

Project Narrative

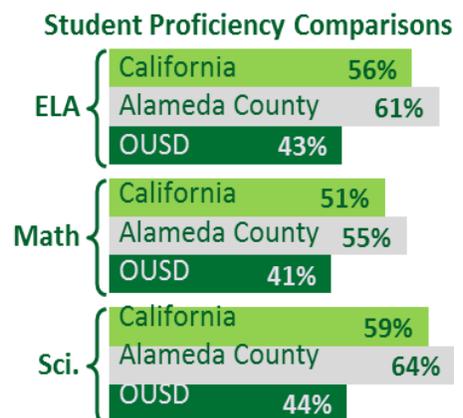
Oakland Unified School District (OUSD), in partnership with the Alameda County Health Care Services Agency, is seeking funding to support our work to: (1) develop three new K-5 Full-Service Community Schools (FCSC); (2) expand the FCSC model at three middle schools they feed into; (3) establish transition programs and partnerships for health-care services to prepare rising 6th graders for middle school and ensure that students and families have a continuum of support, and (4) develop an articulated elementary/middle school FCSC model that will inform the scaling of this model throughout OUSD and in other school districts.

(a) Project Design

(i) Needs of students, families, and communities to be served. OUSD is a high-need urban district, serving the city of Oakland (population 400,740), with 37,040 students in grades K-12 at 86 schools. 71% of our students are economically disadvantaged; 88% are minorities, the largest groups Latinos (38%) and African Americans (30%); 30% are English Learners, with at least 40 native languages represented; and 10% of students receive Special Education services. Up to 45% of students live in single parent homes, kinship care situations, or foster care. Moreover, Oakland is plagued by youth gang activity and violence and the highest violent crime rates of California's 10 largest cities.

While many of our students face multiple barriers to being able to fully engage in and succeed in school, *OUSD has had the greatest improvements in student achievement of any large urban district in California the past eight years in a row.* From 2003 to 2013, the percentage of our students

achieving proficiency in English Language Arts increased from 19% to 43%, and in Math, from 21% to 41%. Yet our students' academic skills still lag well below those of their peers county- and state-wide (graph above). Our white and Asian students are faring dramatically better than

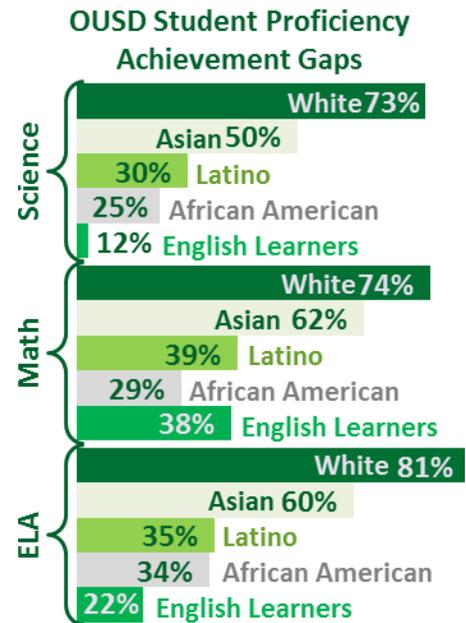


African Americans, Latinos, and English Learners (graph to the right). Although OUSD’s 4-year graduation rate has improved in recent years, it is currently 63%, compared to 78% of all students in California. Our 22% dropout rate far exceeds the 13% state-wide rate. And OUSD’s African American and Latino students graduate at lower rates and drop out at higher rates than our white and Asian students.

These achievement gaps parallel severe socioeconomic and health inequities between affluent neighborhoods in the

Oakland hills and those in the “flatlands,” where the city’s poorest residents reside and all six schools in this proposal are located. For instance, an African American child in the flatlands is seven times more likely than a white child in the hills to be born into poverty, 2½ times more likely to be behind in vaccinations, and four times less likely to read at grade level by grade 4.¹

In 2011-12, OUSD began to carry out our ambitious five-year Strategic Plan, with a focus on eliminating inequities in education and achievement gaps, with the overall goal that all students graduate from high school ready for college and careers. Our central strategy to achieve that goal is to transform OUSD into a district of Full-Service Community Schools (FSCS) that integrate a strong core academic program with social, health, and other services and supports that address students’ and their families’ needs. OUSD was the first school district in the country to adopt a district-wide vision for the FSCS model. We see this strategy as a means to disrupt the predictive power of race and demographics on student achievement, by pooling and coordinating all of the resources to support youth and families in our schools and their communities – including those from the school district, city and county agencies, dozens of non-profit service providers, major funders, and other entities. Thus far, we are in the process of transforming 24 of our 86 non-charter schools into FSCSs, each with a dedicated Community Schools Manager. This



ongoing work to holistically support children through FSCSs has been instrumental in the district's ongoing, impressive gains in student achievement.

At the same time, our FSCS initiative has focused primarily on secondary schools; so far only three of our 54 elementary schools are implementing an FSCS model. Most of our elementary schools serve children from distressed inner-city communities. Many children need early intervention in the academic and non-academic realms to enable them to succeed in school, and their families need support to equip them to effectively advocate for their children. The schools have limited resources with which to meet the multiple needs of students and their families.

This proposal targets three elementary and three middle schools that make up two feeder patterns in some of our city's highest-need communities and are among OUSD's lowest performing schools. Their leaders are committed to the FSCS model and have established key partnerships we can build on. As noted earlier, we are proposing to transform the elementary schools into FSCSs; expand the existing FSCS models at the middle schools; build a continuum of support for students and families across grades K-8, with a focus on supporting the transition to middle school; and develop an articulated elementary/middle school FSCS model that can be replicated throughout OUSD and in other districts. An investment in federal monies will leverage substantial infrastructure that OUSD and our partners have built and lessons we have learned through our FSCS initiative, to support our ongoing efforts to scale the FSCS model for the benefit of young people, families, and communities district-wide.

Target population. Table 1 profiles the schools' enrollment, high rates of students who receive free-or-reduced-price meals (FRPM), and other variables. **New Highland Academy** and **RISE Community School** share a campus in East Oakland's Elmhurst neighborhood, which has among the city's highest rates of food stamp recipients, juvenile arrests, shootings and homicides.² Many of their students go on to attend **Elmhurst Community Prep** or **Alliance Academy**, middle schools a mile away that share a campus. Both were opened in 2005-06 as small au-



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Table 1. Target schools	New Highland	RISE	Alliance	Elmhurst	Garfield	Roosevelt	Totals	OUSD
Students	313	304	390	365	604	574	2,550	37,040
FRPM	92%	100%	100%	90%	93%	75%	90%	73%
English Learners	67%	60%	38%	29%	56%	41%	48%	38%
Students of Color	98%	99%	99%	100%	98%	98%	99%	98%

dress the needs of children and families in “Deep East Oakland,” a neighborhood plagued by the city’s highest rates of poverty, gang violence, and other severe challenges. Elmhurst and Alliance were identified as persistently lowest-achieving schools in 2010. Both have implemented a FSCS model with the help of federal School Improvement Grants and county and private funding. At the New Highland/RISE and Alliance/Elmhurst schools, 57%-83% of students are Latino and 14%-32% African American, depending on the school; small numbers are from Asian backgrounds or white. Most English Learners are native Spanish speakers.

Garfield Elementary and **Roosevelt Middle Schools** are located in Oakland’s San Antonio neighborhood, home to large Latino, African American, Chinese-American, and Southeast Asian refugee populations. According to U.S. Census data, 59% of its residents speak a language other than English at home. 75% of housing units there are rented; half of all families pay over 40% of their income for housing; and more than one-third of households are overcrowded.³ The neighborhood is plagued by gang violence and prostitution, including recruitment of underage girls for the sex trade. Most Garfield students subsequently attend Roosevelt, which is already functioning as an FSCS. At these schools, 31%-44% of students are Latino, 35%-42% Asian, Pacific Islander, or Filipino, 17%-18% African American, and 2% white. Spanish is the most common native language among English Learners, but many students speak Vietnamese, Khmer (Cambodian), Arabic, Cantonese, or Mien (Yao), among at least 15 languages represented.



The target schools are all Title I schools. While over time they have made gains in student achievement, the vast majority of students at each school are not proficient in core academic skills, and the schools under-perform our district and the state overall on state testing (Table 2).

California’s measurement of school performance, the Academic Performance Index (API) measures a school’s academic growth relative to the prior year and compares schools statewide and to other schools with similar demographic characteristics. Schools seek to meet or exceed a target of 800. As noted in Table 2, all six schools are well below this target. Five of them have a “1” statewide rank (Garfield has a “2”) on a 1-10 scale, and all six have a “1” rank compared to similar schools. From 2012 to 2013,

Table 2	API		Below grade level ⁴		
	‘13	‘12	ELA	Math	Science
New Highland	679	721	75%	59%	67%
RISE	555	654	86%	87%	77%
Alliance	627	683	80%	88%	82%
Elmhurst	686	685	70%	64%	43%
Garfield	720	734	67%	47%	77%
Roosevelt	679	669	67%	68%	48%
OUSD overall	721	728	57%	59%	56%
CA overall	NA	NA	44%	49%	41%

three of the schools had very large API drops, reflecting dramatic declines in achievement.

