TOWARD A FULL-SERVICE COMMUNITY SCHOOL DISTRICT IN WEST CONTRA COSTA COUNTY: LAYING THE GROUNDWORK AND LESSON LEARNED TO STRENGTHEN CROSS-SECTOR COLLABORATION FOR STUDENT SUCCESS & HEALTH EQUITY

ROZA DO

CLIENT REPORT

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EXECUTIVE SUMMARY

In West Contra Costa County efforts to improve outcomes and opportunities for youth and families are spread across a continuum of partnerships between the school district, county, cities, and community-based organizations. While these entities provide many needed services and supports within schools, they have largely operated independently in silos limiting their reach to effectively address the interconnected factors that create barriers to health and success. As a result, the full-service community school (FSCS) approach has been elevated as a district-wide priority that aims to better coordinate and align public and private partnerships and resources to meet the comprehensive needs of students and to create equitable conditions to promote community health. However, the district is not alone in this effort; a confluence of factors helped catalyze a formal commitment to FSCS across multiple systems and community partners in West Contra Costa County. Some schools sites have been building the foundational elements of FSCS over many years, including strong partnerships, parent leaders, afterschool programs, and school-based health centers. FSCS has also been lifted as a cross-cutting strategy to achieve the priority outcomes of the Healthy Richmond Initiative, a 10-year, place-based effort launched in 2009 with support from the California Endowment to address physical, social, and economic issues in order to support healthy behavior and living. In 2012, the City of Richmond sought a partnership with the district to pilot an FSCS approach at two elementary schools, Peres and Chavez, as part of a larger effort to advance health equity through policy and systems change known as the Richmond Health Equity Partnership (RHEP) in collaboration with Contra Costa Health Services and UC Berkeley. Collectively, these and other related efforts made the conditions ripe for deeper investment in a FSCS strategy across the district. To date, WCCUSD has passed a FSCS resolution and formed district-level, school site and community leadership teams to facilitate the Pre-Plan phase of the FSCS process and aims to connect and build on related efforts already underway. This report focuses in particular on RHEP as a platform for developing a district-wide FSCS strategy.

Research Questions

Why does health equity matter for schools and how can the district articulate a shared framework for change to guide FSCS planning?

What are the existing partnerships, programs & services at schools sites within the pilot Richmond and Kennedy Families?

What are emerging opportunities and lessons to fills gaps in support and strengthen cross-sector collaboration toward a shared FSCS strategy?

Methods

Analysis is based on research from October 2012 to April 2013 including observation and participation at WCCUSD and RHEP meetings; key learnings from FSCS conferences and reviews of local and regional FSCS cases; and surveys and interviews with school site and district personnel (19) serving Richmond a Kennedy Families (feeder schools in Richmond and San Pablo) and community partners (3).

Summary of Findings

- SUN Community Schools in Multnomah County, OR is one example of an integrated strategy and policy priority within the county's Health Equity Initiative; however, in most cases there is no explicit equity framework to anchor the FSCS strategy's development and implementation. A shared FSCS framework focuses on 3 main pillars: policy change (district-wide), institutional change (collaboration and coordination of partnerships), and community capacity building (community and parent engagement) informed by programs, services, and ongoing data collection and evaluation.
- 139 partners providing 216 programs and services supporting students and families across the 19 school sites in Richmond & Kennedy Families (14 Elementary, 2 Middle, 3 High Schools). Areas with less support to explore further include early childhood education (3%), after school (12%), community engagement and development (10%).

Next Steps

Based on the analysis of the FSCS planning process to date in Richmond and district-wide, partners may consider the following opportunities and actions to deepen collaboration toward developing a shared strategy and work plan to pilot FSCS in the Richmond and Kennedy Families, which include RHEP selected Peres Elementary and Chavez Elementary school sites.

- Adapt survey and asset map tools to develop a central inventory and process to systemically track assets and needs across the district to inform priority areas and action planning at the district and school-site levels; identify 1-2 areas to focus on over the next 6-12 months.
- Leverage existing channels (RHEP, CLT, SLT, Parent Partners) to develop clear and consistent processes for continuous communication and collaborative engagement, including documenting and delivering regular updates (at least monthly) to key partners and stakeholders (e.g., via WCCUSD website, monthly newsletter).
- Build central-office and school-site capacity early on in the planning process to facilitate collaboration and coordination and sustain the FSCS work. Identify professional development opportunities; work with partners and funders to secure appropriate TA and funding for core support at the district and family/school-site levels (e.g., FSCS Director/Coordinator).
- Expand shared framework for health equity to identify common indicators to track FSCS planning process and outcomes at the institution (district/school-site/partner), parent and student-levels; evaluation must collect data on and address the progress of student subpopulations that experience disparate academic outcomes to prioritize interventions.
- Focus on-going attention to the refinement of relationship building and group problem-solving, while also being action-oriented. Continue to build trust by building in time during and outside of regular meetings for openly discussing challenges, identifying needed technical assistance, creating a space for reflection, and regularly acknowledging short-term wins to maintain momentum during a gradual change process.

INTRODUCTION

WCCUSD Full-Service Community School context

In West Contra Costa County, efforts to improve outcomes and opportunities for youth and families are spread across a continuum of partnerships from a singular focus to multi-component, multi-agency collaboratives between the district, county, cities, and community-based organizations. While these entities provide a multitude of services and supports within schools, they have largely operated independently in silos limiting their reach to effectively address the interconnected factors that create barriers to health and success. As an essential anchor institution in the community, the school site can become a year-round hub for partnerships and services that integrate academics, health, social services, and youth and community development to meet the comprehensive needs of students while also extending needed services and supports to their families and community members. As a result, the full-service community school (FSCS or community school) approach has been elevated as a district-wide priority that aims to better coordinate and align public and private partnerships and resources to create equitable conditions that ensure successful students and healthy families and communities. With input from school and community stakeholders, WCCUSD has established the following definition:
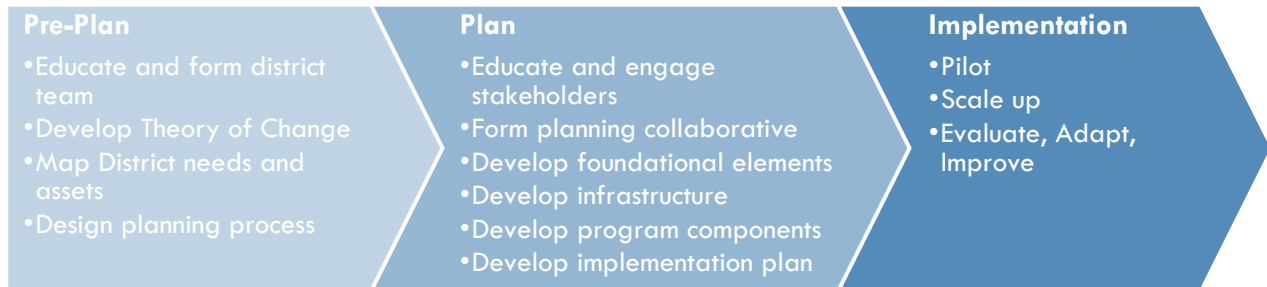
> **"West Contra Costa County Full Service Community Schools is an integrated, comprehensive, coordinated initiative aimed at achieving educational success, well-being and self-efficacy for students, families, and communities."**

However, the district is not alone in this effort; a confluence of factors helped catalyze a formal commitment to FSCS across multiple systems and community partners in West Contra Costa County. Some schools sites have been building the foundational elements of FSCS over several years, including strong partnerships, parent leaders, afterschool programs, and school-based health centers, and seeking support to scale the work. Helms Middle School in San Pablo is a local FSCS model in the district that has been lifted up to adapt and scale to other middle school sites. FSCS has also been lifted as a cross-cutting strategy to achieve the priority outcomes of the Healthy Richmond Initiative— a comprehensive, place-based, 10-year effort known as the Building Healthy Communities (BHC) Initiative launched in 2009 and supported by The California Endowment that brings together residents, community leaders, and local stakeholders from various sectors to address physical, social, and economic issues in order to support healthy behavior and living. Additionally, the City of Richmond sought a partnership with the district in 2012 to pilot FSCS at two elementary schools, Peres and Chavez, with active parent engagement and leadership, as part of a larger effort to advance health equity in Richmond through policy and systems change in collaboration with Contra Costa Health Services and UC Berkeley, known as the Richmond Health Equity Partnership (RHEP). Collectively, these efforts made the conditions ripe for deeper investment in a FSCS strategy across the district.

Over the past year, representatives from the district, school board, City of Richmond, and community partners have come together at local and national FSCS convenings to learn about collaborative strategies and promising practices in the field. To solidify institutional commitment and support, the

WCCUSD school board passed a FSCS resolution on October 10, 2012.[1] Since then, the district has collected local and national FSCS resources and tools to help lay the groundwork, and adopted a roadmap for the district-wide FSCS planning process comprised of three phases: Pre-Plan, Plan, and Implementation[2] (Fig. 1).

