



April 1, 2011

Dear SLS Advisory Committee:

Earlier this year, I announced that “we will reinvent School-Linked Services, a formal collaboration between county government, nonprofits, and our school districts. School-linked services simply redistributes services—such as drug and alcohol intervention, mental health counseling and case management, probation, public health and mentoring—and places them right on our local school campuses where youth and families will have easy access to them.”

I am pleased to announce that the School-Linked Services initiative is comprised of two components:

1. A collaborative planning process to develop a strategic plan for implementing effective school-based health and social services in Santa Clara County.
2. Three 18-month school-based pilot programs, running through June 30, 2012. At critical junctures in the planning process, results from the pilot programs will be used to inform the School-Linked services implementation.

An Advisory Committee will develop the key elements for the strategic plan. Supervisor George Shirakawa, East Side Union High School District Superintendent Dan Moser and I will co-chair this Committee. Together, we invite you to join a distinguished group of community leaders and professionals from education, health, mental health, and social services to discuss issues, set priorities and collectively develop the strategic plan. The Committee will meet monthly for eight months, each meeting lasting two hours. Tentative meeting dates are April 11th, April 28th, May (TBD) June 9th, August 25th, September 20th, October 26th and November (TBD).

The inaugural meeting of the Committee will be held **April 11, 2011, from 6:00 p.m. - 8:00 p.m.** at 70 West Hedding Street; refreshments will be provided. During the first meeting we will lay the foundation for the Committee’s work by approving the Committee’s charter and scope of work, agreeing on the planning process and outlining a framework for the strategic plan.

We hope you will join us in launching this vital effort to support the success of students and families throughout the county. If you have questions or need additional information, please contact Lien Cao, Prevention & Early Intervention Consultant at Lien.Cao@hhs.sccgov.org or (408) 793-5859.

Please respond to Lily Huynh at lily.huynh@hhs.sccgov.org or (408) 793-5846 by April 7, 2011.

Cordially,

Dave Cortese
President, Board of Supervisors
Third District
Co-Chair

George Shirakawa
Supervisor
Second District
Co-Chair

Dan Moser
Superintendent
East Side Union High School District
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Collaborative Response to Budget Referral Regarding School Linked Services

Provided by Santa Clara County Social Services Agency, Mental Health Department, Public Health Department, Department of Alcohol and Drug Services, Ambulatory Care, and Juvenile Probation

On July 16, 2010 County representatives from the Social Services Agency, Probation, Drug and Alcohol Department, Mental Health, and the Health & Hospital System convened a meeting to discuss the possible reconstruction of a School Linked Services program (SLS). A SLS program had existed in Santa Clara County until 2008, when it was closed due to budget reduction requirements in the Health and Hospital System.

SLS Brief History

The original SLS program was designed and implemented in 1994-5 in concert with Healthy Start grants secured by local schools. It was envisioned that the SLS program would implement a comprehensive system of health and human services linked with schools as a cross systems school based best practice. The program had multiple funding streams, a three tiered model of implementation which supported non-county services as well as County run services and included a short and long term sustainability plan. The sustainability plan presupposed a strong level of billing to balance the use of general funds. The three tiers of programming included various levels of community based organization (CBO) activity and the partnership of other non-County health care providers.

The program was based on a comprehensive strength based multi-disciplinary case management model. Additionally, it was implemented as a cross systems program with representatives from multiple county departments serving at each school site with different constellations of services providers (i.e. health, mental health, public health, social services, alcohol and drug), depending on the particular needs of the school and the surrounding community. The school sites were chosen based on the identification of Child Poverty Zones and clusters of risk factors that indicated high student and family need.

Across time, this program shifted to be located in one County department, and the funding streams narrowed. At the time of discontinuance, it was primarily a County General Fund program and so became a casualty of the harsh budget reduction process of the last several years.

Even though this program is no longer in existence, much can be learned from its successes and challenges. These factors should be given consideration in any planning to reinvent SLS; along with best practice advancements that have occurred in the field in recent years. It should be noted all but one of the

representatives present during the meeting had participated in the original program, so the historical and experiential content is an important aspect of the proposals contained within this document.

Primary Lessons

The overarching principle that must guide a renewed School Linked Services initiative, from the perspective of the SLS Leadership group, is that the initiative should be born from the alignment of self identified needs of schools, County departments and other community partners who are engaged in the effort. Unless these partners share in the vision, philosophy, resource contribution, and leadership of the initiative, a new effort will face a significant risk of failure in the future. The importance of a shared commitment to support outcomes that are identified and owned by the partners involved as a new SLS initiative is considered, cannot be overstated. There are a number of examples of local school leadership initiating programs that are focused on the health of the school and the health of the family. These programs illustrate how critical the active and involved school leadership is in turning the activities of an SLS program into school, youth, and community outcomes.

The SLS Leadership group has further identified a set of critical factors presented as tenets below that any future School/County endeavors should, at a minimum, adhere to. These tenets are based on direct experience of the group members in creating and administering the SLS of the past, as well as on the group's collective view of best practice for cross systems collaborative initiatives. The tenets are outlined below and include specific related action steps.

Tenet #1: SLS should emerge from/represent the mission of the County Programs

The first addresses the issue of alignment with County mission and with the activities of the county departments. In relation to this, the recommendation of the group is that the populations targeted by a new SLS program should be consistent with those populations that are within the scope of County programs. For example, as a part of the Mental Health Department's Prevention and Early Intervention initiative, the high risk, high need areas in the County were identified. This report can be found at www.sccmhd.org. As previously noted, this is very consistent with the method used in the original SLS program planning.

Action #1:

Selection of District and/or Schools for Service: Two or more of the following data sources should be utilized to select Districts/Schools to receive services as the level of risk associated with these sources directly correlate with the indicators of the client population consuming County Services, therefore making the provision of service consistent with the mission of the County:

- Poverty
- Substance Abuse

- Child Removal
- Juvenile Justice
- Domestic Violence
- Mental Health Clients
- Single Parent Households
- Felony Arrests
- Teen Mothers
- Low Birth Weight Count
- School Drop Out Rate
- Low Test Scores

Tenet #2: SLS should be a natural consequence of the school's self identified goals

As stated above, past experience indicates that School/District commitment to participate is also a key factor in the successful implementation of SLS. Simply meeting the criteria above isn't enough to ensure success. In the past, services have been provided in these areas either by a board referral or because it was consistent with our mission, however the school/district did not engage fully in the program and had not necessarily identified the SLS effort as core to their current mission.

