



**Healthy Start Sustainability Survey:
Final Report**

**Healthy Start Field Office
May 2006**

Prepared for
Healthy Start, California Department of Education

Prepared by:
Joanne Bookmyer, Ph.D.

Healthy Start Field Office
Center for Community School Partnerships
School of Education
University of California, Davis
One Shields Avenue
Davis, CA 95616-8729

<http://hsfo.ucdavis.edu>

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Introduction

All past and current Healthy Start grantees were asked to participate in a sustainability survey, with the goal of providing stakeholders with information regarding sustaining Healthy Start support services. The survey was requested by the California Department of Education and was developed, administered and analyzed by the Healthy Start Field Office, University of California, Davis. This report provides an analysis of responses to each of the survey prompts, along with a summary of key findings.

Data Collection

The request to complete the survey was sent out on the Healthy Start listserv, through Regional Network Leads, and to the grantee e-mail list maintained by the California Department of Education, with the request that the current Healthy Start/Integrated Services Coordinator complete it. If that was not possible, the person most familiar with Healthy Start was asked to complete the survey. Respondents were asked to complete one survey response for each grant.






Response Rate

Healthy Start has funded a total of 1470 grants (823 planning and 647 operational since its inception). A total of 150 completed surveys were returned, for an estimated response rate of 18-23%¹. Zoomerang, an online survey software program, was used to collect and analyze data.

Survey Results

Question 1: What is the job title of the person completing the survey?

Sixty percent of respondents indicated that they were the Healthy Start Integrated Services Coordinator, 9% were district level administrators working with Healthy Start, and 7% were

1. What is the job title of person completing this survey? Click on the button to make your selection.		Number of Responses	Response Ratio
Healthy Start/Integrated Services Coordinator		90	60%
District administrator working with Healthy Start		14	9%
School administrator working with Healthy Start		10	7%
 Other, Please Specify		35	23%
Total		149	100%

¹ This is an estimate based on the number of Healthy Start planning and operational grants. Distribution via Listserv and e-mails may not have reached all grantees (e.g., e-mail accounts not all valid, no longer a contact person at site). Grantees must have had a planning grant prior to receiving an operational grant.

school level administrators working with Healthy Start. Twenty three percent of the respondents indicated that they held “other” positions. The most commonly mentioned “other” positions included: dual appointments (e.g. Healthy Start Coordinator/Family Support Coordinator), Family Resource Center Coordinator/Director, School Nurse, and titles of people who indicated that they had worked with Healthy Start collaboratives that were no longer operational (e.g. former Healthy Start Coordinator).

Question 2: What is the 14 digit CDS Code of your participating school site?

Question 3: What is your Healthy Start grant number?

Number of responses from each Healthy Start Network region.

Region	1	2	3	4	5	6	7	8	9	10	11
#	11	3	8	10	5	10	8	16	22	6	28

Number of responses from each Healthy Start cohort.

Cohort	1	2	3	4	5	6	7	8	9	10	11	12
#	6	6	8	9	8	9	12	15	21	24	6	4

The purpose of these two questions was to determine the respondent’s Healthy Start cohort number and the region in which their site is/was located. A number of respondents elected not to respond to these prompts, therefore, it is not possible to provide a complete demographic analysis. Based on the information that was supplied, surveys were received from each of the eleven Healthy Start Network regions and from each of the twelve Healthy Start cohorts (see following tables for breakdown).

Question 4: To what extent has your collaborative met the three Healthy Start goals?

Over 70% of respondents indicated that they were making “good progress” in meeting two of the three Healthy Start goals: 1) ensuring that each child receives the physical, emotional, and intellectual support that he or she needs and, 2) helping schools and other child and family-serving agencies to recognize, streamline, and integrate their programs to provide more effective support to children and their families.

4. To what extent has your collaborative met the three Healthy Start goals? For each goal select either "1" for Good Progress; "2" for Partial Progress; or "3" for Little or No Progress.			
<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Good Progress	2 Partial Progress	3 Little or No Progress
1. a. Ensuring that each child receives the physical, emotional, and intellectual support that he or she needs — in school, at home, and in the community to learn well.	72% 108	25% 38	3% 4
2. b. Building the capacity of students and parents to be participants, leaders, and decision-makers in their communities.	42% 63	48% 72	10% 15
3. c. Helping schools and other child and family-serving agencies to recognize, streamline, and integrate their programs to provide more effective support to children and their families.	71% 106	24% 36	5% 8

Almost half (48%) of respondents indicated that they were making “partial progress” in meeting the third goal: building the capacity of students and parents to be participants, leaders, and decision-makers in their communities, with another 42% reporting “good progress.”