Fig 1: WCCUSD FSCS District Planning Process

Pre-Plan
- Educate and form district team
- Develop Theory of Change
- Map District needs and assets
- Design planning process

Plan
- Educate and engage stakeholders
- Form planning collaborative
- Develop foundational elements
- Develop infrastructure
- Develop program components
- Develop implementation plan

Implementation
- Pilot
- Scale up
- Evaluate, Adapt, Improve

The district is currently in the Pre-Plan phase having recently formed a district team and designing a planning process over the past 3 months, however there are some elements within the Plan phase already underway. From October 2012 to April 2013, I served as a PLUS (Planning and Learning United for Systems-change) Fellow with WCCUSD Office of Comprehensive School Health and Richmond Building Blocks for Kids Collaborative (BBK) to help facilitate components of the pre-plan and inform next steps to advance the collaborative process.

This report lays the groundwork for planning a district-wide FSCS approach with particular emphasis on building capacity for collaboration to develop and pilot a shared FSCS strategy to promote student success and health equity. Importantly, the intent is to meet the district where they are currently at in the process, determine what resources exist in Richmond and Kennedy Family pilot sites ("Families" are school sites according to K-12 feeder patterns), and identify opportunities to leverage and strengthen partnerships to fill gaps in support both in the FSCS process and outcomes. Ultimately, this report serves to document the journey to date and bring to light some lessons learned along the way inside and outside of the WCCUSD context to inform next steps for building effective cross-sector partnerships to accelerate community change and maximize outcomes for students and families.

Methodology & Scope

Summary of past PLUS research

This project is emerged from an on-going city-school partnership in Richmond through the UC Berkeley Center for Cities & Schools (CC&S) PLUS (Planning and Learning United for Systems-change) Leadership Fellows Program spread over two phases from January 2012 - April 2013.

As a PLUS Fellow from January to May 2012, I partnered with WCCUSD and the Healthy Richmond Hub to explore connections between education, public health and community development efforts in Richmond, and opportunities for alignment to improve outcomes for youth and families. Based on key informant interviews, a preliminary landscape analysis was developed that outlined comprehensive and cross-site initiatives at the county, district, city and school site levels, and the Healthy Richmond priority outcome area(s) each initiative would impact. An overview of the FSCS concept was presented to the Healthy Richmond Hub Steering Committee in May 2012 as a strategy to align and coordinate efforts between the Hub and WCCUSD. Three major themes emerged for further research

to deepen school-community collaboration: (1) school-based health centers as strong anchors to build out a shared FSCS vision and strategy, (2) a collective impact framework to create a shared agenda and structure successful collaboration toward equitable outcomes for youth and families, (3) where to situate the FSCS effort and what it means for Hub members (community-based organizations and agencies) as many of them are already doing work in WCCUSD schools. Although the district has various elements of FSCS already in place, RHEP, which recently launched at the time, provided an explicit platform to develop a coordinated strategy at two pilot elementary school sites, making it an ideal place to plug into for the next phase of PLUS.

Current PLUS research

My research for this most recent phase of PLUS focused on the FSCS work situated within RHEP as well as district-wide. Accordingly, the PLUS partnership transitioned from the Healthy Richmond Hub to Building Blocks for Kids Collaborative (BBK), WCCUSD, and City of Richmond. BBK was brought on in February 2012 as an RHEP partner to build capacity for parent engagement and leadership within pilots schools, Peres Elementary and Chavez Elementary, and to participate in FSCS development. Furthermore, Jennifer Lyle, BBK Chief Operating Officer, has been instrumental in helping WCCUSD facilitate the overall FSCS development process.

This report presents my findings based on research from October 2012 to April 2013 including reviews of local and national FSCS models and collaborative community-based partnerships; participant observation at various WCCUSD and RHEP planning meetings and collaborative convenings; key learnings and conversations with leaders at FSCS conferences in San Pablo, Oakland, and New York; and surveys and interviews with school site and district personnel and community partners.

Given the 5-month timeframe, the scope of data collection through surveys and interviews were limited to 19 school sites in Richmond and Kennedy Families.[3] These families are based on K-12 feeder patterns, including RHEP pilot sites Peres Elementary and Chavez Elementary, and were a chosen area of focus by the district as they include models for service coordination at the elementary, middle and high school levels to adapt and scale district-wide. Furthermore, the rationale and goal is to align supports and services along the pathway from elementary through high school create a coordinated, continuum of support for students and their families. Although all 19 sites completed the survey, only 11 participated in follow-up interviews, therefore the data presented on existing programs and services within the two families is a work in progress and may not reflect all available data at these sites. Nevertheless, it is intended that this data be used as a preliminary basis to bring partners together to identify emerging priorities at the site and district levels as well as to explore further data collection to inform decision-making. Additionally, the survey and matrix tools were developed for both the purpose of research and for the district to be able to adapt and apply to other sites as appropriate throughout the planning, implementation, and scaling up of FSCS.

Three key areas of research were pursued to inform the pre-plan phase of FSCS, with a primary focus on building the foundational elements of community change in the FSCS context. The overarching aim of this project is to identify assets and opportunities to strengthen collaboration between WCCUSD, RHEP and related local initiatives toward a shared FSCS strategy and pilot implementation at sites in the Richmond and Kennedy Families. Specifically, the report addresses the following questions:

Why does health equity matter for schools and how can the district articulate a shared framework for change to guide FSCS planning?

What are the existing partnerships, programs & services at schools sites within the pilot Richmond and Kennedy Families?

What are emerging opportunities and lessons to fills gaps in support and strengthen cross-sector collaboration toward a shared FSCS strategy?

FULL-SERVICE COMMUNITY SCHOOLS DEFINITION

As defined by the National Coalition for Community Schools, a full-service community school is "both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, services, supports and opportunities, leads to improved student learning, stronger families and healthier communities. Schools become centers of the community and are open to everyone—all day, every day, evenings and weekends."[4] An example that further emphasizes the role of partnerships is Florida legislation stating that a full-service community school "provides the type of prevention, treatment, and support services children and families need to succeed...services that are high-quality and comprehensive and are built on interagency partnerships which have evolved from cooperative ventures to intensive collaborative arrangements among state and local and public and private entities."[5] Essentially, community schools are a "one-stop-shop" that improves access to vital services to students and community members most at need. Importantly, as Dryfoos emphasizes it is a strategy—not a program or prescriptive model.[6] There is no one-size fits all approach; each community school is adaptable and evolves according to the unique needs and resources of the population and neighborhood environment.

The key to transformation are collaborative partnerships among schools, cities, counties and community-based organizations driven by shared leadership, shared vision and shared accountability. In other words, there is intentional alignment of resources and relationships toward improved results. Typically, there is a community school coordinator from a lead agency or employed by the school district who oversees services and

Fig. 2:

Guiding Principles for FSCS

- **Fostering strong partnerships** by sharing resources and expertise and building collaborative, mutually beneficial relationships.

- **Sharing accountability for results** by establishing clear, mutually-agreed upon results to drive the work and helps partners measure progress toward results.

- **Setting high expectations for all** by being organized to support learning. Children, youth and adults are expected to learn at high standards and to be contributing members of their community.

- **Building on the community's strengths** by marshaling the assets of the entire community including the people who live and work there, local organizations, city agencies and the school.

- **Embracing diversity** by knowing their community – working to develop respect and a strong, positive identity for people of diverse backgrounds and are committed to the welfare and social justice of the whole community.

partnerships, bringing new expertise to the school and reducing the existing burden on school staff and the heavy demands of the district. Some community schools have evolved out of previous school reform strategies, such as school-based health centers, whereas others set out directly to become community schools. In any case, community schools are based on a common set of principles (Fig. 2) and builds on existing assets that are unique to each school site. Generally, it is a slow transition as developing a strong set of partnerships that make up a community school takes time. The main goal is to create a comprehensive and supportive school environment, or *conditions for learning*[7], necessary to help students develop the academic and social competencies to succeed in life (Fig. 3). Ultimately, school sites become a hub of opportunity for community partners, parents, students and school staff, and a community center for learning 21st century, real-world skills. Most importantly, it brings partners together from across sectors to create co-benefits and win-win strategies with a focus on policy and systems change to improve overall health and well-being of the whole community.

Fig. 3:

Conditions for Learning

- Early childhood development programs are available to nurture growth and development.

- The school has a core instructional program with qualified teachers, a challenging curriculum, and high standards and expectations for students.

- Students are motivated and engaged in learning—both in school and in community settings, during and after school.

- The basic physical, social, emotional, and economic needs of young people and their families are met.

- There is mutual respect and collaboration among families and school staff.

- The community is engaged in the school and promotes a school climate that is safe, supportive, and respectful that connects students to a broader learning community.

The FSCS concept is not new as the idea of integrating education, health and social services has its roots in the settlement house movement and school-based reforms in the late 19th century[8]. Over the past century, community schools have grown and evolved out of the crumbling urban infrastructure and widening achievement gap in inner city public schools. In the early 1990's, various leaders emerged around the country to bring community agencies and support services into schools including social workers from the Children's Aid Society in New York; city and county officials in Portland, Oregon; and health providers and private foundations in California.[9] Given the challenges of the heterogeneity of FSCS implementation and disintegrated data sources, there is a limited body of rigorous research appearing in peer-reviewed journals; however, the benefits of FSCS draws upon research and current knowledge about child health and development, school improvement, and parent engagement—the basic tenants of FSCS.[10,11] Furthermore, there is a solid evidence base demonstrating the link between the shared components of coordinated school health (CSH) and FSCS and academic achievement (Appendix A). On the whole, there is emerging research on the positive effects of FSCS[12,13] and it is becoming more recognized in the educational sphere as policy makers

and practitioners across sectors are beginning to acknowledge its importance and to incorporate collaboration into their way of doing business. There are federal programs that currently support significant elements of a community schools approach[14], including the Department of Housing and Urban Development's Choice Neighborhoods; the Department of Education's Promise Neighborhoods, modeled after the Harlem Children's Zone, the Full Service Community Schools Program; the 21st Century Community Learning Centers, as well as foundation grants at the state-level including the James Irvine Foundation's California Linked Learning Initiative and the California Endowment's Building Healthy Communities Initiative.

