



**Sequoia
Healthcare
District**


525 Veterans Blvd.
Redwood City, CA 94063

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www.sequoiahealthcaredistrict.com

**A G E N D A
SEQUOIA HEALTHCARE DISTRICT
SPECIAL MEETING - BOARD OF DIRECTORS
4:30 PM, Wednesday, April 17, 2013
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

1. Call to Order and Roll Call
2. Public Comment on Non-Agenda Items*
3. New Business
- ACTION a. Request by San Mateo Medical Center to Support Operational Needs of South County Clinics at \$2,000,000 for Fiscal Year 2013-2015 - Dr. Ehrlich
- ACTION b. Request to Approve School Health Initiative Budget for 2013-2014 of \$2,850,000 - Ms. Kurtzman & Ms. Gabet
- ACTION c. Request Approval of \$5,000 Increase in 2013-14 Community Grant to the Service League From \$25,000 to \$30,000 - Mr. Michelson
4. Adjourn. The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, June 5, 2013, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063


Jerry Shefren
Board President

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Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 to arrange an appointment.

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Sequoia Healthcare District and San Mateo County: Partners in Improving Community Health

Agenda Item No. 3.A.

Board of Directors Meeting

Date 4-17-13

Susan Ehrlich, MD, MPP
CEO, San Mateo Medical
Center

April 17, 2013

THANK YOU FOR YOUR SUPPORT !

- \$1.6 million in fiscal year 07-08
- \$1.6 million in fiscal year 08-09
- \$2 million in fiscal year 09-10
- \$2 million in fiscal year 10-11
- \$2 million in fiscal year 11-12
- \$2 million in fiscal year 12-13
- \$4.3 million to support our new South County Health Center
- **Total: \$15.5 million in the past 5 years**

SMMC REQUEST

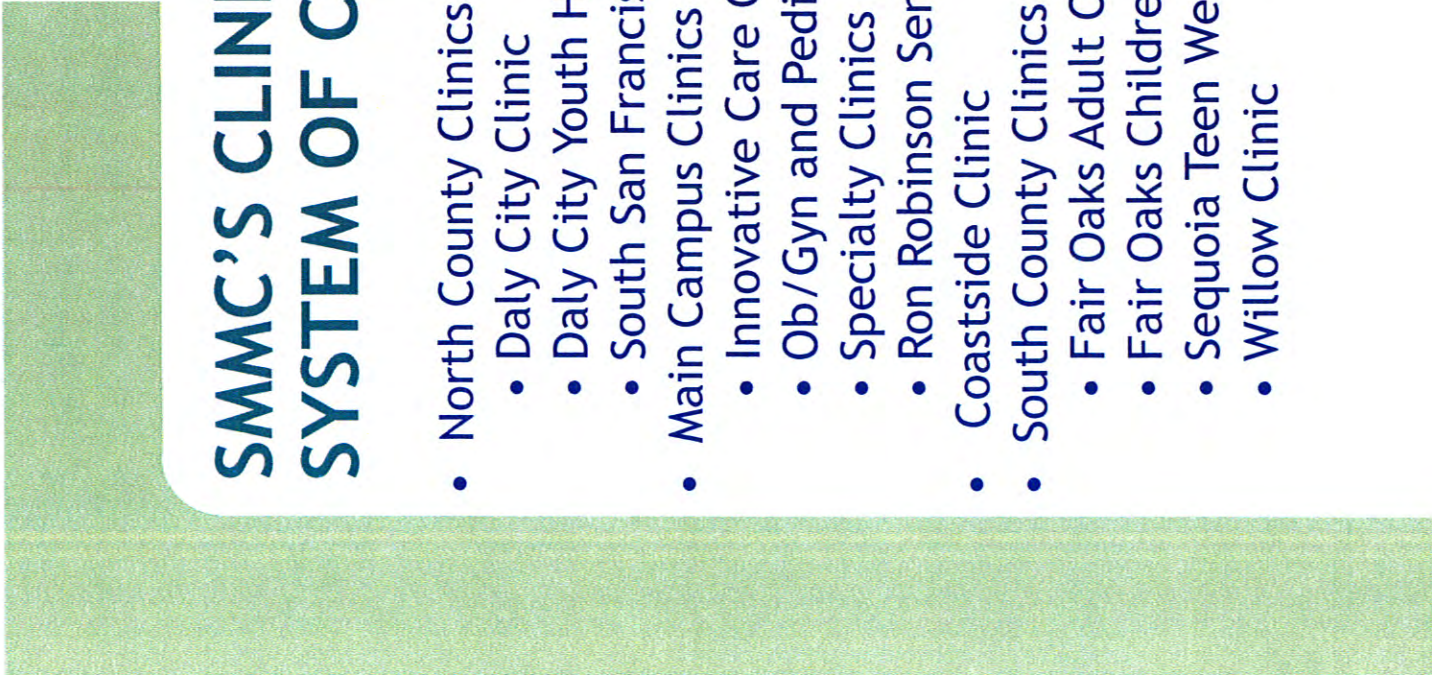
- \$2 million for fiscal year 2013-14
- Funds a portion of the costs of care to uninsured residents of Sequoia Healthcare District

SMMC'S INTEGRATED DELIVERY SYSTEM

Ambulatory Care	Primary Care Clinics / Pediatrics / Senior Care / Medical/Surgical Specialties / Innovative Care Clinic
Medical / Surgical Acute Care	Emergency Room / Operating Room / Intensive Care Unit / Infusion / Short Stay Unit / Inpatient Care
Psychiatric Acute Care	Emergency and Inpatient Care
Long-Term Care	Recovery and Rehabilitation
Ancillary Services	Laboratory / Pharmacy / Radiology/Rehabilitation
Keller Center for Family Violence Intervention	
Ron Robinson Senior Care Center	

100

- # SMMC'S CLINIC AND MEDICAL HOME SYSTEM OF CARE
- North County Clinics
 - Daly City Clinic
 - Daly City Youth Health Center
 - South San Francisco Clinic
 - Main Campus Clinics
 - Innovative Care Clinic
 - Ob/Gyn and Pediatric Clinics
 - Specialty Clinics
 - Ron Robinson Senior Care Clinic
 - Coastside Clinic
 - South County Clinics
 - Fair Oaks Adult Clinic
 - Fair Oaks Children's Clinic
 - Sequoia Teen Wellness Center
 - Willow Clinic
- 



SHCD'S INVESTMENT AT WORK: SMMC'S CARE TO DISTRICT RESIDENTS

- **Currently:** about 9,800 District residents enrolled in the ACE program
- **On 1/1/14:** about 2,300 eligible for Medi-Cal
- **Cost to serve each resident:** about \$4,700 PMPY, or \$46.1 million. Federal funds covers about 50%.
- **SHCD \$2 million investment:** enables about 850 of these uninsured adults to receive care each year
- **Costs do not include uninsured not in the ACE program, or uninsured not served by SMMC**

WHAT YOUR INVESTMENT FUNDS: TRANSFORMING PRIMARY CARE INTO A MEDICAL HOME

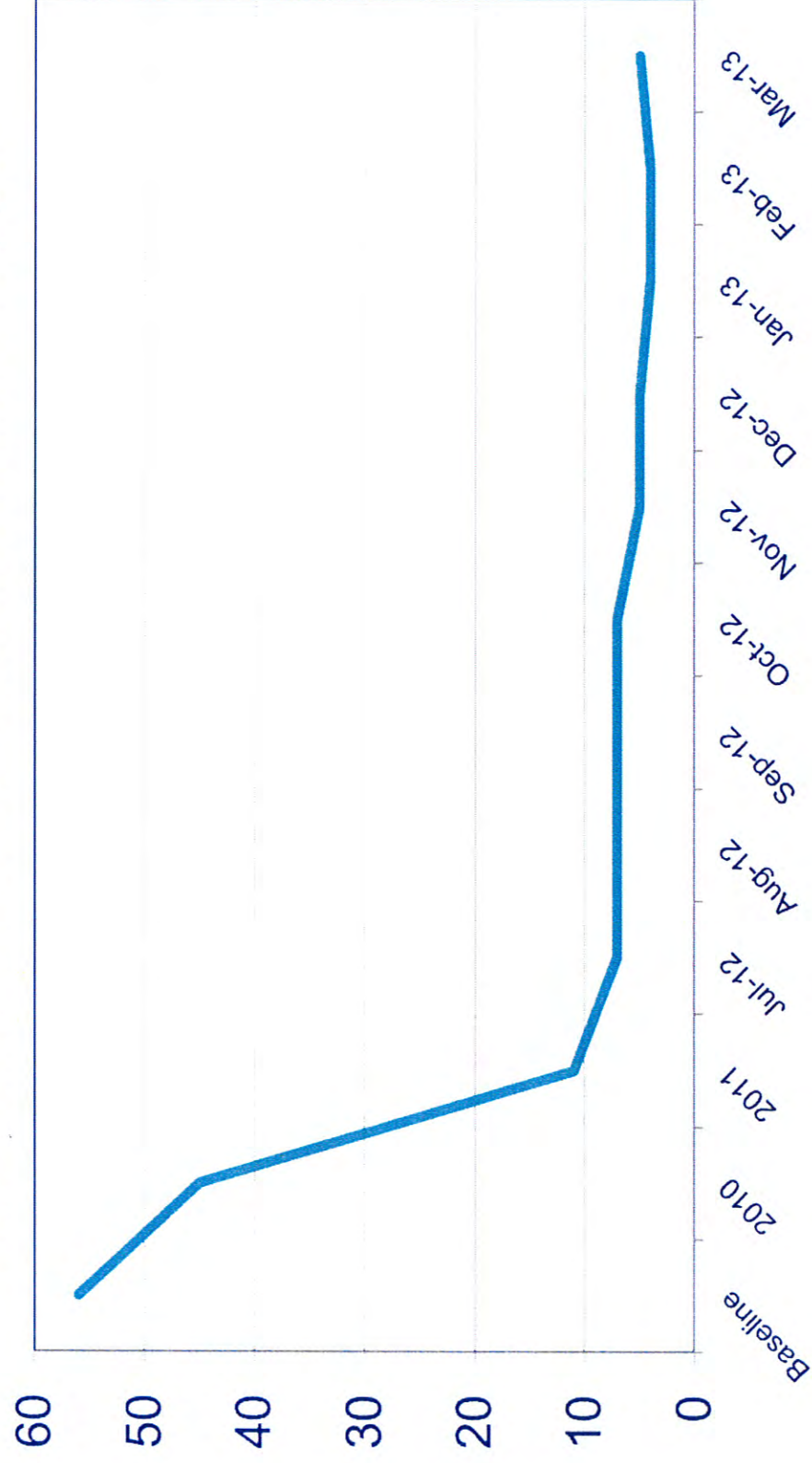
- Lean Process Improvement—continuous quality improvement
- Team-based Health Care
- Reduced Cycle Times and Waiting Times - seeing 200 new patients monthly (Fair Oaks and Willow)
- Reduced No-show Rate
- Electronic Health Record
- Results-based Patient Population Management

