

Healthy Start Strategy for Collective Success

COLLABORATE

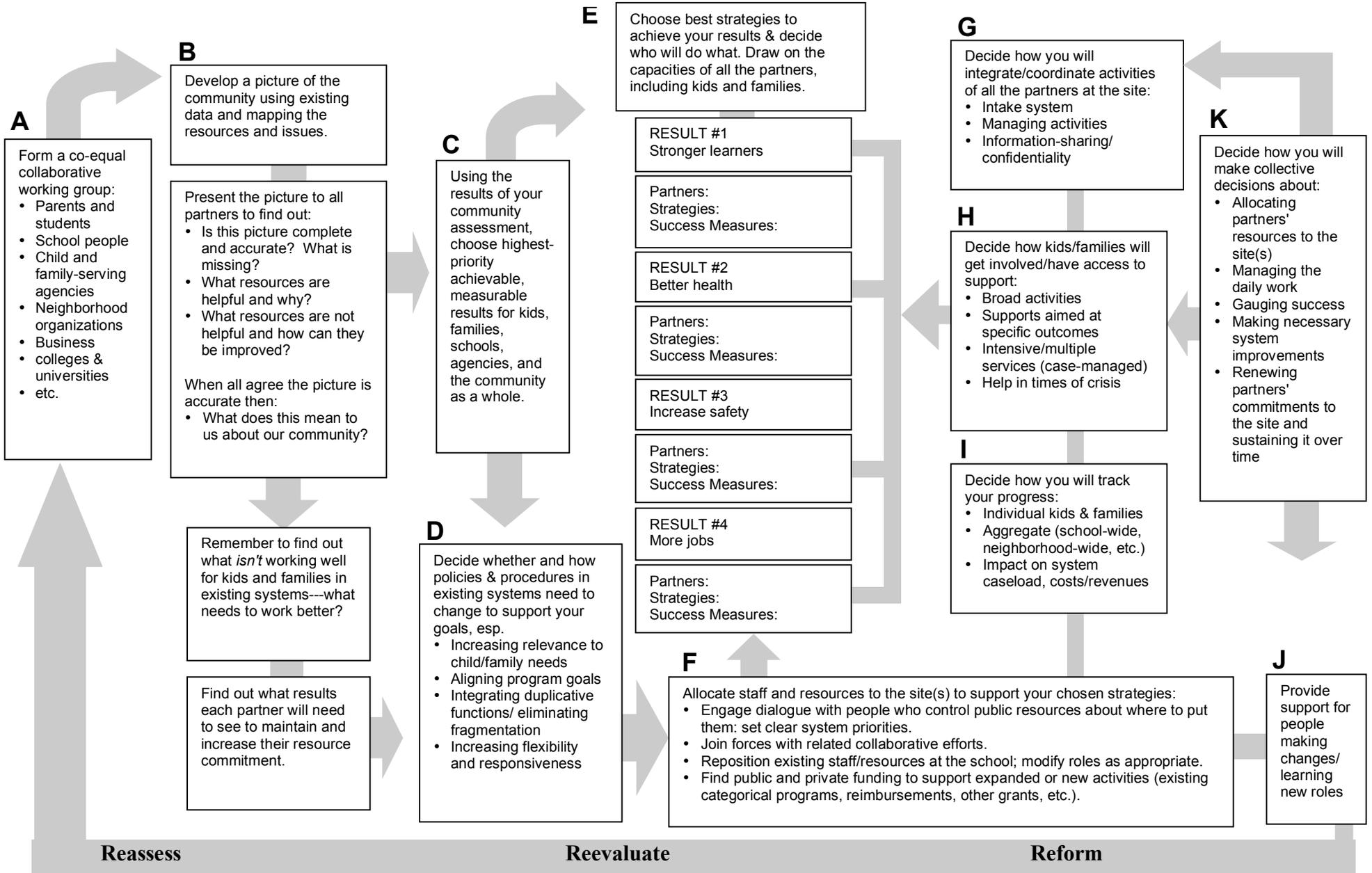
ASSESS COMMUNITY

CHOOSE GOALS

IMPLEMENT EFFECTIVE STRATEGIES

INTEGRATE & TRACK THE WORK

MAKE DECISIONS ABOUT THE WORK



Healthy Start Strategy for Collective Success

The following discussion supplements the preceding chart. Although the discussion treats the areas of the chart separately, the areas closely interrelated, as the chart shows.

