planning to support the ongoing work. For instance, planning committees for specific strategies can transition to implementation teams.
- Develop an action plan, with roles and timeline.
- In thinking about where to roll out the strategies, consider school site:
  - Leadership capacity
  - Readiness for change
  - Level of need
  - Existing resources and partnerships
- Focus on quality: do the work effectively and increase trust and support among stakeholders.

### Orient and Engage Others

The school health initiative process is drawn in an infinity shape instead of a straight line because it is not a linear process. In particular, Gather a

#### Core Activities for Doing What Works



Team of Champions is a stage that is revisited constantly, with current and new potential champions. While the collaborative may be anxious to “get to work” at this point, the school sites are often just being introduced to the initiative. Partners may be new to a school site – or possibly to school-based work altogether. Similarly, school staff may not be accustomed or comfortable with integrating partners. It is critical to take time to engage the site leaders and partners and build their ownership of the work. Look back at the core activities in Stage 1 for ideas, e.g., meetings, roundtables, speakers, site visits, and getting to know you activities.

# STAGE 4

## DO WHAT WORKS

As implementation moves forward, the sites should focus on integration of partners, programs, and services. This includes very concrete actions, such as developing and revisiting partnership agreements, and creating shared systems and forms (e.g., universal referral form, common evaluation tools). It also involves less formal conversations and relationship building. Formative assessment helps foster collaboration, as shared site-level conversations about progress toward outcomes, strengths, and challenges inform mid-course adjustments and make programs more effective.

### Manage the Initiative

In Stage 4, the collaborative operationalizes the infrastructure designed in the plan, e.g., roles, responsibilities, intermediary functions. Additional management activities include:

- Formalize partnerships and contracts using the new plan as a guide. Revisit and deepen partnership agreements made in early stages or previous years. Be sure that they include the initiative's vision, results, and high-leverage strategies, as well as a commitment to the collaborative process.
- Develop program management systems for the initiative that can track and support communications, evaluation, fund development, etc.
- Build infrastructure and practices that allow real-time access to the data being collected, such as a shared database, standard reports that can be generated from the database at sites, and quarterly data summaries.

### Build Capacity Across the Initiative

It is helpful to remember that school health initiatives are innovative, and that both the collaborative and the school sites will be charting new ground. Part of implementation is dedicating resources to supporting partners at all levels, ideally through an intermediary organization or a team with key partner representatives. The team should consider:

### Questions You Are Trying To Answer In Stage 4

- Are you doing what you set out to do? Are you doing what needs to be done?
- What is working? What needs to be adjusted or improved?
- What are the most critical activities for improving outcomes?
- Are stakeholders engaged and supportive?

- Developing a capacity building plan to support stakeholders in implementing the strategies and collaborating across sectors. It should include coaching and technical assistance for people on the ground, for leadership, and for individual partner organizations.
- Facilitating professional learning communities (PLCs) where partners can look at data, share best practices, design systems and tools, and troubleshoot together.
- Paying special attention to the needs of the sites as they implement the priority strategies.
- Identifying opportunities to build capacity within the system so that certain expenses can be one-time only, e.g., train the trainer models, peer coaching.

### Over-Communicate

Lack of communication is a common pitfall in the implementation stage. The collaborative may want to have hard data that show results, or consensus on messaging before sharing. However, keeping stakeholders informed of progress is critical at this stage to keep people engaged and excited about the initiative.

Communicate about everything: new partners coming on board; a success story from an individual school; draft logic models and program models; numbers of students served in the first quarter; pictures of a community event; new research in the field; requests for support or volunteers; meeting schedules. You do not have to be perfect, just be present!

## Cultivating Your Roots

There are two approaches to strengthen the roots in Stage 4. One is to prioritize strategies or models that build coordination, such as implementing Coordination of Services Teams (COST) district-wide; the other is to focus explicitly on building infrastructure, separate from the strategies being implemented on the ground.

### Transformative Leadership

#### Support Strong Site Leadership Teams

A strong initiative team is only part of the transformational leadership needed for this type of change effort. Successful school health initiatives promote leadership and collaboration at all levels. Individuals, organizations, and institutions that have traditionally operated in silos now work together on planning, implementation, evaluation, and decision-making. Strong site leadership teams are essential to success, sustainability, and true shared ownership. The initiative leadership should empower and support the site administrators to incorporate key health partners into their teams, making them responsible for the integration and success of both academic and student and family support services.

#### Nurture Youth Leadership

Research shows that engaging youth in planning and leading programs is a best practice because it not only supports positive youth development, it also improves programs and increases participation. Incorporate youth perspectives and wisdom through such things as advisory boards, peer health educators, and student research teams.