COMMUNITY AND OTHER INNOVATIVE PARTNERSHIPS AT SOUTH COUNTY CLINICS

- Chronic Disease Management in partnership with El Concilio of San Mateo County / Nuestro Canto de Salud Diabetes Clinic
- Partnering with Medic Mobile to send text message appointment reminders for diabetics: San Mateo County featured in The Atlantic Magazine on-line

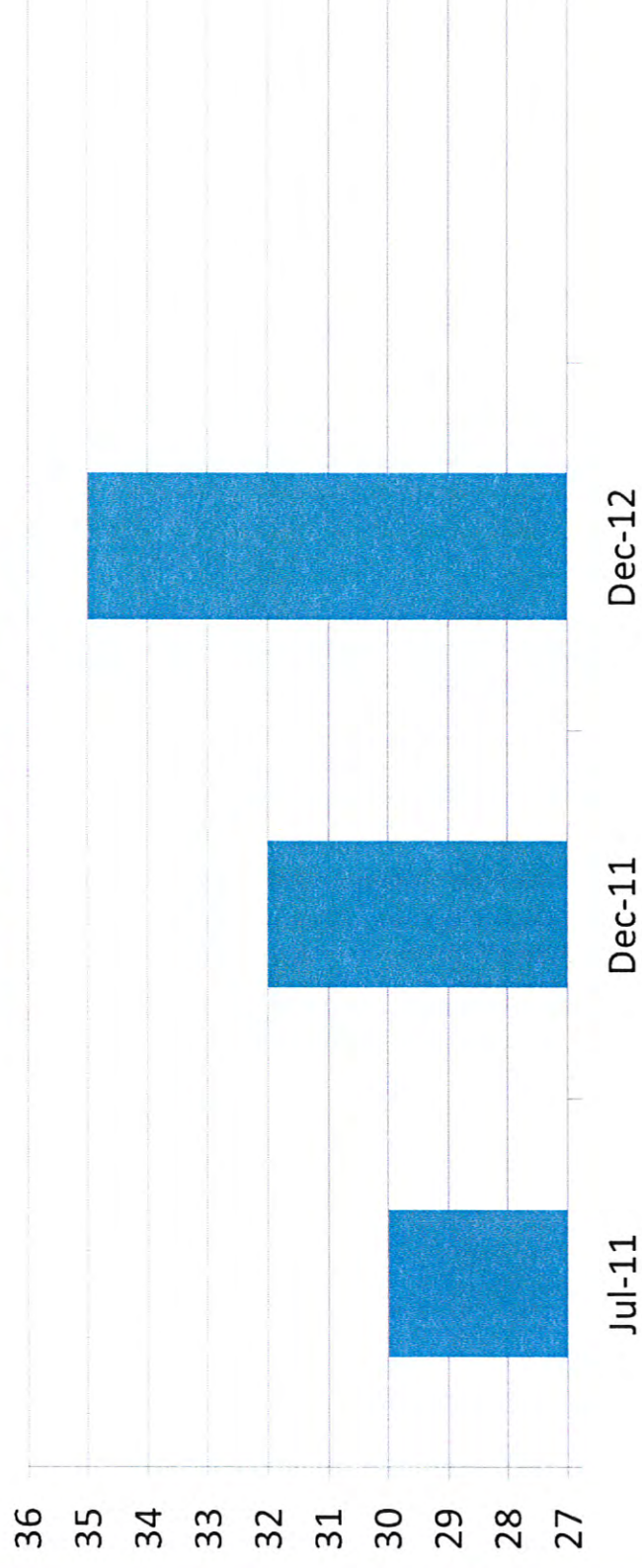
IMPROVEMENT IN ACCESS

Fair Oaks Time To Third Next Avail Appt



IMPROVEMENT IN QUALITY

PERFECT CARE



SHCD AND THE COUNTY'S ROLE IN CREATING A MORE SUSTAINABLE HEALTH CARE SYSTEM

- The new South County Health Center—
first visits in November, 2013
- Using Lean processes to plan all
workflows: “Experience a life of total
health”
- The Affordable Care Act...Planning for
2014

SHCD AND THE COUNTY'S ROLE IN CREATING A MORE SUSTAINABLE HEALTH CARE SYSTEM

- Partnering with all major health providers in a Community Health Network for the Underserved
 - PAMF shares the uninsured patient load
 - Sequoia Hospital provides a choice for women on Medi-Cal
 - Close coordination with Ravenswood in serving the needs of District/South County residents

OPPORTUNITIES AHEAD WITH STRENGTHENED PARTNERSHIP

- The District's vision is our vision:

“improve the quality of life for District residents by enhancing access to health care services and by supporting and encouraging programs and activities designed to achieve health, wellness, and disease prevention.”



PATIENT STORY

THANK YOU !



San Mateo Medical Center
A County System of Healthcare



San Mateo County
HEALTH SYSTEM



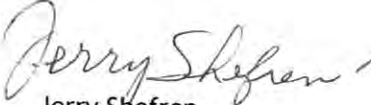
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SEQUOIA HEALTHCARE DISTRICT



Proposal and Budget Update 2013-14

Presented to Sequoia Healthcare District Board of Directors
By Pamela Kurtzman

April 17, 2013

I. Background

Since August, 2011, HSI has been working collaboratively with schools, school districts, and other stakeholders to help our local schools effectively support and promote the health of their school communities (students, families, and staff) by delivering an infrastructure, resources, and strategies that are comprehensive and systematic in their approach.

The staffing and program resources that HSI has committed to schools has enabled them to provide high quality health education, school counseling services, nursing services, PE instructors for grades K-5, and a Wellness Coordinator who would manage the coordination and implementation of school health and wellness programs and services.

In addition to supporting the above staff positions our overarching goals have included our support with *implementing* CSH policies and supporting programs that will contribute to the positive development of our youth. We have also aimed to improve *coordination* and closer *collaborations* between school districts and state and county Departments of Education, state and county Departments of Health Services, other state and local agencies, and business and community institutions with the belief that communities that work together create healthy environments.

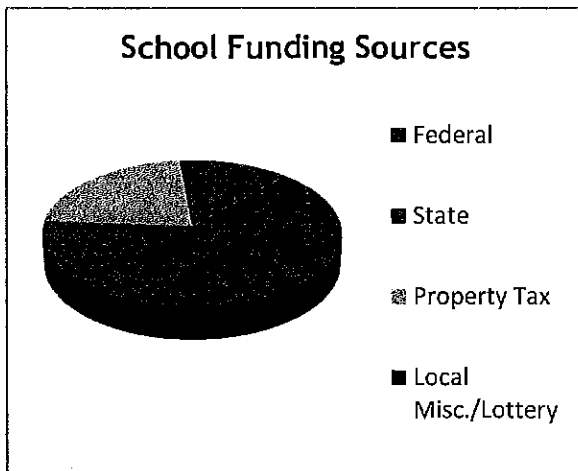
Our approach to meeting the above objectives has been to integrate efforts of schools, families, health professionals, and community agencies that would enable schools to make large gains toward protecting and improving health and promoting the well-being of all students. We examined our community's strengths, weaknesses, challenges and assets and discovered their tremendous capacity to pull together to address the many health needs of our highly diverse community. It is because of our community's passion and collaborative nature that we believed the Coordinated School Health Model (CSH) would be the most successful approach because it's designed to improve students' health (physical, emotional and social) and their capacity to learn through the support of families, communities, and schools working together.



In brief, the CSH model consists of eight separate, but interconnected, components that have been shown to most strongly influence student health. All eight components link to ensure that these programs support, rather than compete with the school's objectives for student achievement.

In the economic times of the past several years and with high stakes testing in core curricula, school based health programs have become casualties of budget cuts. Although Proposition 30 will help California schools avoid having to make deeper cuts to their budgets this year by providing up to 2.7 billion in new funding for K-12, school districts are not in any better shape; just not worse. California public schools still rank among lowest in the nation in per student funding and area schools continue to feel the effects of those budget cuts they were forced to make over the past 10 years.

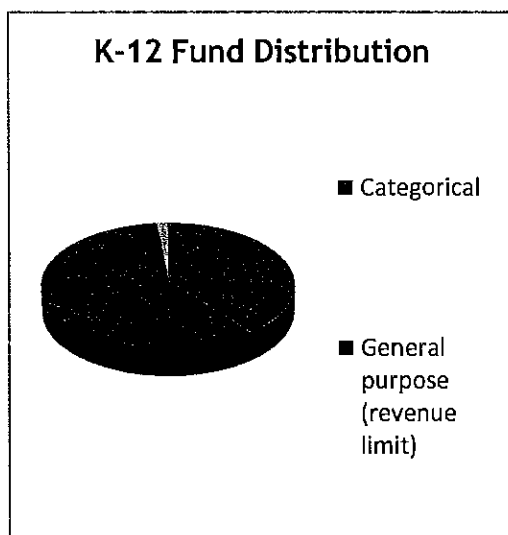
School Funding 101: A review of how are schools are funded:



In the 2011-2012 school year, funds from the federal government were about 11% of the K-12 education budget. About 61% of the total comes from the state's budget acquired through business, corporate and personal income taxes; sales taxes; and some special taxes. Local property taxes are about 21%, an amount that is determined within the state's budget. Miscellaneous local revenues provide about 6% of the total which include such items as fees on commercial or residential construction; special elections for parcel taxes; contributions from

parents, businesses and foundations; cafeteria sales; and interest on investments by local school districts.