As a means to assure commitment to a planned partnership, and to assure common understanding of roles and responsibilities of the various participants in the partnership, the group recommends that for any new program or pilot, a well crafted Memorandum of Understanding be put in place.

Action #2:

Memorandum of Understanding (MOU): MOU's should be developed through a collaborative planning process for both district and individual school sites. The purpose of the MOU is to support the working relationship through proactive agreements and to provide clear expectations that support successful outcomes. Specific agreements within the MOU should include the following topics:

- Purpose of the collaboration
- Specific service responsibilities
- Space – confidential space for meeting with students and/or families
- Data – schools must provide outcome data - failure to do so should result in the cessation of services
- In-kind contributions – meeting space for groups, copiers, supplies, access
- District/School Staff participation – Multi-service teams, consultation, referral process, participation in plan of action
- District/ School resource allocation to support the effort – single point of contact

Tenet #3: Best and promising culturally relevant practices should be identified and used

Santa Clara County human service departments have prioritized the integration and consistent use of best practices when they have been identified. This means that any new services offered to the community should represent the most effective and efficacious known to the experts in each Department, and this best practice must be consistent with a well considered relationship between County services and public education.

Action #3:

Services offered should represent the state of the art in the field delivered. Services offered should represent best practice in cross systems community capacity building, best practice in the specific practice areas being provided, and be culturally relevant and competent.

Tenet #4: Programs should be outcomes driven and these outcomes must be jointly designed, measured and reported.

The expected impact and community value of the linked services must be defined and jointly agreed upon. It is critical for partners to share the belief and expectation that the work produced in partnership will have measurable and meaningful impact within the school environment and for the youth and families served.

Further the commitment to these outcomes must be matched with an executed commitment to shared data. Data sharing in cross organizational efforts is often complex and difficult because of legal constraints and technical constraints. There must be full commitment to address these challenges to effectively measure program impact.

Action #4:

Shared data systems must be created to allow for assessment of program outcomes. The group recommends that the predominant outcomes associated with School/County partnerships should center on attendance, health, scholastic achievement, and parent involvement

Tenet #5: Programming should be wellness oriented and focused on prevention

Often there is a desire to alleviate a troubling symptom of a deeper issue for immediate relief and/or to obtain a specific outcome. The members of this group would challenge our own system to hold strong to determining the root cause of serious issues and build programs that address those issues whenever possible. Prevention should be at the forefront of work with students and family members.

Action #5

Emphasize Prevention: To the extent possible services should be preemptive and should address factors that are associated with later deficits in school engagement or achievement.

Tenet #6: Program staffing models should support teaming and effective collaborative processes

Familiarity among partnering staff, shared commitment to outcomes, and cross training of staff, are critical components of a successful cross organizational program. Time and shared experiences are necessary for the program to mature and become embedded in a culture. School linked services can occur in various ways, with a variety of touch points between partners. This group recommends that any SLS efforts use, as a measure in the program development and implementation process, a standard relating to teaming and partnership building.

Action #6

Staffing models and oversight mechanisms should support the development of collaborative practice in the context of the evidence based that is chosen.

Tenet #7: Financing and Sustainability should be planned from the beginning of the program

New program design and development should be done with fiscal sustainability as a primary concern. Program costs should be balanced with program benefits and the design of service delivery should include potential reimbursement strategies.

The decision to reconstruct SLS should be done in the context of the expected and demonstrated outcomes of the program.

Action #7

Define funding assumptions and outline sustainability strategies for new program pilots: Any new program model should also include a detailed description of funding strategies, and a method for monitoring ongoing soundness of the funding paradigm. Existing effective county run services may be leveraged but should not be replaced by the new programming unless there is compelling evidence that better outcomes can be achieved.

Current County School Based Programs:

It should be noted that School-Linked Services was just one of the many successful School/County initiatives that have occurred over the years. A sample of the current types of school based or school linked services currently being delivered by County departments is presented in the attached service

inventory. This listing of services is not comprehensive, but rather illustrates how departments are executing their mission related goals in partnership with local school districts and the County Office of Education. It can be found at the end of this document in Appendix A.

Funding Issues:

SSA and Mental Health were asked to consider the potential benefits of including the SLS initiative in the rebidding process of the Status Offender Services (SOS) contracts, and the more diverse group of contracts managed at SSA traditionally labeled as County General Fund Contracts (CGFC). The SOS contracts are program specific and currently include services connected to schools. The SOS programs are targeted to serve youth who are engaged in behaviors such as truancy, runaways, curfew violations and other behaviors that do not rise to the level of community concern that warrant probation involvement. The CGFC funds a diverse set of small contracts that support services to children and families across the County and across multiple types of programs.

The County General Fund Contracts executed by SSA are traditionally procured as a set of small broad based contracts which support safety net services. The funding for these contracts has been separated into four categories which support services in the following areas: domestic violence intervention, children and family services, homelessness, and seniors and disabled. These areas were defined two procurement periods (6 years) ago to represent funding priorities of the Board of Supervisors in office at that time. These funds are intended to support the strategic goals of the County governing body.

If these funds are to be considered in the SLS initiative, it is the recommendation of SSA that this only occur with the portion of funds currently targeting children and families. The Domestic Violence contracts are funded with multiple funding pools, and so should remain somewhat separate. The Aging and Disabled services and the Homeless services should remain targeted to those very important county priorities.

The possible processes by which these funds could be focused are described below in conjunction with the recommendations regarding approach to the implementation of a new SLS initiative.

Potential Approaches:

Recognizing the current fiscal environment and the General Fund cost of providing School-Linked Services the group presents a number of alternative approaches to taking this agenda forward. These approaches entail different levels of County commitment of funds. Funding implications are included in the approach.