Multiple factors contribute to the low student achievement at these schools. As part of the overall FSCS model we will implement at the target K-5 schools and enhance at the middle schools, we propose to use grant funding to prioritize three eligible services: *family engagement and adult education*, *services to address chronic absenteeism*, and *primary health and dental care*. We identified these areas in collaboration with the schools’ leadership teams. Extensive needs in these areas and *gaps in services and infrastructure* to address them provide a rationale for focusing on these services while developing a comprehensive FSCS model at the schools.

Need for family engagement and adult education. Very high numbers of parents at these schools have less than a high school education (Table 3). Many parents are immigrants who did

not go beyond 9th grade in their native countries and have limited English proficiency. Research shows that (1) there is a strong association between a parent’s educational and economic status

and their child’s performance and school, and (2) a parent’s involvement

Table 3. Parent Educational Attainment	New Highland	RISE	Alliance	Elmhurst	Garfield	Roosevelt	OUSD
No high school diploma	44%	45%	60%	44%	55%	41%	28%
High school diploma only	36%	36%	19%	29%	25%	31%	25%
College degree	8%	5%	10%	11%	5%	11%	15%

in their child’s education is the single most important predictor of student academic success, independent of the child’s background.⁵ Low educational attainment, limited English skills, and/or lack of comfort or familiarity with the school system can be barriers for parents to effectively supporting their children’s education. Many parents at these schools lack computer literacy, or computers at home. These factors are also barriers to parents’ ability to advance their family’s economic status and future prospects. African-American parents/guardians have especially low rates of participation in school activities. Unlike Latino and Asian parents, who are on site-based English Learner Advisory Councils, there is no such vehicle, other than at Garfield, to target outreach to African American parents in order to enlist them in school activities and decision-making and to strengthen their capacity to support their children’s education.

The target elementary schools lack *dedicated family outreach staff*, to engage parents and build their capacity to support their children’s education; address chronic absenteeism; conduct parenting and adult education; assist with the transition from elementary to middle school; and translate. OUSD’s Adult & Career Ed budget has dropped from \$11.7 million in 2007-08 to less than \$1 million. We have put most of our adult programs (e.g., ESL, Parenting Education, family literacy, Career & Technical Ed) on hold. FSCS funding would be key in helping us address the need for family engagement and adult education activities at the target schools.

Need to address chronic absenteeism. Chronic absenteeism (students missing more than

10% of all days in a school year) and truancy (3+ unexcused absences) have been ongoing problems at the

target schools (Table 4), as in OUSD overall. Chronic absen-

Table 1. Target schools	New Highland	RISE	Alliance	Elmhurst	Garfield	Roosevelt	Totals	CA
Chronic absence	15%	15%	21%	12%	7%	7%	11%	NA
Truancy	11%	49%	93%	60%	29%	78%	48%	29%

teeism as early as elementary school is a strong predictor of persistently low reading levels and school dropout.⁶ The levels of absenteeism at the target schools predict severe declines in academic performance, especially for Latinos,⁷ who make up a majority of students at the schools. In 2009-10, OUSD commissioned a study to identify contributors to chronic absenteeism and strategies to address them.⁸ Some potential factors identified are related to students' experiences at school (see Table 5). Other contributors are family and community issues. **Family instability and economic peril:** 32% of all Oakland children live in poverty, and among families at the target schools the poverty rate is even higher than the city-wide rate, as are levels of unemployment, housing instability, and lack of access to medical care. **Gangs:** 10% of middle school youth in OUSD say they are gang members. There is extensive gang activity in the target neigh-

Table 5. 5 th and 7 th grade student reports, 2013	New Highland	RISE	Alliance	Elmhurst	Garfield	Roosevelt
California Healthy Kids Survey						
Have been bullied at school in past year	48%	61%	51%	33%	61%	40%
Sometimes feel unsafe at school	48%	43%	63%	51%	43%	43%
Don't feel they participate meaningfully in school	66%	82%	88%	90%	78%	84%
Don't feel highly connected to their school	55%	61%	66%	56%	65%	51%



borhoods. For instance, the San Antonio district has long been a center of Latino and Southeast Asian gang activity and turf wars. In the 2013 California Healthy Kids Survey, 10%-17% of students at the target middle schools said they had not gone to school at least once in the past month because they felt unsafe on the way to or from school. **Loss, trauma, mental health issues:** At the target schools, 30%-52% of students report that someone close to them has died by violence. At the middle schools, 26%-46% of students say that during the past year, they felt so sad for at least two weeks that they didn't participate in some usual activities, and 13%-31% indicated they had seriously considered attempting suicide.

The target elementary schools do not have full-time attendance clerks or teams to track data and provide interventions for students who are experiencing or are at-risk for chronic absenteeism. Establishing a systematic, sustained focus on promoting attendance by addressing the school, family, and community-related contributors, is fundamental to eliminating disparities in academic achievement and future outcomes for children at these schools.

Need for primary health and dental care services. Factors such as living near or in poverty, limited parental resources and education, and unsafe neighborhoods contribute to a high level of unmet health needs among students and families at the target schools – which can interfere with children attending and succeeding in school. **Asthma:** Asthma, especially when poorly controlled, is a common cause of chronic absenteeism. The schools have high asthma rates: New Highland (11% of students), RISE (13%), Alliance (10%), Elmhurst (11%), Garfield (14%), Roosevelt (16%), all well above the 7% of children statewide with asthma.⁹ **Risk for cardiovascular disease and diabetes type II:** Over half of the students are not at a healthy weight and the vast majority are unfit (Table 6). **Vision:** Screening is done in elementary school in grades K, 3, and 5, but needs to be done yearly to ensure that vision problems, which can interfere with learning, are identified early, combined with resources for glasses for children who need them. **Dental:** In the 2011-12 CHKS survey, 19% of OUSD students indicated they had not had a dental



Table 6.¹⁰ Student Physical fitness

	New Highland	RISE	Alliance	Elmhurst	Garfield	Roosevelt
Not fit aerobically	56%	100%	56%	55%	69%	47%
Unfit body composition	56%	49%	54%	55%	67%	49%
Not fit overall	86%	100%	75%	75%	100%	76%

exam in over one year and 7% said they had never seen a dentist. In a recent dental screening at our middle schools, including

Elmhurst/Alliance and Roosevelt, 51% of students screened were found to have some tooth decay, and 17% had urgent treatment needs, reflecting substantial gaps in dental care at the elementary level. Poor dental health is linked to emergency room visits and hospitalization, and has been shown to negatively affect children’s academic indicators and psychosocial development.¹¹

Mental health: As noted, many students at these schools report symptoms indicating a depressive episode during the past year. **Teen birth rates** in the area where the schools are located are the highest and 3rd highest in the county.¹² **Insurance:** 17% of Oakland residents do not have health insurance;¹³ the uninsured rate (and resulting poor access to health care) is higher among socioeconomically disadvantaged communities like those at the target schools.

Other than dental services to be offered at New Highland/ RISE starting in 2014-15, *the elementary schools do not offer health services* on site. A key focus of this project is to expand access to medical, dental, and behavioral health care services for children and families, to promote children’s health and well-being and ability to regularly attend and fully engage in school.

Service coordination. All three elementary schools lack a **Community Schools Manager (CSM)** responsible for coordinating non-academic services and corresponding partnerships so that resources are allocated in a timely and optimal fashion to address student/family needs. Neither New Highland nor RISE has a **Coordination of Services Teams (COST)**, forums for key school and partner personnel to coordinate services for high-need children and their families.

Project goals and objectives. We have established the following overall goals and outcome

targets for this initiative. Service goals (numbers of individuals served) are detailed below.

Goal 1: Students at the target schools attend, are engaged in, and succeed in school.

1:1—Chronic absenteeism will decline by 10% each year (Indicator: OUSD student data). **1:2**—Truancy rates will decline each year and will not exceed district-wide rates for elementary and middle schools by 2018-19 (OUSD data). **1:3**—The percentage of students who feel a strong sense of connection to their school will increase by 4% every year (CHKS results). **1:4**—Students meeting standards in ELA and Math will increase by at least two points each year (State test results). **1:5**—The schools will meet their API goals each year (State API reports). **1:6**—The schools will meet targets on district literacy and math testing (OUSD benchmark test results). **1:7**—Reclassification of English Learners will increase each year (OUSD data). **1:8**—98% of students from the middle schools will stay in school until at least 10th grade (OUSD data).