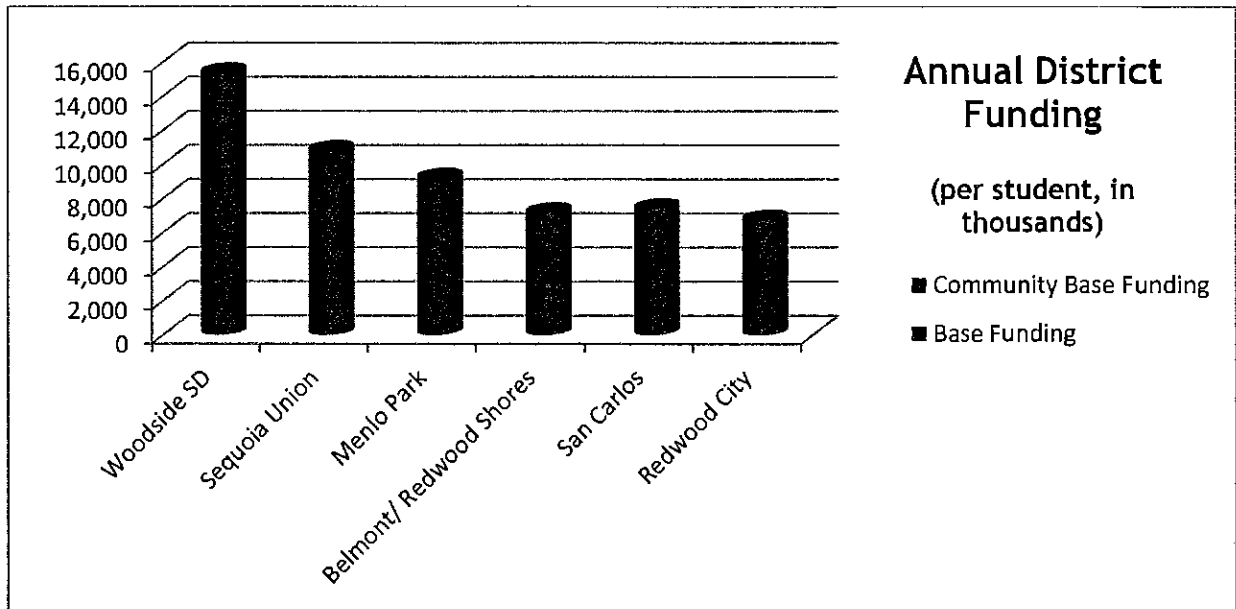
The smallest amount at the bottom is the California Lottery, which provides 1.5% of the total, or about \$125 per student annually. Public schools have no other revenue sources (www.edsource.org).



About two-thirds of total funding is for general purposes, with the other third for special purposes or categories of students. The proportion of the total earmarked for specific purposes has grown in recent years. Each district's income is based on:

- the average number of students attending school during the year (average daily attendance, or ADA)
- the general purpose (revenue limit) money the district receives based on ADA
- special support (categorical aid) from the state and federal governments earmarked for particular purposes (EdSource, 2010)

Districts are affected differently. The complicated school funding systems means that districts like Redwood City that rely on state aid have been more impacted by the state budget crises. Redwood City School District does not receive property tax dollars in addition to their basic aid funding.



II. Healthy Schools Initiative Major Elements:

In the following pages, we will discuss each of the elements of the Healthy Schools Initiative, briefly describe the current status of each and any proposed changes for the future. The elements of the Healthy Schools Initiative have grown since its inception in 2010 to include a school garden component and a physical activity program. The list of components is below:

1. School District Partnerships

- 1.1) Redwood City
- 1.2) Belmont-Redwood Shores
- 1.3) Sequoia Union
- 1.4) San Carlos
- 1.5) Other School District Support

2. School Based Grants

- a. Current Status
- b. Proposes Changes
- c. Costs
 - Requested amount
 - Recommended amount

3. PE+ Physical Education Program for Redwood City Schools

- a. Current Status
- b. Proposes Changes
- c. Costs
 - Recommended amount

4. 1-2-3 Let's Grow! Program

- a. Current Status
- b. Proposes Changes
- c. Costs
 - Recommended amount

5. Program Evaluation

- a. Current Status
- b. Proposes Changes
- c. Costs

1. School District Partnerships

At the time we began implementing the Healthy Schools Initiative, most schools had some health supports in place, most commonly, tobacco-use prevention, drug and alcohol abuse prevention and physical education in middle and high schools. However no public schools within SHCD geography had a health program that included all components of the CSH model at a fully functioning level and one district did not coordinate at all. Each district has a unique need and a unique approach to structuring the grant as you will see in the following pages.

1.1) Redwood City School District Partnership

A. Current Status:

While RCSD is in the early stages of implementing a coordinated approach to school health, they believe that using the CSH model has provided them the framework to effectively align health and education efforts that have led to improvements for their families, community-based partners and schools in working together to leverage the knowledge, environment, services and support necessary for their students to develop and maintain healthy behaviors.

Priority Areas for Redwood City School District: Using the eight components of the CSH model, RCSD has prioritized social-emotional health (counseling services), physical education, and nutrition services and nutrition education as three critical strategies to improve student health and achievement:

1. Social-Emotional Health (Counseling Services)

RCSD recently implemented a Positive School Wide Discipline program at several schools that focuses on pro-social behavior to address problems early and to create supportive learning environments that promote a culture of respect at school. In addition, several school sites fund anti-bullying programs or assemblies paid for by small grants or fundraising efforts.

Through an HSI grant, Children's Place (Star Vista) early intervention program is provided at 10 schools for high-risk students with addicted families. Cleo Eulau Center (CEC) is also working at two schools (so far) to build a positive school-wide learning environment by providing staff training and promoting resilience among students. In addition, the current HSI grant funds one full-time School Counselor working at three schools and one Outreach Specialist working at three schools. Even with these supports, the level of social-emotional need continues to increase for their students. The socio-economic stressors for a large percentage of their families, such as hunger, unemployment, immigration status and lack of affordable housing, all continue to take a toll on the social and emotional health of many students. Other common concerns, like bullying, alcohol and drugs, and student stress, are also barriers to learning for all of their students that require emotional and social support through prevention and intervention services.

2. Physical Education

The school district employs 6.1 physical education teachers for grades six through eight, but state budget cuts left the teaching of physical education for K-5 elementary students to the classroom teachers. At the same time, in RCSD, the 2010-11 CA Physical Fitness Test results for 5th and 7th graders showed that less than 50% of these students were rated in the Healthy Fitness Zone (HFZ) in terms of body composition and less than 60% in terms of aerobic capacity. These indicators confirmed the need to increase physical activity opportunities among students. This led us, in 2012, to develop and launch the PE+ program. The program is highly valued in the district and has made physical education available to 5,000 K-5th grade students in nine elementary schools 2 days per week. This physical activity program also supports learning by addressing physical, emotional and social health. The school district has

already started receiving requests to expand the program to other schools and they request continued support of this program.

3. Nutrition Services and Education

The district's Child Nutrition Service has made many improvements to its school meal program in recent years, including incorporating more whole grains, fresh fruit and vegetables, A to Z salad bars and increasing access to water in school cafeterias. The Child Nutrition Director and District Wellness Coordinator serve as a resource for linkages with nutrition-related community services and nutrition education providers. Community partners, aside from SHD, have supported nutrition education at their schools with classroom tasting kits, fun activities during lunchtime to encourage fruit and vegetable consumption, nutrition lessons and workbooks, and a mobile dairy classroom outdoor assembly.

This year Andrea began a Drink Water First campaign to promote the positive message of drinking water when thirsty instead of other sugar-sweetened beverages (SSBs). This campaign has many elements, including being awarded a \$50,000 Coca Cola grant through RCEF to refurbish or install water fountains at 9 schools. A UCSF study is currently being conducted at Kennedy Middle School that will assess how much water students drink in the cafeteria during mealtimes and how to encourage more water consumption. The study will also provide parent and student education around the benefits of drinking water through flyers and inclusion in an oral health screening program; and the distribution of 900 refillable water bottles at Walk to School Day at Hoover (provided in-kind by SHD). The Drink Water First education campaign will continue to be a top nutrition priority next year.

Finding time to incorporate nutrition education curriculum is a challenge for many of their performance improvement schools. However, there are some teachers throughout the district who teach nutrition lessons using free curriculum provided by our nutrition education partners. The most effective approach to provide consistent, science-based nutrition messages during the school day has been through the PE+ program where coaches incorporate "nutrition nuggets" created by Jennifer Gabet, into their daily PE classes. The district will continue to model healthy eating environments in their schools by suggesting healthy foods for fundraisers and limiting student access to foods with minimal nutritional value during the school day. A few schools in the district maintain school gardens and support them with funding from grants, PTA/PTO fundraising or school budgets, however in general, school gardens have not been a priority for the district.

B. Proposed change to help address social-emotional health

In order to increase their capacity to identify, assess and counsel students with mild emotional, family, social or psychological issues they would like to partner with Star Vista at 4-6 of their schools and provide Mental Health and Counseling Services to an additional 520-780 of their students. Due to the high-demand for counseling services in their district they are hoping to leverage the Star Vista proposal of \$25,000 per school by asking schools to contribute to the program using site funds. (Star Vista program proposal attached). This will increase the number of schools that can participate in the program. They would like to have a part-time School Counselor and a full-time Outreach Specialist who will facilitate school

mental health services, including the Star Vista program, and link families to available outside resources and agencies. Therefore, they are requesting funding for the below positions:

The following is a proposed budget for StarVista programming per school, including all funding sources.

StarVista is anticipating funding from Redwood City School District (\$25,000 per school). They anticipate personnel costs, including one (1) part-time counselor at each school and partial funding of a coordinator, to total \$19,520, with benefits. Miscellaneous expenses, including mileage reimbursement, copying costs, cell phone services, are estimated to be \$2,163. Their standard indirect is 15.3 percent of expenses. They propose to use one (1) master's and doctoral student interns, under supervision, to round out the counseling team.

Priority Staffing to meet wellness objectives:

1. District Wellness Coordinator

Coordination and implementation of school health and wellness programs and services is led by this position. The Wellness Coordinator collaborates with community partners and providers of health and wellness services to bring additional resources to RCSD, often acting as the point person for local and county programs, including vaccine clinics for RCSD staff and families, dental programs, CPR training for staff, research studies, nutrition education programs, and leads the Drink Water First campaign to reduce sweetened beverage consumption and is developing an ongoing communications plan to promote wellness activities to staff, families, students and the Redwood City community.