- 1) Coordinating existing County School based and school linked services across departments to build synergies and develop strategies to leverage or braid funding. This approach requires minimal new funding. The primary cost of this would be the creation of a coordinating position to engage the county departments in the collaborative work. No additional service delivery is assumed in this recommendation. It is thought that over time, effective coordination could reduce duplication of effort, increase alignment of goals across the county programs, establish effective relationships with key school districts, and build interconnections with school based programs that are provided through non-county organizations.
- 2) Develop mutually funded efforts that maximize resources though leveraging school finds with other funding streams such as medical. This option requires a concerted discovery and planning process with schools to identify areas where school funding could be braided with or leveraged against county accessible funding. This option would ideally include a cross county coordinating function to assure alignment and lack of duplication of services across departments.
- 3) Develop a full scale intensive intervention pilot. Pick a high need school or schools to pilot a model an intensive intervention program. In this approach a small, but full-scale program model can be tested. This option would require a substantial amount of County fiscal support. While there is the opportunity to leverage some Medi-cal funds in the program, there is a likely a significant requirement for County General Funds. The budget for this program would be based on the best practice model(s).
- 4) Pilot a model program that is designed for prevention and early intervention and do a more broad scale county wide pilot of the program.
 - a. This option would require a substantial amount of County fiscal support. While there is the opportunity to leverage some medical funds in the program, there is a likely a significant requirement for County General Funds. The budget for this program would be based on the best practice model(s).

Contracting Implications:

There are three approaches that can be taken to the upcoming RFP process for CGFC and SOS programs. These are:

- a. The RFP can include a requirement that all proposals must describe how their services will link with schools who serve the above mentioned targeted school populations. RFP's would then be evaluated with that as one of the scoring categories. This option is the

least time consuming, and easily implemented. This option does not provide for a focused coordinated approach to using county funds for a planned school linked services model.

- b. A brief and targeted planning process can be initiated that allows for key stakeholder input. The purpose of this process would be to arrive at high level agreement on program model and funding priorities. In this scenario, an RFP plan for the SOS and CGFC programs would be in place for an RFP cycle to be funding at the beginning of FY11-12, thus allowing inclusion of consideration of this funding pool in the FY2011-12 budget.
- c. A longer, although still time limited, stakeholder planning process would be initiated which would focus on the development of system wide strategies and a multiyear plan for implementing best practice school linked services. The lengthier planning process would allow for a more in depth review of community needs, a review of cross system best practices, and the development of a guiding plan that would more fully outline programmatic and funding recommendations. The RFP process for the SOS and Children's and Family funding pool of the CSFC would be delayed anywhere from 6 months to 1 year. Of note is the potential risk this poses for the funding pool as it would not have been contracted out in time for the FY 2011-12 budget process.

Summary:

Finally, regardless of which approach to restarting School Linked services is chosen, the group recommends that a planning process take place to define the purpose and goals of the program. This process, however lengthy or brief should include primary stakeholders including members of the community and youth. This should include school district leaders, representatives from independent health care organizations, philanthropic organizations and other potential funders as well as the County representatives who have crafted this response. The planning process should be used to shape the direction of the implementation as well as to vet potential funding mechanisms.

In support of this recommendation, the Mental Health Department has offered to set aside 250,000 in this fiscal year to support a strategic planning process either brief or more intensive. This would provide the resource to engage the key stakeholders in a process of commitment building to support the successful launch of an SLS program.

Appendix A: Current School Based Programs

School-Based Interventions by the Santa Clara County Public Health Department, Nutrition and Wellness Programs

Steps to a Healthier Santa Clara County Program:

The Public Health Department received a multi-million dollar, five-year community-based, chronic disease prevention grant from the Centers for Disease Control and Prevention (CDC). The purpose of this grant has been to reduce three major chronic diseases – diabetes, asthma and obesity by working with and across schools, worksites, healthcare systems, and with community organizations.

By addressing the root causes of these diseases, physical inactivity, poor nutrition, and tobacco use, Steps to a Healthier Santa Clara County Program has had the following results in five funded school districts from 2004-2009.

Steps funded the following school districts over five years:

- ***Alum Rock Union School District***, 28 schools, 13,400 students
- ***East Side Union High School District***, 23 high schools, 24,728 students
- ***Franklin McKinley School District***, 16 schools, 9,962 students
- ***Mt. Pleasant Elementary School District***, 6 schools, 3,008 students
- ***San Jose Unified School District***, 40 schools, 30,663 students and 14 additional charter/continuation schools/home study programs

In the initial years of this grant, school districts focused primarily on education in the classroom, student assemblies, school events and health fairs, and teacher training and development, and work on creating school wellness policies. In the later years of this grant, school districts focused their work on organization, systems, and policy changes which included: implementation and monitoring of school wellness policies, offered alternative options for physical activity, mandated PE standards, and established Coordinated School Health Councils or Wellness Teams at the district levels.

Summary of Steps Major School-Based Accomplishments:

- Established and strengthened wellness policies implemented in 3 of the 5 funded school districts
- School Health Index (SHI) implemented in all 5 funded school districts - SHI completed in 91 schools and 63 schools in two districts were reassessed to evaluate change
- Coordinated School Health Councils (CSHC) or Wellness Teams established in 5 funded school districts

- Mandated physical education minutes were enforced in all funded school districts which have resulted in improved Fitness Gram scores.
- Alternative types of physical activity were offered in all funded school districts.
- Distributed, supported use and implementation of the Santa Clara County Office of Education's *fit for learning* resource guide, which contains educational resources that are organized into monthly themes and integrated with the California State Standards & Framework, to funded school districts and teachers and parents who have been trained and supported to be *fit for learning* Champions on each of the participating campuses.
- Jointly developed and implemented trainings with Santa Clara County Office of Education for schools on several topics including nutrition education, school wellness policies, and coordinated school health.
- Supported creation and distribution of the *Tools for Schools* resource guide to help parents and teachers better understand their school's wellness policies.
- 185 chronic disease prevention teacher trainings and professional in-service days conducted in all districts
- *Asthma 101* trainings reached 472 nurses, teachers, and health aides in 4 of the 5 school districts
- Fitness campaigns held in 3 school districts and reached 12,964 students & faculty
- 3 school districts opened school grounds for after school programs and the general public during non-school hours which impacted 31,326 students & families
- 1,654 classrooms received nutrition and tobacco prevention education
- 67 student assemblies conducted in 3 school districts
- 192 peer educators trained 14,577 students on chronic disease prevention topics
- 75 family-centered classes reached 5,133 parents and students
- Two districts participated in annual "Walk and Bike to School" events

South County Nutrition Project

The Public Health Department has been committed to working in the south county area on nutrition and obesity prevention strategies for over eight years through a variety of funding sources which includes First 5 and Regional Kaiser. There been a strong partnership with Gilroy Unified School District. The Public Health Nutritionist has worked with the students, teachers, food service staff, administrators, parents and school board members to provide education and advocate for healthier campuses. Efforts have connected community needs with

school representatives and other community based organizations to meet the needs of Gilroy youth and their families.