Note: The capital letters in boldface, block type throughout the following discussion refer to specific parts of the chart.

Collaborate

A. Collaborative group, jointly accountable

The work should begin with a group of partners. Partners include parents and students, district and school staff, child- and family-service agencies, neighborhood organizations, businesses, colleges and universities, and any other participants whose involvement is important to program success and who are prepared to assume joint accountability for the work. The commitment and relevance of the partners are more important than the number involved. Students and parents should be a part of the collaborative group from the beginning and should have a strong voice in decision making and leadership. The collaborative must also include members who can make decisions about the resources the initiative will need to reach its objectives (see also **F, K**).

The collaborative group that guides the local Healthy Start initiative should tie into resource allocation and decision-making structures at the school district and county government level. Applicants in counties with interagency children's councils under Senate Bill 997, Section 18986.15, Part 6, Division 9, of the *Welfare and Institutions Code*, must submit signatures from those councils. County interagency governing groups are encouraged to review and support Healthy Start proposals. For more information on these requirements, please see Section III, Parts B and C, of the RFA, and Form 4b.

Assess Community

B. Knowledge of what matters to whom

A thorough understanding of the needs identified by children, youths, families, and community members in the school attendance areas forms the foundation of the application. The application must address what children and families need and want to succeed in the school, community, and their lives. A comprehensive assessment will include an analysis of information from a variety of sources and points of view. A good assessment will include participation of all major groups within the community to determine their needs and to establish the desired outcomes chosen with the collaborative. All parts of the assessment should address access to necessary services and appropriate cultural and linguistic characteristics of the community.

Strengths as the foundation

The proposed strategies and allocation of resources should build on existing strengths. The initiative must target the most important needs of children and families in a manner that is consistent with the needs that the collaborative partners (including the children and their families) have prioritized. The collaborative's analysis of community strengths should focus on the children and families, the school or schools, health and human service agencies (public and nonprofit), businesses, and other community groups. Collaborative partners should look at what is or is not working well for children and their families within the existing system. The collaborative partners must also assess the family's perspectives throughout the change process to assure that the needs of the family will also be effectively met (see also **D**, **F**, and **J**).

Choose Goals

C. Highest priority improvements for children and families

Applicants should organize the application, activities, and results around the highest priority achievable results the collaborative desires to accomplish for children and families. "Results" here means measurable changes in competence (e.g., ability to read) or condition (e.g., physical health status) of children, youths, or adults. The choices should reflect the results of the community assessment, (**B**). The applicant must simultaneously show an understanding of the results that would potentially matter most to the children and families, while demonstrating that the collaborative partners have given thoughtful consideration to establishing realizable goals. Proposals should indicate specific measures for each result. Successful proposals will focus on a few high-priority goals rather than a large number of varied activities and outcomes. Applicants should also show how achieving these results would benefit the partners who will be asked to re-invest in or re-commit to the initiative over time (see **F** and **I**).

Link to evaluation and sustaining

In deciding on "results," applicants should consider that, once funded, grantees must evaluate their initiative and report the results of that evaluation to the CDE and local stakeholders. All operational grantees report to the CDE on education results for students, the types of services offered and needed, and the ways that the Healthy Start collaborative has leveraged funds for the community. The results achieved by the local Healthy Start initiative and documented with evaluation strengthen the community's commitment to sustain the collaborative efforts beyond grant funding years (see **I**).

D. Need to change existing system

In particular, collaborative partners should consider how to make programs better fit child and family needs, how to align program goals within and across agencies, how programs can effectively eliminate fragmentation, and how programs can increase flexibility. The assessment of community resources in **B** is likely to reveal that the most important results selected in **C** will require some system change.

Implement Effective Strategies

E. Credible action plan that draws on family strengths

The proposed results are only as good as the strategies to carry them out. Proposals should offer credible, specific and, where possible, proven strategies to reach these results. Applicants must chart the activities and strategies they will use for each of their stated results and the responsibilities of each partner (see Section III, Parts B and C, of the RFA). The activities and strategies should draw on appropriate resources available from the partners. In particular, children and families should play a significant role in designing and delivering the proposed supports and services.