2. Health Services and Education - Nursing Services

District RNs have important roles in providing direct care to students at all 16 schools., including insulin administration to students with Type 1 diabetes and supporting children who are medically fragile requiring feeding tubes or who are at risk for seizures. They train staff to administer Epi-pens for students with food allergies and provide ongoing emergency/first aid care as needed, conduct state-mandated health screenings for hearing, vision and scoliosis; maintain immunization records for Kindergarten and 7th grade students; provide nutrition education lessons for Kindergarten students; and conduct family life lessons for 5th grade. Whenever possible, school nurses also support health education programs at schools, such as oral health services and vaccine clinics.

3. Family and Community Involvement - Outreach Specialist

The Outreach Specialist has a major role is assisting principals with outreach to families of students who are struggling in school. The Outreach Specialist acts as a liaison between the school and home of students by communicating with families, serving on Student Study Teams, and referring families to outside agencies.

C. Costs

Total Recommended Amount for RCSD: \$1,175,000

Direct funding to RCSD: \$510,000

PE+ program: \$625,000

Additional grants (non-profits): \$40,000

Percent of overall health-related budget funded by SHD = 33%

Redwood City School District (RCSD) Contribution: Total: \$2,808,000

- School Nurse (4 FTE): \$320,000
- Outreach Specialists (2.2 FTE): \$188,000
- Mental Health Services - Spec Ed: \$ 200,000
- Special Day Class Aides (Health Related) (51 FTE): \$1,600,000
- PE Teachers (6.1 FTE): \$500,000

Total Overall Current Budget for Wellness (RCSD + SHD): \$2,808,000 (RCSD) + \$1,095,000 (SHD) = **\$3,903,000**

RCSD Annual budget \$80,000,000

Sequoia Healthcare District Recommended Allocation: Total: \$1,175,000

Staffing costs directly to District: \$405,000

- District Wellness Coordinator (1 FTE): \$114,000
- Outreach Specialist (.8 FTE): \$69,000
- Registered Nurse (1 FTE): \$108,000
- Licensed Vocational Nurse (2 FTE): \$114,000

Services and program costs directly to District: \$105,000

- Star Vista Counseling Services Contract: \$105,000
 - Counseling Services (Star Vista): Star Vista proposal for Counseling Services (\$25,000/school) - goal is to have funding for 4 schools as part of Healthy Schools Initiative grant (\$100K) that would be leveraged by school contributions to provide services at 6 schools. Star Vista program provides 15 hours/week at each school (see Star Vista proposal *appendices 2*).

Contracted programs and services: \$665,000

- PE +: \$625,000
- Star Vista Children's Place Program: \$30,000
- RWC 20/20 Safe Routes to School: \$10,000

1.2) Belmont- Redwood Shores School District

A. Current status:

Through our financial support, the Belmont- Redwood Shores School District has had tremendous progress in implementing the Coordinated School Health Model and creating a general culture of health and wellness. Although a lot has been accomplished, BRSSD continues to work on the health needs of the community that will directly impact and improve the lives of the school district staff, students, parents and the larger Belmont- Redwood Shores community. It took the first 2 years to build relationships and credibility in the community. Now, in the third year of the original grant cycle, the coordinator sees that the wider BRSSD community is beginning to realize the positive impact of the grant supported staff, programs and services. The District seems to have reached a critical point in establishing a culture of health and wellness that would be further reinforced by another grant cycle.

Priority Areas for BRSSD: Based on community and staff feedback, the highest priorities in the BRSSD continue to be additional counseling services, physical education instruction and staff training, and health education/nutrition curriculum support and education.

1. Counseling Services (social emotional support) at elementary schools and Ralston Middle School.

Counseling programs and services continue to be a top priority in the school district. Through HSI, BRSSD has been able to offer additional counseling services at three elementary schools that indicated the highest need, for the past three years. Counselors are provided through a contract with StarVista and offer group and individual therapy. These services are highly valued by teachers, administrators and parents and there have been requests for even more services. Approximately 100 children have directly benefited from these services over the past three years and more than 100 parents have participated in parent education as a direct result of the contract with StarVista. At Ralston Middle School, the BRSSD contracted with the Cleo Eulau Center to provide staff training and development and parent education in the areas of adolescent development, and promoting resilience in students. Over 400 children and 30 teachers have participated in services and programs provided by the Cleo Eulau Center and over 300 parents have attended related parent education.

2. Physical Education Coaching and Staff Training

Improving the fitness levels of children in grades K-5 is another priority in the school district. For two years, the BRSSD has been struggling to determine the most effective method to meet the PE needs of students and teachers. After many discussions, a great deal of research, and some creativity, the BRSSD found a cost effective way to improve PE opportunities at all 6 elementary schools. With funding from the HSI grant and through a partnership with Footsteps Child Care Inc., BRSSD hired two PE coaches to provide staff development and physical education classes twice a month for all students and teachers in grades 1-5. This year, which is the first year of the PE coaching program, 85 classes have received PE services that empower classroom teachers to learn and then to teach an easy to follow, engaging,

standards based PE curriculum so they are more confident and excited to teach PE to their students. When the PE coaches visit classes twice a month, classroom teachers are asked to observe and participate in activities with their students and then replicate the lessons with their own class. Eighty-five teachers received embedded staff development this year and over 2000 students have participated in this highly regarded PE program.

In addition to the direct contact with teachers and students, the PE coaches are developing curriculum that is easy to teach, aligned with state standards, engages the maximum number of students, and requires little equipment. This curriculum will be printed and distributed to all K-5 teachers before the 2013-2014 school year. Each lesson will be printed on 5x8 card stock that will be kept together by a large key ring allowing teachers to easily remove and use the lesson card for that day.

3. Health Education/Nutrition curriculum support and education

When BRSSD first received HSI funding, a staff needs assessment indicated that teachers did not have enough materials and support to teach the California Health Education Standards. As a result, the BRSSD researched several options and finally agreed on a comprehensive, cost-effective health education curriculum called the Great Body Shop. This curriculum is based on monthly student newsletters and classroom lessons that address different health topics each month. Some of the health topics that are covered include: Injury Prevention and Personal Safety; Nutrition; Functions of the Body; Disease Illness and Prevention; Substance Abuse Prevention; Physical Fitness; and Social-Emotional Health. The Great Body Shop was selected by the BRSSD teachers and administrators because it is easy to implement, engaging for students and meets the state and national health education standards.

All teachers are asked to participate in evaluation and collect pre-and post- test data to measure knowledge, attitudes and beliefs. At least 2000 students have been impacted by the Great Body Shop Curriculum. Data shows that students increased their knowledge and awareness around health topics by 10% after participating in the program in the 2011-2012 school year. The BRSSD is in the second year of using the Great Body Shop curriculum and would like to continue to provide this program for grades K-5 to ensure that all elementary school students are receiving a comprehensive health education that promotes and encourages a healthy lifestyle and that meets California standards.

B. Proposed changes to help address these priority areas:

Social-emotional health: The work to address the social-emotional needs of all students in the BRSSD has only just begun. Currently, Ralston Middle School has only one full-time counselor serving 1200 students. Due to increased student enrollment combined with higher incidences related to drug and alcohol use, eating disorders and cutting have made it difficult to meet the needs of Ralston students. BRSSD is seeking funding from the SHD to continue the current counseling programs at the elementary schools and is requesting additional financial support to help address the critical social-emotional needs of the students at Ralston Middle School.

Physical Activity and PE: BRSSD has been able to make the program work with only two coaches for all six elementary schools, however, it is very challenging. The PE coaches are

often working with combined classes of 60-75 students at one time. Due to the overwhelmingly positive feedback from teachers, students and parents, the BRSSD would like to continue the PE coaching program but is requesting additional funding to hire and train 1-2 more coaches so coaches can go to each school site more often and reach more students and teachers through smaller group instruction. The BRSSD is committed to sustainability and feels that a coaching model that provides on-going training for teachers to teach PE to their students will ensure a quality PE program in the long-term.

Health education and curriculum: The Great Body Shop curriculum has been so well received by the community that Ralston Middle School is interested in providing it for their students. Ralston has made health and wellness a priority at their school site and the Great Body Shop curriculum would support these efforts and ensure that the middle school students are receiving a comprehensive health education. BRSSD is asking for additional funds to support a pilot implementation of the Great Body Shop at Ralston for the 2013-2014 school year.

Priority staffing to help meet wellness objectives: The hard work and dedication of their HSI grant team has enabled the coordination and support necessary to implement a Coordinated School Health Model and meet the many health and wellness needs of the BRSSD community.

1. The Wellness Coordinator: Manages the HSI grant logistics such as budgets, communications, and community partner contracts and works with local, state and national organizations to collaborate, build relationships, and bring additional resources to the BRSSD. Also provides staff development, classroom support, parent education and staff wellness opportunities as related to the health priorities of the entire BRSSD community and particularly in areas related to nutrition and physical health. The Wellness Coordinator is the district office point person which allowed BRSSD to select a single hot lunch vendor for the entire school district.

2. The Health Educator: Works closely with the Wellness Coordinator to provide staff development, classroom support, parent education and staff wellness programs for the community. In addition, the Health Educator works very closely with community partners StarVista and Cleo Eulau to provide the additional social and emotional support services and programs. The Health Educator also helps coordinate the Safe Routes to School grant and works with the Ralston Middle School staff on implementing a Positive Behavior Intervention and Support (PBIS) program.

3. Nursing Services: The district RN and LVN have important roles in providing diabetes management, conducting mandated hearing, vision and scoliosis screenings and managing immunization records at all 7 schools sites. In addition, nursing services is asked to participate in teacher trainings, parent education and student education in areas such as CPR, hygiene, hand washing and lice

Priority programs and services to meet wellness objectives: Staff wellness, parent education, staff development and comprehensive health education at Ralston Middle School are additional district priorities.

1. Staff Wellness: The BRSSD believes that a healthy, well educated staff will result in healthy children. Staff wellness is a critical component to supporting a culture of wellness. This year, staff wellness efforts have included a free weekly yoga class taught by the Wellness Coordinator which is regularly attended by at least 15 staff and free Zumba exercise classes offered through Belmont Parks and Recreation and Footsteps Child Care Inc. In addition, over 20 teachers have signed up to train and run a 5k race in April. The BRSSD staff recently completed a survey to determine additional staff wellness priorities.