Ten percent or less of respondents indicated that they had made “little or no progress” in meeting any of the three goals. It is, however, reasonable to assume that sites that have not sustained are more likely not to have completed the survey. As a result, it is probably that the responses are skewed in favor of those that were more successful in meeting stated goals.

Question 5: Please indicate which of the following Healthy Start Elements of Success your initiative currently meets?

Approximately 90% of respondents reported they were “meeting” or “partially meeting” all six of the Healthy Start Elements of Success, with over 75% reporting they were “meeting” two of the Elements: 1) supports and services to families are provided in a facility that has adequate space, is comfortable, and is accessible to children, and 2) combined resources of families, communities, counties, cities, nonprofit organizations, businesses, school(s) and district(s) are committed to long-term support of children, youth, and families through your initiative.

Between 58 and 69% of respondents indicated that they were meeting the remaining four elements: an active local collaborative, a full-time Coordinator, continuous efforts to measure and demonstrate results, and integration into the school site.

Please indicate which of the following Healthy Start Elements of Success your initiative currently meets? For each element select either "1" for Meets; "2" for Partially meets; or "3" for Does not meet.			
5. <i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1 Meets	2 Partially meets	3 Does not meet
1. a. Supports and services to children, youth, and families are provided in a facility that has adequate space, is comfortable, and is accessible to children.	78% 117	19% 29	3% 4
2. b. An active local collaborative demonstrates leadership and involvement in administering, governing, evaluating, and improving your initiative.	58% 87	33% 49	9% 14
3. c. A coordinator (at least one full-time employee) builds communication between policy-makers and those providing supports and services to improve and sustain service and supports for children and families.	65% 97	25% 37	11% 16
4. d. Combined resources of families, communities, counties, cities, nonprofit organizations, businesses, school(s) and district(s) are committed to long-term support of children, youth, and families through your initiative.	76% 114	17% 25	7% 11
5. e. Continuous efforts to measure and demonstrate the results of a successful initiative are evident.	63% 94	29% 44	8% 12
6. f. Your initiative is integrated in the local school(s), including administrator support and active teaching and learning support staff involvement	69% 104	25% 37	6% 9

Question 6: Rank how important each of these elements is in developing and sustaining Healthy Start or similar collaborative by ranking them from 1 (most important) to 6 (least important).

The purpose of this question was to determine which of the six Elements of Success are perceived as “most important” in developing and sustaining Healthy Start or a similar collaborative. Sixty nine percent of respondents² indicated that an initiative that is fully integrated in the local school(s) was the most important Element. Sixty percent of respondents indicated that 1) a full-time coordinator that builds communication between policy-makers and those providing supports and services and 2) combined school and community resources that are committed to long-term support through an integrated initiative were the “most important” Elements.

Supports and services provided in a comfortable space that is accessible to children and continuous efforts that measure and demonstrate the results of successful integrated initiatives were both ranked as “somewhat important” Elements by 40% of respondents.

Continuous efforts that measure and demonstrate the results of successful integrated initiatives was ranked by half of respondents as “least important” and an active local collaborative that demonstrates leadership was ranked “least important” by 40% of respondents.

Rank how important each of these elements is in developing and sustaining a Healthy Start or similar collaborative by ranking them from 1 (most important) to 6 (least important). Note: You will only be able to select each number one time.

6. It is most important to develop...











<i>The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option</i>	1	2	3	4	5	6	Don't Know
1. a. Supports and services provided in a comfortable space that is accessible to children.	13% 13	20% 19	13% 13	22% 21	9% 9	18% 17	5% 5
2. b. An active local collaborative that demonstrates leadership.	16% 15	15% 14	20% 19	11% 11	21% 20	15% 14	3% 3
3. c. A full-time coordinator that builds communication between policy-makers and those providing supports and services.	32% 33	26% 27	12% 12	14% 14	5% 5	9% 9	2% 2
4. d. Combined school and community resources that are committed to long-term support through an integrated initiative.	38% 38	26% 26	22% 22	11% 11	3% 3	0% 0	1% 1
5. e. Continuous efforts that measure and demonstrate the results of successful integrated initiatives.	0% 0	16% 17	19% 20	17% 18	26% 28	19% 20	5% 5
6. f. An initiative that is fully integrated in the local school(s).	33% 45	18% 24	12% 16	9% 12	9% 12	16% 22	4% 6

² These percentages were calculated by combining and labeling the rank sum of 1 and 2 as “most important,” the sum of 3 and 4 as “somewhat important,” and the sum of 5 and 6 as “least important,” then determining percentages based on the actual number of responses, less those that selected the “don’t know” option.