Goal 2: The schools are transformed into robust, sustainable FSCS. **2:1**—The schools effectively use data to guide support for students and families and to continuously strengthen the FSCS model (Teacher/staff surveys, key informant interviews). **2:2**—The FSCSs increase family engagement with their children’s learning and development (Family focus groups). **2:3**—The FSCSs are sustained beyond the grant period. **2:4**—This project helps OUSD expand the FSCS model to other elementary schools and K-8 clusters (FSCS office reports for 2:3 and 2:4).

Individuals to be served. Each year, we will serve all 2,550 students at the 6 target schools through school-wide programs. Targeted services will reach the numbers noted in Table 7.

(ii) Services to be provided. OUSD proposes to use FSCS funding for (1) initial planning, (2) direct services to students and families to address priority need areas identified above, and (3) to coordinate services and allocation of resources to best support children to be successful in school. The following discussion details the rationale for expanding services in the priority areas; existing capacity and infrastructure we can leverage to support expansion of services; planning activities we will conduct; and services to be offered.

(1) Family Engagement & Adult Education

Rationale: Partnerships between schools and families improve children’s development and school success.¹⁴ Widespread low educational attainment, limited English proficiency, and lack of familiarity or comfort with the school system are examples of barriers for parents at these schools to fully support their children’s education. In 2009, OUSD partnered with the Harvard Family Research Project to study family engagement in Oakland. We found that successful family engagement occurs not through top-down approaches, but when parents, school staff, and CBO partners collaborate to create strategies for increasing family engagement. We also found that family engagement must be viewed as a core instructional strategy to support student learning and success. Lastly, family engagement programs must be aligned with strategies to tackle the causes of chronic absenteeism, tru-

Table 7. Individuals to be served annually	Stu- dents	Family members
<i>Family engagement and adult education</i>		
• Family workshops		300
• Adult education		100
• Af-Amer Parent Council		60
<i>Attendance interventions</i>		
• Attendance team and case management	120	120
• Family workshops		300
<i>Health care</i>		
• Primary care	850	
• Dental screenings	2,450	
• Dental treatment	245	
• Vision screenings	2,275	
• Vision care	100	
• Behavioral health care	377	75
• Family workshops		300
• Insurance enrollment	50	50

ancy, and health needs, because these areas share many root causes.¹⁵ Guided by these findings, Family Advocates will be hired to work in collaboration with CSMs, school staff, attendance teams and case managers, partner service providers, and Parent Leaders (recruited and trained as part of this project) at the target schools to design and deploy family engagement activities.

Existing Capacity: The New Highland/RISE, Alliance/Elmhurst, and Roosevelt campuses have Family Resource Centers, hubs for family engagement led by community partners that serve as links to support services (e.g., basic needs, health, financial literacy, housing, employment). Garfield has piloted family engagement strategies that can inform new efforts at the other K-5 schools. In 2013-14, it piloted ***Academic Parent Teacher Teams*** (APTT), which combine 1:1 parent-teacher meetings with twice yearly group meetings to help parents understand their child’s academic progress and challenges and learn strategies to support them academically. Garfield’s leadership structure includes parent collaboration with school leadership and teachers in shaping school culture and instructional practice through a Cycle of Action, which is a structured process to identify needs, develop strategies to address them, and monitor their success. We will explore replicating these strategies at the other schools. All six schools have ***partnerships*** with CBOs that can help us augment family engagement outreach.

Service Plan: *Family Engagement (FE) Goal 1 (Year 1): Identify specific family engagement needs and develop a plan for the schools to better engage parents.*

- ***Establish family engagement teams and Parent Leaders.*** The CSMs and Family Advocates (one for each cluster) will convene family engagement teams at each site, including the Principal and a Teacher Liaison. The Family Advocates will join a district-wide learning community for individuals doing this work convened by staff from OUSD’s FE Office, who will assist them to recruit 2-4 school Parent Leaders for each site. These parents will in turn take part in OUSD’s 8-session “Raising the BAR” (Behavior, Attendance, Reading) parent leadership training program. Its purpose is to assist them in engaging and guiding other parents at their school to be partners with teachers to support their children’s success in school.

The Teams will conduct needs assessments to capture the strengths and weaknesses in existing family engagement at each school as well as parent priorities for adult education. For this purpose we will utilize the California School parent Survey and tools OUSD has developed to

measure a school's proficiency at implementing a culture of family engagement: our Family & Community Engagement Readiness Survey and Rubric and Communication with Families Assets Scan (see Attachments).

- ***Prioritize data driven, results-based services:*** Based on the results of the needs assessments, the Family Advocates and CSMs will craft Family Engagement Implementation Plans for each elementary/middle school cluster that meets the needs of those communities.
- ***Family Resource Center:*** Utilize the FRCs to maximize family engagement outreach.
- ***Establish an African American Parent Council*** at each school to help promote the academic success of African American children by engaging and empowering their parents. FE Teams will recruit parents for these advisory groups, which will meet monthly to network, have workshops on topics such as ways to partner with teachers to support their children's education, learning styles, and effective parenting; receive leadership training; plan activities; and conduct outreach to other African American families to encourage them to participate in school activities.
- ***Initiate transitions outreach to rising 6th grade students and families*** to promote middle school awareness and readiness. A Transition Coordinator will organize site visits to the middle school by students and their families, and orientation meetings with teachers and school leaders there; coordinate opportunities for students to shadow 6th graders; and connect students to academic supports as needed to help students be ready for middle school academic programs.

FE Goal 2 (Years 2-5): Ensure the schools have a culture of family engagement.

- ***School Responsibility:*** CSMs will conduct parent surveys and school assessments and asset scans each spring to gauge how their school (teachers, staff, leaders) is evolving to meet the needs of families to facilitate family engagement, and guide improvement strategies.
- ***Implement home visits*** by teachers, Family Advocates, Attendance Case Managers.
- ***Teacher Training:*** Train teachers and CBO partners on how to effectively engage parents.

This effort will be guided by the needs assessments and be carried out by the Parent Advocates,

staff from OUSD’s Family Engagement office, and Parent Leaders.

- **Family Resource Center:** Family utilization of the FRCs will increase each year.

FE Goal 3 (Years 2-5): Prepare parents to be academic advocates for their children.

- **Align and coordinate family engagement** services and strategies with instructional goals. We will use Academic Parent Teacher Teams and/or parent workshops to guide parents on understanding and supporting their children’s education. Workshops will be facilitated by Teacher Leaders, Family Advocates, Parent Leaders, and OUSD Family Engagement staff. We will provide 2 workshops per year at each site to build parents’ capacity to support their children’s learning. To support this work OUSD developed a series of grade-level activities for parents to do at home with their children, aligned with the Common Core State Standards.

- **Adult Education:** Parents will participate in adult education courses on site, in areas such as ESL, computer literacy, and GED, with the focus and frequency based on the needs assessments, provided in collaboration with OUSD’s Adult Education program.

FE Goal 4 (Year 5): As a result of family engagement activities, parent participation will increase to 50% at each school site (Indicators: activity sign-in sheets and meeting records).

(2) Attendance Interventions

Rationale: As noted earlier, chronic absenteeism, with its lost classroom time, is associated with deficits in academic skills and high dropout risk. The target schools have rates of chronic absenteeism and truancy correlated with severe declines in academic performance and dropout risk. Earlier we presented findings from a study OUSD commissioned to identify potential causes of chronic absenteeism in our district and strategies to address it.

Existing Capacity: OUSD maintains lists of students that are chronically absent that it shares regularly with each school site – which the schools will use to target particular students for intervention. Roosevelt has an attendance team that partners with community agencies to conduct family outreach to address and reduce chronic absenteeism. This work will inform our

planning and deployment of particular strategies to reduce absenteeism at the target schools.

Service Plan: Chronic Absenteeism Goal 1 (Year 1): Conduct assessment of contributors to chronic absenteeism and develop Chronic Absenteeism Service Plans. We will form an attendance team at each school to collect, review, and analyze data, identify trends and patterns of chronic absenteeism and truancy, and recommend intervention strategies for target students and groups (such as outreach to parents, incentives, transportation support, health referrals). Teams will include the Principal, CSM, Attendance Case Manager or Family Advocate, and an occasional representative from OUSD's Family School Community Partnerships Department. They will select results-based programs for year two and beyond to address the factors underlying chronic absenteeism. Parallel to this work, we will begin attendance interventions in Year 1.

- ***Attendance Case Management:*** Attendance teams will identify students who have or are at risk of chronic absenteeism and refer their families to the Attendance Case Manager. The Case Manager will work with families to develop a plan to ensure their child attends school; provide supports to address contributors to chronic absenteeism, such as home visits, incentives, and referrals for needed services; monitor the child's progress; and adapt supports as appropriate.