### Capacity Building

#### Create a Capacity Building Team

Pull together a team from the various partner agencies to be responsible for professional and peer learning for the initiative. This team can look at the big picture of what is needed – for the

collaborative, partners, new models – and identify trends and priorities. The team should also map and leverage existing resources across organizations, e.g., consultants, trainings, coaches.

#### Develop Your Models

In this stage, the collaborative should further develop the core school health models, specifically detailing elements of the model and related standards. Doing this work in partnership – across providers and with educators – will help ensure quality and alignment throughout the initiative. Remember to strike a balance between ensuring high quality services, which entails a clear model and standards, and fostering innovation, which requires some flexibility.

### Dynamic Partnerships

#### Integrate into School Structures and Practices

School health efforts require the integration of partners into the fabric of a school. This means shared planning, implementation, and accountability. The level of integration may vary depending on the depth of partnership; but the school and partner should explicitly discuss strategies for integration and include them in the partnership agreement. Strategies might include involvement in COST, school events, newsletters, data dives, etc.

# STAGE 4

## DO WHAT WORKS

### Equity Lens

#### Look at Implementation Through the Lens of Equity and Opportunity

Equity in implementation means tailoring strategies to address the issues facing your community. This might necessitate new partnerships with small community organizations that serve a specific population, taking a program into the community, augmenting funding streams, or advocating for local policy changes. Ensure that the committees responsible for roll-out planning reflect target populations, and include people with an understanding of culturally relevant approaches.

### Infrastructure and Integration

#### Assess and Strengthen Infrastructure

Doing what works includes building effective infrastructure. Pay attention to key elements in this stage, such as how well the collaborative functions, creation or revision of related district or school-wide policies, cross-department partnership and planning structures, effectiveness of site and district coordination of services teams, and other organizational practices. A strong infrastructure takes time and ongoing energy to develop, especially in schools and districts which are always incorporating changes in leadership, priorities, and resources.

### Focus on Impact

#### Develop Performance Measures

In this stage, the initiative can develop measures of success for the key programs and services. Performance measures for programs reveal what was done (e.g., activities, clients served), how well it was done (e.g., client satisfaction, time from referral to service), and if anyone who participated is better off (e.g., percent showing improvement in knowledge, attitude, skills, or behavior).

### Smart Financing

#### Leverage Public Funding and Revenue-Generating Strategies

One of the most stable funding strategies for school health services is to leverage larger public funding streams. School health initiatives can, and must, develop revenue-generating strategies that maximize public funds. In Alameda County, two examples include:

- Our network of school health centers derives a significant portion of their funding from third-party billing of State Medicaid, in addition to other state and county reimbursement programs. The initiative and the lead agencies have strong infrastructures and share best practices for maximizing patient reimbursements.
- Our School-Based Behavioral Health Initiative relies heavily on a core investment of county funding that, in turn, leverages eight times the services through two funding streams tied to Medi-Cal (California's Medicaid program): Early and Periodic Screening Diagnosis and Treatment, and County-Based Medi-Cal Administrative Activities.

### Stakeholder Engagement

#### Honor Local Wisdom

In this stage and moving forward, it is critical to maintain a strong connection between the work happening at schools and strategic decisions being made at the initiative level, especially as the effort expands and scales up. Be sure to include front-line staff, site leaders, and youth in the initiative leadership structure, and honor the wisdom they and other partners bring.



## DO WHAT WORKS

### Tips, Tools, and Wisdom

This is where the work really happens – where the rubber meets the road. Change efforts are messy, and not at all linear. Stage 4 will have many successes and just as many setbacks. The important thing is to keep pushing forward as a collaborative. Learn together, face and resolve conflicts, acknowledge each others' contributions, and step out of the silos to find better ways of supporting students and families.

Remember to use the plan to guide the work forward; it is your map and proof of your shared commitment. Return to the vision, results, and strategies to keep people aligned and moving in the same direction. The case study and tools presented here represent a snapshot of how we support our school health initiatives to collaborate and do what works.