Question 7: What are your primary THREE sources of funding for the services you provide?

The most common primary sources for funding for services provided by respondent’s sites are: grants from public agencies (53% of sites), and LEA Medi-Cal Billing Option (47% of sites). Roughly a third reported Title 1 (33%) and Medi-Cal Administrative Activities (30%) as funding sources. About twenty percent reported foundation grants (20%), redirected funds from school district or community-based service providers (both 19%), and redirected funds from a county or public agency (15%) as primary funding sources. The least common primary funding sources are Child Health and Disability Prevention/Family Preservation funds (5%), and mental health care management funds (3%).

Funding sources not listed in the survey options but frequently mentioned as “other primary sources of funding” included First Five California (mentioned by 12 respondents), donations/fundraising (mentioned by 10 respondents), and in-kind donations (mentioned by 6 respondents).

7. What are your primary THREE sources of funding for the services you provide? Please select no more than three.		Number of Responses	Response Ratio
Title 1, special education, other categorical education funds		49	33%
Redirected general funds/in-kind from a county or other public agency		22	15%
Redirected general funds from the school district		29	19%
Redirected funds/in-kind from a community-based service provider		29	19%
Child Health and Disability Prevention/Family Preservation funds		8	5%
Mental Health care management funds		5	3%
Grants from public agencies (local, state, federal)		79	53%
Grants from foundations or philanthropic organizations		30	20%
LEA Medi-Cal Billing Option		71	47%
Medical Administrative Activities (MAA)		45	30%
VIEW Other, Please Specify		28	19%

Question 8: What services do you currently provide through Healthy Start?

The most prevalent service currently provided through Healthy Start is family support (mentioned by 84% of respondents). Over 70% reported offering basic needs, case management, sign-up for Medi-Cal and parenting education. Over half reported offering youth academic support, medical and health, mental health, and health education services.

Services not offered as a survey option but that were mentioned as write-in options included:

- Cooperative Preschool Program
- Saturday Academy Program
- Community building events and multicultural events

- Senior Program, Fire Safety Council
- Resource/Referral, kinder transition, pre-natal groups
- Food banks, shelter for homelessness, token transportation
- Mentoring
- Legal resources, financial literacy
- VITA tax site
- Healthy Families application assistance

8. What services do you CURRENTLY provide through Healthy Start? Please check all that apply.		Number of Responses	Response Ratio
Youth Academic Support		76	51%
After School Program(s)		57	39%
Youth Development		67	45%
Medical and Health		78	53%
CHDP Exams		35	24%
Mental Health		93	63%
Dental Screening/Services		68	46%
Health Education		90	61%
Family Support		125	84%
Basic Needs		107	72%
Case Management		108	73%
Sign-up for Medi-Cal		105	71%
Employment Services		38	26%
Parenting Education		109	74%
Adult Education		48	32%
Program Coordination		106	72%
Program Evaluation		63	43%
Other, Please Specify		37	25%






Question 9: Which of the following applies: do you have an: a) full time, b) part time, c) no Healthy Start/Integrated Services Coordinator?

Eighty three percent of respondents reported having a Healthy Start/Integrated Service Coordinator. Almost half (49%) reported having a full time Coordinator and a third (34%) reported having a part time Coordinator. Fewer than 20% reported having no Coordinator.

9. Which of the following applies? If you select option "c" (no Healthy Start Coordinator) skip to question 12. Do you have a:		Number of Responses	Response Ratio
a. Full time Healthy Start/Integrated Services Coordinator?		74	49%
b. Part time Healthy Start/Integrated Services Coordinator?		51	34%
c. No Healthy Start/Integrated Services Coordinator?		25	17%
Total		150	100%






Question 10: For those sites with a full or part time Coordinator, indicate the percentage of time the Healthy Start/Integrated Services Coordinator works on Healthy Start activities.

