

Supporting Student Health and Academic Achievement through Innovative Programs and Funding Models

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*"This is a particularly timely moment to address the health needs of students. With budget shortfalls in education, it makes sense for educators to collaborate with others in the health and social services fields to ensure that students can fully engage in their schoolwork. Student success is a collective responsibility; encouraging greater collaboration among education, health and social policy groups will provide more effective and efficient services to our students."**

Introduction

Health and social services at schools and in communities are critical supports for student success. However, funding the collaborations and programs necessary to bring those services to schools is challenging and requires active partnerships between policymakers, educators, and health advocates. The encouraging news is that, around the state, imaginative thinkers have been successful in using existing and redeployed resources to create programs that support student achievement. In these times of "no new funding," it is imperative to maximize existing funding to create strong partnerships based on a common vision.

* WestEd, the Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. The Critical Connection between Student Health and Academic Achievement: How Schools and Policymakers Can Achieve a Positive Impact, 2009.

This Brief spotlights efforts that successfully fund and implement learning support services and programs for California's children and youth. For a typical student, these efforts make a significant difference in their everyday lives. For example, as a result of health insurance coverage gained through a school outreach program and a school-based health care center, Jose H., who previously had only intermittent medical check-ups, now has a medical home as well as a school home. Jasmine A., who had infrequent access to fruits and vegetables, now eats nutritious foods for breakfast, lunch, and snacks due to improved school nutrition programs, and, consequently, finds it easier to focus on her schoolwork. And, James R., who had been considered at risk for violent behavior and bullying, is now actively engaged in physical activities and is taking a leadership role in assisting younger children to learn to play soccer.

The continuum of programs and services, with their concomitant funding streams, range from those directed at a single issue, such as enhancing nutrition or increasing physical activity, to more comprehensive approaches aimed at integrating multiple programs that bolster student health and facilitate academic success. The array of options employed by committed school leaders provides a “menu” of options to choose from in order to implement strategies that address local school and community needs.

Potential Sources of Federal, State, Local, and Private Funds for Health and Social Support Services in Schools

Recognizing the diverse challenges facing California’s students, it is crucial to develop a portfolio of funding from federal, state, local, and private sources to implement an array of learning supports in the school setting. Creatively identifying opportunities, pooling resources, and crafting programs and services funded by a range of funding streams can positively affect student success. These steps require leveraging resources and building services and programs in a coordinated and strategic manner. Throughout California, innovative programs have illustrated how integrating multiple

funding streams can be a powerful strategy to finance learning supports and improve student success. Table 1 illustrates commonly available federal and state funding sources that can be used to support student services.

Anticipated Future Federal Funds

Investment in preventive care is increasingly recognized as vital to improving the health of the public. The Prevention and Public Health Fund, which is part of the Patient Protection and Affordable Care Act of 2010 (health care reform), is designed to fund community-based prevention services (including tobacco control, obesity prevention, nutrition, and physical activity) in community health centers that may coordinate services with local schools. These funds provide new opportunities for schools to collaborate with health and other community-based agencies aimed at increasing access to preventive services.

Building Successful Local Efforts One Step at a Time

Local efforts are most successful when they are tailored to the needs and specific circumstances facing an individual community. Existing partnerships, political will, financial opportunity, and the level of community engagement are some of the critical elements that facilitate educators’ and other stakeholders’ consideration of programs that support student health and learning.

Table 1. Examples of Current Federal, State, & Local Funds

» Early Periodic Screening Detection and Treatment (EPSDT) — funds mental health services. Requires a 10% County match.	» AB 3632 — funds mental health services for children and youth in special education.
» Child Health and Disability Prevention (CHDP) and CHDP Gateway — funds certain health services.	» Mental Health Service Act Funds — provides prevention, intervention and innovative mental health services.
» Medi-Cal and Healthy Families (S-CHIP) — provides comprehensive medical coverage, including dental and vision for low-income children up to 250% of the federal poverty level.	» After School Education and Safety Program — provides funding for after-school programs. Districts apply for specific schools, which must have 50% of students receiving free or reduced-fee lunches.
» Medi-Cal Administrative Activities (Medi-Cal MAA) — funds coordination of services, case management, referrals to Medi-Cal services, and access to health and mental health services.	» Victims of Crime Fund [†] — funds mental health services through the District Attorney’s office.
» Local Educational Activities and Medi-Cal Administrative Activities (LEA/MAA) — same as Medi-Cal MAA in a school setting	» Family PACT — funds adolescent reproductive health services; 90% of these funds are federal dollars.
» Targeted Case Management — funds intensive case management.	» Private foundation funds
» 21 st Century Community Learning Centers — provides federal funds to states for distribution to school districts. Community-based organizations also can apply.	