#### TOOLS TO DOWNLOAD

- [Alameda County School-Based Behavioral Health Model](#)
- [School-Based Behavioral Health Assessment](#)
- [Alameda County School Health Center Model](#)
- [Coordination of Services Team \(COST\) Guide](#)
- [District Health and Wellness Leads: Transforming the Way School Districts Support Student Success](#)
- [Alameda County School Health Initiatives Framework](#)
- [Restorative Justice: A Working Guide for our Schools](#)
- [Smart Financing for School-Based Behavioral Health, Leveraging, Blending, and Systems Building](#)



## Doing What Works In San Leandro: Improving Access and Delivery of Learning Supports

When San Leandro Unified School District (SLUSD) was struggling with the impact of behavioral health issues on student learning, they turned to the Center for Healthy Schools and Communities (CHSC) for resources and support. Recognizing that the few behavioral health services SLUSD did have were fragmented and insufficient, CHSC dedicated two Behavioral Health Consultants to work with district leadership to build out a comprehensive school-based behavioral health system. Their first step was to conduct a comprehensive needs assessment – surveying and interviewing teachers, families, students, administrators, and providers. The assessment culminated in 12 recommendations, one of which was the creation of Coordination of Services Teams (COST) district-wide as a strategy for improving access and delivery of all learning supports and resources for students, including but not exclusive to behavioral health services.

Almost five years later, COST is an integral part of the culture at all SLUSD schools. As a result, SLUSD has greatly expanded their student and family supports, students have more equitable access to the school health resources they need to be successful, teachers feel better supported, and partners are more integrated into the school.

### **Why Coordination of Services Teams (COST)**

Schools had long been using Student Success Teams (SST) to organize resources for students who were struggling academically or socially. SSTs are effective for developing strategies to meet individual student needs, as SST meetings focus on in-depth support and intervention plans for one student at a time. However, given the significant needs for student and family supports, it is critical that schools and districts have well-coordinated school health systems. Schools need a team that holds responsibility for triaging all student referrals and connecting them to a full continuum of supports in a timely and efficient manner. This type of team ensures resources are allocated where they are most needed, and that appropriate supports are made accessible to students, families, and schools.

This is why, since 2005, our collaboration with school districts and providers has included developing and implementing COST, now a nationally recognized best practice for supporting students and strengthening schools.

COST is a strategy for managing and integrating various learning supports and resources for students through a central referral point. COST teams identify and address student needs holistically and ensure that the overall system of supports works effectively. COST consists of a multi-disciplinary team of school staff and providers who:

- Support students' academic success and healthy development.
- Create a regular forum for reviewing the needs of individual students and the school overall.
- Manage a centralized, easy-to-use referral system.
- Collaborate on linking referred students to resources and interventions.
- Assess the "landscape" of academic and social-emotional needs, trends, and supports school-wide.

COST, and the strength-based approach it promotes, not only increases student access to services, but enhances young people's connection to the school and community, helping all of the adults in a child's life better understand and support them.

### How COST was Implemented

Once the assessment was complete, the CHSC-SLUSD partnership (CHSC Behavioral Health Consultants and School-Based Behavioral Health Initiative, SLUSD Assistant Superintendent and Student Support Services Department) presented the assessment findings and recommendations at principal meetings to providers and to the school board. The partnership prioritized recommendations that built infrastructure and expanded resources. One of the priority strategies was to create an Office of Student and Family Wellness, run by the SLUSD Director of Student Support Services and staffed initially by the Behavioral Health Consultants. That created infrastructure and support for additional high-level strategies, most notably to develop COST teams district-wide.

### COST Rollout

The CHSC Behavioral Health Consultants took the lead in implementation planning, with support from the SLUSD district leadership. They started with a high school that was already convening a small COST-like



group in order to coordinate student supports. The Consultants worked with a team at the school to create the COST model and tools. They looked at what was and was not working, what COST would look like at school sites, what the benefits would be, and how to roll it out at other sites and across the district. At the same time, the Assistant Superintendent convened a workgroup of site administrators and counselors to inform the COST model and roll-out plan. Building on these conversations and success with the alternative school, the first tier of COST roll-out included all secondary (high and middle) schools; the elementary schools were added the following year.

The site-level implementation focused on introducing school communities to the COST approach, and on engaging and integrating partners. The partnership started with site administrators, who then acted as COST champions for the entire school. In addition to school-wide presentations, the Behavioral Health Consultants held many one-on-one meetings, especially with the key school staff who would make up the COST teams (e.g., counselors, resource teachers, nurses) to understand the model, clarify roles, and troubleshoot issues. They also met with the service providers (new and existing) to build ownership of the model, and to engage them in supporting the COST structure and meetings. In year two, they were able to leverage successful COSTs at the secondary schools to support implementation

at the primary level. This included principal-to-principal presentations and meetings and site visits to successful COST meetings.

Initially, COST teams were coordinated by a site administrator and/or student support staff. While this was effective in demonstrating commitment from the site leadership, coordinating COST required more dedicated time. Therefore, the partnership worked with the teachers' union to develop a COST Coordinator position, which carried a stipend for 10 hours of work per week. The Coordinator position proved to be invaluable, and the district began to dedicate more resources to supporting COST. Now, in the fourth year of implementation, SLUSD has hired their first full-time COST Coordinator dedicated to the three high schools. The goal is to create similar positions at the middle and elementary schools.