The initial work was done with the school district and was focused primarily on parent education and care coordination as well as student assemblies, school events, health fairs, and teacher trainings. More recently the work with school districts has focused on organization, systems, and policy changes which included: implementation and monitoring of the school wellness policy, offered alternative options for physical activity, and participated in the Health Advisory Council at the district levels.

California Project LEAN (Leaders Encouraging Activity and Nutrition)

This program focused on improving the food and activity environment in school communities in this county. Over the 20 years of Project LEAN funding, staff worked to increase access to healthy foods and physical activity options in community settings and schools across the county. Initially this program was designed for classroom and community based events and education. Project LEAN staff worked with high school students providing nutrition education as well as youth engagement and empowerment. In addition, Project LEAN maintained a Bay Area Region wide coalition on nutrition which has evolved into Bay Area Nutrition and Physical Activity Collaborative (BANPC) which has over 200 members engaged from the six Bay Area counties. BANPAC has been a leader in promoting health initiatives and policies such as school wellness, healthy eating, health vending, and the Sugar Savvy Rethink Your Drink Soda Free Summer Campaign.

- Worked with school boards' on the adoption of healthy nutrition policies prior to the federal mandate for local school wellness polices
- Successfully engaged youth to improve the nutrition and physical activity environments and increase the number of healthy foods at high schools
- Supported school district policy to increase physical activity and to offer physical education before, during and after school
- Engaged parents in local school wellness policy in order to improve the food and physical activity environments at their children's schools
- Supported limiting the availability of unhealthy drinks through promoting policy changes that limit the sale of sugar-sweetened beverages in public schools

Champions for Change - Network for a Healthy California

One of several campaigns, Children's Power Play!, targets low-income, school-aged youth and is designed to improve children's short-term health and reduce their long-term risk of chronic disease, especially heart disease, cancer and obesity. This campaign is designed to motivate and empower children ages 9 to 11 to eat the recommended servings of fruits and vegetables and to get regular physical activity every day. Campaign efforts include working with school faculty, administrators, and parents to help create school and community environments in which practicing these behaviors is both easy and accessible. Activities also

include:

- Classroom education focused on nutrition and physical activity
- Building and training teacher champions in all schools that quality for free and reduced school lunches. This is done collaboratively with UC Cooperative Extension
- Parent education and engagement through school based activities such as back to school nights, PTA, and special events on campus
- Outreach and education to youth and parents at schools, community youth organizations, farmers' markets, grocery stores, and other organizations

Additional school-based interventions provided by the Network for a Healthy California include:

- Teacher trainings on nutrition and physical activity and how to incorporate healthy eating messages and how to incorporate physical activity into the both the classroom setting and the school environment
- Provider trainings for community organizations and schools to connect resources for low-income families to youth and parents

School Based Services in the Santa Clara County Mental Health Department Prevention, Early Intervention and Intervention Programs

School Engagement Improvement Project: Strategies to Reduce Truancy and Improve Attendance

Santa Clara County is launching a pilot-collaborative that will support the development of innovative and targeted solutions to improve school attendance and reduce truancy on an individual school basis, and strengthen student and family engagement at the middle school/junior high level. A concurrent goal of the pilot collaborative will be to improve school and district capacity to implement effective improvement initiatives in the future through the use of rapid change cycles. The pilot-collaborative methodology is based on the Institute for Healthcare Improvement (IHI) Breakthrough Series Collaborative model (BTS), an effective and proven multi-agency methodology. The use of this methodology will facilitate subsequent county-wide dissemination of successful solutions and associated results achieved by the pilot schools and districts. Partners in this effort include the Santa Clara County Juvenile Justice Systems Collaborative (JJSC) Prevention and Program Work Group (PPW) and the Department of Mental Health (DMH), District 2 – Board of Supervisor George Shirakawa, as well as individual schools and school districts within Santa Clara County.

Prevention and Early Intervention (PEI) Project 2

Investment Communities: This project prioritizes children and youth in stressed families and underserved cultural populations with increased prevention efforts and responses to early signs of emotional and behavioral health problems.

Across all stakeholder communities, supporting children to be successful in school was identified as an important protective factor. School failure –either for misconduct or poor academic performance – may be an indicator of emotional or behavioral problems. Continued poor performance can erode children’s confidence, thereby making them less resilient against other risk factors.

Four geographic regions of high need based on a combination of the most relevant risk factors have been identified as priority investment communities for PEI Project 2. Concentration of services in these investment communities maximizes the County’s limited resources while increasing access to services enabling children and families to obtain services that are tailored to their behavioral health needs.

One critical component strategy is the implementation of a multi-level, school based-prevention/early intervention program. Stakeholders agreed that any array of services had to include strong partnership with schools as providers or sponsors of services. Stakeholders underscored the importance of having school-specific programs because schools are a natural setting for children and because school-based programs often automatically instill a level of trust in parents. Therefore, a key strategy of this component is the implementation of school-based prevention and early intervention programs to enhance the capacity of schools in investment communities to help children and youth who are at risk of school failure due to unaddressed emotional or behavioral problems. Although positive scholastic outcomes may result, this strategy is intended to allow schools to implement long-term programs aimed at enhancing protective factors and resiliency (prevention) and/or intervene early when children exhibit the effects of unmitigated behavioral health problems or early symptoms of serious mental illness. Stakeholders in each investment community will make agreements to focus their efforts and may do so based on specific age ranges, grade levels, neighborhoods or other characteristics. This strategy will be coupled with activities to educate and engage parents and school staff to increase mental health awareness, de-stigmatize services, and recruit and retain children and families in programs.

