

# Proposal for a California Full-Service Community Schools Initiative

## Closing the Achievement Gap through Student Support and Community Partnerships

Center for Community School Partnerships, UC Davis  
Bay Area Partnership for Children and Youth  
California School Health Centers Association

### Summary

This paper describes a proposal for a **California Full-Service Community Schools Initiative**, funded by federal stimulus funds, to help close the achievement gap and reduce the dropout crisis. Guidance from the U.S. Department of Education highlights full-service community schools and emphasizes using the stimulus as an opportunity to advance educational reform, making full-service community schools an appropriate and compelling component of California's application for "Race to the Top" funds.

A full-service community school acts as a hub of community. It's a place where an array of public and private agencies collaborate with the school and its staff to provide a comprehensive set of integrated services designed to meet the full range of learning and developmental needs of the students. While each full-service school responds to the specific needs of its community, there are five overarching components:

1. **Expanded Learning Opportunities** like after school and summer programs, early childhood programs, youth leadership, service learning and programs for struggling students.
2. **Health Services** such as management of chronic conditions, check-ups, mental health services, nutrition counseling, dental care, and referrals to community providers.
3. **Family Support and Engagement** such as family literacy, adult education and job skills training, English as a second language, and basic needs such as food, clothing and housing.
4. **School Infrastructure to Support Collaboration** such as a dedicated coordinator, teacher training and consultation, student support team including pupil services personnel.
5. **Systems to Gather and Analyze Data** such as integrated local data systems that measure academic success and capture early warning signs of academic failure.

Using time-limited stimulus funds, an initial investment of **\$30 million** could fund 80 local education agencies or their community partners over two years (at \$320,000) and cover data systems/evaluation, technical assistance, and administration. Each of the 80 LEAs would implement components of a full-service school by using funds for any of the following:

- Salaries of district staff
- Contracts to community providers for start-up of services (medical, mental health, youth development, family support) and program coordination
- Renovation of facilities to provide needed services
- Purchase of equipment (e.g., computers, medical, dental)
- Facilities, supplies, transportation, and refreshments needed for program activities

Priority for funding would be given to: lowest performing schools, sites that build on existing infrastructure and programs, sites that demonstrate district level leadership and

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collaboration, and sites that add new service components that can be sustained by leveraging existing funding sources after the two year ARRA funding period.

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### Overview

Most people would agree that we should leave no child behind. But leaving the rhetoric behind, how do we ensure that the lowest performing students are in schools where all students are learning? Education research shows two key components: One, teachers are pivotal to creating opportunity for marginalized students. Two, connecting with the community is fundamental to improving under-performing schools.<sup>1</sup> As such, these recommendations build on research and illuminate the opportunity to close the achievement gap through student support and community partnerships.

This paper recommends a Full-Service Schools Initiative funded by the Race to the Top Funds. The Initiative is consistent with guidance provided by the U.S. Department of Education that emphasizes the importance of using the stimulus as an opportunity to advance educational reform and specifically highlights full-service community schools. The Initiative builds on successful programs that have been sustained by numerous districts across California and provides these schools and districts with an opportunity to add additional elements to current programs using a full-service school model. At a funding level of \$30 million, 80 schools can be funded to augment their currently successful programs and to collect data for accountability and evaluation.

### Definition

A full-service school acts as a hub of the community where an array of public and private partner agencies come together with the school and its staff to provide a comprehensive set of integrated services to meet the full range of learning and developmental needs of the students.

With a focus on improving the responsiveness of school systems, full-service schools, through their collaborative partnerships, make the most efficient use of existing programs and services, while addressing the multiple factors that impact student success. A genuine collaborative process promotes family and teacher participation in the planning, implementation and evaluation processes – creating a system that can respond to its community's specific needs.

While each full-service school responds to the particular needs of its community, there are five overarching elements which are addressed through programs and services:

1. **Expanded Learning Opportunities** such as before, after school and summer programs, early childhood programs, youth leadership, service learning and programs for struggling students.
2. **Health Services** such as management of chronic conditions, check-ups, mental health services, nutrition counseling, dental care, and referrals to community providers.