### **Building Capacity Across the Initiative**

The Behavioral Health Consultants played a major role in building the capacity of schools, providers, and the district to establish and strengthen COST at sites, and as an overall district strategy for supporting students. In collaboration with key district staff, they provided training, tools, and ongoing technical assistance to the school communities. This involved initial training around COST, development of standardized referral structures and forms, and tools for running effective COST meetings. The Consultants provided support to the COST Coordinators, individually and as a learning community.

On the provider side, the Behavioral Health Consultants created and managed partnerships with the community-based organizations (CBOs) for behavioral health services. In consultation with district and site administrators, they developed Memoranda of Understanding (MOU), oriented CBOs to COST and the CHSC-SLUSD behavioral health framework, monitored end-of-year reports, and provided ongoing technical assistance. This served as a model for centralizing and managing all student support partnerships at the district level.

At the systems level, the Office of Student and Family Wellness established a repository of COST resources, including a district-wide COST calendar, a standardized COST referral, an on-line Google folder that lists community resources in San Leandro, and COST policies and procedures. The Google drive also stored monthly reports that track basic demographics of all COST referrals across the district. In addition, the Behavioral Health Consultants convened learning

communities to improve quality and create a forum for peer learning and problem-solving: monthly for the COST coordinators, and quarterly for behavioral health providers. Participation in COST was written into CHSC contracts with all providers in San Leandro, including behavioral health, school health center lead agencies, and the centralized health and benefits enrollment center.

The Behavioral Health Consultants continue to support COST implementation and ongoing improvement efforts, along with other high-level strategies identified by the partnership.

### **Impacts of the COST Strategy**

As a result of adopting COST as a high-level strategy, the CHSC-SLUSD partnership successfully built out San Leandro's school health supports and systems. This has led to better integration and collaboration among providers and staff; greater efficiency in referral and follow-up; higher standards for service delivery; and improvements in student health, wellness, and school success.

COST has greatly expanded school health resources across the district. When the partnership began, there were a handful of mental health clinicians from two partner agencies working across the entire district. Four years later, SLUSD has MOUs with five behavioral health agencies that place two to four clinicians in every single school in the district.

And the success goes beyond traditional school health services. COST has created a central referral point for students who need extra support – a standardized system that is consistent from elementary through high school. The majority of COST teams have representation from school administration and teachers, academic counselors, behavioral health providers, parent facilitators, nurses, school health center staff, special education, and after-school programs. Teachers have learned how to access services for their students and consultation for themselves. Partners feel more invested in the school as a whole. Most importantly, students are seen holistically and are supported across all areas of academic and social-emotional learning.



# Celebrate and Improve

*Positivity doesn't just change the contents of your mind... It widens the span of possibilities that you see.*  
– Barbara Fredrickson

## Overview

Stage 5 represents both the end and the beginning of an initiative's cycle. It is a time to acknowledge and celebrate successes. This is important both internally to the many people involved in the effort, and externally to all current and future champions.

It is also a time to reflect on what has and has not worked across all areas of the initiative. This informs plans for sustaining and expanding best practices, and for making improvements moving forward. Finally, the collaborative also considers questions of scaling up and policy implications for the wider field.



## Key Outcomes for Stage 5

- A data collection system and instruments
- Evaluation reports with formative and summative components
- A communication plan for the Initiative
- Communications collateral, such as fact sheets, case studies, newsletters

**Celebrate  
and Improve** 

## Core Activities

In Stage 5, the collaborative partners reflect on the work thus far, document and institutionalize what is working, and move forward based on lessons learned.

### Reflect on Progress and Areas to Strengthen

- Produce a summative evaluation report of progress on the initiative's desired results and indicators. Share the report at all levels of the initiative to facilitate conversations about successes and areas for improvement.
- Be sure to include both quantitative and qualitative data in the report. Numbers help make a case for the work; but sharing a compelling story moves people to action.
- Review the financing plan and determine which successful strategies can be scaled up, e.g., expanding school-based clinicians by billing Medi-Cal for half their salary. Collect and share practices for leveraging funds across the partner agencies.

### Expand Scope and Impact

- Identify partners and avenues for influencing local, regional, state, and/or federal policy. Articulate the policy implications of your experiences, with data to back it up, in a quick concept paper, simple fact sheet, or more comprehensive policy paper.
- Explore opportunities to expand the work within and across sectors. Keep in mind that expansion is tied to funding, leadership commitment, and demonstrated success.