[†] Victim of Crimes Funds can also be used if family members are victims of crime.

An incremental “start from where you are” approach is necessary to succeed, initially utilizing no-cost or low-cost resources, while working towards developing stable resources.

The programs described here provide a sampling of innovative approaches across the State. Some communities may start with only a single program that meets their needs, and later build upon that program by forming partnerships to address additional student, school, and community needs. Incremental steps — growing participation rates in nutrition programs, decreasing violence among students, and improving levels of physical activity — can have a synergistic impact on the health and academic outcomes of students.

Examples from a Continuum of Services, Programs, and Approaches to Support Learning

Nutrition Programs

School Breakfast Programs: Opportunity for Growth

Moreno Valley Unified School District (Moreno) in Riverside County recognized the need to create a program to encourage all students to eat a nutritious breakfast. They based their decision on evidence that effective school breakfast programs are associated with positive learning environments, better grades, and higher achievement in test scores.¹ Successful school breakfast programs are also associated with lower rates of absenteeism and tardiness.²

Moreno offers a before-school and a second-chance breakfast to their middle school students. The latter are provided during two 10-minute “nutrition breaks” each morning. One-quarter of the breakfast “sales” occur before school and the other three-quarters occur during the second-chance breakfast. Across the District, 6,500 breakfast meals are served daily.³ This program has reduced behavior problems in Moreno schools and allowed for the provision of a morning meal to all students.⁴

Moreno supported its program through the federally funded School Breakfast Program (SBP), a part of the USDA Child Nutrition Programs. Unfortunately, the SBP is underused in California. Although more than

9,800 California public school sites participate in the National School Lunch Program, about 16% of them do not participate in the SBP. *Currently, 3.2 million students — more than half of the state’s public school student population — are eligible for free and reduced-price meals. Yet only about 908,000, or 28% of these students, participate in SBP.*⁵ To close this gap, schools can work with the California Department of Education to expand or start up breakfast programs and maximize the federal cost sharing for these programs. The primary barrier to implementing breakfast programs is the low rate at which parents enroll their children in them. Strategies to reduce this barrier include creative outreach programs, providing parents with assistance in the application process, and integrating the application into other school documents parents must complete. While Moreno used these strategies primarily for before- and during-school breakfasts, other schools employ strategies that provide nutritious meals before, during, and after school. These approaches have enabled many schools to utilize the opportunity this program represents.

Medi-Cal Administrative Activities Dollars at Work to Promote Healthy Eating

Anderson Union High School District (Anderson), located in the southern region of Shasta County, took a different approach to promote healthy eating in its high schools, where 61% of its students qualify for free or reduced-fee school lunches. Again, aware that students perform better academically when they are fed nutritious meals and engage in physical activities, the Superintendent encouraged schools to allocate a portion of their Medi-Cal Administrative Activities (MAA) monies [see Table 1] to improving food choices and promoting physical activity.

Allocation of MAA funds are left to the discretion of the District Superintendent and are typically employed for traditional health and social services such as case management and Medi-Cal referrals. *The Superintendent’s decision to give each school a portion of MAA funding to focus on student health set the stage for these changes.* The school allocated the funds to a diverse array of nutritional services. The school modified the cafeteria to create a café environment, improved the nutritional content of favorite foods, eliminated fried foods, re-

moved soda and candy from the campus, and increased the availability of fresh fruits and vegetables.