3. **Family Support and Engagement** such as family literacy, parenting education, adult education and job skills training, English as a second language, and basic needs such as food, clothing and housing.
4. **School Infrastructure to Support Collaboration** such as a dedicated coordinator, teacher training and consultation, student support team including pupil services personnel (such as school nurses, psychologists, social workers, counselors, etc.) and a committed and supportive school principal.
5. **Systems to Gather and Analyze Data** such as integrated local data systems that measure academic success and capture early warning signs of academic failure including early chronic absenteeism, reading by grade 3, and key health indicators (e.g. vision and hearing).

### **Building on Effective Sustainable Infrastructure**

California has a strong foundation for the development of full-service schools. In 1991, the California State Legislature passed Senate Bill 620, the Healthy Start Support Services for Children Act. The initiative gave grants to local education agencies (LEAs) to provide comprehensive, collaborative school-linked supports and services to improve the health and academic performance of children, youths, and their families. Each Healthy Start site evolved differently based on the needs and resources of the community but included many of the components of a full-service school. Healthy Start has awarded 823 planning grants (\$50,000) and 651 operational grants (\$400,000) to LEAs and their collaborative partners reaching more than 3,100 schools and over one million students.

Healthy Start was evaluated during the first three years (1992-1995) by SRI International.<sup>2</sup> Findings showed:

- Reduced absenteeism in kindergarten through third grades\*
- Small but significant improvements in student grades especially kindergarten through third grade
- Improved student behavior ratings
- Reduced student mobility (i.e., changing schools or leaving district)
- Principal reports that violence and suspensions decreased after two years of involvement with school-linked services
- Increases in standardized tests score two years into the initiative

Over 80% of Healthy Start sites have sustained their services after the end of their state grant funding<sup>3</sup> and have been extremely successful in leveraging funds. For example, in a 2002-2003 funding analysis conducted by Sacramento City Unified School District, the Healthy Start sites funded at \$801,409 leveraged \$7,015,232 in external funds. This **reflects a 9 to 1 return on investment from grant funds.**

In addition to Healthy Start, California schools have successfully sustained other components of a full-service school.

School-Based Health Centers California has 153 school-based health centers (SBHCs), many of which evolved from Healthy Start. SBHCs provide medical, mental health, and sometimes dental services to students and families. SBHCs have been shown to improve a number of

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\* Early primary students in the highest absentee quartile, the 25% of young students with the highest absentee rate, were absent from school an average of 12 fewer days per year after their involvement with school-linked services. This reduction in absenteeism means that students were exposed to more than 2 additional weeks of school.

factors related to student achievement such as attendance, promotion to the next grade, dropout rates, disciplinary problems, failing grades, and tardiness.<sup>4</sup> In 2006, Governor Schwarzenegger released a white paper calling for expansion of SBHCs to 500 schools.

Family Resource Centers California has over 126 Family Resource Centers (FRCs) that deliver services on school campuses. Like SBHCs, many of these FRCs also evolved from the Healthy Start program and are now sustained through other funding sources and often in schools that currently operate at full-service schools. FRCs typically provide assistance with issues such as food and clothing, employment, housing, referral and enrollment into public programs, child development, and referral to community services.

After-School Programs California has been a leader in developing a statewide program for after-school. With passage of Proposition 49, \$550 million annually became available for the After School Education and Safety Program (ASES) Program, which funds approximately 4,000 sites across the state. Virtually all existing full-service schools have incorporated after school programming into their model.

School Mental Health Programs Many schools have mental health programs through which students and sometimes family members are served by outside mental health agencies, county mental health departments or district staff. Many school mental health programs are sustained by special education funds and county EPSDT (Children's Medi-Cal)<sup>†</sup> and Mental Health Services Act funding. Strategic partnering between counties and school districts to meet mental health needs represent very central relationships in many existing full-service schools.

## Overview of Proposed Initiative

Responding to guidance by the US Department of Education, the California Full-Service Community Schools Initiative would build on existing effective programs that have been successfully sustained by school districts. It would offer districts that have already implemented some of the components of a full-service school an opportunity to build on this work and increase their impact on student performance.

### Outcomes

- Eighty schools will build on currently sustainable programs to augment their full-service school model using programs demonstrated to be effective in closing the achievement gap.
- Data systems to document services delivered and student outcomes will be put in place.
- California will identify successful models that can be incorporated into future school reform efforts.

