The California Healthy Start legislation, passed in 1991, has enjoyed 10 years of strong funding to create community-school partnerships that improve student learning and support families. This policy brief focuses on the living legacy of several Healthy Start sites that have forged strong partnerships with their district, city or county.

The Healthy Start Initiative, designed and implemented through the California Department of Education, has led to a decade of innovative cross-agency reforms that are well on their way to impacting school performance and the well-being of children and families.

“Healthy Start has been the foundation for nearly all of California’s twenty-first century innovation in family, community and learning supports. I have observed that today’s most successful school and community partnerships have Healthy Start in their genealogy…”

— Jane Henderson, January 29, 2004
Community-school partnerships are collaborations among service providers, residents, government and business, created to improve results for children, families and communities. They most often relate to a particular neighborhood or region, and frequently focus on results such as safe and stable families, school readiness, youth succeeding in school, economically self-sufficient families and healthy communities. Community-school partnerships primarily provide services to families and youth, but they also offer a platform for community development activities such as anti-drug marches and civic engagement activities that include voter registration.

Healthy Start is one of the earliest examples of state-funded community-school partnerships in California. In 1991, the state legislature passed SB620, the Healthy Start State Initiative, a bipartisan bill developed by Republican Governor Wilson and Democratic Senator Presley. Different from the federal Healthy Start program, which is an age zero to three initiative, the California initiative provided competitive, short-term planning and operational seed-money grants for school districts to partner with local agencies and community organizations. The goal was to provide comprehensive, collaborative school-linked supports, services and opportunities for children, youth and their families. These original community-school partnerships became pioneer models for the hundreds of partnerships that would follow in the next decade.

Beginning in 1992, Healthy Start grantees have been awarded planning grants at $50,000 over two years, or operational grants of $400,000 over five years, as seed money to plan and implement their work. To receive an operational grant, a collaborative has to meet the criteria for poverty and need, and also has to demonstrate authentic collaboration in the planning, design, implementation, governance, school integration, evaluation and sustainability of the programs. Negotiations between school personnel, community providers, unions, the city, the county and other entities determine what the activities will look like, what the positions will be called, and how they will be paid for. Amended Medi-Cal guidelines through the Local Education Agency (LEA) Medi-Cal Billing Option allow school sites to use local pupil personnel service expenditures to match federal dollars for certain Medi-Cal-approved services and administrative activities — thereby drawing additional funds into the school district for additional services for children.
Bonnie Guitierrez, district health coordinator for the Pajaro Unified School District which serves parts of Santa Cruz and Monterey Counties, describes the district’s early Healthy Start experience as the Statue of Liberty approach: “Give me your tired, your poor, your everybody…” In other words, the partnership attempted to serve everyone with every conceivable service. But after four consecutive Healthy Start grants, the Pajaro partnership narrowed its focus, concentrating on health and social services outcomes.

The partnership uses funding available through various health promotion and injury prevention programs, and has utilized most new health-related initiatives available to school partners. It partners with First Five and School Readiness in both counties, and collaborates with Migrant Education for home visits, nutrition and other health outreach. Homeless services supported through the No Child Left Behind program have become a new focus.

The Pajaro site has three resource centers, including a teen center where it provides health, counseling and mental health services in collaboration with Salud Para la Gente Clinic and Catholic Charities, funded by The California Endowment.

Because the partnership is district-wide, Guitierrez can oversee the various funding streams and match dollars with partners and services in a less categorical fashion. The Pajaro Healthy Start site doesn’t pay for services that other providers deliver; rather, it provides space and support to create school- and community-linked systems.

Guitierrez says that Healthy Start has influenced all the partners, helping them to see children holistically. She is passionate about the “need to look at children as whole people, and to provide wrap-around services so children can learn.”
What are the benefits of these community partnerships?

Over the past 11 years, Healthy Start has awarded a total of 643 operational grants and 815 collaborative planning grants, working with over 1,500 schools and impacting the lives of hundreds of thousands of children, youth and families. Because of its potential to combat barriers to learning, the initiative is administered by the Learning Support and Partnerships Division of the California Department of Education. Schooling, the nation’s sole universal entitlement for children, is a logical place to co-locate, integrate, develop and implement comprehensive supports and services for children, youth and families.