- ***Parent Education:*** The Attendance teams will coordinate a parent education program that emphasizes the importance of school attendance, using curriculum from OUSD's Parents Raising the BAR program. Workshops will especially target families with children in the early elementary years and 5th and 6th grade families. We will collaborate with Family Advocates to target outreach for this program. The schools will conduct additional family outreach emphasizing the importance of attendance and strategies to maximize it, via Back to School Nights, parent-teacher meeting, newsletters, and other communiques with families.

Chronic Absenteeism Goal 2 (Year 2-5) Schools will transform their cultures to view chronic absenteeism as indicative of unmet needs of students and families and to address these needs.

Attendance teams will collect and monitor data on programming and absenteeism on an ongoing

basis and conduct year-end analyses to inform which services to continue, modify, or replace the next year. Programs of interest include attendance workshops for parents/guardians, attendance case management, social-emotional skills instruction for students, behavioral health care, and gang prevention/intervention programs for the entire school communities. In addition, we will:

- ***Support academic achievement*** of chronically absent students by aligning family engagement, health, and academic services with chronic absenteeism strategies. This will be achieved by: targeted outreach to parents of chronically absent students to educate and support them to address contributors to their children’s absenteeism, referrals for health services as needed, and for academic supports such as tutoring and other academic assistance available in the after-school programs at each school.
- ***Use lessons learned and yearly data assessments to increase the efficiency of the attendance teams and the Chronic Absenteeism Plans.***

(3) Health

Rationale: Earlier we presented data on widespread unmet health needs in the target school communities and contributing factors. Unmet health needs contribute to absenteeism and children’s ability to fully engage with school and readiness to learn. We are seeking to combat severe inequalities in access to health care afflicting the school communities.

Existing Capacity: There are ***School-Based Health Centers*** (SBHC) at the Alliance/Elmhurst Campus (opened in 2012) and at Roosevelt (opened in 2010). Through this project they will expand their reach to provide primary health and dental services to families and community members from the target elementary schools. Alameda County funds ***school-based mental health services*** at all of the target schools, provided by partner agencies. OUSD runs a central Family Resource Center (FRC) where ***Medi-Cal eligibility workers*** from the county Social Services and Behavioral Health Care agencies enroll families in Medi-Cal and other public benefits. There are ***Coordination of Service Teams (COST)*** on which health providers participate at the

middle schools and Garfield, but not at New Highland/RISE.

Service Plan: Health Goal 1 (Year 1): Expand access to physical, dental, vision, and mental health care services for the target elementary school communities.

We will establish collaborations between the lead agencies for the SBHCs on the middle school campus and the CSMs, attendance teams, and COSTs at the elementary schools through which we will conduct outreach and provide referrals to ensure that students, families, and community members access needed health services at the SBHC.

- ***Establish Coordination of Service Teams at New Highland and RISE***; participants will include CSMs, behavioral health providers, the FRC and after-school program coordinators, the attendance team lead, and a representative from the Alliance/Elmhurst SBHC. COSTs at the elementary schools (including Garfield) will provide referrals to appropriate health services to individual students and families. CSMs will lead general outreach to facilitate awareness of and access to these services. SBHCs will offer some services on the elementary school campuses.
- Implement a health services referral and assessment mechanism with attendance teams to mitigate physical and mental health-related contributors to chronic absenteeism.
- Connect students, families, and community members to health services, including: ***primary care*** (including ***immunizations***, with a goal of decreasing the percentage of students without immunizations to below 20%); ***dental screenings***; ***dental treatment*** (90% of students with tooth decay and cavities will receive appropriate follow-up care); ***vision care***; and ***behavioral health care*** (group and individual modalities, including trauma-informed care and/or family case management as appropriate). Staff at our district FRC will partner with the elementary schools and middle school SBHCs to enroll families in ***health insurance (Medi-Cal) and other public benefits*** on site at the schools. To increase family engagement and awareness of specific health issues faced by students and families, we will offer ***health workshops for family members*** on issues such as child and adolescent development, nutrition and fitness, and/or particular health topics of

relevance identified by our needs assessments (see below). We anticipate providing at least two health-focused workshops at each elementary campus per year plus two additional workshops for both elementary and middle school families at each middle school campus.

Health Goal 2 (Year 1): Conduct assessment of student health needs. Parallel to expanding access to health care services, the CSMs will collaborate with Parent Advocates, Attendance Case Managers, SBHC leads, and mental health service providers at their sites to identify **factors contributing to unmet health needs; determine how health conditions affect students' academic performance; identify priority populations** (e.g., academically at-risk students, those identified through discipline processes, those without a primary care provider), and **identify best practices for increasing health service delivery to the priority populations.**

Health Goal 3 (Year 2-5): Align and integrate medical, mental health, and dental services and align these services to support academic achievement. Health providers will screen 80% of clients during scheduled visits for attendance issues and academic progress in Math, English Language Arts and other core subjects. They will provide screening and interventions for health risk behaviors and psychosocial problems to 100% of students during scheduled visits.

Health Goal 4 (Year 2-5): Expand and target delivery of data-driven, results-based health care services through SBHCs via strategy developed from year one needs assessment. Table 7 on page 11 presents the numbers of students and family members who will receive particular health services each year.

Transition supports for rising 6th graders will include strategies within each priority service area. The Year 1 needs assessments will include assessment of transition-related needs and identification of effective strategies. Starting in Year 1, the Transition Coordinator will collaborate with the Family Advocates and CSMs to provide transition supports. We will conduct outreach to families of all 5th grade students who will be advancing from the K-5 schools to the middle schools in this proposal to support successful transitions—including workshops for 5th grade par-

ents to orient them about middle school; campus visits and orientations in the spring and summer, welcome calls from the new schools, and check-ins with the family after school starts. We will provide each middle school with a list of incoming students who are at-risk due to absenteeism, poor academic performance, or other factors, so they can be immediately connected to COST teams, and be referred for academic supports (such as pre-6th grade summer bridge programs and after-school tutoring), chronic absenteeism interventions, or health services as needed.

Integrating FSCS services in elementary/middle school clusters. Services detailed above include efforts on several fronts to integrate FSCS services at the elementary and middle schools they feed into and provide a continuum of support for children and families. They include: (1) collaboration on Year 1 needs assessments/planning in the areas of family engagement, chronic absenteeism, health, and transitions to middle school; (2) family engagement outreach and transition readiness support from the middle schools to rising 6th grade students and families; (3) outreach campaigns regarding the importance of attendance implemented jointly by the elementary and middle schools; (4) provision of health services to elementary school families by the middle school SBHCs, at both the middle and elementary schools; (5) workshops on relevant health-related topics for elementary and middle school families together; and (6) early referral of rising 6th graders/families to COST teams for provision of appropriate supports.

(iii) Sustainability. In the process of building the FSCS models at the elementary schools and the K-8 continuum of services, this project will build capacity in the school communities to sustain these services and resulting benefits beyond the grant period. The needs assessments we conduct and the plans we develop around family engagement, attendance interventions, access to health services, and transition supports will provide blueprints that guide efforts in the future. Training for school staff in effective family engagement will build their long-term capacity for this work. Over time, as the attendance teams become sustainable by existing staff and faculty, a culture of family engagement and attendance permeates the school communities, and strong sup-

port systems are in place, we will be able to phase out the Attendance Case Manager position; reduced needs for attendance outreach and support can be incorporated into the Family Advocate or CSM role. The school-based health and behavioral health services that will be part of what the FSCS offer are funded and will be sustained through existing partnerships between OUSD, the city, and the county, and further supported by expanding Medi-Cal coverage for families through benefits enrollment outreach. The collaboration between middle school SBHCs and the elementary schools to serve their communities, once established, will be sustained through the COSTs and attendance teams. The largest allocations of grant funding will be for the CSMs for New Highland/RISE and Garfield. California's new Local Control Funding Formula (LCFF) is a mechanism OUSD expects will help us sustain the CSMs and potentially other key components of our FSCS over time. Starting in 2014-15, schools in California will receive added state funding beyond their base allocations depending on the number of economically disadvantaged, English Learners, and foster children they serve and other risk factors in the local community, which schools can then allocate to address local needs and priorities. OUSD has included CSM as a classified position schools can choose as part of their LCFF budget plan. We anticipate that the schools will recognize the importance of this role once it is part of their overall efforts and will allocate funding to support it.

OUSD has been an incubator for many community-school components in the past that we have then scaled up and made sustainable by public funding. For instance, we had the first two school-based health centers in Alameda County; there are now 28 in the county, including those at the target middle schools, each one with a base allocation of \$105,000 from the Health Care Services Agency. Another example is our success at increasing the number of publicly-funded and sustained school-based after school programs in OUSD from 32 to 80. We are confident that once we demonstrate the positive impact of the FSCSs on student achievement and student and family health and well-being, OUSD and our partners will be able to sustain them.