2. Parent Education: Parent Education programs supported by the district and HSI have been very well attended. With the assistance of community partners and using the expertise of the grant team staff, BRSSD has been able to offer several well received parent education programs on topics such as Positive Discipline, Raising Resilient Children, Making Healthy Choices and Middle School Transition. These programs have been so successful that we would like to see them continue.

3. Staff Development: The HSI grant has enabled BRSSD to provide more staff development than has been offered in years. Staff Development has been provided in areas such as health education and nutrition, conflict management, PE, adolescent development, and resiliency in the classroom. Not only does a well trained staff directly benefit students, it motivates and supports teachers in their academic interests and areas of expertise.

4. Health Education at Ralston: Currently there is a need to examine health education at Ralston to determine the most effective way to offer a comprehensive health education program for all middle school students. The Ralston Administration has made this a priority and is working closely with the HSI Wellness Coordinator and health educator.

C. Costs

Total Recommended Amount for BRSSD: \$346,500

Direct funding to BRSSD: \$346,500

Percent of overall health- related budget funded by SHD = 78%

Sequoia Healthcare District Recommended Allocation: Total: \$346,500

Staffing Costs: \$231,500

- Wellness Coordinator (1FTE): \$90,000
- Health Educator (.6 FTE): \$59,500
- Credentialed Nurse (RN): \$45,000
- Licensed Vocational Nurse (LVN): \$37,000

Programs and Services costs: \$114,990

To maintain the successful services and programs that are currently in place, and to address increased needs particularly in the areas of social-emotional support and PE, BRSSD requests the following financial support:

1. Social Emotional Support (Counseling Services) at all 6 schools: \$55,000

- StarVista. StarVista provides group counseling programs to students at 3 schools once a week to in areas such as social/friendship skills, life skills, and coping with transitions for children whose families are experiencing changes such as divorce or death.
- Cleo Eulau Center has provided teacher and administrative support and staff training in areas of adolescent development and promoting resilience in students.

2. PE Coaching Services: \$35,990

- Additional funds would allow BRSSD to hire one to two more coaches which would improve the program by providing coaches at each school once a week (instead of twice a month) and working with smaller groups of students and teachers.

3. Great Body Shop Health Education Curriculum K-8: \$24,000

- To continue to offer the Great Body Shop to all students in grades K-5, BRSSD is requesting \$24,000 to cover costs of student newsletters and training and materials for new teachers. In addition, Ralston middle school is interested in piloting the curriculum to address increased health and wellness issues at the middle school level and to make sure that these students are receiving comprehensive health education.

***BRSSD continued next page*

Belmont-Redwood Shores Contribution: Did not break down total, but they support *salaries for an additional LVN and Ralston, PE Teachers, Dean of Students, and a counselor*

*Total Overall Current Budget for Wellness (BRSSD + SHD): HSI grant (\$315,000), San Mateo County Office of Education for Safe Routes to School (\$100K) Total = \$415,000. * All integral to providing health and wellness support to all students (Dean of Students and the middle school counselor are partially funded by both the education foundation, School Force and the district general fund)*

BRSSD Annual budget \$31,964,386

1.3) Sequoia Union High School District

A. Current status:

The Healthy Schools Initiative was first introduced to the district in the fall of 2011 which was a year later than in the other school districts. Since then, wellness has become a collaborative and coordinated effort, with many programs and projects under way. They have been vigorously implementing the Coordinated School Health model as the foundation for the district's efforts, with all eight components receiving support over the past year and a half. However, based upon input from administration, staff, and students, three areas have been identified as needing particular attention. These priority areas are; social emotional health, health education, and health services (nursing).

1. Social-Emotional Health Education and Services:

The social-emotional needs of 8400+ students are increasing due to a variety of factors, and although the number of students served is on an overall upward trend, the services cannot keep up with the demand. At the same time, recognizing that on-site mental health services are crucial, especially in the high school setting, focusing on prevention and education is equally important for staff, parents, and students alike. The wellness coordinator has been successful in bringing together the major mental health leaders in the district.

2. Health Education:

SUHSD's Board of Trustees recently approved a new Life Skills (Health) curriculum in the fall of 2011 for all district freshmen. This curriculum covers a wide variety of topics including social-emotional health, nutrition and safety, and reproductive health. The district is in need of providing ongoing professional development to the Life Skills teachers.

Teen Talk reproductive health education for all freshmen. HSI has been supporting Teen Talk at \$50,000 annually over the 3 past years.

Currently, all SUHSD freshmen are being trained in "Hands Only" CPR through their PE classes, and site staff are in the process of being CPR trained as well. Karen Li has initiated these trainings with the combined support of SHD, Sequoia Hospital, local fire departments, and the SUHSD PE department staff and district nurses.

3. Health Services:

Sequoia Union is currently supporting one full-time district registered nurse and four health aides. By SHD funding a second district nurse, plus an additional health aide at Redwood, they have begun to address the health services needs of their population.

B. Proposed change to help address nursing services

Nursing Services: Given the high-risk populations at both Redwood High and Community Day School, they see an advantage in upgrading the health aide position at Redwood to a registered nurse position, ideally with added experience in the realm of public health nursing. This individual could potentially bond with students at both Redwood and Community Day School, thereby offering an additional level of health support and education not currently offered by our health care system.

C. Costs

Total Recommended Allocation to SUHSD: \$502,500

Direct funding to SUHSD: \$332,500

Additional grants (non-profits): \$170,000

Percent of overall health- related services budget would be funded by SHD= 15%

Sequoia Union HS District (SUHSD) Contribution: \$3,095,000

- 16 PE teachers: \$1,600,000
- Mental health services for Special Ed: \$800,000
- 1 RN: \$100,000
- 4 Health aides: \$240,000
- 1 Mental Health provider (Carlmont): \$100,000
- Athletic trainers: \$80,000
- TUPE grant (yearly): \$175,000

Total overall budget for Wellness (SUHSD+SHD): \$3,755,000

SUHSD Annual budget: 109,000,000

Sequoia Healthcare District Recommended Allocation: \$512,500

Staffing Cost directly to district: \$260,000

- Wellness Coordinator (1.0 FTE): \$100,000
- District Nurse (1.0 FTE): \$100,000
- Redwood/CDS RN (0.5): \$60,000

Services and program costs directly to District: \$82,500

- Teen Talk: \$50,000
- Star Vista Contract for Menlo-Atherton: \$12,500
- CSM Parent Education: \$20,000

Contracted programs and services: \$170,000

- StarVista Youth Development Initiative: \$30,000
- Adolescent Counseling Services OCC Program: \$45,000
- Cleo Eulau Transition Program: \$25,000
- Counseling and Advocacy for Teens: \$35,000
- Sequoia Community Day School Green Street Academy: \$35,000

1.4) San Carlos School District

A. Current status:

San Carlos School District places health and wellness at the core of their 21st Century Learning Strategic Plan. The SCSD is taking on a very unique and innovative approach to build curriculum and prepare teachers to integrate nutrition, social-emotional wellness (resilience, growth and development) and physical fitness throughout every student's day. As students develop from the preschool years through eighth grade, their wellness experience will be woven throughout every subject, with every teacher layering health information and activities with students in a dynamic and systemic way. SCSD established the Strategic Wellness Education Action Team (SWEAT) to address this systemic integration process.

Priority Areas for SCSD: The Strategic Plan SCSD is developing is based upon measurable outcomes that the district supports through comprehensive data collection and research-based implementation methods to enable them to see where wellness initiatives are advancing and where more work is needed. Because of the integrated nature of the SCSD approach to wellness, SCSD would like to continue building support for all three layers of the Wellness Strategic Plan. The SCSD spends nearly \$1.8M annually to fund Health and Wellness. 64% of that budget goes toward Health and Wellness Educators who need the support of well-planned professional development to integrate effective nutrition, physical activity, and growth and development education.

B. Proposed changes to help address social-emotional health and nursing services

Physical Activity and PE:

SCSD is interested in expanding the Legarza contract to include more sites and more time with students during recess, lunch, before and after school which combined with the other priority areas would positively impact the district's ability to provide a more comprehensive, integrated wellness experience to all PK-8 students

C. Cost

Total Recommended Amount: \$369,000

Direct funding to SCSD: \$369,000

Percent of overall health- related services budget would be funded by SHD= 24.1%

San Carlos School District (SCSD) Contribution Total: \$1,730,918

1. Wellness Coordination & Integration Team \$362,974

- a. Director of Educational Services -.5 FTE
- b. Director of Instructional Technology -.5 FTE
- c. Bridge School Design Team -.4 FTE
- d. Professional Development -Contract *
- e. Parent Education -Contract *
- f. Staff Wellness -Contract*

2. Health and Wellness Educators \$1,141,934

- g. Counselors -3.0 FTE
- h. Interns -NDNU Contract for supervision
- i. PE Staff - 5.0 FTE
- j. Health Curriculum (TBD: Puberty Talk, & The Great Body Shop)
- k. Legarza -Contract
- l. Teen Talk-Contract
- m. SMART-E -.3 FTE
- n. Preschool -.3 FTE

3. Wellness Support Services and Supplies \$226,010

- o. Kid Chow School Nutrition-Contract
- p. Data Collection, Analysis & Recording -.6 FTE
- q. Counseling Resources & Materials *

Total Overall Current Budget for Wellness (SCSD) \$1,730,918 + (SHD) \$400,000= (SCSD + SHD) \$2,130,918

SCSD Annual budget: \$33,000,000

*** San Carlos costs continued next page*

Sequoia Healthcare District Recommended Allocation: \$369,000

Staffing Costs: \$324,700

- | | |
|---|----------|
| • Wellness Coordinator (0.8 FTE) | \$91,000 |
| • Nurse (0.6 FTE) | \$52,542 |
| • Counselors (1.0 FTE) | \$90,579 |
| • Elementary Health and Fitness Staff (3.0 FTE) | \$90,579 |

Services and program costs: \$44,300

- | | |
|-------------------------------|----------|
| • Teen Talk Contract | \$10,000 |
| • Medical Testing Contract | \$10,000 |
| • Nursing Resources Materials | \$5,300 |
| • Professional Development | \$15,000 |
| • Parent Education | \$3,000 |
| • Staff Wellness | \$1,000 |

1.5) Other School District Support

We have been \$25,000 to support either a school Counselor or a nurse (depending in school district need) for the past three years at Woodside Elementary, Las Lomita in Menlo Park, Menlo Park City School District, Portola Valley School District, and Charter School in San Carlos. All of the districts have demonstrated great appreciation for our support and we have developed positive relationships with these districts and their school communities. All have used the funds to develop their own wellness initiatives around the nurse or counselor and two are implementing a coordinated approach with the school nurses leading the efforts. I would like to continue this support at the current funding level next year.