Community-school partners will tell you that Healthy Start forever changed the way they do business with children, youth, families, communities and schools. It provides a perspective that permanently alters the way a strategic partnership is developed and implemented. Healthy Start partnerships focus on family and community involvement in the design and deployment of solutions, rather than on deficits and remedial treatments. The benefits of Healthy Start partnerships include collaboration, strategic planning, systemic reform and community building.

Collaboration

Local school communities use Healthy Start to launch or continue dialogue between families, schools, county agencies, community-based service providers and other partners, and to identify the goals most important to them. Ideally, partnerships realize that their joint efforts will be far greater than the sum of the parts. Some partnerships initially organize top-down and realize they are incomplete without the local grassroots perspective. Others begin their work in the neighborhood before seeking top-level buy-in.

Regardless of how they start, successful partnerships are willing to share responsibility and accountability for community assessment, the programs and strategies they choose, the way they integrate and track their work, the results and evaluation they pursue, and how they leverage their programs. Some community-school partnerships join with county, school district and local community organizations, as well as volunteers and parents. Some have significant endorsement from their principal, school district, board of education, mayor, city and county offices and more. Others have only the support of one inspired leader and a handful of dedicated supporters.

The bottom line for a successful collaborative is the willingness to share responsibility, accountability, leadership and resources.
Strategic planning: creating a common local vision

Local need and circumstance determine the composition of partnerships. Whatever the composition, charting a common vision is essential to the partnership’s very existence. That goal is used both to engage prospective partners and carry out long-term planning. Most partnerships focus on student success, but others also focus on safe and stable families or their economic success.

Sam Alvarado is co-director of the District J Healthy Start collaborative, which serves 40 schools and 64,000 students in the Los Angeles Unified School District (LAUSD). Though not the first model to come out of LAUSD, District J seems to represent the wave of the future for Healthy Start partnerships in Los Angeles.

Alvarado’s charge is to sustain and enhance the District J Healthy Start program at a time of unprecedented cuts in LAUSD. He has done this by focusing on school district partners in pupil personnel services as his core team for student success.

While early Healthy Start partnerships often struggled to get support from school district partners, the District J approach has, from the start, embraced school nurses, school psychologists, and speech, hearing, vision and special education personnel as its front-line allies. It has used these pre-existing roles to form relationships with outside partners who are in a position to offer supports and services beyond what a school district can provide. LAUSD has also utilized these district personnel to implement the state’s largest system of Medi-Cal reimbursements for Healthy Start supports and services.

Alvarado will tell you that the key to his partnership’s sustainability is integration with school personnel and embracing parents in local leadership. His advice is to “be open to change in the ways we provide health and human services. Engender buy-in from school health personnel. Help them understand that Healthy Start staff are there to make all of the pupil-personnel jobs easier.” Alvarado also encourages community-school partners to relinquish some individual control and let new ideas in. He believes the District J partnership would not be as well sustained as it is without the willingness to let go of old paradigms and allow the new to develop.
Local design and control determine the goals and strategies that sites use. As Healthy Start sites began to open in 1992, local provider systems began to change the way they looked at and worked with children, youth and families, and they began linking collaborating agencies in new ways.

For example, a school site might link to a social service agency that strives to provide safe and stable families; a health agency might link to schools in support of academic success. In turn, these linkages impact the types of activities used by partnerships. While schools in one geographical area might welcome emergency food banks and clothes closets, other areas create those kinds of partnerships only if they are off-campus and out-of-sight of the daily school traffic. At some sites, kindergarten families start the school year with readiness programs where children get immunizations and health screenings, meet their kindergarten teacher, get a tour of the school, and then go home with a “back to school” backpack full of information on activities and ideas that help parents work with their children. At other sites, parents take evening English or citizenship classes while their children get homework assistance or lessons in karate or music. Some site workers do home visits and coordinate with social services and public health, while others develop key partnerships with boys’ and girls’ clubs, parks and recreation, and other community organizations and local agencies.

The center of activity for most Healthy Start sites is some type of permanent or mobile family resource center at or near the school (or group of schools). Sites not housed in the school itself are often located in portable buildings, cottages near the school, or even in mobile van units. Healthy Start sites make it a priority to capture the voice of the community and find ways to bring the community into the local governance and leadership of the center. Often, Healthy Start sites conduct extensive leadership trainings for parents to cultivate the advocacy skills they need to become better leaders in their home, neighborhood, school and community. In these ways, sites bring the community to the forefront of planning and governance, not just for the life of their grant but well beyond.