### Celebrate Success and Share Future Plans

- Highlight successes in regular communication, e.g., e-newsletter, tweets, program announcements. Hold regular staff and partner recognition events. Be sure to recognize partners by name – the schools, organizations, funders, supporters, everyone!

### Core Activities for Celebrating and Improving



- Create awards for the initiative, e.g., health and wellness champion, exemplary partnership.
- Design a simple annual report that shares progress toward results, success stories, and priorities for the next year.
- Plan a communications strategy with target audiences and modalities, e.g., presence on social media (twitter feeds, district and partner websites); presentations at staff meetings, family nights, back-to-school nights, school board, city council, and neighborhood watch; sharing of the annual report with policymakers, funders, and other stakeholders.

## Strengthen Infrastructure and Capacity of Staff, Partners, and the Initiative

- Include infrastructure measures and questions in your evaluation plan, e.g., rubric of COST (Coordination of Services Team) effectiveness, survey of how well the initiative leadership team or collaborative functions, or measures for financial and other organizational practices. Use these findings to adjust the practices on the ground, and to strengthen management of the initiative. The landscape is always changing - with new leadership, priorities, resources, etc. - and the initiative infrastructure must be flexible and able to adapt without losing its focus.
- Evaluate workshops and trainings, and elicit input on technical assistance needs from across the initiative, i.e., line staff, supervisors, students, families, schools, partners, leadership.

### Questions You Are Trying To Answer In Stage 5

- What impact are you having on your stated outcomes? Are there any unintended consequences?
- What is working and what can be improved?
- What skills and structures do your people, organizations, and the overall collaborative need in order to increase their success and impact?
- What policies and structures support your efforts? What is getting in the way?
- What are you learning that can inform change overall in education and health systems?
- How will you sustain the initiative? Where do you go from here?

## Cultivating Your Roots

It is equally important to reflect on successes and challenges across your foundational practices as it is to look at outcomes. During Stage 5, a lot of the emphasis in cultivating roots is on growth – deepening partnerships, expanding champions, building capacity, scaling up what works, and adapting to reach the most underserved.

### **Transformative Leadership**

#### **Champion the Work**

The team of champions live up to their name in Stage 5. Get out and market the work of the initiative. Present about progress, impacts, and unmet needs to various boards, roundtables, community meetings, individual leaders, and other leadership tables. It is also important to champion each organization's contribution to the overall success. Champions should present to their own constituencies and leadership bodies – celebrating the accomplishments and asking for ongoing or increased commitment.

### **Capacity Building**

#### **Create Tools and Coaching Structures**

At this stage in the initiative, there should be enough lessons learned and experience to begin to create self-sustaining structures of support. Create orientation binders, toolkits, templates, and other concrete materials that build on and standardize successful practices. More experienced people can mentor and coach newer staff, creating potential for a formal career pathway.

#### **Take What is Working to Scale**

Learning what has been successful provides the opportunity to expand those practices, both within the initiative and in the broader field. Formalize models and frameworks, bring together learning communities, and support best practices. Never stop innovating – students and communities won't stop growing and changing.

### **Dynamic Partnerships**

#### **Have the Hard Conversations**

At this point, if not before, partners begin to come up against issues they had ignored. Sometimes these are philosophical differences, i.e., the degree of youth or family leadership that is encouraged; sometimes they are logistical issues, such as when providers can see students or what information exactly can be shared. Whatever the issues may be, dig deeper. Find common ground and work out the details; memorialize them in updated and more meaningful memoranda of understanding (MOU). And celebrate together the depth of partnership and alignment this creates.

### **Equity Lens**

#### **Hold Equity at the Center of Evaluation and Improvement**

It is important to look at progress through an equity lens, especially when the outcomes look good. Disaggregate the data so it is clear who is benefiting and who is being left out. Determine if progress is being made on the most persistent and challenging inequities. This should drive modifications, new partnerships, and resource allocation.

# STAGE 5

## CELEBRATE AND IMPROVE

### Infrastructure and Integration

#### Leverage and Integrate with Other Efforts

Reflecting on successes and unmet needs will identify continuing gaps in the initiative. Perhaps there is the need for a program focused on Latino boys or LGBTQ youth; or maybe the evaluation shows that closer collaboration is needed with the police department in order to impact chronic absenteeism. Use the evaluation to initiate, or revive, conversations with key partners or other local leaders of health and education efforts that are not yet integrated with the initiative. Look at what else exists in the district as well as what can be better integrated. Explore how collaboration can help maximize resources and improve shared outcomes.

### Focus on Impact

#### Reflect and Revisit

The core activities section covers a lot about evaluation and sharing results. Remember that keeping a results focus is partly a strategy to help collaborators get and stay aligned. Positive results are a cause for celebration; but make sure there is impact on what the group set out to change. Use the evaluation to revisit the overall direction of the initiative; and make necessary adjustments to ensure that all partners are contributing to a common agenda that is still relevant and urgent.