DEVELOPING A SHARED FRAMEWORK FOR CHANGE

An important basis for FSCS planning is developing a shared framework for change, also known as theory of change, that defines the building blocks (actors and activities) required to bring about the identified long-term goal of educational success, well-being and self-efficacy for students, families, and communities. This set of connected building blocks is graphically depicted as a process or pathway of change toward short- and long-term outcomes. As alluded to previously, a FSCS approach recognizes that working with partners to provide wraparound supports for students' social, physical, cognitive, and economic needs in the short term will aid schools in improving students' academic outcomes in the long term. Therefore, it is important to both understand as well as articulate how schools and community partners influence disparities to inform how they can work together more effectively toward the overarching goal of health equity.

> **"Health equity means achieving the highest level of health for all people by addressing the root causes of health disparities, also known as the social determinants of health, and equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices."**
> - Department of Health and Human Services, Healthy People 2020 vision[15]

Although the concept of health equity is implicit in the community school strategy, in most cases there is no explicit equity framework to anchor the strategy's development and implementation.[16]   In the following section, I draw upon the underlying concepts of health equity and corresponding frameworks put forward in Multnomah County, Oregon and the Richmond Health Equity Partnership as a basis for describing why health equity matters for schools, specifically, and how it can apply to the FSCS approach to guide WCCUSD's planning process.

Why health equity matters

With only 10%-15% of preventable mortality attributable to clinical care, social, behavioral and economic factors outside of the health system are broadly recognized as critical to the health of populations.[17]   The social determinants model compels us to go beyond access to traditional clinical care to address the root causes of health by working with and in the communities where families live, learn, work, and play to promote health and well-being.[18,19,20] The benefits of good health not only

enhances individual quality of life, but also improves workforce productivity, increases the capacity for learning, strengthens families and communities, and supports environmental sustainability and helps reduce overall economic and social insecurity. Achieving these co-benefits require integrated solutions that reach across institutional silos to promote equitable conditions for health, also known as "health in all policies" (HiAP). The central premise of HiAP is that excellent medical care alone is not sufficient to create and maintain healthy communities; health and prevention are impacted by policies that are managed by non-health government and non-government entities, including public schools. Therefore, in order to address the root causes of health and bring about demonstrable improvements at the population level, we must work with others across sectors to promote the physical and social conditions under which all residents can live in healthy communities and achieve optimum health, and for young people to be ready to learn. This approach has been elevated as priority at the federal, state and local levels through the Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities; the California Health in All Policies Task Force under the auspices of the Strategic Growth Council and Senate Concurrent Resolution No. 47; and the development of a Health in All Policies ordinance in Richmond.

What is role of schools in promoting health equity? Public schools are vital to the social and physical infrastructure of neighborhoods and cities. The location of schools and quality of education has a multitude of impacts on community and economic development and the health and safety of young people. Research has shown a strong correlation between areas with high levels of poverty, crime, and mobility and low student achievement.[21] The poor conditions that create barriers to health and learning are by design, not by chance, and primarily shaped by a historical legacy of policies and practices that have created persistent patterns of injustice (the upstream factors), especially for low-income communities and communities of color.   Racial differences in socioeconomic status, neighborhood conditions, access to health care, and educational opportunities are all important contributors to disparities in outcomes. However, despite these structural challenges, public schools represent a beacon of hope for opportunity and success. Schools are essential community anchors that can serve as hubs of health and equity that are essential for promoting student achievement and success.   Studies show that healthy and supportive neighborhoods and school environments can mitigate the harmful effects of economic disadvantage on students and form the foundation for high achievement.[22,23] (Appendix A) Thus, applying a health equity framework in the FSCS context is necessary to assess the disparities in opportunities and outcomes of all students and ensure that they are provided with targeted support and interventions so that they may all learn and succeed at the highest level regardless of race, socio-economic or family circumstances.

To better understand how FSCS is a strategy to achieve health equity, I present a case example of the Health Equity Initiative and SUN (Students Uniting Neighborhoods) Community Schools in Multnomah County, Oregon.

Multnomah County, Oregon: Health Equity Initiative & SUN Community Schools

In the late 1990s, Multnomah County community members and leaders recognized a need for a new approach to respond to local needs. The environment posed multiple challenges including shrinking budgets, a significant racial achievement gap, growing poverty, a severe shortage of affordable housing, and an increase in the number of children being left unsupervised during out-of-school hours. Additionally, demographic changes were dramatically increasing the cultural and linguistic diversity in the region, requiring schools and social service organizations to develop new skills in order to educate

and support these populations effectively.[24] Educational success and self-sufficiency are inherently issues of equity, and the SUN effort emerged as a strategy for achieving equity; however, during that time it had not yet been made an explicit county-wide priority until 2007 under the leadership of former Multnomah County Chair Ted Wheeler in partnership with the Multnomah County Health Department with the launch of the Health Equity Initiative (HEI). Through this effort, the county collaborates with local organizations to support policy change that addresses the root causes of socioeconomic and racial injustices and monitor results toward eliminating health disparities. To strengthen existing efforts that were already underway, the SUN Community Schools effort was integrated into HEI's policy priorities in the areas of improving quality education, including job and life skills training; access to healthy foods and physical activity; and opportunities for minority scholarships and internships with local health systems.[25]

Developing strategies to address health disparities is not simply providing more services, but also about how those services are developed, prioritized and delivered to promote equity.

HEI and SUN Community Schools recognizes that though health care and services are important, solutions to racial, ethnic, and income inequities at the root of health disparities should be focused further upstream on the policies affecting the social determinants of health. Upstream, or structural, factors include racism, classism, homophobia, and powerlessness that result in inadequate public transportation, lack of educational opportunities, and lack of economic resources. Downstream factors affecting health, where investment and interventions are predominantly focused, include health care access, service delivery and individuals' behaviors and knowledge.[26] Therefore, developing strategies to address health disparities as emphasized by this model is not simply providing more services, but also about how those services are developed, prioritized and delivered to promote equity. What is needed to fundamentally address health disparities is a broad-based coordinated effort among many partners, such as FSCS, acting together to address root causes and to tailor strategies and interventions to meet the unique needs of different population groups.

Applying a health equity framework to FSCS

A change framework begins with developing a pathway of outcomes, or the set of conditions that need to be in place, and must operate in concert, to bring about a desired outcome. To help better align overlapping efforts, it is important to understand how institutional policies and practices across partners drive student outcomes, in particular the relationship between health, equity, and academic achievement, to create the conditions for learning and success (Fig. 3). Below is a basic pathway diagram using asthma as a relevant example to illustrate some of the interconnected upstream and downstream factors at the household and community, school district/site, and county levels that drive student outcomes (Fig. 4).

Fig. 4: Pathways for Improving Student Outcomes
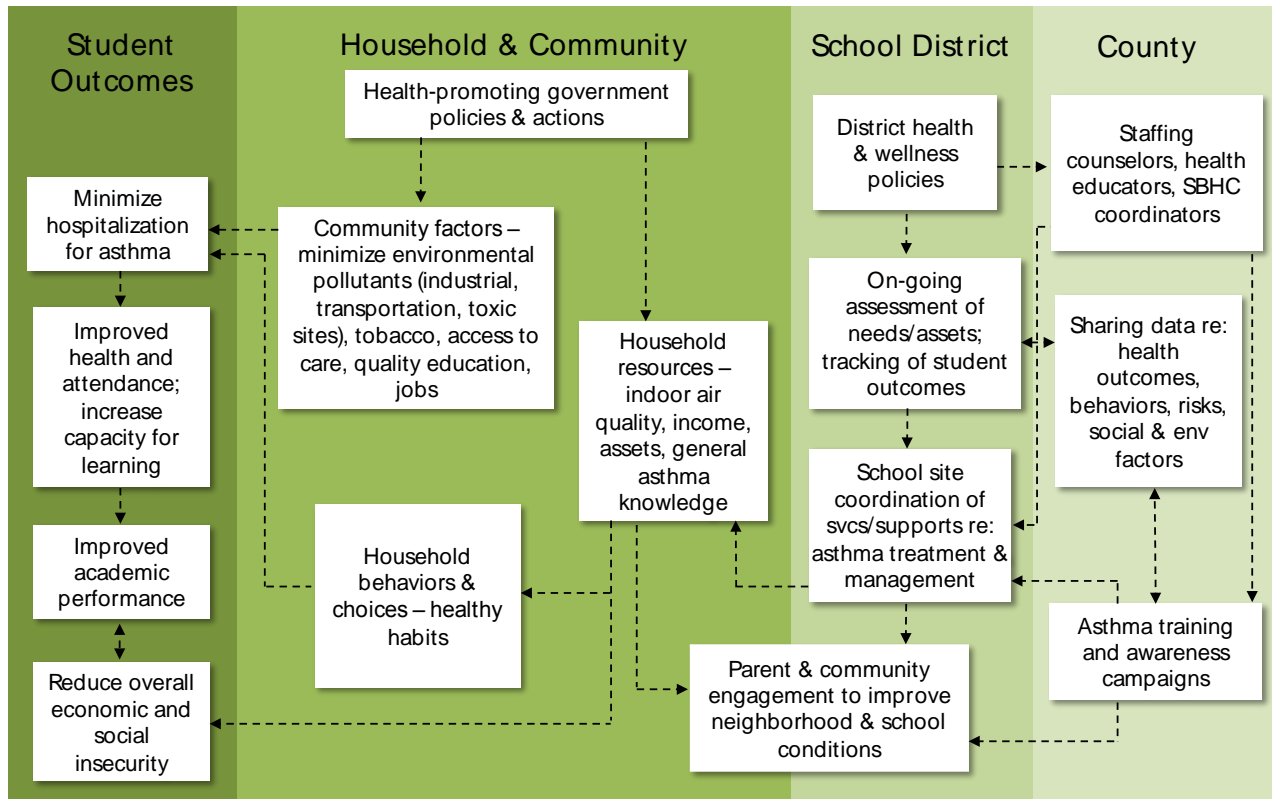
Strategies to facilitate these pathways must therefore explicitly aim to change how institutions across these levels think and act about conditions and decisions that can promote greater equity for students and families. In view of that, RHEP has defined a model of change in which FSCS is a key strategy (Fig. 5). I propose the following shared framework to help show how FSCS is situated in and drives health equity, incorporating key change elements put forward by The Children's Aid Society, National Center for Community Schools' *Building Community Schools: A Guide for Action.*[27] (Fig. 5)