Evaluations of Healthy Start show that reading scores have improved by as much as 25 percent, and math scores have improved by as much as 50 percent among the lowest-performing (25th percentile) students. Healthy Start has become known for raising the bottom line of academic achievement at the lowest-performing schools. A recent study conducted by the Center for Community School Partnerships (“A Closer Look,” 2003) suggests there is a pattern of Healthy Start schools becoming high-performing schools.

Teachers and administrators have noted an increased sense of safety and belonging at the schools with Healthy Start grants. Sites report
The community-school partnership that Terry Espinoza Baumgart directs isn’t at just one school site. It’s a community center serving an entire region. The Alisal Community Healthy Start Family Resource Center serves the Alisal District’s preschools as well as 11 schools in Salinas, but welcomes all who come through its doors.

The center serves primarily the Latino community, with 100 percent bilingual and bicultural staff, some of whom were former recipients of Healthy Start services. The center is rich with volunteers: parents and students from local high schools and colleges.

Children and families receive, or are referred to, a wide variety of services and support. Parents come for coffee, respite child care, child development classes and English and Spanish literacy classes. They learn to use computers and they bring in various kinds of paperwork that they need help to translate or fill out. Children stay for the YMCA Community Friends After School programs, developed and run with Healthy Start assistance.

Community residents are proud of, and have great respect for, the community center. It has drawn support from so many different streams — in-kind services, and state and local funding from health, education and human services organizations — that it is well sustained for some time to come.

Baumgart comes from a background in county government in the health and human services sector, but has been at the school district for many years. She speaks about her former superintendent as a real visionary, the person who ensured that they received sufficient resources to make their center a success. She credits her current superintendent, board and community partners for sustaining the effort. She also talks about how the county’s Department of Social Services came to understand that the Healthy Start Center was the perfect place to provide family-friendly services necessary to carry out many child welfare initiatives.

This Healthy Start case management system became a model for the county’s Family to Family program and other initiatives that ensure community access to services. Terry’s message: “The key to success is making sure our work is evolving … we must always ask ourselves if we are truly listening to the community, and then our actions can follow.”

“You gain strength, experience and confidence by every experience where you really stop to look fear in the face. You must do the thing you cannot do.”

— Eleanor Roosevelt
significant improvements in daily attendance as well as increased enrollment rates for fully immunized students.

A statewide profile completed in 1999 by the California Department of Education indicates that Healthy Start sites are making strides in improving child well-being and family functioning. State evaluation aggregates indicate a 50 percent reduction in families using hospital emergency rooms for non-emergency services, a 40 percent increase in parental involvement at the schools, a 12 percent reduction in mobility and transiency rates, and a 6 percent increase in employment rates. Clearly, the results in family and community support are strong, as are results in academic achievement.

Healthy Start can be successful in creating more efficient and effective public and private systems. Many local partnerships recognize Healthy Start as an opportunity to begin and sustain an ongoing integration of their efforts in school reform, access to health care, child welfare reform and/or employment development. Community-school providers recognize the link between learning and other aspects of a student’s life, and school administrators know that by getting help from others to address barriers to student learning, they can focus their energies on academics.

The Healthy Start approach creates a fiscally coordinated infrastructure, one in which the goal is not to pay for supports and services that other partners are already charged to provide, but to integrate these supports in new, seamless ways that lead to improved results. Healthy Start sites are catalysts for effective and efficient systems because they lead service providers and community members to enter a dialogue about priority concerns and to develop creative, multi-agency solutions that address them.

Healthy Start also opens up a new way of supporting students both during and after

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Alan Withers — former principal at Williamson Elementary School, a Folsom-Cordova Healthy Start collaborative — is featured in a video produced by the Healthy Start Field Office.¹ He forged a powerful partnership with Americorps to reclaim a dangerous apartment complex where many of his students lived, turning it into a community health and learning center for children, youth and families.

Withers was a principal who took time to learn why his students weren’t succeeding. He assumed responsibility for creating the partnerships needed to bring supports, services and opportunities to his school families. He educated his teachers, staff and the community about the issues and opportunities of working with the community’s poor, Title I, newcomer or non-English-speaking people.