School District	Amount	Purpose
Woodside Elementary	\$ 25,000	Counselor
Portola Valley	\$ 25,000	Nurse
Los Lomitas	\$25,000	Nurse
Menlo Park City	\$ 25,000	Nurse
Charter SC	\$ 25,000	Counselor

2. School Based Grants

As noted earlier, the integrated efforts of schools, families, health professionals, and community agencies can do much more to improve and intensify efforts to support and promote the health of our residents than any one single agency.

A. Current status

Prior to the implementation of HSI, school-based grants were provided through the community grants program. As HSI became established, with an independent budget, it made sense to roll school-based grants into the Healthy Schools Initiative. The amount of funding that was allocated and rolled over to the HSI budget was based on the amount that had been distributed over the prior two years of the community grants funding. The financial decision to do this has resulted in more strategic outcomes.

It had been the case that the array of grants funded to provide programs and services at our local schools filled in gaps and served important health needs, but they were not distributed in a comprehensive or systematic fashion nor were they aligned with any particular other efforts. This approach limited our ability to maximize our investment in the health of our young residents. HSI has clearly defined goals and objectives where we have the ability to more strategically align the grants with the priorities of HSI and of the school district. Our granting strategy is to support programs and services that are more district-wide and comprehensive in scope and serve a larger percent of students and staff (rather than site specific). We also aim to support agencies who have had long term and successful relationships with the school district, have the capacity for growth, in depth and breadth, are collaborative, and whose programs provide a core health service that are more preventive in scope. Overall, the agencies have done excellent work toward accomplishing their proposed goals and ultimately enhancing the efforts of the Healthy Schools Initiative.

While this granting strategy is effective overall, we do not want to limit our opportunity to explore innovative and unique approaches to serving the health needs of the school community. We should consider allocating a certain percent of grant funding to new pilot programs.

B. Proposed changes

As we continue to fine tune the grants, we may want to put out our own RFP's and we may want to build those programs and services into the schools budget rather than having the agencies go through the grants process. A potential concern with this approach however, is that it removes the competitive process of applying for the grant and we might end up creating a situation where we commit ourselves to more long term funding of these agencies. The benefit, however, is that the agencies and the schools can rely on their program being offered which enables schools to schedule and plan for the program. Often a non-profit program provider does not know if funding for their program will be secured until just prior to the new school year when most of the schools' schedules and curriculum have been committed to other lessons. Being able to plan ahead is more efficient and creates better impact.

C. Costs

We have been allocating \$400K to the grants over the past two years. Of this amount, \$125,000 was distributed to the 4 additional school districts in SHD boundaries to help support a school nurse or counselor. This amount allocated to the grants can vary depending on the annual budget.

This grants cycle, twenty-five non-profit agencies applied for funding, totaling \$985,000 in requests. The amount allocated to grants this year has been slightly reduced to \$265,000. This is due, in part, to an overall \$50,000 program budget cut. Full proposals were requested from 16 agencies (one withdrew application) for a total of \$598,000. Below is the recommended grants allocation for fiscal 2013-14 that will be presented to the SHD Board on April 17 for consideration of approval:

Organization requesting funding	Program Name and Description	Amount Requested	Amount Recommended	School(s) services will be provided
Star Vista	Children's Place: An early intervention program that provides counseling, education, prevention, and alternative activities for high-risk children ages 5-13 with addicted parents.	35,000	\$30,000	10 RWCSO Schools- Roosevelt, Adelante, Fair Oaks, Taft, Henry Ford, Hawes, John Gill, Hoover, McKinley IT, Garfield
Star Vista	Youth Development Initiative: Students are taught leadership skills to empower other youth to make healthy positive changes in their lives, school and community around nutrition, campus climate, physical well-being, etc	\$50,000	\$30,000	Sequoia High School
Adolescent Counseling Services (ACS)	On Campus Counseling Program (OCC): Provides on campus bilingual individual, family and group mental health therapy	50,000	\$45,000	Redwood High, Woodside High, La Entrada Middle School (Menlo Park)
Redwood City 20/20	Safe Routes to School Initiative: Climate Corps Volunteer Coordinator- Helps to build capacity at both the school district level and school site to develop champions so over time, walking or biking to school will become a normalized activity	\$15,000	\$10,000	All Redwood City School District Schools
San Mateo County Office of Ed	Safe Routes to Anywhere: Bicycle education pilot program for 8 th grade students	\$25,000	\$25,000	Kennedy (RWC) , Corte Madera (Portola Valley)
Sienna Youth Center of St. Francis	Sienna Youth Center's Holy Family School Health and Wellness: Program will provide a variety of health services and activities for the students attending the Holy Family	\$10,000	\$10,000	Sienna Youth Center of St. Francis

	School including education in social media and a group mental health-counseling and lifeskills program			
Counseling and Advocacy for Teens (CAT)	Counseling Program: Provides critical counseling and intervention services to students on campus who have been identified as at-risk for school failure. Also provides resources for parents	\$45,000	\$35,000	Woodside High
Mary Meta Lazarus Child Development Center at College of San Mateo	Healthy Eats, Active Feet: Provides pre-school for 48 low income parents attending San Mateo College. *43% of families live in SHCD boundaries	\$10,500	\$10,500	College of San Mateo
Footsteps	Physical Activity Program: PE Director trains preschool and afterschool staff throughout SHD to provide accessible, engaging and beneficial fitness activities in their afterschool settings	\$8,000	\$8,000	All Belmont- Redwood Shores afterschool and preschool sites
Cleo Eulau Center	Transition program: Promote lifelong resilience in youth, provide counseling to young victims of trauma and violence, and helps transition youth from court and community schools to their main high school	\$50,000	\$25,000	All schools in SUHSD
Sequoia Community Day School	Life Skills Program: Overarching goal is to address the psychological, social and emotional challenges of their students so that they may return successfully to a comprehensive high school.	\$35,000	\$35,000	Sequoia Community Day School

Total = \$263, 500

**** Pink indicates newly funded program**

3. PE + Physical Education Program for Redwood City Schools

A. Current Status

Through our distinctive collaboration with Peninsula Community Center and Redwood City Parks, Recreation, and Community Services, the Healthy Schools Initiative has been able to provide comprehensive, sequential PE instruction two days per week for kindergarten to fifth grade, helping to meet the physical education needs of more than 5,000 students in 9 elementary schools this year. Feedback so far from school administration, principals, teachers, parents, and students regarding the PE+ program has been extremely positive. Principals and teachers from schools where PE+ has not yet been implemented are asking district administrators how they too, can have the program.

B. Proposed Changes:

There are 4 schools in the RCSD where their PTA/PTO support some physical education for their students. Orion, Northstar, Adelante, and Roy Cloud would like to change from their current PE provider, which is in most cases, a part-time PE teacher or Playworks, to PE+. Using their PE funds, they are willing to pay to have the PE+ program at their school site. John Baker, the Deputy Superintendent for the RCSD and the Wellness Coordinator have been in contact with these schools and our PE+ providers to coordinate this arrangement. It's likely that the cost increase for the program will be more than these individual schools will be able to contribute. We are looking at a model where all schools contribute some amount to help support the expansive need for elementary physical education in the district. Without the additional support from all schools that benefit from the program, our collective capacity to expand PE+, in both breadth and depth within the school district, is currently limited.

PE+	Year 1	Year 2	Year 3
Schools	10	12	12-14
Days Per Week	2	2	3

In addition to expanding PE+ to more schools in the RCSD, the San Carlos School District would like to use the PE+ model to support PE for their elementary school children. Their proposed approach is to contract with Legarza Basketball, whose new elementary PE program is being piloted at Heather School in San Carlos. Legarza would like to align with the PE+ program model to share best practices and incorporate nutrition curriculum. The benefit of sharing resources allows HSI to build consistency in PE, not only within districts, but throughout our diverse school communities and allows us to leverage and maximize resources.

The need for focused attention in the PE+ program is on continued and consistent training around curriculum and nutrition education. To assure consistency in teaching methods, and messages being taught, training sessions for PCC and PRCS teaching staff are conducted

weekly, all year long, and focus on community & leadership development, teaching methods, and program curriculum. PE+ has provided an opportunity to integrate consistent, science-based nutrition messages and information to students across all grade levels and the nutrition education component of the PE+ program is becoming more comprehensive and further incorporated into the PE curriculum. Nutrition staff at PCC along with Jennifer Gabet, have identified standards and teaching content, selected appropriate resources and adapted materials for improved delivery within a PE setting. These “Nutrition Nuggets” are beginning to make a significant difference in the schools. The coaches appreciate the easy to use and practical curriculum and accompanying teaching materials and props. The students enjoy telling the coaches about the healthy foods they’ve been eating and often bring in labels from home for the coaches to review. The program has helped the teachers feel comfortable initiating discussions with the parents as well. Coaches are also connecting with the school nurses around nutrition issues. Therefore, the program is truly becoming a coordinated approach to health.

Program Evaluation: We met with researchers from the Gardner Center to bring expertise to the development of the evaluation questions, methods, and data collection strategies for the PE+ program. They provided a bid to conduct the program evaluation, which we believe is too costly. We will research other possibilities such as ASR to help with evaluation.

C. Program Cost:

(see budget in program proposal for more detailed explanation of costs)

Average cost per school per year	\$10,000	
Average number of students served at each school	500	
Number of schools in year one	10	
Average number classes per school per year	64	
Total staffing costs (includes benefits)		\$578,000
Total training costs	\$400 per school	\$4,000
Total supply cost	\$2,000 per school	\$20,000
Total annual program costs (year 1)		\$602,000

4. 1-2-3 Let's Grow Garden Program

The general purpose of 1-2-3 Let's Grow! was to bring currently funded partners together to improve coordination, sustainability, and utilization of school gardens. With limited resources to improve knowledge, attitudes and behaviors regarding healthy food consumption, we could no longer afford to fund programs that worked in silos and ultimately had limited impact. The idea behind the partnership was to develop stronger connections between the organizations, thereby improving efficiency on multiple levels. Within the larger context of all food, garden, and nutrition objectives of HSI, 1-2-3 Let's Grow utilized the methods of garden-based education with a focus on edibles, cooking skill development, and taste-testing opportunities (i.e., grow, cook, eat) through a three-pronged approach of coordination, training, and education. The underlying premise of this approach is that children who have opportunities to grow their own food, develop skills to prepare the food, and are able to taste the food will be more likely to consume healthy foods, especially fruits and vegetables, and develop positive attitudes about healthy food for the rest of their lives. We also assume that having a garden at a school improves the environment for the entire school, even if only a sub-set of students use it during any given year.