In addition, the school hired an outreach coordinator to enroll students in the free and reduced-fee lunch program; the coordinator's ability to connect with parents resulted in a 50% increase in participation. The MAA funds also funded a part-time school nurse, a part-time health clerk, and student clubs promoting physical activities, such as surfing and hiking.

MAA documentation, which requires completion of a labor intensive "time study" of MAA activities, can pose a barrier to participation in the program. However, as teachers and administrators in the Anderson District saw the positive transformations occurring in their schools, the participation in MAA documentation rose dramatically from 65% to 90%, bringing in additional funds. And, as the number of students enrolled in the free and reduced-fee school lunch program increased, so too did the school's revenues from that funding source. Sustainability of these innovative programs is likely to continue in the years to come, assuring greater access to nutritious foods for students with the greatest need.

Physical Activity

Soledad Unified School District, in the Salinas Valley, was looking for ways to restructure their district's physical education and nutrition education programs to reduce the effects of chronic diseases, including asthma and diabetes, facing local youth. The Soledad Health Integrating Nutrition and Exercise (SHINE) Program, a Carol M. White Physical Education Program, was developed as a response. SHINE is designed to help students meet state physical education standards for youth in grades K-10. *The district received funding from the Office of Safe and Drug Free Schools (OSDFS) to implement this program in 2010.*⁶ OSDFS provides financial assistance for drug and violence prevention and other activities that promote the health and well-being of students.⁷ Soledad focused their approach primarily on physical education classes, while other districts spread their efforts across recess, lunch-time activities, physical education classes, and after school physical activities. While seeking funds from a drug prevention program for physical activity services might seem counterintuitive, students who are required to meet physical education standards as part of

their academic outcomes enjoy improved health status and are at lower risk for drug use.

Mental Health Programs

In Alameda County, creativity, political will, and strong partnerships have created funding streams to increase mental health services for the most vulnerable populations. Both the schools and the County Health Care Services Agency staff recognized that providing services for children and youth with mental health needs is in the best interest of educators and school administrators. EPSDT funds,

which can be used for behavioral health care, are one of the sources employed in Alameda County. *Using two million of its eight million dollar Tobacco Master Settlement Agreement**, Alameda County leveraged approximately \$38 million through EPSDT funding and doubled their child behavioral health budget.* One challenge of the EPSDT funds is the requirement of a 10% county match, which must be in non-federal funds. This match requirement is one of the biggest barriers to utilizing EPSDT funds.

Alameda County also developed a pilot program called No Wrong Door, with a goal of paying for mental health assessment and treatment for children up to five years of age who are not eligible for Medi-Cal. *The program established a trust fund to pool financial resources from a variety of funding streams.* Thus far, two county agencies (First Five Alameda County and Social Services) and a federal appropriation have contributed

Victoria A. was a freshman at West Valley High School. She had problems with self-harm and an alcoholic mother. She was repeatedly getting in trouble at school for "mouthing off". She was finally introduced to Cara, a SHOP student, who had some of the same problems. They became very close, and Victoria turned to Cara often for help. Victoria states, "If it wasn't for the SHOP class and Cara, I would not be here today. The SHOP class has made me who I am now, and I'm not harming myself anymore. I am dealing with my mother better, and most of all, I'm alive and in SHOP now and able to help others."

** The Tobacco Master Settlement Agreement is the result of an agreement to settle lawsuits the states brought against seven tobacco companies to recoup costs associated with smoking.

to establishing this fund. As noted above, Alameda is accomplishing their mental health goals by using on-site school staff, county staff, and non-school staff.

Another approach to increasing mental health services was implemented in the previously mentioned Anderson Union High School District. Recognizing the substantial body of evidence that mental health and behavior problems harm educational and social development, thereby affecting later competence and productivity, *Anderson decided to use MAA funding to strengthen student support services.*^{8,9,10} One school secured a counselor one day a week to provide counseling services to at-risk students. Another school used MAA funding to establish the Students Helping Other People (SHOP) Program. SHOP trains 20 to 25 students to help other students who may have trouble coping with high school pressures through peer support, listening sessions, and conflict resolution. Issues discussed include anger management, family loss, grief, anxiety, panic attacks, domestic violence, self-control issues, dysfunctional family and relationship issues, drug and alcohol issues, domestic violence issues, and depression.