F. Firm commitments for allocation of resources

The partners must make a firm commitment of staff and other resources to support the Healthy Start. For example, collaborative partners may reposition or modify the roles of existing staff or find public or private funding to support expanded or new activities. Applicants should check existing categorical programs and options to redirect funding, opportunities for additional reimbursements (e.g., the LEA Medi-Cal billing option), business contributions, and other grants. Section II, Part B, of the RFA under, “Guidelines for Sustaining a Healthy Start Program,” and Form C contain information on the LEA Medi-Cal billing option. Proposals must include written agreements (memoranda of understanding) documenting the precise staffing or resource contribution each partner commits to making and the terms associated with the commitment (see also **K**).

Sustainable strategies, integrated into larger systems

Applicants for operational grants must plan for improving and sustaining their initiative after Healthy Start funding has ended. Review Section II, Part B, “Guidelines for Sustaining a Healthy Start Program;” of this RFA; Section IV, Part B, “Help Section: Technical Assistance Resources,” for a list of additional resources; and Form 3 for sustainability requirements. Successfully assuring the sustainability of the Healthy Start locally and making wise decisions about the planned allocation of resources will require extended dialogues with the persons who control resources at the school district and with other partnering agencies. The CDE advises applicants to investigate opportunities to join forces with related collaborative efforts to achieve operational efficiencies and economies of scale.

Note: There is an important connection between a program’s ability to document results (see I), the effectiveness of its decision-making structure (K), and its ability to sustain itself over time.

Integrate and Track the Work

G. Access and outreach

The partners must be clear about how they will invite children and families to be involved, to contribute, or to get the help they may need. In particular, proposals must clearly specify how a child or family member might become involved in group or peer activities and preventive, ongoing, or crisis services. Services for families with multiple needs should be integrated and case-managed across the various systems of services and supports with a single point of contact for the family.

H. Multidisciplinary operation and communication systems

Grantees must integrate and coordinate the activities of all the partners, including those who are working together with the same family and those who are working with different on-site activities. Applicants must design an intake and case management system to facilitate learning about a child's or family's issues and concerns and then document the issues in partnership with the family who receives intensive services. Further, applicants must describe methods for assessing needs, providing services and making referrals, integrating with school programs and data systems, and sharing information about individual families across agencies.

Evaluate Results and Make Decisions About the Work

I. Documentation, evaluation, and self-assessment

Applicants must identify how they will follow the progress of their work, both with individual children and families and with the community (school, neighborhood, etc.). It is also important to document the effect of the Healthy Start on partner agencies' caseloads, costs, or revenues for sustainability. (For instance, improvement in school attendance could potentially lead to an increase in revenue to the school, and applicants should plan to document such an effect.) Funded applicants will find indicators for data collection in the statewide Healthy Start evaluation. (It is important to note, however, that merely fulfilling the data collection and reporting requirements of the statewide evaluation will not provide all of the feedback necessary for grantees to effectively promote their programs and build effective partnerships critical to long-term sustainability.) Applicants must plan to collect, analyze, and present locally the data corresponding to these indicators. For assistance, the CDE advises applicants to review the *Healthy Start Evaluation Guidebook* available on the CDE Web site at <http://www.cde.ca.gov/ls/pf/hs/evaluation.asp> and *Planning for Evaluation* available from the Healthy Start Field Office. (In the chart, note the connections to **C**, **F**, and **K**.)

J. Support for change

Healthy Start represents a new way of doing business, which may require some participants to assume new or different roles and responsibilities. For example, parents may assume para-professional responsibilities to support teachers, and principals may find new ways to interact with family members. Providers may begin to take an integrated approach in their work with families. To succeed, all participants will need support in their new roles. Training, cross-training, professional development, discussion, and self-assessment are essential parts of the initiative.

K. Effective governance strategies

(See also **A.**) Applicants will need to make decisions about the initiative at every level, and an effective decision-making structure is essential. In particular, the collaborative must be able to decide how to allocate resources, manage the daily work of the site (e.g., staffing, events, etc.), advocate for and get necessary system changes, and renew partners' commitments to the site to sustain it over time. Partners must share accountability for the decision-making structure and the decisions reached. The collaborative must also incorporate a leading voice for parents and children.

The chart includes three major processes at the bottom of the page: Re-assess, re-evaluate, and reform. These strategies are essential to the continuous improvement of any Healthy Start initiative. Include these strategies to assure that your initiative can grow and change as a central hub for the school community.