Fig. 5: RHEP and FSCS Health Equity Framework for Change
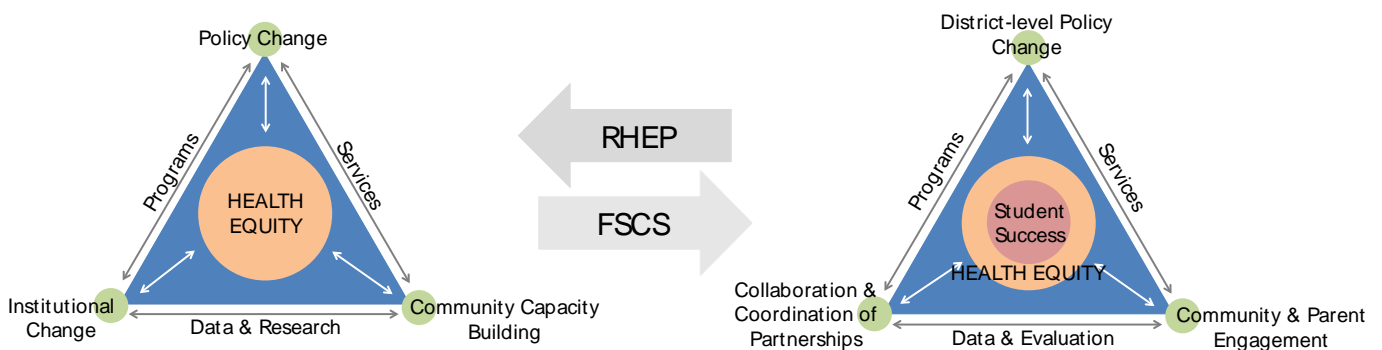
Essentially, the framework focuses on building internal capacity to help the district develop strong partnerships, engage stakeholders including parents in district-level policy change, ensure programs and services meet the needs of students and families, conduct on-going data collection and analysis,

and work in true partnership with communities in West Contra Costa County. To further define what policy change, institutional change and community capacity building mean for FSCS, I pulled examples of relevant outcomes from the FSCS theory of change presented in The Children's Aid Society's guidebook referenced above. (Fig. 6)

Fig. 6: Example RHEP and FSCS Outcomes Framework

RHEP	FSCS	Example outcomes
Policy Change *Change city laws, regulations, rules, mandates (public policy), or budgets/funding*	District-level policy change	▪ Securing sustainable funding ▪ Healthy partnerships between district, school and CBO ▪ Qualified, certified and effective professionals are in place ▪ All staff and partners promote cultural competency ▪ All staff and partners value and understand youth development; address the needs of the whole child and prioritize populations with the highest need
Institutional Change *Change priorities, protocols, or practices within city departments, such as strategies, level of partner involvement, allocation of resources, or perceptions of staff and elected officials*	Collaboration and coordination of partnerships, programs and services	▪ Schools work with partners to share data, results and evidence ▪ Strong effective leadership ▪ Capacity building at site level ▪ Continuum of services that are coordinated, ongoing and comprehensive; true service-integration between school and community ▪ Excellent instructional program with school day and out-of-school time ▪ Links established between home and school
Community Capacity Building *Activities, resources and support that strengthen the skills and abilities of people and community groups to take effective action and leading roles in the development of their communities*	Community and parent engagement	▪ Parents become leaders and advocates ▪ Parents are engaged in the education of their students ▪ Parent/family involvement at every level – flexible options for engagement ▪ Parents are able to better access community resources ▪ Parents buy-in to FSCS mission ▪ All partners see and engage parents as valuable assets/resources and as links to community and schools ▪ Parents are empowered to support children's well-being and education

The frameworks presented above are intended to be a working model to engage key institutional partners around a common understanding of the fundamental, structural (upstream) changes that need to be made and how partners can bring their resources to bear on creating early and intermediate changes toward the ultimate shared goal of student success and health equity. It also serves as a high-level guide that can be expanded and adapted for the district-level work as well as for different contextual situations, needs and priorities across school sites. The key is not only to create a common understanding for how the FSCS work will advance in the short- and long-term, but also to document who is responsible for what activities and by when to ensure accountability throughout the process.

Overall, defining and articulating a health equity framework early in FSCS planning will help to create a common foundation from which to build upon and leverage the work already underway. Having a clear understanding of a shared change framework may help generate support and awareness, reduce conflicting agendas and opposition, help identify allies and champions, and minimize time costs and distractions from appropriate action.[28] Importantly, a shared change framework can be expanded to promote shared accountability by explicitly defining the actors and corresponding activities necessary to achieve success for schools, community partners, parents and students.

MAPPING DISTRICT ASSETS & NEEDS: RICHMOND & KENNEDY FAMILIES

Another critical part of the FSCS planning process is mapping needs and assets. This includes identifying the range of programs and services at schools sites in order to determine their strengths and the resources needed to fill gaps in support. As previously emphasized, a number of assets set the stage for a district-wide community school strategy, including having many community agencies already working in schools, school-based health centers established at all six comprehensive high schools, and FSCS efforts underway in San Pablo (San Pablo FSCS Engine Team) and Richmond (Richmond Health Equity Partnership) (Appendix B). Although many elements of FSCS have been in place across multiple school sites, RHEP provides the collaborative platform for the development of a coordinated FSCS strategy for pilot implementation at Peres and Chavez Elementary Schools.

Recognizing that RHEP is one part of a larger district-wide FSCS approach, WCCUSD has selected Richmond and Kennedy Families as FSCS pilots representing 19 school sites spanning Richmond and San Pablo (14 Elementary, 2 Middle, 3 High Schools), including Peres and Chavez. To better understand the needs and assets at these sites and at the district-level, a brief survey was conducted with principals and RHEP community partners to develop a resource inventory of existing partnerships and services at each site, as well as to gather their views on the strengths and the unmet needs of students and families (Appendix C). The following sections highlight some of the survey responses and provide a summary of programs and services by school level (elementary, middle, and high) in the Richmond and Kennedy Families.

Assets

The following are selected responses to the question: "What are the most positive aspects, or strengths of your school/the district?" A full summary of survey responses can be found in Appendix D.