Status Offender Services (SOS) Contracts

As part of a FY 10-11 budget savings strategy, Social Services Agency (SSA) transferred the SOS contracts to the Mental Health Department in order to optimize the leveraging of Medi-Cal. These contracts will be re-bid in FY 11-12 and will provide the opportunity to consider how these contracts may support the initiatives described above in order to provide crisis response to schools. It will be important to consider how our service systems fulfill our obligation to the community while improving our work as it relates to schools. There are opportunities to consider how the current CBO contracted crisis response services may be included in a programmatic design as it relates to schools, as well as how crisis intervention services and work with law enforcement liaisons may partner in working with schools.

School Readiness – Services for young children ages 0-5

Research shows that a child's brain develops most dramatically during the early years of life. FIRST 5 Santa Clara together with the Mental Health Department have focused their efforts on ensuring that young children with suspected developmental delays and/or behavioral concerns are connected with services to help ensure school readiness. Through the successful implementation of a countywide referral, screening and assessment system (KidConnections & KidScope), thousands of children ages 0-5 throughout Santa Clara County will be able to access needed services to support their healthy social and emotional development. There is a nationwide call for systems that are natural and/or mandated providers to routinely conduct timely developmental screenings on children they serve. Through this centralized screening process, FIRST 5 and the Mental Health Department are promoting the adoption of early screening as a consistent and best practice in each of these systems.

Chapter 26.5 (AB 3632)

Coordination of Mental Health Services to meet Individualized Education Plan goals

In order to maximize and coordinate the provision of services to disabled children by state and local government agencies, the California Legislature enacted AB 3632 in 1984. Now chaptered as 26.5 California Government Code, this legislation defines the interagency responsibilities for serving handicapped children who are eligible under the Individuals With Disabilities Education Act, (20 USC 1400 et seq.)

Chapter 26.5 specifically describes the process by which the Mental Health Department (MHD) conducts assessments; provides psychotherapy and other related mental health services; and provides out-of-home placement and case management for seriously emotionally disturbed pupils pursuant to the pupil's Individualized Education Program (IEP).

School districts have the responsibility for identification and referral of pupils to the MHD, after ensuring the provision of counseling and other Designated Instructional Services (DIS); documenting that counseling has been insufficient to enable the pupil to benefit from the Special Education Program; and obtaining parental consent.

Upon receipt of a referral, the MHD conducts an assessment within the 60-day statutory timelines, and presents the assessment report with recommendations for mental health services at an expanded IEP team meeting.

Mental Health services may include individual, group, and family therapies; day rehabilitation; medication support; case management; and day treatment intensive. When it is determined that no combination of educational and mental

health services can meet the needs of an emotionally disturbed (ED) pupil, residential placement may be provided. Hospitalization and other services such as WRAPAROUND and Therapeutic Behavioral Services are not included among the service options under Chapter 26.5. If the client qualifies, however, the MHD case manager may refer for these services.

When mental health services are recommended, they are written into the pupil's IEP, with specific goals, objectives, and the frequency and duration of the services to be provided. The IEP is reviewed annually (or semi-annually in the case of residential placements) to determine if the services are to continue, or to modify the goals and objectives.

Disputes between parents and the public agencies are resolved through mediation or Administrative Hearings. Disputes between the public agencies are addressed through an Interagency Dispute Resolution process at the State level.

School Based Programs in the Santa Clara County Department of Alcohol & Drug Services (DADS)

DADS' school-based services are not located specifically in child poverty areas. Youth qualify for substance use treatment services under minor consent regulations, which allow for adolescents to obtain treatment for certain conditions without parental knowledge. The assumption is that they might otherwise opt not to receive treatment, if they could only do so with parental consent. While youth, regardless of their background, have few assets of their own, and would qualify for government-funded services, most of those served by DADS come from the lower end of the socio-economic scale.

The best example of DADS' collaboration with a school district is in Gilroy Unified School District, where DADS has a counselor assigned to Gilroy High School and to Mount Madonna High School, a continuation school. Until GUSD opened a second high school in 2009, DADS had access to most high-school-aged students in Gilroy.

Another example of a collaborative relationship is DADS partnership with the Probation Department and the County Office of Education at the Alternative Placement Academy. This is a structured, alternative school placement for youth, who might otherwise be given a custodial sentence in a ranch program.

Other collaborative partnerships exist at a number of alternative school sites. Students at these schools have experienced serious problems in regular high school settings. Their rates of substance use are significantly greater than that of the general high school populations (as much as four times greater, according to some data).

School Based Services in Santa Clara County Social Services Agency

A brief description of school based services was presented to Senior, Children's and Families Committee in April of 2010. This report described programs targeted to achieve successful educational outcomes for children in foster care.

SSA and DFCS have also participated in a data integration project to support successful outcomes for children. This project is described below.

In 2009, the Foster Services Youth Unit at the Santa Clara County Office of Education established *the Foster Youth Student Information System (FYSIS)*, a secured web-based information system that will store educational information for all Santa Clara County children and youth involved in the foster care and juvenile justice systems. The establishment of this database is a result of the collaborative work with agencies (such as schools, Social Services, Probation, Superior Court, etc.) who serve foster youth. The database will give agencies access to and the ability to share pertinent educational information for children and youth involved in the child welfare and juvenile justice systems, including attendance, grades, class schedule, transcripts, holder of educational rights, discipline, health, residential placement and contact information. FYSIS will be used by Department of Family and Children Services, Santa Clara County school districts, Juvenile Court and Probation Department. FYSIS is slated to launch in late-2010.

MOUs must be signed by the 33 Santa Clara County school districts in order for the exchange of (cyber) information to occur. To date, only three districts have signed the MOU: East Side Unified School District, Franklin-McKinley school District, and San Jose Unified School District.

School Based Programs in the Santa Clara County Probation Department

Community Probation is a relatively new model of juvenile field supervision that integrates the work of probation officers, law enforcement officers and other youth service agencies, including schools, recreation departments and community based organizations to deliver wraparound services to juvenile probationers. Collaborative efforts between these youth serving organizations enable a multi-disciplinary team to solve problems by working with clients and their families. It also helps probation monitor compliance with court-ordered conditions and ensures that minors complete restitution to victims and community service orders. The Community Probation team assumes a proactive role to assist the client to develop the means to be successful in meeting the conditions of probation. These design elements serve the overlapping goals of crime control, crime reduction, and rehabilitation.