(iv) Integrating and building on related efforts. The project will be incorporated into OUSD’s FSCS initiative, guided by our 2011-16 Strategic Plan. This initiative, being deployed by our Family, School & Community Partnerships Department, has a set of foundational and core program elements and areas of collaboration with the community to improve conditions in the service of all of our children (see “Oakland Full Service Community Schools” document in the Attachments). New Highland, RISE, and Garfield will join our cohort of 24 FSCSs. The target middle schools are already part of the cohort. Two of them, Elmhurst and Alliance, used federal School Improvement Grants and private funding to support their transformation into FSCSs. Each OUSD FSCS has a CSM, who works in partnership with the Principals to coordinate non-academic supports for students and families, and with academic programs. The CSMs are employed by either OUSD, CBO partners, or the County, and funded through a variety of sources, including district General Funds, partner agency funds, and grants (School Improvement Grant, 21st Century Community Learning Center, Kaiser Foundation). The CSMs to be assigned to New Highland/RISE and Garfield will join the learning community in which CSMs meet monthly for joint professional development, sharing of lessons learned, and problem solving, and receive coaching on site. It is convened by OUSD Director of Community School Partnerships (Andrea Bustamante) and Coordinator of Health Access/School-Based Health Centers (Mara Larsen-Fleming), and staff from the Alameda County Center for Healthy Schools and Communities.

The project will be *integrated with ongoing initiatives to improve academic rigor and relevance, and teaching and learning in our schools*. OUSD is in the process of aligning curriculum and instruction district-wide with the Common Core State Standards. We also have ongoing Balanced Literacy, Secondary Literacy, and Middle School Math initiatives. Our “Linked Learning” initiative, supported by the California Department of Education (CDE) and Irvine Foundation, further supports all students to graduate ready for college and careers. High school students have the option to participate in career academies that combine rigorous academic programs with

real-world work-based learning opportunities in many career fields. OUSD is part of a regional consortium awarded a \$15 million “Career Pathways Trust” grant from CDE in May 2014 that will support us to work with community colleges and industry to strengthen these programs, including launching linked learning in our K-8 schools. In the coming years this work promises to benefit students in the schools targeted by this proposal.

OUSD is also implementing *tiered academic and behavioral support models* in our schools, using the Response to Intervention and Positive Behavioral Intervention & Support frameworks. These approaches are designed to create a positive school climate conducive to student learning, and academic or behavioral supports for students ranging from universal preventive supports to data-informed small group or individualized supports. OUSD is currently applying for a School Climate Transformation Grant from the U.S. Dept. of Education, which, if funded, will enable us to implement tiered behavioral support systems at all the schools in this proposal. These symptoms will support our focus on reducing by chronic absenteeism, by addressing contributors to absenteeism ranging from bullying and harassment at school, and students’ sense of connection to the school, to mental health needs that interfere with attendance. We are also part of the Collaborative for Academic, Social, and Emotional Learning, a nationwide effort to create systems and educator capacity to develop students’ social and emotional skills to support their academic and life success, funded by the NoVo Foundation. In addition, OUSD has developed a robust Family Engagement initiative in recent years. This project will leverage its resources, including OUSD’s learning community for Family Advocates, parent leadership training program, school family engagement standards and rubrics, and curriculum for training teachers to engage parents as partners in their children’s education.

The project will leverage health services available at the *School-Based Health Centers* on the Alliance/Elmhurst and Roosevelt campuses. The SBHCs as well as *mental health services* available at the target schools are supported by the Alameda County Health Care Services Agen-

cy, through multiple state, county, and city funding streams.¹⁶ We will also leverage the *Family Resource Centers* at New Highland/RISE, Alliance/Elmhurst, and Roosevelt to support our family engagement, attendance support, and health services. They are funded by grants from the San Francisco Foundation, S.H. Cowell Foundation, and other sources.

All of the target schools have ongoing *after-school programs*, funded by multi-year grants from at least two of these sources: federally-funded 21st Century Community Learning Centers grant, California Department of Education's After School Education & Safety Program, and the Oakland Fund for Children & Youth. These programs provide a range of academic assistance, enrichment, youth development, and physical fitness activities. Typically students (100-200 per school) enroll in the program and attend daily. CSMs, COSTs, and attendance teams will target these programs for the benefit of at-risk children and youth. They will also be venues for some of the transition services for rising 6th graders, to help ready them for middle school.

(b) Adequacy of Resources

OUSD will leverage substantial district and partner resources, in combination with federal FSCS funding, to make project services and supports available to the 6 target school communities.

(i) Resources to be provided by applicant and partners. OUSD and each of the target schools have existing infrastructure on which to scaffold the FSCS effort. The project will be incorporated into the district's ongoing FSCS initiative. The new CSMs for the elementary schools will join OUSD's learning community for CSMs. OUSD's FSCS Office will assist the target schools in establishing and supporting community partnerships through which to offer a broad range of support services to students and their families. OUSD will also provide resources for professional development and coaching to support implementation of the initiatives mentioned earlier to strengthen core academic programs, as well as academic and behavioral Response to Intervention programs at the target schools; staff and expertise for family engagement

and adult education services; data on chronic absenteeism and other risk factors to help the schools identify students and families needing targeted interventions and allocate resources accordingly; state and city after-school program funding accessed by OUSD through which students will have valuable academic assistance, enrichment, and fitness-promotion activities; and student data to support the project's evaluation and continuous improvement. As noted in the Memorandum of Understanding (MOU) included in this application, OUSD will provide at least \$1,846,639 in in-kind resources each year to support the proposed project, of which \$1,568,340 are from state grants. At the site level, each school will make available all campus facilities for comprehensive services for students and families, and office equipment (e.g., photocopiers, phones, computers, and Internet access) and supplies to support services. The Family Resource Centers at New Highland/RISE and Alliance/Elmhurst offer direct services and service linkages that the FSCSs will leverage. The School-Based Health Centers (SBHCs) at Alliance/Elmhurst and Roosevelt will provide primary care, vaccinations, dental screening/treatment, reproductive health services, mental health counseling and case management, and health education services. At all schools except New Highland and RISE, well-functioning COSTs will be incorporated into this project. As described below (and in the attached MOUs, which detail approximately \$4.8 million in in-kind partner contributions to this project each year), we will rely on community partnerships with expertise in key service areas for many of the services deployed by our FSCSs.

(ii) Partner roles and commitments. OUSD's primary partner in this application is *Alameda County Health Care Services Agency* (ACHSA). ACHSA's Center for Healthy Schools and Communities works to improve health and education outcomes for young people in our city and county through partnerships with schools, districts, service providers, and other stakeholders. ACHSA provides funding for the SBHCs and behavioral health services at the target schools, as well as staff for PD and coaching for the CSMs. As noted in this MOU, it will commit at least \$1,300,000 in resources to the project each year.

LifeLong Medical Care and *La Clinica de la Raza*, local non-profit community-based health centers, operate the SBHCs at Alliance/Elmhurst and Roosevelt respectively. They will offer medical, dental, reproductive health services, and benefits enrollment to students, families, and community members from all six target schools at the SBHCs. Lifelong is committing \$708,000 and La Clinica de La Raza \$585,659 per year. *East Bay Agency for Children*, which operates OUSD's Central FRC, will conduct on-site health insurance enrollment at the target schools to increase billable services and ensure families' access to health services.

We will partner with several CBOs that provide school-based mental health services, and other programs, at many sites in Oakland. *Lincoln Child Center* will provide these services and operate the Family Resource Center at New Highland/ Rise, and will contribute \$600,000/year to the project. Other mental health providers are *Seneca Center* (at Alliance/Elmhurst), *Community Health for Asian Americans* (Garfield), and *Asian Community Mental Health Services* (Roosevelt). The value of their services is included in the resources provided by AC HCSA.

The *City of Oakland's Department of Human Services* administers funding from the Oakland Fund for Children & Youth for after-school programs at all six target schools; these grants total \$593,469 per year collectively, supporting our efforts to improve school attendance, engagement, academic, and health outcomes for students. Local CBOs that partner with OUSD to lead after-school programs at many OUSD schools will serve as lead agencies for these programs: *Higher Ground Neighborhood Development Corporation* (at New Highland/RISE), *Bay Area Community Resources (BACR)*, at Alliance/ Elmhurst), and *East Bay Asian Youth Center (EBAYC)*, at Garfield and Roosevelt). Their contributions to these FSCS are: Higher Ground (\$426,170/year), BACR (\$387,533/year), EBAYC (\$50,000/year).