School Safety: Bullying

Bullying was identified as a significant problem by school staff in Chula Vista Elementary School District,

located at the tip of southern California.

Bullying is aggressive behavior that intends to cause harm or distress, usually is repeated over time, and occurs in a relationship where there is an imbalance of power.¹¹

The District understood that bullying in the school environment has an impact not only on the victim, but also on the perpetrator and on the entire school community.

Research indicates that in addition to the negative effects suffered by the direct targets of bullies, witnesses to bullying develop a loss of their sense of security, which reduces learning.^{12,13} There are a number of bullying programs and interventions that can be utilized in the classroom, in after-school programs, and in healthcare settings connected to the school. Chula Vista chose a comprehensive, well-evaluated school community program.

With grant funding from the California Department of Education and the Office of the Attorney General of California, through the School Community Policing Partnership grant program, the School District implemented the Olweus Bullying Prevention Program (OBPP) in three of the city's elementary schools.

Initially two Family Resource Center Coordinators and one Public Safety Analyst with the Chula Vista Police Department were trained in the OBPP. These three trainees in turn trained members of the Bullying Prevention Committee, consisting of School Resource Officers, teachers, administrators, parents, campus staff, and Family Resource Coordinators at each elementary school. This program has been successfully sustained since 2003. Evaluation showed the following achievements:

For being bullied:

- Twenty-one percent decrease in reports of being bullied after 1 year; and
- Fourteen percent decrease after 2 years.

For bullying others:

- Eight percent decrease in reports of bullying others after 1 year; and
- Seventeen percent decrease after 2 years.

After one year, students were more likely to perceive that adults at school tried to stop bullying, and 82% of parents felt that administrators had done more to stop bullying.¹⁴

According to recent survey, findings of a general student population, as well as an LGBT cohort, students who feel safe at school are more likely to have higher grade point averages, and are more likely to plan to go to college.¹⁵

Josh Q. was a lively, bright kindergartner whose father was a School Resource Officer trained in the Olweus Bullying Prevention Program. He noticed that Josh had stopped eating breakfast. Asking probing questions, he discovered that Josh was being bullied in the school bathroom. He had stopped eating breakfast in the hopes that he wouldn't need to use the bathroom at school. After talking with the school principal, new strategies were implemented to make the bathrooms safer, and teachers started talking to students about appropriate bathroom behavior. Josh has resumed eating a hearty breakfast.

School-based Health Care

In an effort to provide quality comprehensive community health services, the Sherman Heights Family Health Center (Sherman), administered by Family Health Centers of San Diego, was established at an elementary school to serve students as well as the whole community. Services include immunizations, physical exams, sick visits, well child care, and child development services, including Healthy Development Screenings. Mental health services are referred to another site just a few miles away. In a given year, the Health Center sees approximately 4,100 patients and has over 10,000 visits. Elementary school-aged children represent 30% of the total.

A recent story illustrates the close collaboration between the school and the health center. The school nurse contacted the health center to evaluate a student for scabies. The Sherman staff was able to juggle appointment schedules and the student was treated immediately, thus reducing the possibility of infecting others in the classroom and avoiding lengthy absences from school.

As a Federally Qualified Health Clinic, the clinic is able to bill insurance, participate in Medi-Cal Managed Care plans, and bill Medicare. It also offers services on a sliding scale and has county contracts to deliver mental health services. The clinic also provides services at Monarch School, serving homeless and runaway youth, enabling the clinic to access funds from Healthcare for the Homeless, Family PACT, and Medi-Cal Minor Consent Services. By combining these funding sources, Family Health Centers of San Diego serves over 134,000 individuals, 28% of whom are 18 years old or younger. Again, in Sherman Heights, both school and community resources are being dedicated and integrated to assure that students are healthy and ready to learn.