In this Community Based Model, Probation officers are stationed at several High Schools and feeder middle schools in the County. The School Based Probation Officer collaborates with school officials and police officers as well as community based organizations to assist youth living in the school's service area and re-entering the community from the county's ranches or on formal supervision. Each

youth on probation is provided a risk, strengths, and needs assessment using the Juvenile Assessment and Intervention System (JAIS), an evidence-based assessment tool. JAIS provides automatic scoring of the youth's responses and produces a set of recommendations to help workers supervise juveniles including attitudes and behaviors to expect, programs to address needs (to be incorporated into a case plan), potential problems and compliance issues. It is designed to improve outcomes in school attendance and subsequent completion of Probation. Services provided to the youth, include, job placement referrals, life skills, counseling, anger management, substance counseling/treatment, parenting skills, tutoring, mentoring, vocational training, after school recreational activities, and youth leadership.

As a team member at each school site, the probation officer will work with school officials to prevent delinquency, violence, and behavioral issues of the general student population, liaison with the school staff, and attend School Safety meetings. The probation officer collaborates with school staff to create a culture of non-violence, assist with behavioral issues, liaison with school staff, and attend school safety meetings.

School Based Programs in Santa Clara County Ambulatory Care

Santa Clara County Health and Hospital System, Ambulatory care provides school outreach services via their mobile health services. These services are provided at the following schools at the listed regularity.

- Broadway High School (every other Monday)
- New Valley High School (every other Monday)
- Independence High School (every Tuesday)
- Foothill High School (every Wednesday)
- Mount Madonna High School (about every 4 weeks, Thursday)
- Christopher High School (about every 4 weeks, Thursday)
- Escuela Popular (every other Thursday)
- Santa Clara County Office of education: Alternative Placement Academy (alternate every 3 rd Friday)
- Novo (alternate every 3 rd Friday)
- Redemption (alternate every 3 rd Friday)
- Pathfinder (alternate every 3 rd Friday)
- South County (alternate every 3 rd Friday)

County of Santa Clara
Santa Clara Valley Health & Hospital System
Mental Health Services



HHS01 100510

Reviewed by: Donald R. Casillas, Jr.
Contracts Manager

Submitted by: Nancy Pena, Ph.D
Director, Mental Health Department

DATE: October 5, 2010

TO: Supervisor Dave Cortese, Chairperson
Supervisor George Shirakawa, Vice Chair
Children, Seniors & Families Committee

FROM: 
Sylvia Gallegos
Deputy County Executive / Acting Director, SCVHHS

SUBJECT: Report Back to Proposed Strategic Planning Process for the Implementation of a
New School Linked Services Initiative

RECOMMENDED ACTION

Consider recommendations from the Mental Health Department regarding implementing a proposed strategic planning process related to a new School Linked Services initiative.

Possible future action by the Board of Supervisors:

- a. Accept and forward a favorable recommendation to the Board of Supervisors the proposed strategic planning process report from the Mental Health Department, subject to Board approval.

- b. Approve and forward a favorable recommendation to the Board of Supervisors the delegation of authority to the Acting Director, SCVHHS, or designee, to negotiate, execute, amend, terminate, and take any and all necessary or advisable actions relating to agreements with vendor(s) to provide consulting services related to the proposed planning process in an amount not to exceed \$250,000 for period to be determined through June 30, 2012, following approval by County Counsel as to form and legality, and approval by the Office of the County Executive. Delegation of authority shall expire on June 30, 2012.

FISCAL IMPLICATIONS

There are no fiscal implications associated with approval of this action.

CONTRACT HISTORY

There is no contract history, any agreements executed will be processed in accordance with County policy.

REASONS FOR RECOMMENDATION

During the September 7, 2010 meeting of Children, Seniors, and Families Committee (CSFC), the Committee accepted a report requested by Supervisor Cortese on recommendations related to restarting a School Linked Services initiative. The report was prepared by the Social Services Agency (SSA) on behalf of the Health and Hospital System (HHS), SSA, Department of Drug and Alcohol Services (DADS), and Probation Department and presented the CSFC with options developed by these departments in considering re-establishment of School Linked Services. Several tenets were recommended to guide a future School Linked Services program; and several implementation approaches were offered. In addition to the approach ultimately selected for re-establishing School Linked Services, the group recommended that a planning process take place to define the purpose and goals of the program, to shape the direction of the implementation, and to evaluate potential funding mechanisms. It was also reported that the Mental Health Department offered to dedicate \$250,000 in one-time Mental Health Services Act (MHSA) funding this fiscal year to support the proposed planning process. The chair of the CSFC requested that the MHD return to the CSFC with a written plan that set forth the proposed planning process that was being recommended. The purpose of this transmittal is to provide the requested plan. A related issue regarding the potential role of SOS general fund contracts in any new School Linked Services initiative is addressed in a separate report.

Proposed Planning Process

The MHD proposes to convene a **School Linked Services Advisory Committee (SLSAC)** to guide the development of a strategic plan to improve and implement health, behavioral health, and social services to school-aged children in Santa Clara County. The committee would be co-chaired by a member of the Board of Supervisors and a Superintendent or other school official selected by the school districts. Members would be identified and invited to participate by the co-chairs and would represent a broad spectrum of interests and expertise as relates to the health and socio-emotional needs of school-aged children, including parents and youth, community based organizations, law enforcement, and other community partners. The meetings of the committee would be open to the public.

Committee members would be required to commit to a 6 - 8 month planning process, and attendance at bi-weekly evening meetings (approximately 14 two-hour meetings). Funding for consulting facilitation and related written deliverables and services will be provided by the Mental Health Department utilizing one-time Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding in the current fiscal year. Planning support and project oversight will be provided by the Mental Health Department.