Thirty nine percent of respondents with a Healthy Start/Integrated Services Coordinator indicated that this individual works one hundred percent of the time on Healthy Start activities. Fifty percent reported that the Coordinator works between a quarter and a half time on Healthy Start activities, and the remaining 12% reported that the Coordinator position devotes a quarter or less time to Healthy Start activities.

10. Indicate the percentage of time the Healthy Start/Integrated Services Coordinator works on Healthy Start activities.	Number of Responses	Response Ratio
25% or less 	15	12%
Between 26 and 50% 	21	17%
Between 51 and 75% 	24	19%
Between 76 and 99% 	18	14%
100% (full time) 	49	39%
Total	127	100%







Question 11: How long has the current Healthy Start/Integrated Services Coordinator been employed?

Not quite half (45%) of respondents reported that their Healthy Start/Integrated Services Coordinator has held that position for five or more years. Almost that same percentage (44%), reported that the Coordinator has been employed between one and five years. Only 4% reported having no one in this position.

11. How long has the current Healthy Start/Integrated Services Coordinator been employed? If there is no one currently in that position select "not applicable."	Number of Responses	Response Ratio
Less than six months 	9	7%
Between six and twelve months 	13	10%
Between one and three years 	20	16%
Between three and five year 	23	18%
More than five years 	58	45%
Not applicable	5	4%
Total	128	100%

Question 12: Which of the following has been MOST Negatively impacted by the end of your Healthy Start grant funding?





Half (49%) of respondents reported that staff directly hired to work for Healthy Start have been most negatively impacted by the end of Healthy Start grant funding. Fifteen percent or fewer reported that the end of grant funding has impacted program and administrative functions (15%), resources (11%), and staff out-stationed from other agencies (3%). Another 10% indicated that the question was not applicable, as they were current grantees.

12.	Which of the following has been MOST Negatively impacted by the end of your Healthy Start grant funding? Select one option.	Number of Responses	Response Ratio
	Program and Administrative Functions 	23	15%
	Resources (Program supplies and materials) 	16	11%
	Staff (Staff directly hired to work for healthy start) 	74	49%
	Staff (Staff out-stationed from other agencies)	4	3%
	Not Applicable (current grantee) 	15	10%
	 Other, Please Specify 	18	12%
Total		150	100%

“Other negative impacts” mentioned in the write-in option included sustainability, the turnover in agency personnel, and a reduction in services to students. Four respondents used the write-in option to note that there was no negative impact, and that they have either sustained or expanded services.

Question 13: How has the end of your Healthy Start grant funding affected your ability to maintain program goals/elements?

The majority, 63%, of respondents reported that the end of Healthy Start grant funding has affected their ability to maintain program goals/elements. Almost twenty percent (19%) reported that the loss of funding has had no impact, and 7% reported that the end of funding has had a positive impact. The remaining respondents (11%) indicated that the question was not applicable as they are current Healthy Start sites.

13.	How has the end of your Healthy Start grant funding affected your ability to maintain program goals/elements? Select one option.	Number of Responses	Response Ratio
	Positive impact 	10	7%
	Negative impact 	95	63%
	No impact 	28	19%
	Not applicable (current grantee) 	17	11%
Total		150	100%

Question 14: If the loss of Healthy Start funding has negatively affected your ability to maintain program goals/elements, please explain how.³

There were 90 responses to this prompt. In general, respondents reported that the loss of Healthy Start funding has:

- Led to a reduction in the sites ability to provide services to children & families (including youth development, case management, counseling services, direct & indirect services to parents and students, classes, outreach, ability to purchase dedicated bi-lingual counseling).
- Forced sites to find alternative measures (external financial resources) to adequately sustain programs, which has proven time consuming and difficult.

³ All of the responses to prompts are included in the Appendix.

- Resulted in having to shift priorities to match funding directives. As one respondent wrote, “Playing the financial shell-game distracts from services being provided to children and families.”
- Led to a situation in which sites are constantly vulnerable to losing more staff and a reduction of time in which to provide services.
- Resulted in collaborative members who are less motivated to attend regular meetings.
- Led to a situation in which it is difficult to maintain relationships and momentum.
- Decreased visibility and increased number of unqualified personnel resulting in decreased levels of trust on the part of the school community.
- Led to less attention being given to community participation and decision-making.