As a resource to support health and achievement, school-based health centers (SBHC) can be an effective component of successful learning supports. California has wide array of school health centers, providing a range of services including primary and mental health care, health education, and health promotion. Across the state, 176 school-based and school-linked health centers provide critical and often otherwise unavailable services to children and youth.¹⁶ There are clinics in schools in every grade level, including some that provide services to families and siblings of enrolled students. Research

shows that SBHCs have a positive impact on reducing absences, dropout rates, disciplinary problems, and other academic outcomes.^{17, 18, 19} Outcome data for individual SBHCs are limited, but the statewide and national data show promising results.

After School Programs

Seeking to improve attendance, lower rates of tardiness, and decrease school dropout rates, Humboldt County Office of Education (Humboldt) created 16 after school programs for K through 12th grade in 10 districts. *These programs were funded by After School Education and Safety Program funds.* Programs are founded on evidence-based youth development practices and are tailored to specific schools. Examples include TRIBES — a program that creates and builds community, collaborative skills, and learning environments; building community gardens, which incorporate nutritional information; and “healthy play” (e.g., running clubs and parent nights). Approximately 1,000 students participate in these programs.

In addition, Humboldt created the TAPESTRY Program, funded through the California Department of Public Health and the Office of Family Planning. TAPESTRY’s youth development programs include a young women’s conference (planned by youth, for youth), and “Spare Change,” a peer education performing arts program.

A study evaluating 73 afterschool programs concluded that after-school programs with evidence-based approaches to improving students’ personal and social skills produced multiple benefits for children, such as improving their personal, social and academic skills, and their self-esteem.²⁰ Other studies associate participation with higher attendance rates, lower rates of tardiness, and lower dropout rates.^{21,22}

Community Schools

Redwood City has an extensive and well-developed network of community schools (CS)

“Community schools purposefully integrate academic, health, and social services; youth and community development; and community engagement — drawing in school partners with resources to improve student and adult learning, strengthen families, and promote healthy communities.”

at four school sites, with elements of the CS spectrum in place at two additional schools. Examples of services provided to students and their families include: extended-day activities, programs in youth leadership development, physical activity, parent education and outreach, and mental health and substance use counseling. An important component of the Redwood City approach is the investment in, and availability of, evaluation data, which documents the impacts of the CS and allows for ongoing changes based on data.

CS represent a comprehensive approach to supporting student success, health, and academic achievement. The evaluation data indicate that students who are involved with the Community Schools programs have improved attendance, demonstrate improved scores on the writing portion of the California English Language Development Test, and are more likely to pass five of the six measures of the California Physical Fitness Test.²³

A valuable resource to support Community Schools is the Joint Use agreement, often created between the school and community groups to utilize school facilities after hours. *There are grant funds available through California's School Facility Program (SFP) for districts that comply with specific criteria of joint use agreements.* Many communities, however, find these restrictions too cumbersome, preventing the development of joint use projects that would support collaborative partnerships and the expansion of school-based services.²⁵ Working in close collaboration with partners to address the criteria laid out by the SFP is an approach some communities have utilized to overcome this challenge.

As one can see from the above examples of services and funding strategies, school champions throughout California are establishing innovative ways to meet student needs that promote health and learning despite the challenging financial times.

Acknowledgments

Samantha Blackburn, Field and Technical Assistance Director, California School Health Centers Association

Alex Briscoe, Director, Alameda County Health Care Services Agency

Sheryl Brophy Vietti, Community Development Coordinator, Shasta County Public Health, Health and Human Services Agency

Pat Brown, Executive Director, Redwood City 2020

Nancy Bryant-Wallis, Regional Director, Family Health Centers of San Diego

Janis Burger, Deputy Director, First Five Alameda County

Beth Chaton, TAPESTRY and After School Program Coordinator, Humboldt County Office of Education

Serena Clayton, Executive Director, California School Health Centers Association

Juliette Dunn, Director, Wellness and Food Service Director, Emery Unified School District

Yvette Leung, Director of Children & Youth Initiatives, Alameda County Health Care Services Agency

Shelly Masur, Trustee, Redwood City School District

Deanna Niebuhr, Director, Community Schools Initiative, Partnership for Children and Youth

