Thank You

All of us at the Center for Healthy Schools and Communities would like to thank our partners for their support in creating this strategic plan. We are grateful for their wisdom and dedication to health and education equity in Alameda County.
Strategic Plan 2015-2020

Contents

Letter from the Director ................................2
Why School Health? .......................................3
About the Center .............................................4
Taking Innovation to Scale ..............................6
Our Results Framework ..................................8
Our Strategies ..................................................10
  Universal Health Access ................................12
  Healthy Spaces and Places ............................13
  Youth Leadership .......................................14
  Family Partnership .....................................15
  Quality Practice .........................................16
  Working Together ......................................17
Measuring Progress .........................................18
Our Partners ..................................................21
End Notes and Sources ..................................22
Acknowledgements ........................................23
Dear Colleagues,

The Center for Healthy Schools and Communities began 18 years ago in partnership with school, clinic, and county staff supporting four school health centers. Today, we work with a network of over 100 partners to eliminate opportunity gaps and ensure all children have the supports they need to thrive. At its core, our work is focused on empowering youth and families, growing the capacity of communities to affect change, and building strategic partnerships that link health and education systems to achieve equity.

This 2015-2020 Strategic Plan builds on our past successes while focusing on eliminating persistent and urgent disparities in childhood health and education outcomes based on place, income, and race. It defines our vision moving forward: to create a county where all youth graduate from high school healthy and ready for college and career.

We are grateful for the dedication of the numerous partners who have shared our vision and commitment to supporting the young people of Alameda County, and who have helped develop this plan. We would like to extend our deep gratitude to teachers, school and district staff and administrators, and community partners who are crucial to the success of every child.

In Partnership,

Tracey Schear, Director
Center for Healthy Schools and Communities
Alameda County Health Care Services Agency
Why School Health?

Children’s health and academic success are deeply connected. Positive school environments, safe places to play and exercise, affordable healthcare, nutritious foods, and opportunities to discover personal strengths and talents are just some of the factors that help children grow, thrive in the classroom, and prepare for college and career.

The Need

While the overall health and education outlook in Alameda County has improved over the past four decades, these improvements have not been experienced equally among all residents. Young people living in low-income communities in Alameda County are more likely to lack access to regular, affordable health care, highly resourced schools, recreational activities, and career exploration opportunities. They are also less likely to interact with educators and health care providers with similar backgrounds and life experiences. And, due to the persistent legacy of discriminatory institutional practices and structural racism, young people of color are often faced with the greatest barriers to success and the fewest opportunities and support structures.

Proven Impact

School-based and school-linked health and wellness strategies improve health and academic outcomes by reaching children where they are: in their schools and neighborhoods.

School health centers have been proven to increase attendance and seat time in school, decrease risky behaviors, and improve health access and utilization among those who are traditionally underserved. School-based behavioral health strategies improve student academic functioning and emotional stability, and build the capacity of adults to support the social-emotional needs of the student. Community schools show improved student attendance and reduced drop-out rates, reduced disciplinary incidents, increased parental involvement, and better school climate. Meaningful opportunities for family involvement can improve student well-being and academic success.

When we implement these strategies and support school health, we can reduce the profound and persistent inequities in our communities and create opportunities for each and every child to thrive.
About the Center

Because there is a critical connection between health and education, we are working across the county to develop healthy schools and communities that allow all children to thrive from cradle to career. Our mission is to foster the academic success, health, and well-being of Alameda County youth by building universal access to high-quality supports and opportunities in schools and neighborhoods. The Center is a department of Health Care Services Agency, the local health authority of Alameda County, California.
1. Cultivating Dynamic Partnerships

We bridge the gap between health and education by convening and nurturing dynamic partnerships with youth, families, schools, health providers, and other community stakeholders. Together, we define a shared vision, develop joint strategies, and coordinate resources into an integrated continuum of care for children and families. We facilitate stakeholder engagement, program planning, and partnership agreements; and we develop coordination structures that support communication and collaboration.

2. Seeding Innovation

Effective programs and practices are critical for supporting student health and academic success. We identify successful school health strategies and program models based on national best practices and locally proven results. With input and wisdom from providers, educators, youth, and families, we then develop, customize, and bring to scale effective service delivery models that meet the needs of the many diverse communities in the county.

3. Integrating Services and Systems

We work to reconfigure resources so that students have easy access to the supports and services they need to succeed in school and in life. We support educators, health care providers, and other stakeholders to adopt best practices, such as multi-disciplinary services coordination teams that address the needs of the whole child. At the systems level, we nurture the development of collaborative school governance structures that integrate family, school, and community resources to maximize supports for youth.