Community partner perspectives:

> *"Community reach, on-site student services, dedicated staff and leadership, centrally located and positioned to provide student and family-centered services."*

> *"WCCUSD willingness to take on new ideas (linked learning, community schools, social emotional learning)..."*

> *"Strong non-profit community… There are a multitude of partners working very hard to bring the best service possible to our schools."*

Principal perspectives:

> *"Supportive, culturally rich and enthusiastic kids and community; motivated and hardworking..."*

> *"Dedicated teachers, hardworking staff committed to student improvement..."*
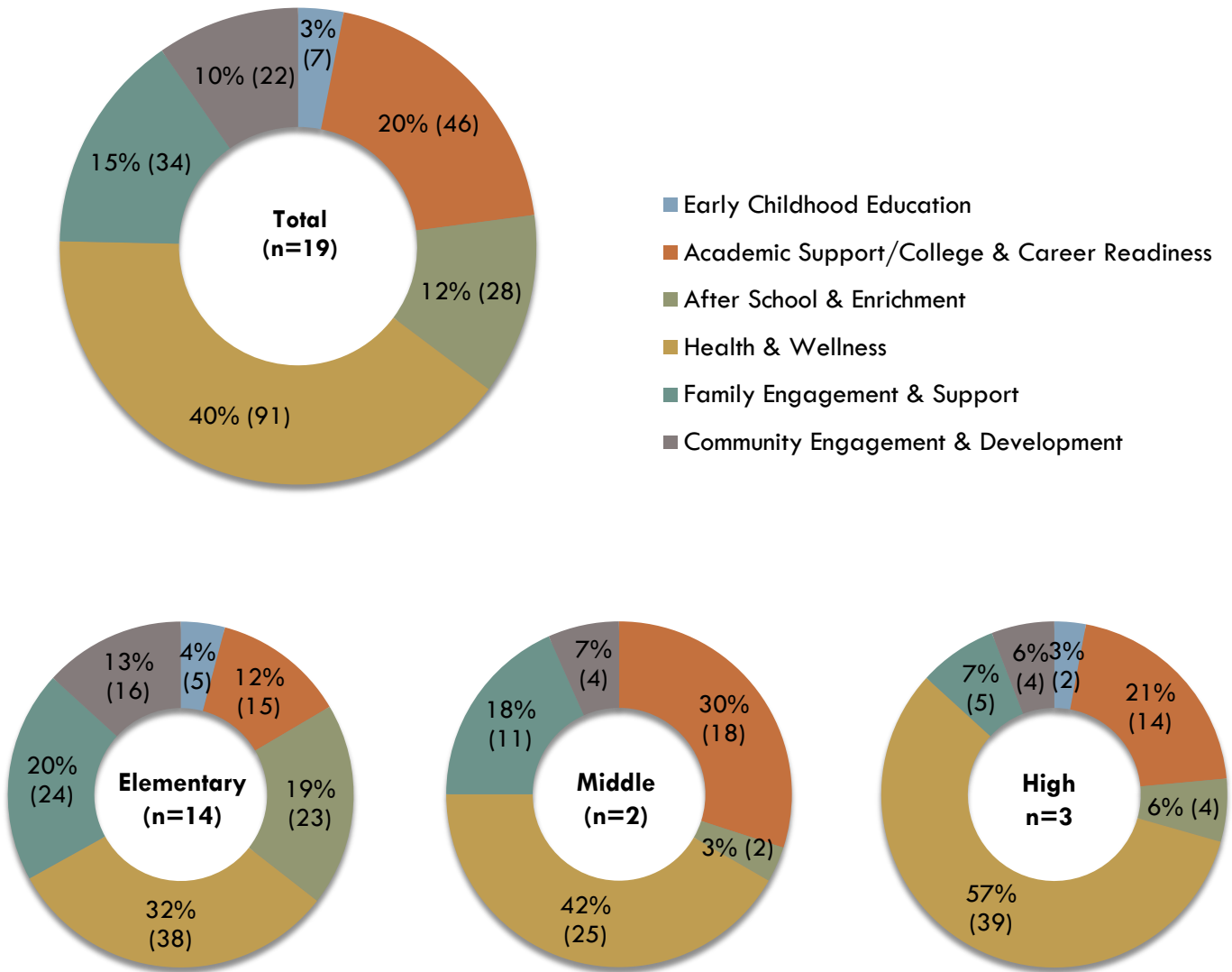
> *"Positive environment, parent involvement, collaborative decision-making."*

> *"Student support - math coaches, music program, after school program, mental health services..."*

Existing partnerships & services

In addition to the surveys, existing data were gathered from the district and community partners including a master contact list of after school providers and principals; a list of Kaiser Permanente grantees that provide programs and services in WCCUSD schools; and a list of out-of-school time and college access providers from The Ed Fund. The data was then populated into a programs and services inventory spreadsheet created for each school site to review and complete during a follow-up interview with key staff responsible for coordinating student and family services and supports (Appendix E). In most cases, the principal was the key contact and in some cases, there was designated school staff including School Community Outreach Worker, Parent Liaison, School-Based Health Center Coordinator, or Healthy Start Coordinator. Of the 19 target sites, 19 surveys were completed and 11 sites completed follow-up interviews. The results were then summarized in matrix to analyze the number of partnerships, programs and services across school sites (Appendix F). In summary, across the 19 school sites in the Richmond and Kennedy Families, there are a total of 139 partners providing 216 programs and services supporting students and families. The distribution of programs and services available across school sites are shown below (Fig. 7). Please note that this data represents responses from sites that completed both surveys and follow-up interviews (11) as well as sites that only completed surveys (8). As such, the findings below should be viewed as preliminary as they may not reflect all data available at each school site, for instance which might be overseen by other school personnel.

Fig. 7: Programs & Services – Richmond and Kennedy Families

Total (n=19)
- 3% (7) Early Childhood Education
- 20% (46) Academic Support/College & Career Readiness
- 12% (28) After School & Enrichment
- 40% (91) Health & Wellness
- 15% (34) Family Engagement & Support
- 10% (22) Community Engagement & Development

Legend:
- Early Childhood Education
- Academic Support/College & Career Readiness
- After School & Enrichment
- Health & Wellness
- Family Engagement & Support
- Community Engagement & Development

Elementary (n=14)
- 4% (5)
- 12% (15)
- 19% (23)
- 32% (38)
- 20% (24)
- 13% (16)

Middle (n=2)
- 30% (18)
- 3% (2)
- 42% (25)
- 18% (11)
- 7% (4)

High n=3
- 3% (2)
- 21% (14)
- 6% (4)
- 57% (39)
- 7% (5)
- 6% (4)

Across all school levels, there are a higher proportion of health and wellness programs and services (32%-57%), followed by family engagement and support in elementary schools (20%), and academic support and college and career readiness in middle (30%) and high schools (21%). Potential gaps in support to explore further are early childhood education in elementary school (4%), and after school and enrichment and community engagement and development in middle (3%) and high schools (6%).

Based on this data, key partners also were identified who currently serve multiple sites within each program and service category to explore opportunities to leverage and expand needed programs and services to other school sites. Within the Richmond and Kennedy Families, there was a range of 2 to 12 school sites served per partner. A list of key partners and number of school sites served across elementary, middle and high schools are provided in Appendix G as a starting point for outreach and engagement in the FSCS planning process.

Overall, awareness of existing school and community partnerships can lead to a more coordinated strategy. The data and corresponding program matrix can be used as a tool and template to inform priorities and action planning in the pilot families aligned with a shared framework for change.

Needs & Challenges

Creating awareness of needs and challenges among partners are also critical to the FSCS planning process in order to match with current assets and determine where to fill gaps in support. The needs identified by principals and community partners focused primarily on systems and organizational change. The following responses were selected from the survey corresponding to the question "What do you see as the biggest areas for improvement?"

"Strengthening student support systems — social, emotional, academic."

"We need to continue to network with parents in an effort to foster school to home relationships."

"Continuing to build school-wide standards"

"Share information in transparent, accessible manner and promote greater parent engagement."

"Supporting teachers and staff to test new models and partnerships that may bring needed help to the school community."

The survey responses and resource inventory were presented at the School Site Leadership Team Meeting on April 18, 2013 for discussion and feedback. Additional needs around data, communication, and funding were cited to further build out the resource inventory. Action items to explore further are outlined below.

Data:
- ❐ Collecting data on participation in school programs and services
- ❐ Determining quality and satisfaction of programs and services
- ❐ Creating subcategories within each service area consistent with current district-wide classifications. (e.g., health and wellness — mental health, health education, etc.)
- ❐ Identifying current processes and contracts in place for each partnership

Communication:
- ❐ Determining whether parents, students, teachers are aware of available programs and services and tailoring this information for each audience
- ❐ Setting expectations and supporting partners to know what they need to work in schools effectively

Funding:
- ❐ Making schools aware of existing funding or unused/allocated funds through the district

Furthermore, TCE recently developed a tool for grantees in the Building Healthy Communities Initiative to help document current advocacy strategies for policy or systems change, and to track progress as they are implemented. For the WCCUSD FSCS initiative specifically, as part of the Richmond BHC site, city, school, and community partners closest to the work reported as a team the following major challenges at this point in the process:

"This effort has sought to bring multiple systems and community partners together around a shared vision and plan. Overall, it has been challenging because of differing capacities, internal processes, governance and decision-making requirements, expectations of progress and the overall need to build trust across the partners. It has also been important to ensure that the process moves forward in a way that keeps students and families at the center and fully engaged. Yet, there are only a few funded positions to actually do this work and there is limited staffing across the board to dedicate to such a big effort. In order to advance, this effort needs help to figure out 1) how to share data and information across systems, 2) clear and consistent processes and protocols for collaborative engagement and communication."