As a pilot project, we made some assumptions with the 1-2-3 Let's Grow program that did not hold true. Although it is no fault of Jennifer's or of the non-profits with which we partnered to develop the program, we have decided to dissolve the partnership. In doing so, we have modified the structure, responsibilities, and funding to those agencies that have been supporting school gardens and nutrition education programs within our local schools. The rationale for this decision is described below:

1. Lack of adequate funding for Garden Teachers. Jennifer realized the benefit of experiential learning opportunities, but found we needed a more comprehensive curricular foundation and a larger number of people spreading nutrition messages across all grades and who provide that additional nutrition link on school campuses, especially in the absence of dedicated nutrition/health educator positions akin to PE teachers, nurses, counselors. In most school districts, it has been a challenge to find adequate time for classroom teachers to provide broad-based nutrition education and then to get to the garden. In addition, the varied needs of school gardens make it difficult to find a one-size fits all approach. The most promising programs pay for garden teachers (1 per 2-4 schools) and/or garden maintenance, but these garden teachers are costly to use on a grand scale. Currently, we are supporting 1 FTE Garden Coordinator at \$60,000 annually and we cannot meet all the needs with current staffing levels or model.

2. Lack of buy-in for gardens and garden-based education from school district administration, (except for San Carlos). We assumed more interest and buy in than actually exists. District administration pushes garden and cooking efforts toward afterschool, although a project-based learning focus beginning next year may change this. However, direct education, even if desired by schools, can be costly to implement on a large scale.

3. Challenges with approach. The 1-2-3 Let's Grow! Program is based on a "train-the-trainer" model which we found to be challenging in the absence of a commitment to deliver and many teachers and programs prefer that paid/volunteer staff deliver programs. Also, cooking

programs must primarily occur in an afterschool setting due to increased time commitment, and must be fairly small in size in order to work and thus, can be costly to provide on a large scale.

As we transition out of the 1-2-3 Let's Grow partnership, we propose the below changes:

- Support Hidden Villa to continue to maintain and market the Hands in the Soil website, manage the lending library, and maintain garden kits for RWCSD (\$14,000).
- Reduce funding to Collective Roots, but allow it to continue services in Belle Haven Child Development Center and Willow Oaks Elementary next year (\$20,000).
- Continue teaching and demonstration garden support on a small scale with a reduced budget (\$6,000).

To continue the support outlined above and transition from the 1-2-3 Let's Grow partnership, \$60,000 is recommended for this effort in FY 2013.

5. Program Evaluation

Over the last two years, the John W. Gardner Center for Youth and Their Communities (JGC) at Stanford University partnered with HSI and the school districts to conduct an implementation study of the initiative. JGC collected data at a total of eight schools - two in each of the four partner school districts. The information we learned from the study will be tightly linked to our strategic planning moving forward. School District Superintendents and Wellness Coordinators were asked to provide feedback based on the study results and how best to incorporate these findings into our planning of the next phase of the Initiative.

The Gardner Center is currently closing the loop of this phase of their work by developing a series of “1-pagers” for different audiences (e.g. parents, teachers, school district staff, etc.) highlighting findings from the research. They will be co-branded with JGC, SHD, and each school district. In addition, they are producing a few 3-5 page “briefs” on particular topics raised by findings from the research (e.g. best practices for newly implementing school districts).

At this point, we do not have plans to conduct further evaluation of the overall program, but after year 5 of HSI implementation, we would look to conduct some outcome analysis. However, to assure expertise with the development of the evaluation questions, methods, and data collection strategies for the PE+ program, we will research organizations other than the Gardner Center as we have determined that the JGC is too costly to utilize for the PE+ evaluation needs. We have allocated \$15,000 to fund this need.

III. Successes

In general, we can define success as effectively meeting the goals and objectives we set forth to achieve, which are detailed in the full proposal. In brief, the overarching goal of HSI was to improve the coordination and integration of health and wellness programs and activities in schools and districts and, in turn, influence awareness and accessibility of programming and reach more students equitably.

Outcome: Findings from the Gardner Center study, presented in November 2012, confirmed that where wellness coordinators established relationships with wellness champions, teachers, and other staff, supported their activities, and invited them to join new efforts, stronger implementation and coordination occurred and more students were reached.

Below, are the four main methods we used to attain the overarching goal described above:

1. Assist schools in *implementing* coordinated school health policies and programs that will support and contribute to the positive development our youth.

Outcome: Under the direction and guidance of Sequoia Healthcare District staff, the Wellness Coordinators were key to the implementation process at both the individual school sites and at the district level for integrating the CSH model as a systems level, providing the framework for all wellness initiatives in the district. The model has been fully embraced by key administrators in all of our partner districts. Efforts to implement the model in the Menlo Park, Las Lomitas, and Woodside Elementary School Districts have been ongoing as well, as detailed in the grants progress reports from those districts.

2. Provide *funds* and other *resources* that will support coordinated school health for the schools' diverse populations.

Outcome: Through SHD funding and the support of SHD staff, and non-profit health program providers, we have enabled schools to *sustain* and/or *increase* personnel capacity to implement the CSH model.

3. Assist with developing *policies* at all levels that will fully support coordinated school health for schools' diverse populations.

Outcome: Working through their administration and their wellness committees, Wellness Coordinators were able to create detailed policies that protect and promote student health, particularly around nutrition and school safety.

4. Improve coordination and foster closer collaborations between school districts and state and county Departments of Education, state and county Departments of Health Services, other state and local agencies, and business and community institutions

Outcome: One of our first strategies when HSI was being implemented was to break down barriers and create partnerships throughout San Mateo County that would foster discussions among various agencies and departments and create a shared vision and purpose around some common goals. We began discussions with the County Health Department's Division of Policy and Planning to align forces with their school health committee. We now have a strong alliance of committed individuals from an array of local agencies, our wellness coordinators, and the wellness coordinators from PHD who come together to coordinate and collaborate on a broader scope around our common goal of supporting school health. We also succeeded to align our HSI goals with those of the county Office of Education's school wellness goals and I believe that, as a direct result of our efforts, both the County Health Department and the County Office of Education have adopted the Coordinated School Health Model as their framework for supporting and building upon their school wellness priorities.

IV. Challenges

Fortunately, we have experienced many successes, but we have experienced a few challenges. It seems however, that these are becoming less challenging as we figure out best practices and more efficient strategies for meeting these challenges.

A particular challenge has been in working with partners as a funder and participatory partner as it is not the type of structure school districts and non-profits are not used to. As a participatory partner, we join the schools and non-profit partners in the decision making and operations of the projects. The structure can be confusing to them and they question who has the power to make the final decisions. We've learned, however, through working with them to be clearer in describing our expectations for the partnership and to assure that we have a mutual understanding of each partner's role, what each has to offer the partnership, and what each partner needs from the relationship.

Funding non-profits to work in partnership, not just collaboratively, has been a challenge, but a learning experience as well. Through the 1-2-3- Let's Grow! program, we brought together non-profits who have a history of competing against each other for recognition, territory, and funding. Their core services though complement each others' and create a much bigger impact in our schools than either agency can do alone, and more economically. We've learned to help the organizations see where their programming, services and products complement one another for the greater good, and that new opportunities become possible by combining forces.

Another challenge lies within the magnitude of this project with multiple elements and limited staff. Much of what we do has not been done previously so it requires that the program staff develop all necessary materials and documents from scratch, without particular expertise. Often projects this size have special departments that support staff in such things as website and marketing materials design, contracts and budgets, etc. It requires that staff possess a highly diverse set of skills, flexibility, knowledge, leadership, and patience. A few areas require expert level support such as with program evaluation, website and marketing materials design, and we have a need to appropriately distribute these functions to skilled contractors. One area where we recognize a need for improvement is with our contracts and agreements. We can reduce confusion and ambiguity and improve efficiency by developing more precise guidelines that clearly communicate our expectations along with reporting guidelines for our partners to communicate their efforts. We have these in place, but they should, and will be improved.

V. Summary

Overall, the Healthy Schools Initiative has made significant gains in enhancing the health and safety of students and staff by engaging teachers, parents, students, and the community in delivering a comprehensive, systematic approach to student health. We have pulled together organizations, strengthened community relationships and increased awareness of our activities and created trust among our residents. As we move toward the next phase of the Initiative, our aim is to reassess alignment of our priorities around the continuously changing needs and resources schools have available to support student health. We must also assure that lessons learned over the past three years are incorporated into our strategic plan moving forward, and assure that our resources are used to leverage and enhance the good work the school districts are doing around school health in the most purposeful, economical, and impactful way. Much of the work we have done so far will be consistent with what we have been doing, but armed with those lessons learned over the past three years, we will build upon our most successful approaches and promising practices moving forward.

- **New Role for Jennifer**
 - One promising approach to nutrition education is the integration of Nutrition Nuggets into the PE curriculum. This approach has been very well-received and impactful. Therefore, I propose that Jennifer become our Physical Education and Nutrition Manager who will provide oversight and program development of the PE+ Program and nutrition curriculum for all sites. Her duties will include expanding Nutrition Curriculum Development for K-5 in RCSD PE+ Program and throughout our middle and high school PE classes. Much of Jennifer's time will be spent developing curricula and providing training to the PE+ coaches and PE teachers within our partner schools. Jennifer will also be responsible for social media marketing of nutrition messages and the "Rethink your Drink" campaign.
- **Dissolve the 1-2-3 Let's Grow partnership and re-focus our strategy**
 - Support Hidden Villa to continue to maintain and market the Hands in the Soil website, manage the lending library, and maintain garden kits for RWCSO
 - Continue Collective Roots services in Belle Haven CDC and Willow Oaks Elementary
 - Continue teaching and demonstration garden support
- **Develop more economical approaches to address the complex social and emotional health needs of students.**
 - New this year, we will support Star-Vista to provide counseling services in the Redwood City School District rather than supporting a counseling position. This approach promises to reach more students, more equitably and more economically.
 - We will also incorporate science-based sexual health education and resiliency training programs for students and staff into the overall school district budget allocation rather than through the grants process.