4. Building Capacity

Investing in the development of individuals and organizations strengthens their ability to implement best practices and achieve shared goals. We facilitate professional development workshops and ongoing communities of practice for school health providers and educators to help them build their leadership capacity and advance solutions to complex health and education equity issues. We provide coaching and consultation services to school districts and partner organizations to support the development of school health strategies across public and private systems. We also lead ongoing evaluation and quality improvement efforts to help our partners measure impact and refine strategies.

5. Supporting Sustainability

With a deep commitment to sustainability, we develop smart finance strategies that leverage public and private funds to support youth and families. As a part of the local county health authority, we have experience working with local, state, and federal public funding sources that support health and wellness for low-income families. Across all our programs and initiatives, we work from Day 1 with our partners to develop shared investments and long-term commitments.
Taking Innovation to Scale

We began in 1996 supporting four school health centers. Today, we impact thousands of students and families across the county through programs and initiatives that support the development of the whole child.

School Health Centers

We have been building innovative school health centers for two decades in partnership with schools, districts, and health providers. Our successful partnerships in Alameda County have helped school health centers become a nationally recognized best practice for improving youth health outcomes. Currently, our network of 29 school health centers offers integrated and confidential health and wellness services to over 13,000 students annually.

1/3 of clients came to a school health center without a medical home or dental provider and were linked to care.

School-Based Behavioral Health

Social-emotional health is a critical ingredient for learning. In partnership with Alameda County Behavioral Health Care Services, we invest over $25 million annually in behavioral health systems in 18 school districts and over 170 schools. We support a wide variety of services and programs, including school climate initiatives, restorative justice, referral and coordination systems, early and intensive mental health treatment services, and mental health consultation training for educators.

Over 80% of students participating in behavioral health services reported they are doing better in school and better able to cope when things go wrong.

2,952 children and family members were connected to health coverage through new school district family resource centers.

Growth

Together with our partners, we have significantly expanded access to high quality-health and wellness supports for children and families in Alameda County over nearly two decades.
Youth Development and Family Support

When young people have opportunities to develop their leadership skills and voice their opinions, they guide powerful and positive community change. We support youth centers and youth development programs that create places of safety, belonging, and possibility in school-based and school-linked settings. Additionally, we know families are children’s first teachers and fundamental to their academic success and healthy development. We support programs, such as family resource centers, that connect parents and caregivers to essential wellness supports, like health coverage, health care, and housing. We also work to create family engagement opportunities across our programs to elevate parents as leaders in program design and ongoing improvement.

8,545 youth participated in opportunities leading to improved social-emotional well-being, better school attendance, increased high school graduations, and improved readiness for college and career.

Healthy School and Community Initiatives

Ten years ago, we launched the first of several local systems building initiatives that we now refer to as our Healthy School and Community Initiatives. Focused on partnership, systems integration, and equity, these initiatives bring together partners from different sectors to align around a common vision and set of actions for improving health and education outcomes for all youth. We provide facilitation, coaching, technical assistance, and training to support successful collaborations that leverage the strengths, resources, and expertise of each partner.

All 11 initiatives have successfully engaged school district, public agency, and community partners in co-designing systems of support for student success and wellness.
Our Results Framework

No single organization or program can fix the complex social problems in our schools, communities, and society. Instead, we support a collective impact approach to change, recognizing that a coalition of partners working together around a common agenda is essential for achieving measurable, lasting change. To this end, we engaged our partners in developing a results framework that defines an ultimate vision focused on five key results. Over the next five years, we will use this framework to deepen coordination with our partners, guide our strategies and actions, and measurably improve health and education outcomes for children and families.

Our Vision:
All youth graduate high school healthy and ready for college and career.

1. Children are Physically, Socially, and Emotionally Healthy

Good health during childhood helps kids thrive in the classroom and prepare for college, a career, and a healthy lifestyle in adulthood. Health has many dimensions, including one’s physical health, social-emotional well-being, and sense of hope and possibility for the future.

2. Children Succeed Academically

Educational attainment is closely correlated with health and economic outcomes in adulthood. Young people with higher levels of educational attainment are more likely to have access to better job opportunities and lead longer and healthier lives.
3. Environments are Safe, Supportive, and Stable

Environments shape children’s opportunities to be healthy and academically successful. Safe, supportive, and stable home, school, and community environments are critical for young people to grow and thrive.

4. Families are Supported and Supportive

Families are children’s first teachers and fundamental to their academic and healthy development. When families have basic supports, such as economic opportunities, affordable housing, health care, and ways to engage meaningfully in their child’s development, children are better positioned to thrive.

5. Systems are Integrated and Care is Coordinated and Equitable

Deep collaboration is essential for significantly improving childhood health and education outcomes over time. Support systems for children and families must be integrated and coordinated to address the needs of the whole child, and ensure resources are equitably distributed.
Our Strategies

In order to achieve progress toward our results, we have identified six core strategies that will inform our actions and allocation of resources for the next five years. These strategies will be responsive to children and families situated furthest from opportunity. They reflect best practices in school health developed locally in Alameda County as well as nationally; and they leverage the Center’s core areas of expertise.