Representative comments:

A huge amount of time must be spent seeking funding. In order to remain open we have had to broaden our mission and have less time to spend on the children. It has caused a division between the school staff/administration and Healthy Start, which has become a separate no-profit organization in order to survive.

After the loss of Healthy Start funding, the services provided to the cluster of schools nearly ended. The services were "resurrected" by the District and have been able to be sustained, at least to a couple key school sites. The lack of long term support and funding -- at least for basic coordination/infrastructure -- makes the program constantly unstable.

It is our primary goal to provide a safety network to low-performing, at-risk continuation high school students. The loss of funds has meant that students have less access to transitional support, public health services, mental health counseling, and drug and alcohol counseling. The greatest long-term affect is that fewer students achieve a high school diploma as a result of the loss of services & parental & community collaborators. We don't have the resources to implement a true collaborative designed to support struggling young people.

Without staffing, none of the goals have continued in a robust effort. Some goals have continued as goals via other resources. However, none have had the positive impact or enthusiasm as with the Healthy Start program.

It hasn't been negative because [school] has sustained us, but each year we go up for a vote by the SSC [School Site Council] to continue support of the program. This school has provided amazing support...they believe in this program...the teachers, admin and staff are our biggest cheerleaders...and we have been through 4 different principals since grant funding has ended. It must be in the water. :)

That funding provided a base of support for the coordinator, but fortunately, we have continued to sustain the position and expand our services and staff since the initial funding.

We have been able to sustain HS Centers, but not with the level of services and much less evaluation of service.

While we have kept all program services intact, the loss of staff positions has made this much more challenging. Many of the significant funding initiatives over the past few years have focused on the 0-5 population, making provision of school age services more challenging.

Some of the Healthy Start services have continued through the collaborative and a federal Even Start grant but the majority of outreach, school support and youth & family support has suffered by the ending of the Healthy Start funding.

Question 15. What do you think is the most important thing to consider when sustaining Healthy Start?

There were 136 responses to this prompt. In general, respondents indicated that sustaining Healthy Start requires:

- Maintaining a focus on key strengths of program (not just following available funding streams)
- Establishing and maintaining relationships with collaborative partners
- Coordination and clerical support (full time)
- Ensuring the program and services provided impact the success of the youth and families being supported
- Integrating services into the school system (embedding the program into the culture of the school in general)
- Obtaining long-term, consistent funding
- Administrator and teacher buy-in
- Coordination of program and agencies
- Funding personnel to advocate for integrated services
- The ability to engage a wide range of stakeholders
- Constantly looking ahead
- A strong steering committee that has services to children as its focus
- Hiring credentialed professional to coordinate, preferably school district personnel
- Maintaining a consistent, “core” level of services that address identified community needs

Representative comments:

School site staff must FEEL the impact of the Healthy Start services, which means their students improve behavior, academics or health issues. They need to see results. While parents and community can be an influential voice, the staff makes the funding decisions. Versatile funding sources are also important.

Invest in the infrastructure (key staff) and they will return on your investment multi-fold.

There is no need to re-invent the wheel. Build on existing sites and services that have a proven track record, acceptance within their communities and have earned the confidence of the families they serve. Make sure local policy makers know about Healthy Start!

The most important question is what are the long-term costs of a failure to provide the resources that adolescents need to successfully transition into adulthood? I don't think we can afford to continue to look the other way at the struggles faced by today's adolescents.

Sweat equity and in-kinds are great, but actual funding streams are a necessity. Grant acquisition for the sake of \$\$\$ often replaces the ability to look for the best match for your identified vision and mission.

Question 16. Do you have any suggestions for how to keep Healthy Start sites across the state connected?

There were 116 responses to this prompt. The vast majority of respondents suggested the use of technology (website, electronic billboard, Listserv, e-mail, newsletters, video/tele-conferences, HS software available to all sites). The next most mentioned suggestions focused on continuing to hold regional and statewide meetings and/or to provide funding for sites to hold and/or attend meetings, conferences, and workshops. Other suggestions for ways in which Healthy Start sites might stay connected:

- Join the Family Resource Association
- Increase government funding
- Continue lobbying efforts to restore Healthy Start
- Use Medicaid Administrative Activities (MAA) dollars to fund Healthy Start
- Build a Healthy Start Collaborative at a state level
- Create a buddy system for Healthy Start Coordinators who feel they need support
- Develop a support service directory for all novice and veteran Healthy Start coordinators

Representative comments:

[Name] County has a consortium of Family Resource Centers, called the Healthy Start, Schools and Communities Partnership. This partnership has a designated Regional representative, who keeps us informed of regional and statewide activities around Healthy Start or similar programs.