The work of the SLSAC will move through a series of specific sequential steps that will comprise the strategic plan. Those steps are:

- 1. Develop a Charter and Aim** statement for the work of the Committee, to include an agreed upon set of values and principles that will drive the process, committee member roles and responsibilities, committee ground rules; and specific milestones and deliverables to be met by the Committee;
- 2. Review statewide and local data** available that reveals how children in Santa Clara County are doing in school, with an emphasis on information most related to the health and socio-emotional well-being of students and their families;
- 3. Develop an inventory of current school-based and school-related health and social services** available to school aged children and their families in Santa Clara County;
- 4. Gather input from local stakeholders and other sources**, including school personnel, families, students, community-based organizations, and city and county stakeholders regarding their perception of the most critical health and socio-emotional needs of school aged children and their families; and through review of existing need information and other input methods (surveys, focus groups, stakeholder sessions);

- 5. Summarize and prioritize needs and concerns** from the information gathered;
- 6. Review and assess relevant best practices** related to the top priority concerns identified through the Committee process;
- 7. Define a set of strategic goals** from the information gathered through the above process;
- 8. Develop the goals into a draft strategic action plan.**
- 9. Host a public community input session** to present the plan elements for review, input, and comment by the community and key stakeholders; and
- 10. Finalize strategic action plan** and submit to the Board of Supervisors and other public venues for approval the plan and approval to move planning to implementation with existing resources and other new resources to be identified.

BACKGROUND

School Linked Services (SLS) programming existed as a collaborative program among the County, various school districts, and other community health providers between 1994 and 2008. Because this program was primarily funded by County General Fund dollars, it was eliminated in its entirety in 2008 due to ongoing budgetary deficits. While County departments have developed other successful programs in collaboration with school districts, School Linked Services as a model of co-located team members from different disciplines for early intervention and support for youth and families has not been replicated.

During the Fiscal Year 2011 (FY11) County budget process, Supervisor Cortese requested that the Health and Hospital System (HHS), Social Services Agency (SSA), Department of Drug and Alcohol Services (DADS), and Probation Department develop recommendations for restarting a School Linked Services initiative. A referral was posed to the leaders of the departments to consider how SLS or similar services could be re-established.

The report was presented at the September 7, 2010 CSFC meeting. Included were key lessons learned from the original SLS program, presented in the form of tenets to guide any future effort. It also recommended several implementation approaches, considering the current fiscal environment, which ranged from improved collaboration of existing programs and services, to

modest new efforts targeted as either a pilot, or as an equally modest system-wide effort.

Also included in the report was an overview of some of the current types of school-based or school linked services currently being delivered by County departments. While not exhaustive, the programs illustrate the range of school-related services currently being delivered in the county through relationships with one or more County departments. These current programs offer a good foundation for any future efforts to improve and enhance services to school aged children where there is a nexus of County and education interest.

Mental Health Services Act (MHSA) Activities Related to School Related Services

For the past five years, Mental Health has been engaged in a public planning and program implementation process to enhance and transform the public mental health system. One component of the MHSA, Prevention and Early Intervention (PEI) is intended to bring prevention and early intervention mental health services to populations identified through a public planning process, with the majority of funds to be dedicated to children and youth.

The resulting PEI Plan approved by the State Mental Health Oversight and Accountability Committee (MHOAC) includes four large projects, the largest of which, Strengthening Families, will focus on providing parenting education and support in communities where families are most impacted by the burdens of poverty, poor education outcomes, substance abuse, domestic violence, juvenile justice and child welfare involvement. An initial step in the planning process was the completion of three reports, commissioned to inform the planning. These reports focused on: 1) stressed families; 2) school identified needs, and 3) safety net health services. The reports can be found on the MHD web site www.sccmhd.org under the MHSA tab, Planning and Early Intervention page. The school needs report, **Every Child Has a Story**, was published in June 2008. The report, while two years old, has input from all 33 school districts in Santa Clara County and provides a valuable perspective from schools across the county. The recommendations from the report address critical areas ranging from behavior management, student assistance programs, direct mental health services, substance abuse services, gang intervention services, student assistance programs, and increased accountability. This report will be another important resource for considering a future School Linked Services initiative.

The MHD is in the preliminary phase of implementation of PEI services, which will include services identified to support children in school settings. Local planning groups will determine specifically what schools will receive what services. The opportunity to support a broader school focused planning effort is in alignment with the MHD's commitment to support

improvements in community partner systems, such as, the local education system, in their role in supporting the development of socially and emotionally healthy children. For that reason, the MHD has offered to direct one-time PEI planning funds to the strategic planning process proposed below.

CONSEQUENCES OF NEGATIVE ACTION

Negative action would result in delay in proceeding with planning for County-involved school linked services.



Santa Clara County School-Linked Services Strategic Planning 2011

Strategic Planning Advisory Committee Meeting #1

Monday, April 11, 2011, 6:00-8:00pm

70 West Hedding St., San Jose, CA 95110

Lower Level Conference Room

6:00 - 6:20 pm	Welcome and Purpose of Planning
6:20 - 6:45 pm	Group introductions
6:45 - 7:15 pm	Review of SLS history and tenets
7:15 - 7:35 pm	Review of Planning process
7:35 - 7:45 pm	Participation Guidelines
7:45 - 7:55 pm	Next steps
7:55 - 8:00 pm	Closing



School-Linked Services Strategic Plan

April 11, 2011



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

SANTA CLARA COUNTY

School-Linked Services

Strategic Planning 2011



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Agenda

- Welcome and Purpose
- Group Introductions
- Review of SLS History and Tenets
- Review of Planning Process
- Participation Guidelines
- Next steps and closing





Introductions

- What motivates you to be here, personally and professionally?



School-Linked Services History

- Designed and implemented in 1994-5 in concert with Healthy Start grants
- Comprehensive system of health and human services, cross system school based best practice
- Multi-disciplinary case management model
- Included County programs, CBO's and non-County health care providers
- School sites chosen based on Child Poverty zones and cluster of risk factors
- General Fund program – no longer in existence





Lessons learned – Seven tenets

1. Align with mission of County programs
2. Align with school's self-identified goals
3. Best and promising culturally relevant practices
4. Outcomes are jointly designed measured and reported
5. Wellness oriented, focus on prevention
6. Support teaming and effective collaboration
7. Financing and sustainability planned from the beginning



SLS Planning Process

1. Designed to follow sequence of steps that answer key questions in a logical manner
2. Steps may be modified as we move through the process
3. Meetings may be added to complete essential work
4. Significant staff work will be completed between meetings
5. Objective is to complete a plan that recommends a model, an implementation approach and a budget
6. The process assumes public vetting prior to finalization





Participation Guidelines

- Cooperate with the process, including scope and intent
- Wait to be recognized before you speak
- Keep your comments brief and constructive
- Stay with the topic at hand
- Listen actively and allow everyone a chance to speak
- Be respectful of differing perspectives and opinions
- Work toward agreement: “I can live with it” consensus
- Use the color-coded “gradients of agreement” cards
- Be open to new ideas and be expansive in your thinking



Planning for meeting #2

School-Linked Services (SLS) Models

Please fill out card.