### Smart Financing

#### Leverage Resources across All Sectors

Long-term sustainability requires leveraging funds across public, non-profit, private, and philanthropic sources. Dedicated public funding makes up a strong, stable base; but it takes the resources of a whole community to sustain a successful initiative. Different entities have access to different funding streams, so explore opportunities from all sectors. Be creative in blending and braiding funding. Use the evaluation to garner and solidify support.

### Stakeholder Engagement

#### Celebrate and Expand

This stage is about engaging stakeholders in celebrating successes and reflecting on improvement. Reach out and engage, not only your most involved stakeholders, but potential funders, families, youth, and partners who can help guide and support the initiative into its next chapter.



## Tips, Tools, and Wisdom

In general, health and education professionals are familiar with cycles of inquiry and continuous improvement. But making it happen and making it meaningful is not always easy.

Finding time to reflect on outcomes and explore needed improvements amidst the many demands of this work can be challenging. Dedicating time and resources to sharing successes is often even harder. And yet, it is critical to sustaining an initiative. Existing champions and collaborators need to know what they are doing matters; and future champions and collaborators need to be convinced that school health works.

There are many ways to undertake the activities in Stage 5; the important thing is to make this part of your initiative's culture, and set aside the time to do it. The case study and tools presented here represent a snapshot of how we celebrate and improve our school health efforts.

### TOOLS TO DOWNLOAD

- [Evaluation and Quality in School Health Centers](#)
- [Alameda County School-Based Behavioral Health Model](#)



## Celebrating and Improving in Alameda County: Using a County-Wide Evaluation to Drive Reflection, Improvement, and Sustainability

Alameda County has a network of 28 school health centers that offer integrated health and wellness services, which include medical, dental, behavioral health, health education, and youth development. School health centers are both clinics and places for students to experience positive youth development opportunities. Successful school health centers go beyond co-locating services on a school site; they depend on trusting and collaborative relationships with youth, families, schools, health providers, and the community.

As the school health center intermediary organization and partial funder, CHSC contracted an outside evaluator – the University of California, San Francisco (UCSF) – to conduct a county-wide evaluation of the school health centers beginning in 2003. This has contributed greatly to our success in implementing an evidence-based model across nine school districts and eight lead agencies, improving health access and outcomes for young people, and sustaining and expanding the core funding.

The school health center evaluation created alignment among all partners and helped define the current model. Having a common evaluation allowed the various schools and agencies leading the school health centers to measure their efforts and outcomes in a standard way, which enabled us to demonstrate the collective results of the work. Over time, the evaluation results garnered significant support both locally and nationally, helped secure dedicated funding, and brought in new partners. And as the school health centers have grown, the county-wide evaluation continues to drive improvement and a shared vision.

### Overview of the School Health Center Evaluation Process

At the heart of the evaluation approach is a focus on building the supportive environment and organizational capacity needed for continuous quality improvement. There are four major components to the evaluation approach: 1) foster a culture of reporting; 2) collect and use data; 3) ensure meaningful quality improvement; and 4) facilitate a professional learning community.

The evaluation is used to track progress toward outcomes and to inform ongoing improvement to school health center services, programs, outreach efforts, integration with the school, and operations. The network of 28 school health centers follows a comprehensive evaluation plan, which includes clear targets and outcomes, data collection systems for qualitative and quantitative data, a centralized database, and quality improvement goals. We provide the school health centers with a common web-based database so that they are all collecting and tracking the same core data. In addition to electronic data collection, the school health centers complete quarterly narrative reports that cover challenges, successes, progress toward quality improvement goals, trainings, fund development, and other activities not already captured. Together, this provides an infrastructure for reporting and making improvements at both the individual site level and across the network.

### **Using Data for Program Improvement**

The evaluation gathers a broad range of health and education data, using multiple modalities. It is analyzed and reported back to the school health centers for use in ongoing planning and improvement efforts. The improvement conversations happen at different levels: with the whole network in the monthly learning community; with individual organizations and their host schools; and among the CHSC leadership team. In all of these settings, the groups look at the data and identify areas for improvement. This can include types of services delivered, number and demographics of clients, student health outcomes, and finance targets, e.g., percent of budget from third-party billing.

In addition to tracking performance measures, each lead agency chooses their own quality improvement goals, based on a set of general categories. School health centers collectively set and tracked their efforts toward 80 measurable quality improvement goals; progress was made on 83% of them. The topics ranged from increasing health center utilization to improved health education implementation, to financial sustainability. For example, at one health center, a goal was set to increase the number of medical appointments. This goal was achieved by scheduling a general wellness exam for all students who were referred for behavioral health services, initiating program Teen Fit, holding lunchtime sports leagues, and other health center activities.