(iii) Reasonableness of costs. The FSCSs in this proposal will serve 2,550 students per year through academic programs, planning activities, and other school-wide services, and subsets of students via particular interventions. Our grant request of just less than \$500,000 per

year is the equivalent of \$196 per student per year. Over time, with a cohort of new kindergartners entering the elementary schools each year, we will increase the cumulative number of students served by about 230 per year, to reach approximately 3,470 in all (\$720 per student over 5 years). This doesn't include the approximately 1,300 family members we expect to serve each year. Moreover, grant funding will leverage approximately \$6.5 million per year in matching resources from OUSD, state and local grants, and our partners – roughly a 13:1 match to the federal investment. We are certain the federal and local investments in these school communities will substantially improve the educational outcomes and future prospects for thousands of students. And in the process of implementing FSCS models at the elementary schools and strengthening FSCS structures at the middle schools, we will build capacity in our schools, families, and communities to sustain the services and outcomes for future cohorts of high-need OUSD students in the school communities, as well as in other elementary/middle school clusters that benefit from what we learn through this project.

(c) Management Plan

(i) Project oversight, management, and coordination. This initiative will be overseen by OUSD's Full Service Community Schools Office, housed in our Family, School & Community Partnerships Department (FSCP), and specifically by Andrea Bustamante, Director of Community School Partnerships. Ms. Bustamante, serving as Project Director, will support the Community School Managers for each campus, as well as the Family Advocates, Attendance Case Manager, and Transition Coordinator, through professional development and coaching. She will liaise with project partners and the evaluator; manage the grant budget; and be responsible for data collection and reporting to the grantor. She will coordinate with other lead staff for programs also housed in FSCP (Student, Family & Community Engagement, Attendance and Discipline Support Services, Health & Wellness, Behavioral Health, and Afterschool Programs,



among others) to allocate resources from their programs to support services at the target schools.

The leaders of OUSD's FSCP Department and AC HCSA's Center for Healthy Schools and Communities co-convene the *Oakland Community Schools Leadership Council*. It includes representatives from city and county agencies, colleges, economic and community development organizations, and other stakeholders. It meets quarterly as a whole and convenes workgroups to support OUSD's FSCS work through establishing a common vision for healthy, thriving children in Oakland and the conditions necessary to advance this vision; and providing high-level system oversight, policy alignment, resource coordination, fund development, and public support. The Leadership Council's work will support the FSCS initiative at the target schools.

FSCS Coordinator. Each school will have a *Community School Manager (CSM)*, responsible for developing and deepening the FSCS work at their site. They will partner with the Principal, coordinating all student services and community partnerships, freeing up the Principal to focus on instructional leadership. The CSMs will: (1) *Serve as Community Schools Champion* – Introduce the FSCS model and CSM role to the school community, including efforts and successes achieved with this approach elsewhere. (2) *Lead needs assessments/planning processes* – Identify gaps in services and assets that can be built on and develop plans in to address extant needs in our priority service areas. The CSMs will undertake this work as part of school teams in Year 1 and lead follow-up assessments in subsequent years to guide refinements in services as appropriate. (3) *Partnership development* – Strengthen existing partnerships, use data from needs assessments to cultivate new partnerships that address service gaps, and manage site-based MOUs. (4) *Design and coordinate student & family support services* – Establish/ strengthen COST, family engagement and attendance teams; supervise Family Advocates, Attendance Case Manager, and Transition Coordinator; and coordinate alignment of support services for students and families so they promote student success in school. (5) *Collaborative leadership development* – deepen personal leadership skills via PD and coaching; participate on school leadership



teams; support the development of parent leadership bodies; and facilitate community and school engagement in developing the Community Schools Strategic Site Plan (CSSSP). Note: The target middle schools already have CSMs; we will hire new ones for New Highland/RISE and Garfield.

The new CSMs for New Highland/RISE and Garfield will join the professional learning community for OUSD's CSMs, co-convened monthly by Ms. Bustamante, OUSD's Coordinator, Health Access/SBHCs (Mara Larsen-Fleming) and staff (Jamie Harris) from AC HCSA. PD will include sharing of lessons learned, problem solving assistance, and on-site coaching, as well as guidance on the planning efforts for each of our priority service areas to be undertaken in Year 1.

Structure at each school. The Principal will provide leadership of the school, which will include supervision of the school's CSM, whose efforts will focus on developing the FSCS model (see below). The CSM will also join the *School Leadership Team*, with the Principal, teacher leaders, family and partner representatives. This Team will be responsible for defining the school's overall direction and priorities and developing the Community Schools Strategic Site Plan and budget for their school, with input from school stakeholder groups.

Each school will have a *Coordination of Services Team*. New COSTs will be created at New Highland and RISE. Convened by the CSMs, COSTs will include the Principal, intervention specialists, and staff from the SBHC lead agencies, behavioral health providers, and after-school lead agencies. They will meet weekly to allocate and coordinate services for high-need students and their families. A *family engagement team* at each school (membership detailed earlier) will conduct the needs assessment/planning process for the family engagement and adult education services, coordinate services in this priority area, and conduct yearly assessments to gauge progress and inform new efforts. Parents/guardians will have opportunities to participate in decision-making at their school and in providing input into the FSCS implementation, by serving as Parent Leaders and/or members of the *PTSA*, *School Site Council*, *English Language Advisory Council*, and *African American Parent Council*. An *attendance team* at each school

(membership detailed earlier) will conduct the needs assessment/planning process for chronic absentee interventions and have an ongoing role in identifying and coordinating interventions for students experiencing or at risk of chronic absenteeism.

Other project staff. Each elementary/middle cluster will be assigned a *Family Advocate*. They will join family engagement teams; take part in the needs assessment/planning process for family engagement and adult education services; conduct outreach to families via home visits, workshops, and other strategies to involve them in the school, equip them to support their children's education and successful transitions to middle school, and link them to services to address contributors to chronic absenteeism and other needs; convene new African American Parent Councils; and support other parent leadership groups. A full-time *Attendance Case Manager* will work with attendance team members to develop Chronic Absenteeism Service Plans, and provide case management and service linkages for families of students with chronic absenteeism. A full-time *Transition Coordinator* will collaborate with CSMs, Family Advocates, Attendance Case Manager, and middle school COSTs to assess transition-related needs and provide transition supports to students and families, including coordinating campus visits and orientations, leading workshops, and connecting families to health services or other needed supports. (Please see attached job descriptions.)

Partner agencies will provide the services – health care, behavioral health care, after-school programs, FRC services, etc. – detailed earlier under “Partner roles and commitments.”

Please see the *Implementation Work Plan and Timeline* at the end of this narrative.

(ii) Qualifications of key project personnel. Andrea Bustamante has been OUSD Director of Community School Partnerships since 2012, managing the district's FSCS implementation; developing partnerships between schools, district departments, and community providers, for services including family engagement, extended learning, and health; and providing professional development and coaching for CSMs and other staff and FSCS stakeholders. She previ-

ously (2009-12) managed a comprehensive school-linked services initiative at five OUSD middle schools, a collaboration of the city, county, school district, and community partners. In 2006-08, she managed and provided oversight for 90 after-school programs in San Francisco Unified School District's ExCEL Program Manager, and from 2001-06 she was the responsible for the academic leadership component of SFUSD after-school programs. In all of these roles she has managed and reported on state and federal grants and dozens of contracts with community partners. She has received leadership training as an Education Pioneer Fellow (2009), has a Masters in Education, and is a former elementary school Spanish Bilingual teacher.

Mara Larsen-Fleming, OUSD Coordinator of Health Access/School-Based Health Centers, has been the district lead for the expansion of SBHCs since 2009, providing technical assistance to schools and providers on coordination and integration of services, co-convening the district's CSM learning community, and coaching CSMs. She has a master's in Health Policy and Management and extensive past experience coordinating SBHC services.

Jamie Harris, Capacity Building and Community School Development Coordinator for AC HCSA's Center for Healthy Schools and Communities since 2012, co-convenes the professional learning community for OUSD's CSMs and provides technical assistance to FSCSs. Prior to her current position, she was instrumental in launching and supporting a city-wide effort to develop, implement, and sustain community schools in the San Francisco Unified School District. She is also a former Community Schools Director.

Jordan Haar has been CSM at Roosevelt Middle School since 2011. He has a background working with at-risk urban youth as a case manager, social worker, and in other capacities; has a Master's in Social Work and a School Social Work Credential; and is fluent in Spanish.

Kamar O'Guinn has been CSM at Alliance and Elmhurst since 2012. He worked as a youth summer program coordinator, an after-school program site administrator and instructor, and an AmeriCorps volunteer program coordinator for nine years prior to his position as CSM.

(Please see attached resumes.)

Related efforts and lessons learned. In the process of OUSD’s ongoing progress toward becoming a district of FSCSs, in which schools serve as community hubs for a range of services, we have found it is crucial for the schools to partner with strong community agencies with expertise in particular fields. This initiative will leverage many such partnerships between the target schools and local agencies. Our FSCP Department has helped broker and support these partnerships, and has established systems and processes to do so and to align their work with OUSD’s FSCS vision. The district coordinators for SBHCs, behavioral health services, after-school programs, and family engagement have each formed collaborative groups with all of the CBOs that lead these services at our schools and meet monthly to support their integration into our schools’ overall programs, share best practices, and problem solve. Similarly, staff from our FSCS office frequently help Principals, CSMs, and CBO partners align services and address issues that arise.