Ellen Pais, Senior Director, Los Angeles Education Partnership

Matt Sharp, Senior Advocate, California Food Policy Advocates

References

- 1 <http://www.breakfastfirst.org/benefits/index.shtml>; accessed November 10, 2010.
- 2 <http://www.breakfastfirst.org>; accessed November 10, 2010.
- 3 <http://www.schoolnutritionandfitness.com>; accessed November 11, 2010.
- 4 <http://www.cde.ca.gov/ls/nu/he/documents/feedmore-brkfst.pdf>; accessed November 11, 2010.
- 5 <http://www.cde.ca.gov>; accessed November 11, 2010 (press release).
- 6 <http://www2.ed.gov/programs/whitephised/2010awards.html>; accessed November 9, 2010.
- 7 <http://www2.ed.gov/about/offices/list/osdfs/index.html>; accessed November 11, 2010.
- 8 The National Academies. (2009, March). Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. Washington, DC: National Academies Press.
- 9 Costello, E. J., & Angold, A. (2000). Developmental psychopathology and public health: past, present, and future. *Developmental Psychopathology*, 12 (4), 599–618.
- 10 O'Connell, M. E., Warner, K. E., & Boat, T. F. (2009). Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, DC: National Academies Press.
- 11 McGrath, M. (2007). *School Bullying: Tools for Avoiding Harm and Liability*. Thousand Oaks, CA: Corwin Press.
- 12 Elizabeth Davies, Kathryn Chandler, and Mary Jo Nolin, Student Victimization at School. Washington, DC: National Center for Education Statistics, 1995, p.3 <http://nces.ed.gov/pubsearch/getpublist.asp>; John H. Hoover and Ronald Oliver, *The Bullying Prevention Handbook: A Guide for Principals, Teachers and Counselors*. Bloomington, Ind.: National Educational Service, 1996.
- 13 <http://www.cde.ca.gov/ls/ss/se/documents/bullyin-gatschool.pdf>, accessed December 15, 2010.
- 14 Pagliocca, P., Limber, S., Hashima, P. (2007). Evaluation Report for the Chula Vista Olweus Bullying Prevention Program.
- 15 Clarke, T. J., & Russell, S. T., (2009) School Safety and Academic Achievement. (California Safe Schools Coalition Research Brief No. 7). San Francisco, CA: California Safe Schools Coalition.
- 16 <http://www.schoolhealthcenters.org> accessed November 9, 2010.
- 17 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.
- 18 Levine, P. B., & Schanzenbach, D. (2009). The Impact of Children's Public Health Insurance Expansions on Educational Outcomes. *Forum for Health Economics & Policy*, 12 (1).
- 19 The Healthy Families Program: Health Status Assessment (PedsQL) Final Report. Managed Risk Medical Insurance Board, California; 2004.
- 20 Durlak, J. A., & Weissberg, R. P. (2007). The impact of after-school programs that promote personal and social skills. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.
- 21 Little, P. M., Wimer, C., & Weiss, H. B. (2008). After School Programs in the 21st Century: Their Potential and What it Takes to Achieve It. Harvard Family Research Project (10).
- 22 Lee, B. (2010). California's After-School Commitment: Keeping Kids on Track and Out of Trouble. Fight Crime: Invest in Kids California. San Francisco, CA: Fight Crime: Invest in Kids California.
- 23 <http://www.communityschools.org/> accessed November 10, 2010
- 24 2009 John Gardner Center: Redwood City Community Schools Evaluation. End-of-year Report 2008–09.
- 25 <http://www.partnershipforchildren.org>, accessed November 9, 2010.

BEING WELL. LEARNING WELL.

The California Healthy Students Research Project

is devoted to understanding and addressing issues of health and well-being that hurt student achievement. By researching health and education issues in the state, the project provides evidence-based policy and practice recommendations

to foster the school culture, environment, supports and services needed to give all youth the opportunity to be successful learners.

The project was conducted by WestEd and the Philip R. Lee Institute for Health Policy Studies, University of California San Francisco. It was funded by The James Irvine Foundation, The California Endowment and The William and Flora Hewlett Foundation and guided by an advisory committee made up of dozens of leaders within California's health and education sectors.

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