LESSONS LEARNED & OPPORTUNITIES TO STRENGHTEN CROSS-SECTOR COLLABORATION

In response to the aforementioned needs and challenges, I focus on a third and perhaps the most critical foundational element driving FSCS planning, which is the formation of a collaborative leadership body, or bodies, that establishes a decision-making structure, roles and responsibilities. With a proposed health equity framework to undergird the FSCS strategy development and implementation, and a preliminary asset map of the pilot families to inform priority areas, how can the district and partners create a robust infrastructure for on-going collaboration and engagement to support the work? Furthermore, how can partners co-design a FSCS planning process to link, leverage and support related efforts already underway (e.g., WCCUSD strategic planning process, RHEP, San Pablo FSCS Engine Team) to better align resources and help articulate a shared FSCS strategy? The following section presents the current collaborative FSCS planning structure put forward by WCCUSD and identifies emerging opportunities and actions to build and maintain mutually-beneficial partnerships moving forward drawing on lessons from the literature on community schools including Washington Elementary in San Francisco, informational interviews, and presentations by community school leaders, including Evansville Vanderberg School Corporation in Indiana, Redwood City School District in the Bay Area, and Schools Uniting Neighborhoods (SUN) in Multnomah County, Oregon. Four main strategies to consider in the short-term are discussed below:

- ❐ Developing a central inventory and process to systemically track assets and needs across the district to inform priority areas and action planning
- ❐ Establishing structured opportunities for open communication and collaborative engagement
- ❐ Expanding change framework to identify common indicators to track both FSCS process and outcomes targeting populations with the highest need
- ❐ Building central-office and school-site capacity early on in the planning process to facilitate collaboration and coordination and sustain the FSCS work

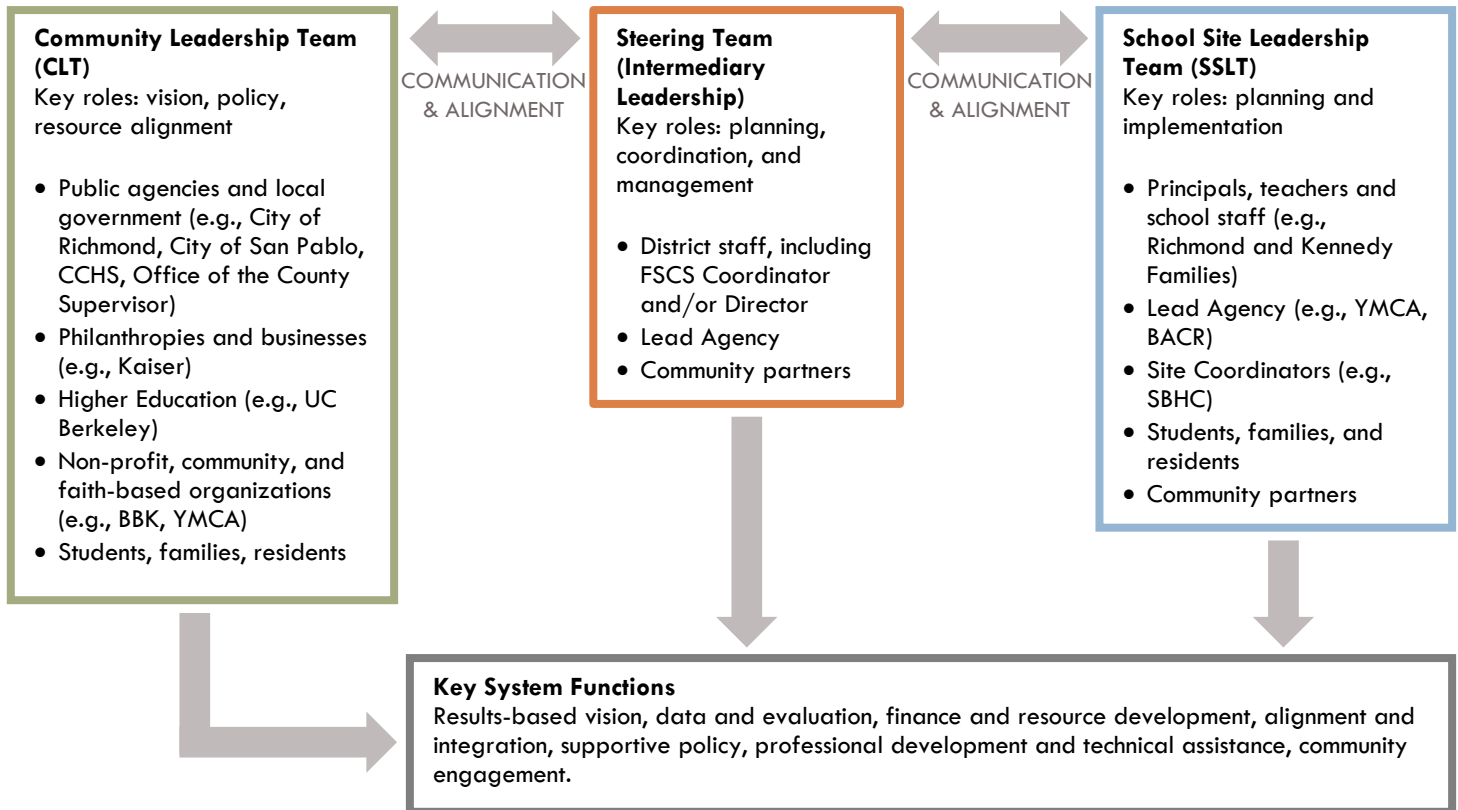### WCCUSD FSCS Planning Structure

WCCUSD has identified 3 main work groups responsible for advancing the FSCS planning process and strategy development: Steering Team, Site Level Team, and Community Team. The specific functions and objectives are described below (Fig. 8).

Fig. 8: WCCUSD FSCS Planning Workgroups

Workgroup	Representatives	Key Function	Key Objectives
Steering Team	District staff (Office of Comprehensive School Health), lead agency (YMCA/Y-Team), and community partner (Building Blocks for Kids Collaborative)	Examine district level processes, synthesize information from the Site Level and Community Team work groups, and make recommendations to the executive level (WCCUSD, City, and County senior leadership)	• Gather preliminary inventory of CBO's and services within Richmond and Kennedy pilot families • Create a planning structure and process to connect and integrate related on-going initiatives • Develop principles and policies that support an FSCS strategy building on existing services • Develop recommendations and next steps to scale up FSCS district-wide
Site Level Team: School Site Leadership Team (SSLT)	School-site leaders including principals, school health coordinators, and district staff	Focus on and apply national FSCS best practices to WCCUSD school-sites at elementary, middle, and high school levels	• Develop principles and process for coordination and delivery of services at three school levels • Analyze program inventory within pilot families and develop preliminary recommendations for coordination and provision of services and supports
Community Team: Community Leadership Team (CLT) *formerly known as the RHEP FSCS Subcommittee*	Community-based organizations, city and county agencies, health systems, residents, and other local stakeholders	Focus on neighborhood and communities surrounding WCCUSD schools. Inform why and how to align community resources to build and sustain a system that supports the WCCUSD "Families" and is consistent with the mission of WCCUSD FSCS strategy	• Develop a strategy to increase community knowledge of FSCS • Inform and engage community regarding the process and process of WCCUSD FSCS Initiative • Analyze community impact data within two pilot families and develop preliminary recommendations for coordination and provision services and supports • Create a model for a WCCUSD "Family" Community Task Force

To further clarify roles and how leadership is shared across key functions, I use the Coalition for Community Schools' collaborative structure as an example that can be adapted to the WCCUSD context (Fig. 9).[29]

Fig 9: FSCS Collaborative Leadership Structure

Community Leadership Team (CLT)
Key roles: vision, policy, resource alignment

- Public agencies and local government (e.g., City of Richmond, City of San Pablo, CCHS, Office of the County Supervisor)
- Philanthropies and businesses (e.g., Kaiser)
- Higher Education (e.g., UC Berkeley)
- Non-profit, community, and faith-based organizations (e.g., BBK, YMCA)
- Students, families, residents

← COMMUNICATION & ALIGNMENT →

Steering Team (Intermediary Leadership)
Key roles: planning, coordination, and management

- District staff, including FSCS Coordinator and/or Director
- Lead Agency
- Community partners

← COMMUNICATION & ALIGNMENT →

School Site Leadership Team (SSLT)
Key roles: planning and implementation

- Principals, teachers and school staff (e.g., Richmond and Kennedy Families)
- Lead Agency (e.g., YMCA, BACR)
- Site Coordinators (e.g., SBHC)
- Students, families, and residents
- Community partners

Key System Functions
Results-based vision, data and evaluation, finance and resource development, alignment and integration, supportive policy, professional development and technical assistance, community engagement.

According to this framework, the community-wide leadership group (CLT/RHEP FSCS Subcommittee) develops a shared vision, builds a common policy framework, and aligns their resources. A similar entity at the school site level (SSLT), with strong parent and neighborhood participation, is responsible for planning, implementation and continuous improvement. In most initiatives, a community school resource coordinator manages day-to-day community school activities. An intermediary entity, which the Steering Team may evolve into, provides planning, coordination and management, and importantly, ensures continuous communication between community-wide and school-site leaders. Alternatively, as FSCS moves from planning to implementation, the Steering Team may dissolve and task forces may be established at the family level and act as an intermediary according to feeder school patterns to coordinate and ensure continuous support as students transition from elementary, middle, to high school. Most importantly, a key function that must be in place for coordinating efforts between workgroups and partners is continuous communication and alignment. The following proposed strategies, case examples, implementing actions, and measures address this key opportunity for WCCUSD and partners to deepen FSCS collaboration.