Finally, data identifies areas of improvement which then inform the agenda for the monthly professional learning community (PLC) meetings. Our Quality Improvement Coordinator shares a specific data point at the PLC meeting each month as a way of both fostering continuous improvement and celebrating success. For example, in response to data that showed that Asian youth were consistently the least likely population to receive mental health services when needed, she invited a speaker from an Asian health nonprofit to discuss barriers to serving the Asian community in the East Bay. The speaker also addressed serving Asian immigrant youth in particular. In another instance, California Healthy Kids Survey data highlighted the need for more behavioral health services and trauma-informed practice in the schools and health centers. This led to trainings on social-emotional learning and trauma-informed practice at the PLC meetings, and more in-depth training and coaching for behavioral health providers in school health centers, based on our county-wide framework for building trauma-informed schools.

### **Celebrating and Sharing Success**

The ability to effectively communicate success stories inspires others to actively support and become champions for school health centers. In Alameda County, this has led to dedicated public funding, considerable foundation investment, and deeply committed school and agency partners. Celebrating and sharing successes happens at many levels across the School Health Center Initiative: county, school districts, schools, and lead agencies.

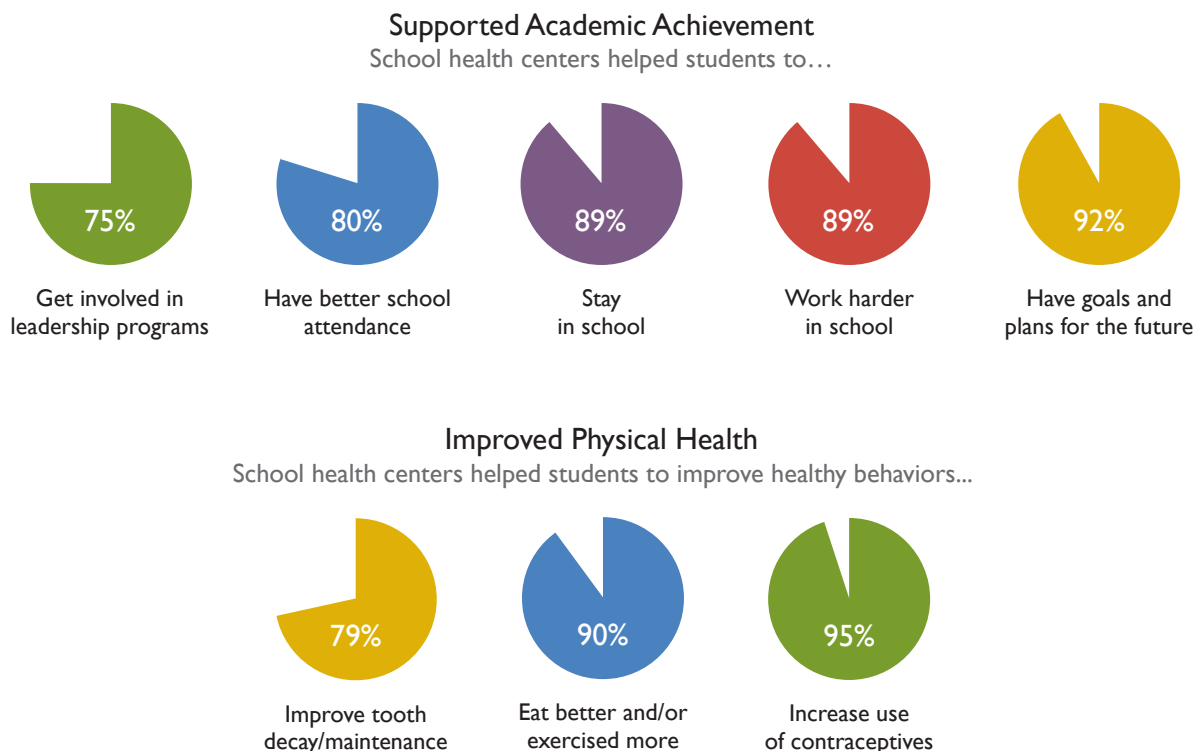
At the county level, we are constantly sharing the impacts of the school health centers with the Alameda County Board of Supervisors, Health Care Services Agency's (HCSA) executive team, and the many leadership tables throughout the county, e.g., Interagency Children's Policy Council, Boys and Men of Color Initiative. All of the leadership staff, as well as the Director of HCSA, are versed in the school health center story and share it both locally and at national conferences and convenings. Finally, the PLC is intentionally oriented towards celebrating and supporting those doing the work on the ground. At a PLC focused on social-emotional learning, the group looked at results from over 1,200 student surveys: 97% of students felt the school health center helped them feel they had an adult to turn to if they needed help or support; 98% said they would recommend their health center to a friend. This presented an opportunity to acknowledge the extremely positive feedback from students, and at the same time identify areas with more room for improvement – in this case, supporting students to deal with stress and anxiety, as 7% disagreed that the school health centers helped with that.