We have learned other key lessons in this work that will inform services at the target schools. (1) School leadership and stakeholders must be committed to the FSCS model in order to implement it successfully. This is the case at each of the target schools, which are excited about this proposal and committed to providing the facilities, staffing, partnerships, and other needed resources for this effort. (2) The CSM must be a high level role that focuses on student services, coordinating and supporting all partners at the school site, and freeing up the Principal to focus on instruction. We have developed a work plan for CSMs that details what this role looks like on the ground. (3) It is crucial to coach and support both the CSM and the Principal on an ongoing basis to help them make this major school reform successful. (4) It is also crucial to engage stakeholders – teachers, parents, CBOs, community members – as partners continuously from the beginning of a school’s transformation into a FSCS. (5) School partnerships with CBOs or public agencies should be formalized, through an MOU or Letter of Agreement, with the partnership explicitly aligned to the vision of the school community. OUSD has developed tools to help

schools and community agencies forge strong partnerships, such as guiding questions to help the CSM, Principal, and partner engage in conversation to determine how they will work together, and a rubric for assessing the partnership.

Parallel to our FSCS initiative, OUSD has *built systems for schools to collect and use data for decision-making and continuous improvement*. OUSD's Research and Evaluation Office has created a new "balanced scorecard" for each school that will be shared with sites several times a year, with many data points school leaders can use to inform improvement efforts. We also began (in 2012-13) using a new Community School Site Strategic Plan (CSSSP) at each site and corresponding continuous improvement planning process. Each site created a Community School Leadership Team, including school leaders, teachers, staff, parents, and key community partners (e.g., after-school leads, mental health providers), which engages in data collection and analysis of strategies and outcomes, to drive the development of the CSSSP for their school each year. In addition, every three years, each OUSD school participates in a School Quality Review. In this process, district leaders and accomplished school leaders conduct three days of classroom observations and focus groups to evaluate the school's based on detailed school quality standards we have developed; they then write a report of their findings, which the school uses to inform improvements. The schools in this proposal will engage in and benefit from all of these efforts.

Finally, we should note that OUSD has extensive experience implementing, managing, and reporting on multi-year federal- and state-funded grant projects, including, recently, Investing in Innovations and Smaller Learning Community grants from the U.S. Department of Education, and federally-funded School Improvement Grants from the California Dept. of Ed, among others.

(d) Project Services

(i) **Services reflect up-to-date knowledge.** The proposed project design is supported by extensive research as well as our district's own experience with FSCS implementation.

Our emphasis on engaging and empowering families, as well as on partnering with CBOs to provide health, academic, and other supports for children and families, reflects research that such partnerships improve children’s development and school success.¹⁷ The more effectively a school communicates with the child’s family, the more likely the parents are to engage, particularly at lower-performing schools in low-income and under-resourced neighborhoods.¹⁸ Schools that embrace family involvement as a part of the overall culture, carry the expectation of family involvement, and value families’ input, report higher levels of family engagement.¹⁹ The specific FE activities we are proposing address all of the standards for meaningful family engagement (see Attachment) developed by OUSD’s Student, Family & Community Engagement Office, based on extensive research on the components of effective school-family partnerships. Our FE work will include training for parents with concrete skills they need to understand, advocate for, and support their child’s education. Another important component is the training we will provide to teachers and other staff to help them forge effective school-home partnerships, based on the reality that teachers and school leaders receive little training for engaging families and report that, although they value and want to develop partnerships with families, they feel under-prepared to do so. Overall, our FE strategies are closely aligned with the “Partners in Education: Dual Capacity-Building Framework for Family-School Partnerships” developed by Southwest Educational Development Laboratory and the U.S. Department of Education.²⁰

The second priority service area responds to the widespread chronic absenteeism in the target schools, and the relationship between frequent absence in reduced instructional time and academic achievement, and increased dropout rates. The strategies we are proposing reflect best practices in this area.²¹ They replicate strategies OUSD has already piloted in some of our schools with dramatic results. As an example, since we established attendance teams, targeted case management, and parent education outreach on attendance and absenteeism at Roosevelt three years ago, chronic absenteeism has dropped from 15% of students to 7% in 2013-14. We

expect to see similar drops over time as we bring these strategies to the other target schools.

Our focus on ensuring that students and families have access to primary care, dental, vision, mental health services, as well as health workshops, health insurance and other benefits they qualify for, is closely linked to the family engagement and attendance interventions in supporting students to be able to attend school regularly, fully engage in and succeed in school. Connecting students with poorly managed asthma or other health problems to needed health care is crucial to minimizing missed classroom time. Students with poor vision need to have glasses or contact lenses in order to fully engage with classroom learning. Our plan is to expand health services on site at the elementary schools and give their students and families access to the SBHCs at the feeder pattern middle schools will draw on the successful approaches used at Roosevelt Middle School. The SBHC there conducts outreach to ensure it has a connection with every student at the school, and health services are coordinated and aligned with the school's academic program and other FSCS services. Our plan to use all health care appointments to screen for students' academic, psychosocial, and behavioral needs, and then coordinate with other service providers to connect students and families to supports as needed is an evidence-based practice.²²

Finally, the robust infrastructure OUSD has developed to support the FSCSs – learning communities and ongoing coaching for CSMs; the district's support to schools to forge and sustain partnerships with effective service providers; and aligning academic, family engagement, social, health, and other services – is an indispensable foundation for developing, sustaining, and expanding the number of FSCS sites in the district.²³

(ii) Likelihood of improvements in student academic achievement. Our initiative's focus on family engagement is backed by research showing that a parent's involvement in their children's education is the most important predictor of student academic success.²⁴ Over 50 years of research links the various roles families play in a child's education with indicators of student achievement, including improvements in school readiness, attendance, behavior, grades,

test scores, graduation, and drop-out rates, as well as students' sense of efficacy for learning and beliefs about the importance of education.²⁵

The focus on addressing and preventing chronic absenteeism addresses: the association between chronic absenteeism, lower academic achievement, and achievement gaps at the elementary, middle, and high school levels; the fact that chronic absenteeism begins to rise in middle school, and therefore there is a need to target the elementary-middle school transition; and the fact that chronic absenteeism, as early as elementary school, is associated with substantially higher risk for dropping out. In OUSD and nationwide, chronic absenteeism is most prevalent among low-income students (virtually all students at the target schools), and low income students benefit most from being in school every day.²⁶ Reducing and preventing chronic absenteeism is absolutely indispensable to improving student achievement.

The FSCS model, when implemented effectively, by stable leadership and with a strong instructional program (which will be characteristic of the FSCS at the target schools) is associated with both improved attendance and improved student achievement.²⁷ There are a growing number of examples around the country of gains in academic achievement for students in FSCS. In a study of 7,817 students at 65 SUN Community Schools, in Multnomah County, Oregon, where the vast majority of students are children of color and from economically disadvantaged homes, and 33% are English Learners, 76% of students made gains in the state's Reading Benchmark scores, and 73% gained in Math, in 2011-12, compared to their scores the prior year. A study comparing 18 schools in the Tulsa Area Community Schools Initiative (TACSI) with 18 non-TACSI schools found that the TACSI schools outperformed the non-community schools by 19 points on state tests in reading and 32 points in math.²⁸ In OUSD, our relatively young FSCS initiative is showing significant results in student achievement. At Roosevelt Middle, for example, the percentage of students scoring proficient in ELA increased from 25% in 2010 to 33% in 2013, and the corresponding increase in Math was from 26% to 32%. During that same period,

Roosevelt’s API increased from 627 to 679, whereas the target elementary schools, which have not yet implemented FSCS models, have seen substantial drops in their API.

We propose to implement comprehensive FSCS models and a continuum of support from elementary to middle school. These models will incorporate and leverage reforms in our academic programs and school climate approaches and strong community partnerships. They will be informed by OUSD’s ongoing FSCS work and lessons learned. We are confident that they will produce the improvements in academic achievement (test scores, APIs, English Learner re-designation, and high school matriculation) detailed in our target outcomes.

(e) Project Evaluation

OUSD plans to engage the John W. Gardner Center for Youth and their Communities (Gardner Center), located within Stanford University’s Graduate School of Education, as project evaluator. Gardner Center partners with communities to conduct community-driven research and effect change to improve the lives of youth.

Most relevant to OUSD’s FSCS initiative, Gardner Center has conducted a six-year study of community schools in the Redwood City School District (RCSD), including evaluation of the school’s family engagement practices and outcomes, focused on improving RCSD’s implementation and outcomes. It has also developed a Community Schools Evaluation Toolkit, in partnership with the Coalition for Community Schools, designed to assist community schools to build their capacity to conduct self-assessment and use findings to improve services and outcomes. For the last 12 months, Gardner Center has been working as coordinator of the Oakland Education Cabinet, which has provided it with extensive knowledge of OUSD’s district and community context. For the past four months it has been collaborating with OUSD on an evaluation of the 24 current community schools in Oakland. OUSD will contract Gardner Center at the beginning of the grant period to evaluate the FSCS initiative at the six target schools, in conjunction with its

broader FSCS evaluation. Gardner Center will be responsible for action based research that will inform practice throughout the grant period.