There is a need for dollars to support the exchange of ideas that have a positive track record. There is a need for dollars to put the human resources in place required to create, sustain, and evaluate community efforts to support young people. At this time, there just isn't enough human power to do a good job.

Write a grant to do just that, as there will have to be a staff that is paid to update, maintain, and communicate with all the sites.

Perhaps the County Office of Education and The County Health Department could do more of the work to go after large grants for long term funding. The State Departments of Health and Social Services might want to try getting counties to outstation social workers and health care workers at Healthy Start sites.

Become a member of the California Family Resource Association, which is a policy advocacy body that can support all family support programs across California by advocating for policies and resources.

Question 17. Please provide any additional comments on your experiences with sustaining Healthy Start.

There were 105 responses to this prompt.

Representative comments:

One of the largest difficulties we have had with sustaining our site over the last nine years has been the bureaucratic "red tape" involved when funds are available for program use by an

outside source. We have lost potential donors and funding due to the policies currently in place to appropriate funding though [site]. Each Healthy Start program should consider applying for 501(c-3) status in order to expand the opportunity to receive additional funds when possible.

This has been my most challenging professional experience, but yet my most rewarding. We have exhausted many options on a shoestring budget to sustain our work. We now have a part time development director/evaluator who has made all the difference in our ability to sustain our work.

Our success is that we stay connected to the community which drives our decision making process. Participants have developed into staff; youth volunteers are not educated partners and some employees to our district/site. Don't take just any funding opportunity... only the ones that can be connected to your goals. That way you can stay true to your goals and not become something funders want you to be!

I believe it has served our site well to have a community agency coordinate the partnerships. They agency, along with the school are very active in sustainability. I have been disappointed that the larger institutions (i.e. school board, County services) have not re-aligned to support school-based services.

It provides not only academic gains, but a calmness to the school and staff knowing that resources are available and caring, prepared individuals are readily accessible to provide services in crisis and long-term if needed.

How do you explain budget cuts and/or non-availability of funds to a community of 1700 motivated individuals, without affecting future participation and support? Would love to share the letters of support obtained from some of these individuals discussing the impact our services have had in their lives and their children's.

It is a constant battle. The State and County value the program but the District has not a clue as to its value. It is a constant battle to keep administrators aware of the value of the program and the need to keep it funded.

We truly loved having Healthy Start on our campus. I was the case manager of the grant when it was here originally and I am now the principal of the school. It is very hard to meet the needs of our population without this grant, and yet I have no way of funding it the right way on my own budget when the academic needs of my students are as great as their basic needs are. It was truly a sad moment when we could no longer find ways to fund the staff that made it all work. Parents are not being reached the same way.

Summary of Key Findings

The results of this survey suggest there are Healthy Start collaboratives that are sustaining, in that they are meeting Healthy Start goals and Elements of Success, as well as continuing to provide services commonly associated with child and family support. The actual number of grantees who have sustained is not clear from this field study. It does appear that, with few exceptions, even those sites considering themselves as successful face numerous barriers and are less able to provide services to children and families than they were when they received Healthy

Start funding. Suggestions to ensure sustainability include the need to maintain a focus on key strengths of the program, establishing and maintaining relationships with collaborative partners, providing adequate staff resources to coordinate efforts, and working to ensure that the program and services provided impact the youth and families being supported.

Key Findings

1) Collaboratives are meeting the three Healthy Start goals. At least 90% percent of respondents indicated that they were making “good progress” or “partial progress” in meeting the three Healthy Start goals: 1) ensuring that each child receives the physical, emotional, and intellectual support that he or she needs; 2) helping schools and other child and family-serving agencies to recognize, streamline, and integrate their programs to provide more effective support to children and their families, and 3) building the capacity of students and parents to be participants, leaders, and decision-makers in their communities. Ten percent or less of respondents indicated that they had made “little or no progress” in meeting any of the three goals.⁴

2) Collaboratives are meeting the six Healthy Start Elements of Success. Approximately 90% of respondents reported they were “meeting” or “partially meeting” all six of the Healthy Start Elements of Success, with over 75% reporting they were “meeting” two of the Elements: 1) supports and services to families are provided in a facility that has adequate space, is comfortable, and is accessible to children, and 2) combined resources of families, communities, counties, cities, nonprofit organizations, businesses, school(s) and district(s) are committed to long-term support of children, youth, and families through your initiative.