Similarly, the school districts, schools, and lead agencies utilize their district- or school-specific reports to share successes with their constituencies. School health centers and partners are celebrated at School Board and Board of Director meetings, school assemblies and other school events, enrollment fairs, and in newsletters. One Assistant Superintendent of Student Services submitted a resolution to their school board acknowledging and thanking the county for their partnership. This allowed CHSC and the district administration to highlight, for the school board, the impacts of the shared school health center and school-based behavioral health initiatives.

### Sharing Success: A Selection of Results

We collected standardized data from 25 health centers. Figure 4 illustrates some of the results.

**Figure 4. Alameda County School Health Centers Support Students to Thrive**



# Conclusion



*You have brains in your head. You have feet in your shoes.  
You can steer yourself any direction you choose.*

*And will you succeed? Yes! You will, indeed!  
(98 and 3/4 percent guaranteed.)*

*You're off to Great Places! Today is your day!  
Your mountain is waiting. So...get on your way! – Dr. Seuss*

At this moment in history, you are most likely not starting a school health initiative from scratch. Wave after wave of research has deepened our understanding of how children learn and how physical, emotional, and environmental factors either support or impede student success. This has led to the resurgence of a holistic approach to supporting students, a movement that includes health and wellness services, expanded and 21st century learning opportunities, career pathways, and family support. With decades of shrinking education budgets, and increasing evidence of the value of collaboration, most school districts now have partners providing learning supports. School

health initiatives offer a vehicle for aligning those disparate resources and partnerships in a coherent effort that can positively impact the deeply entrenched inequities in our society.

So where do you start?

Start from what you already have and go where there is momentum. Three parting thoughts to consider:

**Be passionate and fearless champions.** This is such a critical component at the start and throughout the life of an initiative. You need bold, visionary principals, youth, and parents. You need leadership from

## CONCLUSION

superintendents, health directors, elected officials, community leaders, executive directors, and funders. Lead from your passion and encourage others to do the same.

**Change requires patience and flexibility.** School health initiatives are systems change initiatives. The process will never look exactly the same in different places; nor will it go exactly “according to plan.” You must be flexible enough to adapt to the inevitable changes in leadership and priorities, and to seize new opportunities when they arise. But change efforts are a marathon, not a sprint. You are asking people to change the way things have always been done, often asking them to change the way they look at the world and how they interact with their students, patients, partners, etc. It requires compassion and empathy, and also persistence and tenacity.

**You are not in this alone.** Working for health and education equity is a big undertaking, but remember there is a whole community to support you and your efforts. Forge deep and supportive partnerships, starting with those already on board with the initiative or at least philosophically aligned with the vision. Then move outward, building relationships and alignment with everyone who cares about the children, youth, and families in your communities.

We recognize that this work is dynamic and cannot be captured completely in a single guide. However, we hope that *How to Start and Strengthen a School Health Initiative* will spark dialogue and advance school health work across the country. We are all in this together; and we welcome the opportunity to continue to learn and improve together.



# About Us

As part of Alameda County Health Care Services Agency, the Center for Healthy Schools and Communities (CHSC) has worked for over 20 years with school districts, community partners, youth, families, and policymakers to build school health initiatives that create equitable conditions for health and learning. Together we have developed 28 school health centers, expanded behavioral health supports to over 190 schools, built and lead operations of the REACH Ashland Youth Center, supported youth wellness and family partnership initiatives, and implemented targeted equity strategies for youth furthest from opportunity. Our school health programs and partnerships address urgent health and education inequities and create opportunities for all young people to cultivate their strengths, resiliency, and promise. We focus on supporting the physical health of students – knowing that students can’t learn if they are sick, hungry, or absent from school. But we also focus on other aspects of wellness that youth and families need to thrive: social, emotional, spiritual, intellectual, environmental, and occupational. For more information about CHSC’s work, please visit our website at [achealthyschools.org](https://achealthyschools.org)



## How It Works

Look for the School Health Works icon anywhere on the CHSC website to find resources, tools, guides, and videos to help health and education leaders to build school health initiatives.

[achealthyschools.org/resources](https://achealthyschools.org/resources)