### Funding

An initial investment of \$30 million would include \$25.6 million in grants and \$4.4 million to cover data systems/evaluation, technical assistance, and administration.

Two-year grants of \$320,000 would be made to local education agencies (LEA) or their community partners to enhance their existing infrastructure for student support to implement additional components of a full-service school including: Expanded Learning Opportunities,

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<sup>†</sup> EPSDT is the Early Periodic Screening Diagnosis and Treatment program that is run by counties as part of the Medi-Cal program.

Health Services, Family Support and Engagement, School Infrastructure to Support Collaboration, Enhanced Academic Program, and Systems to Gather and Analyze Data.

Grantees would be allowed to use funds for any of the following:

- Salaries of district staff
- Contracts to community providers for start-up of services (medical, mental health, youth development, family support) and program coordination
- Renovation of facilities to provide needed services
- Purchase of equipment (e.g., computers, medical, dental)
- Facilities, supplies, transportation, and refreshments needed for program activities

## **Eligibility**

Lowest Performing Schools. Consistent with ARRA’s focus on closing the achievement gap and reaching students in the lowest performing schools, schools at decile level 4 or below or those in “program improvement” status would receive priority as well as those that have shown growth in their API scores through the implementation full-service schools elements.

Existing Infrastructure and Programs. The California Full-Service Schools Initiative is not intended to create new programs but rather to build on existing work. Eligible LEAs must have successfully implemented and sustained two or more of the five components of a full-service school.

Collaboration. To be eligible for funding, the applicant must demonstrate school district level leadership and that county or city agencies are participating to facilitate augmentation of services. They must also demonstrate involvement of community agencies and a mechanism to coordinate these entities.

Leveraging and Sustainability. Priority would be given to schools that use the funds to add new service components that can be sustained by leveraging existing funding sources after the two year ARRA funding period. These sources include, but are not limited to: Medi-Cal (including the Child Health and Disability Prevention Program, Family PACT, LEA Medi-Cal, Medi-Cal Administrative Activities, cost-based reimbursement through Federally Qualified Health Centers, and EPSDT), Mental Health Services Act funding, Title I, Title IV Safe and Drug Free Schools, AB 3632 Special Education, after school funding (including 21st Century Community Learning Centers, After School Education and Safety (ASES).

## **Administration**

The State would identify an internal or external agency that can administer the Full-Service Schools Initiative in an efficient and cost-effective manner consistent with the timeline of the American Recovery and Reinvestment Act. The administrative entity may contract with appropriate external entities to support LEAs in developing and implementing an integrated data system. An integrated data system enables schools in the Initiative to document both academic progress, as well as early warning signs of academic failure that can be addressed through the intervention and supports that the full-service school offers. The administrative entity will also contract for technical assistance needed to ensure successful implementation of the initiative.

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To become involved in working toward Full-Service Community Schools for California, or for more information, contact: Deanna Niebuhr, Bay Area Partnership for Children and Youth, [deanna@bayareapartnership.org](mailto:deanna@bayareapartnership.org) or Serena Clayton, Executive Director, California School Health Centers Association, [sclayton@schoolhealthcenters.org](mailto:sclayton@schoolhealthcenters.org), or Renee Newton, UC Davis/CRESS Center for Community School Partnerships, [rnewton@ucdavis.edu](mailto:rnewton@ucdavis.edu).

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## References

<sup>1</sup> Noguera, Pedro A. 2003. *City Schools and the American Dream: Reclaiming the Promise of Public Education*. Teachers College Press, Columbia University, New York, NY.

<sup>2</sup> Wagner, M. & Golan, S. California's Healthy Start School-Linked Services Initiative: Summary of Evaluation Findings. SRI International Policy Division. April 1996.

<sup>3</sup> Halfon, Neal, et al., University of California Los Angeles, Center for Healthier Families and Communities. The Healthy Start Initiative in California,: CDE Final Report. July 2001.

<sup>4</sup> Geierstanger SP, Amaral G. School-Based Health Centers and Academic Performance: What is the Intersection? April 2004 Meeting Proceedings. White Paper. Washington, DC: National Assembly on School-Based Health Care; 2005.