Without our strong commitment and partnership with our schools, neither the schools nor Sequoia Healthcare District could deliver the level of support needed to improve and intensify efforts to promote and protect the health of our youth. Through our support and with the growing commitment of school administrators and community partners, we have made significant gains in reducing the health risks so many of our youth face and we will continue to do so, even more effectively and efficiently in the coming years.

VI. Attachments

- Budget summary and detail (both budgets)
- Star Vista proposal
- Grant Recommendations FY 2013-14



Healthy Schools Projected Operating Budget 2013-14

Organization: Sequoia Healthcare District	Year: 2013-2014
Department: Healthy Schools	Submitted by: P. Kurtzman
Annual Operating Allotment: \$ 2,850,000	
Actual as of 7/1/13	
Remaining	
\$2,850,000	

Line Item		Budget	Actual	Variance
Staff Salaries				
Wellness Coordinator (0.8 FTE)		\$91,000		
Elementary PE staff	Includes Legarza contract	\$90,579		
Nursing Services 0.6 FTE	also includes medical testing contract, supplies, calib	\$67,848		
Counselor (1.0 FTE)		\$90,579		
Health Services and Programs				
Teen Talk Contract	partial support	\$10,000		
Other				
Parent Education		\$3,000.00		
Staff Wellness		\$1,000.00		
Professional Development		\$15,000.00		
Total San Carlos		\$ 369,900		
Explanation		Budget	Actual	Variance
Staff Salaries				
Star Vista Contract		\$ 105,000		
Outreach Specialist 0.8 FTE		\$ 69,000		
Nurse		\$ 108,000		
Licensed Vocational Nurse 1 and 2		\$ 114,000		
Wellness Coordinator		\$ 114,000		
Total RWC		\$ 510,000		
Explanation		Budget	Actual	Variance
Belmont- Redwood Shores				
Staff Salaries				
Wellness Coordinator		\$ 90,000		
Health Educator (0.6 FTE)		\$ 59,500		
Credentialed School Nurse		\$ 45,000		

Healthy Schools Projected Operating Budget 2013-14

Organization:	Sequoia Healthcare District	Year:	2013-2014
Department:	Healthy Schools	Submitted by:	P. Kurtzman

Annual Operating Allotment:	\$ 2,850,000
Actual as of 7/1/13	
Remaining	\$2,850,000

Licensed Vocational Nurse			\$37,000	
Services and Programs				
Health Ed Curriculum	Great Body Shop K-8		\$24,000	
Social Emotional Support Services	Star Vista and Cleo Eulau Contract	\$	55,000	
PE Support		\$	36,000	
Total BRSSD		\$	346,500	
Sequoia Union				
Staff Salaries				
Director of Wellness		\$	100,000	
Nurse 1 (1.0 FTE)		\$	100,000	
Nurse 2 (.50 FTE)	Redwood, SCDS		\$50,000	
Services and Programs				
CSM Parent Ed Series			\$20,000	
Teen Talk			\$50,000	
Star Vista Counseling at M.A			\$12,500	
		\$	327,500	
Woodside Elementary				
Staff Salaries				
Counselor		\$	25,000	
		\$	25,000	
Staff Salaries				
Nurse		\$	25,000	
		\$	25,000	

Organization:	Sequoia Healthcare District	Year:	2013-2014
Department:	Healthy Schools	Submitted by:	P. Kurtzman

Actual as of 7/1/13	
Remaining	\$2,850,000

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Healthy Schools Projected Operating Budget 2013-14

Organization:	Sequoia Healthcare District	Year:	2013-2014
Department:	Healthy Schools	Submitted by:	P. Kurtzman
Annual Operating Allotment: \$ 2,850,000		Actual as of 7/1/13 Remaining \$2,850,000	

Program Evaluation for PE Plus Discretionary Funds		Budget	Actual	Variance
		\$ 15,000		
		\$ 25,000		
		\$ 87,000		
Grants to Non-Profits		Budget	Actual	Variance
Star Vista	Children's Place Program	\$30,000		
Star Vista	Youth Development Initiative (YDI)	\$30,000		
Adolescent Counseling Svcs	OCCP	\$45,000		
Redwood City 20/20	Safe Routes to School	\$10,000		
San Mateo County Office of Ed	Safe Routes to Anywhere	\$25,000		
Counseling and Advocacy for Teens	CAT Counseling Program	\$35,000		
Cleo Eulau Center	Transition Program	\$25,000		
Sequoia Community Day School	Life Skills Program	\$35,000		
Footsteps	PE Trainer	\$8,000		
Mary Meta Lazarus	Healthy Eats, Active Feet	\$10,500		
Sienna Youth Center of St. Francis	Holy Family Health and Fitness	\$10,000		
Grants total		\$263,500		
TOTAL		2,850,000	2,600,000	Flagging Level

** Pink Indicates newly funded Program



Healthy Schools Initiative

Sequoia Healthcare District

Projected Budget Summary FYE 2014

<i>School Districts</i>	<i>Recommended Allocation Direct payment to District</i>	<i>Additional Programs and Grants (non- Direct payment)</i>	<i>Total funding to District</i>
Redwood City	\$510,000	\$655,000	\$1,175,000
San Carlos	\$369,000	\$0	\$369,000
Belmont-Redwood Shores	\$346,500	\$315,000	\$346,500
Sequoia Union	\$332,500	\$170,000	\$502,500
Menlo Park City	\$25,000	\$0	\$25,000
Las Lomitas	\$25,000	\$0	\$25,000
Portola Valley	\$25,000	\$0	\$25,000
Woodside	\$25,000	\$0	\$25,000
CLC	\$25,000	\$0	\$25,000
Totals	\$1,683,000	\$1,140,000	\$2,393,000
Program Management			
School Nutrition Manager (FTE .50)	\$48,000		
Program Director Salary (FTE .80)	\$83,500		
Total Program Management	\$131,500		
Special Programs			
Nutrition/ Garden Project	\$60,000		
PE for RCSD	\$625,000		
Total Special Programs	\$685,000		
Grants to Non-Profits	\$263,500		
Other Expenses			
Promotional materials/suppl.	\$15,000		
Meetings, travel	\$7,000		
RWC 20/20	\$25,000		
PE + Program Eval	\$15,000		
Discretionary Funds	\$25,000		
Total Other	\$87,000		
Total Estimated Budget FYE 2014	\$2,850,000		



**Healthy
Schools
Initiative**
Sequoia Healthcare District

**Projected Budget Summary
FYE 2014**

<i>School Districts</i>	<i>Recommended Allocation Direct payment to District</i>	<i>Additional Programs and Grants (non- Direct payment)</i>	<i>Total funding to District</i>	<i>Percent of overall health related budget funded by SHD</i>
Redwood City	\$510,000	\$655,000	\$1,175,000	33%
San Carlos	\$369,000	\$0	\$369,000	24%
Belmont-Redwood Shores	\$346,500	\$315,000	\$346,500	78%
Sequoia Union	\$332,500	\$170,000	\$502,500	15%
Menlo Park City	\$25,000	\$0	\$25,000	unknown
Las Lomitas	\$25,000	\$0	\$25,000	unknown
Portola Valley	\$25,000	\$0	\$25,000	unknown
Woodside	\$25,000	\$0	\$25,000	unknown
CLC	\$25,000	\$0	\$25,000	unknown
Totals	\$1,683,000	\$1,140,000	\$2,393,000	
Program Management				
School Nutrition Manager (FTE .50)	\$48,000			
Program Director Salary (FTE .80)	\$83,500			
Total Program Management	\$131,500			
Special Programs				
Nutrition/ Garden Project	\$60,000			
PE for RCSD	\$625,000			
Total Special Programs	\$685,000			
Grants to Non-Profits				
	\$263,500			
Other Expenses				
Promotional materials/suppl.	\$15,000			
Meetings, travel	\$7,000			
RWC 20/20	\$25,000			
PE + Program Eval	\$15,000			
Discretionary Funds	\$25,000			
Total Other	\$87,000			
Total Estimated Budget FYE 2014	\$2,850,000			



Healthy Schools Initiative

Sequoia Healthcare District

Projected Budget Summary FYE 2014

School Districts	Recommended Allocation FYE 2014	Allocation FYE 2013	Difference	Comments
Redwood City	\$510,000	\$495,000	\$15,000	
San Carlos	\$369,000	\$400,000	- \$31,000	
Belmont-Redwood Shores	\$346,000	\$315,000	\$31,000	
Sequoia Union	\$332,500	\$290,000	\$42,500	
Menlo Park City	\$25,000	\$25,000	\$0	
Las Lomitas	\$25,000	\$25,000	\$0	
Portola Valley	\$25,000	\$25,000	\$0	
Woodside	\$25,000	\$25,000	\$0	
CLC	\$25,000	\$25,000	\$0	
Total direct to Schools	\$1,683,500	\$1,625,000	\$58,500	
Program Management				
School Nutrition Manager (FTE .50)	\$48,000	\$46,500	\$1,500	
Program Director Salary (FTE .80)	\$83,500	\$73,500	\$10,000	
Total Program Management	\$131,500	\$120,000	\$11,500	
Special Programs				
Nutrition/School Garden Project	\$40,000	\$175,000	-\$135,000	
PE for RCSD	\$625,000	\$575,000	\$50,000	Increase PRCS PC % FTE, nutrition ed materials
Total Special Programs	\$685,000	\$750,000	\$65,000	
Grants to Non-Profits				
	\$263,500	\$275,000	-11,500	
Other Expenses				
Promotional materials/suppl.	\$15,000	\$10,000	\$5,000	
Meetings, travel	\$7,000	\$5,000	\$2,000	
RWC 20/20	\$25,000	\$25,000	\$0	
PE + Program Eval	\$15,000	\$65,000	-\$45,000	
Discretionary Funds	\$25,000	\$25,000	\$0	
Total Other	\$87,000	\$130,000	-\$52,000	
Total Estimated Budget FYE 2014	\$2,850,000	2,900,000		