(1) Evaluation design. As part of the ongoing FSCS evaluation, OUSD staff has worked with Gardner Center to update the theory of change for our FSCSs, which will be used to drive research questions and research and data collection methods. The evaluation is carried through the Youth Data Archive (YDA), a Gardner Center initiative that links data across schools, public agencies, and CBOs and works with partners to ask and answer key questions about youth. The YDA will allow Gardner Center to link participation records from services and programs provided at the FSCSs to student academic, attendance, discipline, physical fitness, and youth development outcomes, thus allowing it to measure the effects of the FSCSs on student outcomes. This will allow for a robust evaluation that looks at effects across individual programs from an initiative-level perspective, which is relatively unique in community school evaluations. Gardner Center will expand the existing evaluation framework to include the new OUSD FSCSs.

The evaluation will answer these research questions: (1) To what extent does participation in FSCS services contribute to improved student outcomes (e.g., attendance, academic, health), especially for the most vulnerable students? (2) To what extent do teachers and administrators find that the FSCS model supports implementation of core academic programming (e.g., Common Core curriculum), social-emotional learning (e.g., PBIS), and extended learning (e.g. after-school programs, Linked Learning)? (3) To what extent does participation in FSCS services support families' engagement with their children's learning and development?

Data to be collected: (1) Quantitative administrative data (attendance data, state and district ELA and Math test results, API reports, EL reclassification, middle school matriculation, California Physical Fitness Test results) to assess student outcomes. (2) Qualitative data (e.g., school staff survey, family focus groups, California Healthy Kids Survey) to assess school staff experience and use of data to strengthen services, family engagement practices, and youth develop-

ment. (3) Participation data (student/family participation in programming, in relation to the targets detailed in Table 7) to be able to link outcomes with participation in the FSCS model.

Timeline for data collection: Data collection in the first year will help set a baseline for the FSCS intervention. Gardner Center will work with the schools and partners to ensure collection of program participation data. It will develop a survey for school staff and administer it each spring, and develop a focus group protocol and conduct family focus groups each spring. It will receive, clean, and analyze administrative data. By October it will prepare an annual report documenting (1) program implementation steps and progress in relation to the service plan detailed in this application, and (2) program performance on project goals and objectives (page 10) and targets for individuals served (Table 7). Each successive year will include a cycle of inquiry which includes data collection and reporting. Due to the timing of availability of administrative data (typically by July), data collection will take place in fall through summer, and reporting will take place in the fall of the following academic year. Data collection, analysis, and reporting will generally focus on lessons learned to inform continuous program improvement and, in the final year of the project, to guide replication.

Methods and instruments. The project evaluation will employ a two-pronged approach of outcome and implementation research. Gardner Center will conduct an *outcome analysis* using administrative and participation data from OUSD and partners to inform understanding of student and school outcomes. Through other collaborative research with the OUSD, Gardner Center already has access to OUSD administrative data. It will continue to work with the district and district partners to obtain needed participation and administrative data to be able to evaluate the impact of the FSCS model on student and school outcomes. The *implementation analysis* will rely on a *school staff survey* and *family focus groups*. The *survey* will be designed to capture school staff's experience with the FSCS model. This will provide data to help ensure the FSCS model is aligned with existing and ongoing educational efforts at each school site. Gardner Cen-

ter anticipates conducting one or two *family focus groups* at each school site. They will provide important information on families' experiences with the FSCS model that will help schools and the district direct family engagement efforts. The staff survey and focus group protocol will both be developed with attention to actionable findings to inform project implementation.

Gardner Center will develop the *staff survey instrument* in Fall 2014, with input from the Project Director, school leaders, and district partners. It will be used each spring to collect data on teachers' and other staff's experience of FSCS implementation, focusing on the relationship of the FSCS model to academic learning, social-emotional learning, and expanded learning (as per above). It may also address issues of coordination of services and transition supports in the school setting. Gardner Center will develop the *parent focus group protocol* in Fall 2015, in collaboration with the Project Director and staff from OUSD's Family Engagement unit. The protocol may include questions on parent/family needs, at-home learning, home-school relationships, and school family engagement practices. It may also address issues of coordination of services and transition supports from the family's perspective. As noted, parent focus groups will be conducted at each school site each spring, to inform understanding of families' engagement with their children's learning and development within the FSCS model. The surveys and focus groups will be repeated or adapted in successive years, based on school/district needs.

Data analysis. Gardner Center will conduct all data analyses. Using its Youth Data Archive, it will link individually identified program participation data to student outcomes data, including achievement, attendance, discipline, fitness, and youth development, in order to examine the relationship between program participation and student outcomes. Analyses will utilize multi-level regression modeling that takes into account student background as well as school- and program-level factors in separating out the effects of community school programming from other factors. Because Gardner Center has access to historical data, it may also be able to conduct longitudinal individual growth models, which will measure the extent to which FSCS service implementation

is associated with trends in growth for individual students' outcomes over time.

Gardner Center staff will clean, process, and analyze data from the teacher surveys using statistical software such as STATA or SPSS. Staff will transcribe and analyze qualitative data from parent focus groups using qualitative research software such as NVivo. The focus of these analyses will be identifying actionable findings to inform FSCS implementation.

(2) Use of evaluation to provide performance feedback and assessment of progress. Gardner Center will prepare year-end reports annually within a timeframe negotiated with the district, but expected to be by October each year. Reports will summarize implementation progress and provide analysis of the prior academic year's data (e.g. program participation, school staff and family experiences) and highlight student outcomes. The reports will also highlight any challenges encountered, lessons learned, and best practices identified from the research, and will include recommendations to inform implementation for the following year.

Use of evaluation to monitor progress, provide accountability information. Gardner Center evaluators will meet with the Project Director, CSMs, and Principals (and other stakeholders as requested by OUSD) to examine the analysis findings documented in year-end reports. For these meetings Gardner Center will write issue briefs and snapshots describing the findings and implications. These "data talks" will provide an opportunity for CSMs and Principals to ask questions and understand the analysis findings and to discuss the practical implications of the data for their practice. In addition to being a forum for practitioners to share best practices based on rigorous data examination, the discussion from these talks will guide the direction for future data analysis. OUSD administrators, program staff, and service providers will be able to use these findings to inform program development, expansion, and/or adjustments.

Table 8 – Implementation Work Plan and Timeline for OUSD FSCS Project

Activities: Milestones	When	Responsible
Hire new CSMs and other project staff; CSMs join learning community for OUSD CSMs	<i>First month of project</i>	Ms. Bustamante (AB) & Principals
Contract evaluator; develop evaluation plan		AB, Gardner Ctr.
Conduct needs assessments in each priority area	<i>Yr 1, Q1-3</i>	CSMs
Develop plans for family engagement and adult ed, chronic absenteeism, health, transition services	<i>Yr 1, Q3-4</i>	CSMs, staff, team members
Establish FE and attendance teams at all 6 schools	<i>Yr 1, Q1</i>	CSMs
Recruit and train Parent Leaders at all schools	<i>Yr 1, Q1</i>	Family Advocates
Establish COSTs at New Highland/RISE	<i>Yr 1, Q2</i>	CSMs
Establish Afr-Amer Parent Councils at all schools	<i>Yr 1, Q2-3</i>	Family Advocates
Implement Attendance Case Management	<i>Yr 1, Q1</i>	Attendance CM
Link high-risk 6 th graders to COSTs for support	<i>Q1, yearly</i>	CSMs
Other transition supports to rising 6 th graders	<i>Q3-4, yearly</i>	Transition Coord.
Family workshops on school attendance at each site	<i>Q1, Q3 yearly</i>	Attendance teams
Begin insurance/benefits enrollment at school sites	<i>Yr 1, Q2</i>	CSMs, AC SSA
SBHCs conduct outreach at elementary schools	<i>Yr 1, Q2 ongoing</i>	SBHC leads
SBHCs provide services to K-5 families	<i>Yr 1, Q2 ongoing</i>	SBHC leads
Integrate academic/social screening into health visits	<i>Yr 1, Q2 ongoing</i>	SBHC leads
Train teachers on effective family engagement	<i>Yr 2, Q1</i>	OUSD FE Office
4x yearly family workshops at each site	<i>Yr 2 ongoing</i>	CSMs
Adult education classes at each site	<i>Yr 2 ongoing</i>	CSMs
Write/share local evaluation reports w/ stakeholders	<i>Q4, yearly</i>	Gardner, CSMs



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