He fostered relationships with business leaders, civic partners, mayors and a variety of community organizations to gain access to partnerships that could help his students thrive. His advice: “Always put the kids first. Whatever battles you get into, if you put the kids first, you will win.”

Today Withers is still a member of the Folsom-Cordova Healthy Start Coordinators Collaborative, and he continues to see city and civic partnerships as key to the ongoing success of any community-school partnership initiative.

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¹California’s Healthy Start, Strong Families, Strong Communities for Student Success, R.D. Lodge, 27 min., 1998, videocassette.
school, by creating a holistic understanding of what it takes for optimum learning, and then providing the necessary supports, services and opportunities to make it happen. Services are neighborhood-based, family-driven, and oriented toward prevention and capacity-building, as opposed to crisis intervention. Typical learning supports include tutoring, counseling, before- and after-school programs, and health services.

**Community-school partnerships in tight budget times**

One analysis of Healthy Start sites indicates that 80 to 84 percent of the grantees maintained at least some aspects of the community-school partnership and services after initial state funding ended (UCLA, 2001). One reason was their ability to leverage funds. For example, during the 2003–2004 state budget year, one school district leveraged $522,383 in Healthy Start operational grant funds into $7,941,899, through a combination of federal, state, city, local and other sources.

Although up-front state investments have allowed Healthy Start sites to leverage funds, partnerships do struggle to secure ongoing mainstream state, county and school funding. In California’s current budget environment, funding for community-school partnerships is severely limited. At the height of its funding, Healthy Start received $39 million from the state. In 2003–2004 that amount went down to $2 million. It is slated for elimination in 2004–2005. Successful sites, such as those cited in this brief, have adopted a wide range of survival mechanisms. Most of these have a specific strategy:

either to provide comprehensive services and supports for a targeted geographical area, or to focus on a single result area such as improved academic performance, access to health services, or strong families and child abuse prevention.

Community-school partnerships such as Healthy Start require the continual backing of politicians, local constituents, families and schools — as well as public and private funders — to survive and thrive. The future of Healthy Start clearly lies in each program’s ability to create and sustain ongoing partnerships. Based on a program’s unique circumstances, partnerships can continue the work begun by Healthy Start by focusing on one or more of the following:

- Achieving school readiness (funded by First Five);
- School success (funded by after-school programs, 21st Century Community Learning Centers, or other unique school district programs for support interventions);
- Healthy children (funded by county health or private foundations);
- Safe and stable families (funded by county child welfare agencies).

Rather, he was willing to close his eyes to the danger in order to try to help his mother. Healthy Start was able to put his mom on a baseline gas and electric plan and get her into a food co-op for big savings on fresh meats and produce, and to enroll Jamal in an after-school program. Three years after the intervention, Jamal was still doing well and was tutoring 2nd and 3rd graders. (California’s Healthy Start, 1998)
Next steps for community partnerships

Healthy Start is the foundation of community-school partnerships in California. State after-school programs, 21st Century Community Learning Centers, school readiness programs (funded by state and local First Five Commissions), and family resource centers all over the state have been built on the work of Healthy Start collaborations. This is the living legacy of Healthy Start.

Supporters of recent policy initiatives are again turning to community-school partnerships to make the difference for families and achieve critical results. For example, the recently released Child Welfare Redesign² calls for strengthening community-school partnerships to help families become safe and stable and to foster youth success in school and life. The federal education act, No Child Left Behind, mandates that schools provide a range of supports for children who consistently fail to achieve academically, and a new preschool initiative calls for linkages with comprehensive supports for poor families. Assembly Member Leland Yee’s introduction in February, 2004 of AB937, the Comprehensive Student Learning Support System, is an indication that legislative support for community-school partnerships continues.

Here are some ways in which policymakers and practitioners can take advantage of the living legacy of Healthy Start:

• State policymakers can continue to fund Healthy Start, giving the opportunity every year for more communities to plan and start school-community partnerships.

• The California Department of Education and the California Health and Welfare Agency — along with its Departments of Social Services, Health, Mental Health, Alcohol and Drug Abuse Prevention and Employment Development — can align their funding for various community partnership strategies and programs. This will enable stronger partnerships with fewer resources, and make it easier at the local level to blend resources to support community-school partnerships.

• County government and First Five Commissions can align their resources to fund community-school partnerships to help them plan effective supports for families and children, and to engage community-school residents in efforts to strengthen families and improve community and family well-being communities.