1   Developing a central inventory and process to systemically track assets and needs across the district to inform priority areas and action planning

Currently, the majority of school sites in the pilot families do not systematically document or update information on programs and services. The survey and matrix developed in this project are tools that can be adapted and expanded to meet the needs of the district and school sites. Associate Superintendent Cathlin Gray of Evansville Vanderberg School Corporation (EVSC) conducts yearly listening tours to individual school sites in partnership with a lead agency to accomplish three main objectives: (1) make better use of community resources, (2) align with the needs of students and families, and (3) shape the work moving forward to grow the district's resources.[30] The purpose of engaging a community partner such as a lead agency in the assessment process is to demonstrate commitment, legitimacy, build first-hand knowledge, and inform how both the district and community partners can better support schools. In the 2011-2012 school year, 20-minute interviews with school site leaders across EVSC were conducted over two months to address two main questions: "What community partners are working with you?" and "What do you need?" Results were then populated in an Excel matrix and organized by type of program, agency, and alignment with common core standards for each school site. The EVSC matrix was inspiration for this project and adapted for WCCUSD Richmond and Kennedy Families. The main purpose of these tools are to help inform FSCS planning and strategy development by identifying patterns and opportunities regarding existing assets, needs, and resources to fill gaps in support for students and families. They can also inform specific actions to be taken on by workgroups (e.g., SSLT, CLT), as well as how the workgroups might evolve as FSCS planning and pilot implementation progresses (e.g., taskforces set up by family or city). One key takeaway from the assessment process, as Dr. Gray emphasized, is "don't eat the elephant whole; pick one or two goals to get traction."

Proposed implementing actions

- ❐ Identify technical assistance/staff needs to build out survey and programs and services matrix template to collect data from remaining pilot sites and other families across the district.
- ❐ Explore feasibility of developing a central online database to maintain an updated inventory of partnerships, programs and services across school sites.
- ❐ Integrate any existing data and develop standard process for measuring effectiveness of programs and services.
- ❐ Review school resource inventory data along with community impact data with SSLT and CLT workgroups to identify 1-2 priority areas to focus on over the next 6-12 months. Specify pilot sites, activities, timeframe, and responsible parties in an action plan to lay the groundwork for articulating a district-wide FSCS strategy.

Proposed measures

- ▪ Program and services at each school site are documented and updated at the beginning of every school year and submitted to the district
- ▪ SSLT workgroup agrees on data fields and reporting mechanism
- ▪ Programs and services inventory and community impact data are analyzed on a yearly

2 Establishing structured opportunities for open communication and collaborative engagement

Collaboration in an FSCS approach promotes the structured involvement of all stakeholders (educators, parents, students, funders, community members, service providers, policymakers) through outreach, relationship-building, and shared leadership to achieve results. One way to structure collaboration is through partnership agreements. For example, SUN worked with school districts in Multnomah County to create intergovernmental agreements that create policies governing the work in community schools under a number of areas including building use, alignment with instruction, the school's improvement plan, and partnerships. The agreement requires all partners to align their activities with existing services and school improvement plans. It further stipulates that each SUN Community Schools Site Manager will act as a coordinator for collaboration and of all extended-day activities and partners within a school building and requires that other agencies link with the SUN community schools site manager. The superintendent and relevant city and county leadership sign each agreement.[31]

Developing capacity and a process for communication, internally within the partnership and externally in the community, are essential for building trust and public support. Both SUN and EVSC elevated this as a key lesson in FSCS planning and implementation. According to Todd Diskin, Technical Assistance Coordinator for SUN emphasizes not only defining communication methods, but also identifying key communicators.[32] This means identifying champions within the partnership who are strong advocates for FSCS and expanding the champion circle to make the work visible. Additionally, SUN "branded" their community schools effort and employed public relations strategies to build a sense of ownership and credit across the partnership—"SUN" (Schools Uniting Neighborhoods) was coined by youth who were involved in the process. They found that a strong brand helps to build community support and is a useful tool for advocacy efforts. EVSC took a different approach to communication by hiring district staff with a strong background in communications to develop and maintain a consistent message necessary to effectively convey the complex parts of the community school work. EVSC learned early in the process that good work was being lost in lack of consistent communication from bringing together entities that normally do not work together and have different ways of communicating and managing their work.[33]

Finally, it is important for organizational partners, despite any tensions in respective timelines and priorities, to not lose sight of the fact that working toward institutional change requires time. In the case of Washington Elementary School in San Francisco, time and patience were cited as key elements to achieving their FSCS vision.[34] Although it is understood that working toward institutional change is generally a slow and gradual process, intentionally building in time in grant or organizational work plans for changes to occur eases negative pressure on the school district as well as community partners, and allows participants to feel more optimistic about meeting project goals. Nevertheless, it is important to ensure that communication among partners is continuous and challenges are openly discussed in order to identify what support is needed to help move the work forward. Leadership structures therefore must facilitate top-down and bottom-up communication to allow stakeholders to productively push back and negotiate to meet both community and district goals. Overall, carefully structured communication, well-defined roles and clarity of process will drive transformation as a whole.

Proposed implementing actions:

- ❐ Leverage existing channels (RHEP, CLT, SLT, Parent Partners) by convening partners to develop and document clear and consistent processes for continuous communication and collaborative engagement, including mode(s) of communication, frequency, roles, and outreach strategies (especially parents and students)
- ❐ Identify staff to document and disseminate regular updates to key partners and stakeholders (e.g., via WCCUSD website, monthly newsletter, email blast)
- ❐ Develop communication tools to build awareness and public support for FSCS, e.g., one-page handout for community partners, parents and students and what it means for each audience.
- ❐ Develop standardized partnership agreements that outline clear processes and protocols for coordinating, delivering, and monitoring progress and impact of services and supports at school sites.

Proposed measures

- Parents and students are engaged in the FSCS Plan phase, regularly participating in workgroups.
- Communication and outreach strategy, including process and clearly defined roles, is developed for the pre-plan phase to build on for the plan and implementation phases.
- RHEP, CLT, and SSLT meetings dedicate time in the agenda for feedback, open discussion of challenges, and support needed (e.g., through a facilitated exercise, dialogue, free form discussion, off-site retreat).
- Increased trust and working relationships between WCCUSD staff and FSCS partners

3 Expand change framework to identify common indicators to track both FSCS process and outcomes targeting populations with the highest need

Building capacity for collecting and using data is critical to informing policy and programmatic decision making. The change framework can be expanded to inform what and how data is shared among partners (city, county, community-based organizations) that provide services at schools. Partners can help by developing shared goals and indicators and creating a culture of sharing and examining data together. Policymakers can help facilitate the process by clarifying and aligning regulations on data sharing within the district's jurisdiction. Evaluators and researchers are also an important resource to involve in FSCS efforts to provide on-going technical support for tracking progress and informing opportunities improvements at each stage toward equitable outcomes for students and families. Additionally, they can help make outcomes matter by documenting relevant indicators of success and providing regular reports to community stakeholders, funders, media and local government. Currently, BBK Collaborative and their evaluator are working with WCCUSD to organize existing data (academic, health behaviors, etc.) at the district and to create a data sharing agreement for the FSCS initiative. The objective is to create accountability at both the school-site level for ensuring quality programs and services as well as at the collaborative partnership level for sharing and using data to drive institutional change and promote equity.

FSCS evaluation that is aligned with the shared equity framework must address the progress of student subpopulations that experience disparate academic outcomes to prioritize interventions. While SUN serves the most vulnerable populations and are structured to ensure that individual student

and family needs are identified and met through the coordination of services, available evaluation reports collected demographic data, but do not disaggregate outcomes by race/ethnicity.[35,36] One key aspect of FSCS success is the degree to which youth and families most affected by disparities are served and included in its efforts; unless disparities are measured and monitored, we will not be able to identify which populations are being underserved, nor will we be responsive to the particular needs of students and their families. Data by race/ethnicity must therefore go beyond discrete population demographics to outcomes that tie academic performance data to other district, city, or neighborhood-level indictors including health, housing, poverty, employment, etc. to be able to identify where disparities exist and to target and coordinate interventions across systems. Recognizing that FSCS is a key strategy to achieve health equity and that equity is a core value for prioritizing the services and supports for students and families, this case example can be taken a step further in the WCCUSD context to more closely align FSCS with RHEP and making equity explicit in the FSCS process and outcomes.

Redwood City Community School logic model and evaluation process can be used as an archetype to identify and organize inputs, strategies, deliverables, short-term and long-term outcomes aligned with the proposed FSCS health equity framework to better inform which indicators to analyze. (Fig. 10). In regards to the evaluation process, Redwood has partnered with an external evaluator, the John W. Gardner Center for Youth and Their Communities (JGC) at Stanford University, to conduct research on participation and outcomes for students in the Redwood City School District's community schools. This local initiative includes five community schools, with students in grades K through 8, that provided more than 250 programs, services, and events in the 2010-11 school year. Based on a 2011 report, JGC conducted an analysis using the Youth Data Archive, a JGC initiative that matches data across agencies that serve youth in common to ask and answer questions that the agencies could not answer alone. [37] For this analysis, they linked student achievement data from the Redwood City School District, attendance records from program providers at community schools, and student survey data collected by the JGC, to examine participation patterns in community school programs as well as the relationship between these services and student outcomes. Findings showed that in the short-term, program participation, particularly in family engagement and extended learning opportunities, was related to an increase in feelings of being cared for at school for middle school students, which is connected to higher school attendance in the short-term and improved academic achievement for program participants in community schools in the long-term. In addition, they found that students whose families engaged in community school services increased their English language development scores relative to nonparticipants.