3) Full integration in the local school(s), including administrator support and active teaching and learning support staff involvement is the Elements of Success perceived as most important in developing and sustaining Healthy Start or a similar collaborative (mentioned by 69% of respondents). A full-time coordinator that builds communication between policy-makers and those providing supports and service and, combined school and community resources that are committed to long-term support through an integrated initiative are also considered important (both noted by 60% of respondents).

4) The most common primary sources for funding for services provided by respondent’s sites are grants from public agencies (53%) and LEA Medi-Cal Billing Option (47%). Roughly a third reported Title I (33%) and Medi-Cal Administrative Activities (30%) as funding sources. Funding sources not listed in the survey options but that were frequently mentioned as “other sources of funding” included First Five California, donations/fundraising, and in-kind donations.

5) The most prevalent service currently provided through Healthy Start is family support (mentioned by 84% of respondents). Over 70% of sites reported offering basic needs, case management, sign-up for Medi-Cal, and parenting education. Over half reported offering youth academic support, medical and health, mental health, and health education services. Forty-three percent or fewer sites reported currently providing CHDP Exams, afterschool programs, adult education programs, employment services, or program evaluation.

⁴ Sites that have not sustained are more likely not to have completed the survey. As a result it is probable that the responses are skewed in favor of those that were more successful in meeting stated goals.

6) Eighty three percent of respondents currently have a Healthy Start/Integrated Services Coordinator. Almost half of respondents reported having a full time Coordinator; a third reported having a part time Coordinator. Thirty-nine percent of respondents with a Coordinator indicated that this person works primarily on Healthy Start activities one hundred percent of the time, suggesting that many Coordinators have additional responsibilities.

7) Almost half (45%) of respondents reported that their Healthy Start/Integrated Services Coordinator has held that position for five or more years. Almost that same percentage reported that the Coordinator has been employed between one and five years. Less than 5% reported currently having no one in this position.

8) Half (49%) of respondents reported that staff directly hired to work for Healthy Start have been most negatively impacted by the end of Healthy Start grant funding. Fifteen percent or fewer reported that the end of grant funding has negatively impacted program and administrative functions, resources, and staff out-stationed from other agencies.

9) The majority, 63%, of respondents reported that the end of Healthy Start grant funding has negatively affected their ability to maintain program goals/elements. Interestingly, almost twenty percent reported that the loss of funding has had no impact, and seven percent reported that the end of funding has had a positive impact.

10) The loss of Healthy Start funding has led to a reduction in sites' ability to provide services to children & families; forced sites to find external financial resources to adequately sustain programs; and resulted in having to shift priorities to match funding directives. As one respondent wrote, "Playing the financial shell-game distracts from services being provided to children and families." The loss of funding has also led to a situation in which sites are constantly vulnerable to losing more staff and a reduction of time in which to provide services; resulted in collaborative members who are less motivated to attend regular meetings; made it more difficult to maintain relationships and momentum; decreased visibility and increased number of unqualified personnel resulting in decreased levels of trust on the part of the school community; and led to less attention being given to community participation and decision-making.

11) Sustaining Healthy Start requires maintaining a focus on key strengths of program (not just following available funding streams); establishing and maintaining relationships with collaborative partners; and coordination and clerical support (full time). It also requires: ensuring the program and services provided impact the success of the youth and families being supported; integrating services into the school system; obtaining long-term, consistent funding; administrator and teacher buy-in; coordination of program and agencies; funding personnel to advocate for integrated services; and the ability to engage a wide range of stakeholders.

12) The most often made suggestions for keeping Healthy Start sites connected made by respondents revolved around the effective use of technology (website, electronic billboard, Listserv, e-mail, newsletters, video/tele-conferences, Healthy Start software available to all sites). The next most mentioned suggestions focused on continuing to hold regional and statewide meetings and/or to provide funding for sites to hold and/or attend meetings, conferences, and workshops.