• County government and First Five Commissions can contract with community-school partnerships, many of them family resource centers, to provide services and supports that lead to desired results: for example, safe and stable families.

• City, county and school government, First Five Commissions and private foundations can recognize that, through their joint effort and funding, they can sustain community-school partnerships as a proven platform for services, collaboration and community development in disadvantaged populations.

• Healthy Start programs and other community-school partnerships can focus their efforts, demonstrate their results and reach out to public and private funders to make the case for their effectiveness and sustainability.

Keys to the success of community-school partnerships

• Obtain diverse funding: school, city, county, private foundation

• Document and communicate your success and your ability to leverage results with fewer resources

• Build relationships to create and sustain public will

• Be flexible and responsive to inevitable change.

— Healthy Start Sustainability Module

Retired school social worker Marianne Pennekamp is always eager to describe the Humboldt County Healthy Start experience. When the area’s first Healthy Start sites opened in 1992, one in particular — Bridgeville Healthy Start — truly brought the promise of a new day to the community. With employment in the timber industry waning and health and other human needs escalating, the Bridgeville Community Center, built with the assistance of local volunteers, became the place where the school and local families could discover shared assets and reach out to meet common needs. The group acquired a van, established a vibrant newsletter to help overcome isolation and established a weekly health clinic. By instituting a weekly senior lunch and other senior supports, it has brought isolated seniors into the community fold. An age 0-5 project, funded by the First Five Commission, works with local families, Head Start and Early Head Start programs. And an after-school program enriches opportunities for kindergarten through 8th grade students and allows high school students to mentor the younger ones. At Bridgeville Healthy Start — now a 501(c)3 organization — there are also adult education and enrichment classes that focus on economic development. The center brings together local ranchers and loggers as well as folks with alternative lifestyles: people who thought they had nothing in common before Healthy Start began. At this site it’s about the children and a more livable community.

Every one of the many Healthy Start sites in Humboldt County has its own story to tell. Pennekamp talks about the extensive collaboration that brings local access to isolated communities in the form of initiatives such as the 21st Century After School programs, work incentive assistance and family literacy programs. These efforts facilitate further collaboration within the county, with centralized services such as mental health and child welfare. County Health and Human Services and the probation department have partnered with these new initiatives. The next priority is to use existing Healthy Start family resource centers as hubs. The coordinators of the current sites meet on a monthly basis to support each other and to ensure that they’re operating as a countywide body. They are all “lean and mean” fiscally, but rich in local assets. In a rural area where lack of public transportation further isolates communities, these hubs have a bright future.

Nevertheless, Marianne worries that, in these days of budget cuts in education and health and human services — and the additional pressure on schools of the No Child Left Behind program — decision-makers will turn toward categorically driven, non-holistic, non-family oriented programs and away from community development, collaboration and services integration. Marianne’s message is that “long term success hinges on recognizing that dollars that came into the communities as a result of their application for Healthy Start have been demonstrated to be good economic investments in the future of the county.” She believes that the best rural investment is still to fund the community-school coordinators who have built so much local capacity. “They are the cornerstone of growing the partnerships and innovations necessary to keep the community-school development work comprehensive and dynamic.”
Thanks to Healthy Start, communities have partnerships to build on. Thanks to Healthy Start, program developers, managers and front-line practitioners have the skills to plan and work together to benefit families. Thanks to Healthy Start, we know that community-school partnerships work, especially for those who are most disadvantaged.

Community-school partnerships in California may change names but the underlying strategy will persist. Healthy Start works. It makes sense. What doesn’t work is starting and stopping these partnerships; evidence suggests that it takes time for them to get established and to become effective. Let’s sustain and build upon the successful models in existence across the state.
R E S O U R C E S  A N D  R E F E R E N C E S


Healthy Start Field Office (2000). Destination Sustainability. University of California, Davis under contract with the California Department of Education.


Lisa Villarreal is a former Healthy Start coordinator and director of the Healthy Start state field office. She is now the executive director of Center for Cooperative Research and Extension Services for Schools (CRESS) in the UC Davis School of Education, where the Healthy Start field office is in its 11th year of operation. Joanne Bookmyer is a researcher and evaluation specialist at the CRESS Center, UC Davis School of Education.
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