Proposed implementing actions:

- ❐ Define indicators to track progress toward FSCS objectives for the district, School Site Leadership Team, Community Leadership Team, and other organized activities in the short-, mid-, and long-term, and to measure FSCS impact on achieving health equity for students and families.
- ❐ Engage in dialogue with key institutional partners to address what/how they can bring resources to bear to fill gaps in core support that is integrated and mutually-reinforcing.
- ❐ Engage with RHEP partners and others to contribute to the development of a region-wide health equity database to track determinants and outcomes focused on tracking goals aligned with FSCS.

□ Determine technical assistance needs with regard to FSCS evaluation to study the impacts of FSCS process in the short-term and on student success and health equity over the long-term.

Proposed measures

- District leaders are prepared and supported in articulating the link between student success and health equity, a range of proposed actions, and the short, medium and long-term FSCS goals of the district and at the school-site levels.
- WCCUSD works with County, CLT to link academic performance, attendance, health outcomes, and race and ethnicity data. All partners are able to monitor which populations are being underserved, and in which areas of achievement and well-being.
- Development of WCCUSD FSCS Initiative logic model and data indicators to have a clearly defined evaluation framework that expresses understanding of the relationships among the resources available, the activities undertaken at the community schools, and expected outcomes and impacts on students, as well as their families, and the schools as institutions (see Redwood City Community Schools, Fig. 10).

Fig 10: Redwood City Community Schools Logic Model and Data Indicators

INPUTS	STRATEGIES	DELIVERABLES	SHORT -TERM OUTCOMES	LONG-TERM OUTCOMES
Community School Coordinator	**Family Engagement** -Education -Leadership -Volunteerism	Supported and Connected Families	**Students receive supports according to their needs** *Indicator: demographic information linked to participation*	**Students succeed academically** *Indicator: CST and CEDLT scores*
Family Engagement Specialist	Extended Learning Opportunities	Comprehensive Learning Supports		Students and families are healthier:
Funding/Resources		**Integrated Service Delivery (physical, emotional, social)** *Indicator: participation in multiple services*	**Children are ready to learn** *Indicator: school attendance*	• Socially • Physically • Emotionally
Relevant Partners	Mental Health/ Social Services Support			
Leadership				Schools are supportive of youth and families
Collaboration Structure	Social/Emotional Learning	High Quality Programs	**Students are actively involved in learning and their community** *Indicator: sense of care survey items*	
	Professional Development	Partner Integration into the School Day		Communities are desirable places to live
	School /Partners Collaborative		Families are connected with the schools	

4 Building central-office and school-site capacity early on in the planning process to facilitate collaboration and coordination and sustain the FSCS work

In order to develop and sustain FSCS, the infrastructure needs to keep pace with the initiative's growth. The means adequate staffing and additional supports, a clear supervisory and communications infrastructure, as well as building time for staff development. Also importantly, cultivating existing and new leaders responsible for organizing and managing the work creates

shared ownership of the FSCS process and builds trust among community partners to accelerate rather than delay progress. This may require a combination of restructuring internal departments to better coordinate the work and maximize resources, training staff, leveraging existing partnerships with lead agencies to support the work, and/or hiring on new staff, such as a district-level FSCS coordinator or director. Building an infrastructure for SUN involved identifying an entity to play the role of "managing partner" or "intermediary" and ensuring the role is clearly spelled out. Additionally, they created other staff positions dedicated to the initiative and ensured each entity identifies a liaison or key staff person/contact to facilitate continuous communication and coordination. Again, as alluded to previously, a core part of building capacity for sustaining the work is developing meeting and communication structures among partners at the outset, but remaining flexible with room to change and grow.

Proposed implementing actions

- ❑ Assess internal capacity, identify gaps in skills and funding, and explore internal (district/school-site restructuring; integrating departments) and external (hiring consultants, TA) options that maximizes existing resources.
- ❑ Outreach to partners and funders to leverage resources, secure appropriate TA and funding for core support at the district and family/school-site levels (e.g., FSCS Director/Coordinator).
- ❑ Work with partners (RHEP, San Pablo Community School Engine Team) to identify and support professional development and network building opportunities for district staff and partner champions (e.g., CSCi FSCS Working Sessions, Bay Area Community Schools Network, Health Equity Training)

Proposed measures

- ▪ At least one staff (FSCS Coordinator/Director) at the district level is dedicated full-time to the FSCS initiative.
- ▪ Strong and effective leadership is in place at the district and school-site levels that support the FSCS vision and goals and shares decision-making power with the community.

LOOKING BACK & LOOKING FORWARD: REFLECTIONS & CONSIDERATIONS FOR PLUS FELLOW & PARTNERS

This report has provided a detailed examination of the FSCS planning process, proposed next steps, and documented WCCUSD's journey as start for continuing to tell the story of FSCS transformation. Over the course of the PLUS Fellowship, it became clear that the purpose was not to make the case for the implementation and scale up of FSCS, nor was it to develop a comprehensive FSCS strategy or work plan, but rather to help build the critical foundational elements toward collective action and shared results that intentionally meets partners where they currently are in the process and honors the work already underway. Specifically, I was asked to articulate a shared purpose for the work toward equity, document progress to date, and identify opportunities for WCCUSD and partners to better align and collaborate in the short-term in order to sustain the work in the long-term. Collaboration is often considered the beating heart of this work, however the complexity and challenges of collaboration is often not explicitly acknowledged or openly addressed among those involved in the process. One of the key lessons from being embedded in this process is that essential to developing an FSCS strategy are the partnership structures and functions that are built during the

planning process and maintained over time. In addition, successfully sharing ownership among multiple partners requires collective trust and the ability to discuss issues openly in order to find solutions. This involves building in time during and outside of collaborative meetings to openly discuss challenges, engage in group problem-solving, and periodic review and renewal of goals, process to help partnership adapt to emerging community concerns and create opportunities to address them. Most importantly, focusing on-going attention to relationship building must also concurrently facilitate collective learning and action and regularly acknowledging short-term wins to maintain momentum during a gradual institutional change process. An effective collaborative relationship must be recognized as both a process and outcome that is equally as important as getting to results. RHEP can be a central table during this mid-point to re-assess and articulate the skills and expertise that each partner should bring to the FSCS work based on its current progress. Facilitating this process will enable the team to identify gaps, manage expectations and gauge everyone's capacity for the different aspects of the work at hand and how to move it forward.

Reflecting on my role as a PLUS Fellow, a key value-add as previously mentioned is making sure to meet client partners where they are and building on the work already underway. While collaborative partnerships between cities and schools may share the same goals, there are inherent differences in organization process, timelines and priorities that must be acknowledged. PLUS Fellows play an important role that is neutral and nimble and able to navigate these differences while also able to bring city, school, and community partners together around a common agenda and shared goals. A common theme across PLUS projects is "connecting the dots" to better align priorities and partnerships. Fellows can not only help to connect the dots, but also document the dots to make the work explicit and tangible for partners to be able to reflect and redirect, as well as communicate the work more broadly to build public support. Moreover, Fellows can help articulate and bring to light key challenges to help cities and schools identify resources needed to strengthen collaboration and advance the work.

With that in mind, potential client partners (which may represent one or more of the following: city, community-based org, school district) can jointly plan and begin scoping a potential project for PLUS 2014, in particular clearly defining client partner roles for providing on-going support for a PLUS Fellow. This means agreeing on specific research questions and reasonable deliverables within a 5-6 month timeframe. Ultimately, Fellows serve to support and enhance the work currently underway with the guidance of key organizational staff rather than to fill in a gap in internal capacity on n recurring basis. Project topics to consider building on this year's work can include one or more of the following:

- **Expanded asset map/data sharing**: Gather relevant data from key institutional partners and community partners to expand the asset map, analyze/identify opportunity areas in Richmond and Kennedy pilot families aligned with FSCS goals, and develop a systematic asset and needs assessment framework with clear metrics and goals.
- **Community and parent engagement**: Work with BBK Collaborative to implement community and parent engagement strategic plan.
- **School-wide standards for coordination of services and supports**: Research best practices inside and outside of the district and engage key stakeholders to develop processes, protocols and metrics for school sites to coordinate and evaluate needed services and supports.
- **District-wide FSCS strategy development**: Draft one or more components of a district-wide FSCS strategic work plan, focusing on the pilot Richmond and Kennedy Families, outlining the

tasks, resources, and timeline needed to accomplish shared objectives as well as anticipated measurable results.

- **Pilot one or more FSCS components**: Work with client partners to identify one or two strategies within key change areas to test and evaluate – policy change, institutional change, community capacity building.

ACKNOWLEDGEMENTS

To all: let us acknowledge the outstanding commitment, major accomplishments, and challenges overcome thus far in our work together toward a full-service community school district in West Contra Costa County, and commit to continuing to openly celebrate successes along the way on the journey to ensuring success for young people and achieving health equity for the communities we serve.

APPENDIX LIST

(attached separately)

A: Literature Review Linking Coordinated School Health & Academic Achievement

B: Timeline of WCCUSD FSCS Foundational Elements & Progress to Date

C: Asset Mapping Survey Tool

D: Asset Mapping Survey - Summary of Responses

E: Programs & Services Inventory - School Site Template

F: Programs & Services Inventory - Richmond & Kennedy Families Summary Matrix

G: List of Key Partners Serving Multiple School Sites

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