- What models would you suggest we explore as part of this planning process?





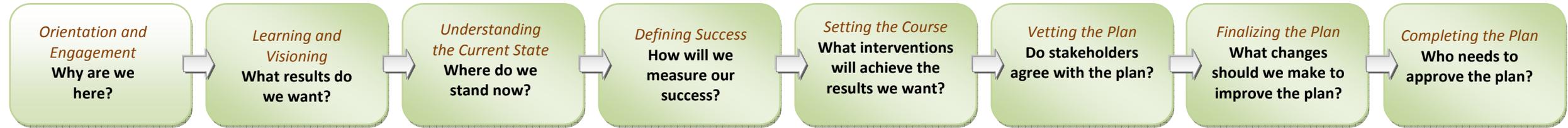
SLS Planning Team Contact Information

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- Jean McCorquodale Jmprowriter@gmail.com
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School Linked Services Strategic Planning Process Overview

Logic Model to Define New SLS Target Population, Desired Results and Service Delivery Model



Meeting Objectives							
<p>#1 April 11, 2011</p> <ul style="list-style-type: none"> Sponsors outline purpose and desired result Members understand task and process for completion and commit to participate and undertake the steps identified for the next 7 meetings: 	<p>#2 April 28, 2011</p> <ol style="list-style-type: none"> Review current SLS models and results being achieved nationwide; Identify and prioritize target population and key results desired from the plan to be completed; Draft vision and values that will drive the plan. 	<p>#3 May (TBD)</p> <ol style="list-style-type: none"> Review current available data on how kids are doing in school and in other critical domains (health, family, community safety). Review resource inventory of current services provided. Identify gaps, duplication, and other issues related to current service delivery system. 	<p>#4 June 9, 2011</p> <ol style="list-style-type: none"> Prioritize target pop and needs to be addressed in new SLS plan; Identify child, family and school, community and service measures and indicators to track outcomes. Determine criteria for how new delivery model and specific services should be decided. 	<p>#5 August 25, 2011</p> <ol style="list-style-type: none"> Review model options and estimated resources and costs; Select service model most likely to address needs and achieve desired results; Consider implementation approaches; Agree on plan to seek stakeholder input on draft plan. 	<p>#6 September 20, 2011</p> <ol style="list-style-type: none"> Hold focus groups and town hall sessions to seek input on the draft plan; Summarize feedback and proposed changes. Finalize draft plan, budget and implementation approach. 	<p>#7 October 26, 2011</p> <ol style="list-style-type: none"> Review changes and agree on final plan budget and recommended implementation; Agree on final plan format; 	<p>#8 November (TBD)</p> <ol style="list-style-type: none"> Review final plan; Finalize plan distribution and communication plan; Celebrate!
Draft Meeting Agendas							
<ol style="list-style-type: none"> Welcome and Purpose Group Introductions Review of SLS History and Tenets Review Planning Process Review Process and Participation Guidelines Next steps and closing 	<ol style="list-style-type: none"> Welcome/Agenda Review Quick Review/Ramp Up Presentation on Current Research/Outcomes on SLS Reflections on SCC Desired Results Review Vision & Values Interim Work Next Meeting Agenda 	<ol style="list-style-type: none"> Welcome/Agenda Review Quick Review/Ramp Up Review of Data Review of Resources Identify & Prioritize Gaps Interim Work Next Meeting Agenda 	<ol style="list-style-type: none"> Welcome/Agenda Review Quick Review/Ramp Up Finalize Critical SLS Needs Identify Key Measures and Indicators Discuss SLS Model Selection Criteria Interim Work Next Meeting Agenda 	<ol style="list-style-type: none"> Welcome/Agenda Review Quick Review/Ramp Up Finalize Recommend SLS Model Discuss and Recommend Implementation Approaches Discuss and Recommend Stakeholder Input Plan Next Meeting Agenda 	<ol style="list-style-type: none"> Welcome/ Agenda Quick Review/Ramp Up Review Draft Summary of Plan to Date Review Stakeholder Input Summary and Agree on Changes Interim Work Next Meeting Agenda 	<ol style="list-style-type: none"> Welcome/Agenda Quick Review/Ramp Up Finalize Draft Plan Interim Work Next Meeting Agenda 	<ol style="list-style-type: none"> Welcome/Agenda Review Final Plan Review Outline next Steps Thanks and Congratulations
Meeting Materials							
<ul style="list-style-type: none"> Agenda Power point handout Invite letter List of members Planning Overview SLS Transmittal to CSFC 	<ul style="list-style-type: none"> Agenda Power point handout Summary of last meeting: SLS planning purpose and background Presentation handout 	<ul style="list-style-type: none"> Agenda Power point handout Summary of last meeting: vision, values, desired outcomes, key elements of new SLS 	<ul style="list-style-type: none"> Agenda Power point handout Summary of last meeting: Needs to school outcomes by category data and education needs 	<ul style="list-style-type: none"> Agenda Power point handout Summary of last meeting: priority needs, success measures, intervention criteria 	<ul style="list-style-type: none"> Agenda Power point handout Summary of plan to date Summary of stakeholder input 	<ul style="list-style-type: none"> Agenda Power point handout Draft Final Plan 	<ul style="list-style-type: none"> Agenda Final Plan



Santa Clara County School-Linked Services Strategic Planning 2011

Comment Card

Strategic Planning Advisory Committee Planning Meeting #1
April 11, 2011

Your feedback is important to the success of the Strategic Planning Process. Please use this comment card to supplement today's discussion and return it to us at the end of the meeting. *Thank you!*

1. What models of School-Linked Services do you think we should explore in our process?

2. What else would you suggest to make our efforts together successful?

*If you are unable to return this at the end of the meeting, please fax or email to:
Lien Cao, Santa Clara County Mental Health Department
Fax: 408/ 275-6716 Email: Lien.Cao@hhs.sccgov.org*