Strategy 1: Universal Health Access
Learning happens when students are healthy.
Create universal access to comprehensive school-based and school-linked health and wellness services.

Strategy 2: Healthy Spaces and Places
Our environment shapes our lives.
Build safe, healthy, and culturally responsive school and youth spaces.

Strategy 3: Youth Leadership
Youth voices guide the future.
Support healing, capacity, and action among youth to promote positive, youth-driven change.
Six major strategies guide the development of all of our programs, initiatives, and investments.

Strategy 4: Family Partnership
Supported families are supportive families.
Partner with families to build relationships, connections, and stability.

Strategy 5: Quality Practice
Be relevant and do what works.
Grow culturally responsive, quality practices that effectively serve youth and families furthest from opportunity.

Strategy 6: Working Together
Collaboration increases impact!
Strengthen cross-sector collaboration to align around outcomes, priorities, and resources.
Strategy 1:

Universal Health Access

Create universal access to comprehensive school-based and school-linked health care services and supports.

Rationale

Building universal access to high-quality, affordable, and culturally responsive health care services and supports is our first and foundational strategy to ensure all children in Alameda County are healthy, ready to learn, and able to lead. Over the next five years, we will increase access and utilization of health services by sustaining and expanding existing school health initiatives, including our network of 29 school health centers; the School-Based Behavioral Health Initiative; school-based and school-linked oral health services; and obesity prevention and treatment supports. In light of health care reform, we will also continue to invest in strategies that support children and families to enroll and retain health coverage and public benefits.

Key Actions

1. Strengthen the capacity of school health centers in Alameda County to serve as health care portals for children, youth, and families.

2. Sustain Alameda County’s network of school health centers and strengthen their finance models.

3. Sustain and expand Alameda County’s three-tiered continuum of school-based behavioral health supports in schools and school districts throughout the county.

4. Enroll and retain families in health coverage and other public benefits in schools and school-linked settings.

5. Improve youth and family access to oral health services in schools and school-linked settings by expanding partnerships and infrastructure for dental services.

6. Increase access to obesity prevention and treatment supports in schools and school-linked locations.

7. Support school districts in implementing Coordination of Services Teams (COST) in every school to create service, referral, and health care access points for students.

8. Strengthen peer-to-peer health education models in schools to increase access to preventive health care information.

9. Partner with school districts to expand school health initiatives.
Strategy 2: Healthy Spaces and Places
Build safe, healthy, culturally responsive school and youth spaces.

Rationale

The environments we live in shape our relationships, patterns of movement, emotional well-being, and physical health. School and neighborhood environments that allow all children to feel safe and supported, develop positive relationships with peers and adults, and access healthy foods and exercise are critical for health and learning. In the next five years, we will support the development of comprehensive school climate initiatives in the county’s 18 school districts, and broaden the capacity of school staff and providers to support the social-emotional development of students through mental health consultation and coaching. We will also advocate for a range of collaborative policies among local jurisdictions to create more equitable environments for all children.

Key Actions

1. Partner with school districts to implement comprehensive school climate initiatives, in order to create school environments where all students feel connected, welcomed, and safe.

2. Scale the school-based mental health consultation and coaching model to build the capacity of adults in schools to support student social-emotional development.

3. Develop successful business models for youth centers that promote youth resilience, leadership, and positive life outcomes.

4. Partner with school districts to leverage capital funds, such as bond measures, to ensure school communities have access to kitchens, water fountains, youth and family spaces, and other infrastructure that supports health.

5. Collaborate with county partners to increase access to healthy foods in schools and communities. Support youth and family engagement and leadership around food access issues.

6. Promote safe school campuses by supporting all school districts in the development of district-level crisis response protocols, and by mobilizing our behavioral health provider community when crises on school campuses occur.

7. Partner with school districts, families, and other key stakeholders to build transportation policies that create safe, accessible routes to school.
Strategy 3: Youth Leadership
Support healing, capacity, and action among youth to promote positive, youth-driven change.

Rationale
For our programs and initiatives to have the greatest impact on youth and families, the perspectives and voices of young people must guide their design. We will continue to promote policies and programs that create opportunities for youth to develop their capacity as leaders, voice their opinions, and guide community change. Our key actions under this strategy will focus on: 1) supporting the immediate needs of young people in their schools and communities, including supporting youth to heal, when necessary, from trauma; 2) building the capacity of young people by ensuring they have opportunities to nurture their strengths and talents, explore career possibilities, and build the skills required for civic engagement; and 3) creating opportunities for young people to be decision-makers about critical issues that impact them.

Key Actions
1. Sustain and continue to grow the REACH Ashland Youth Center. Support the development of additional youth centers in high-need areas of the county that employ best practices in youth development.
2. Provide capacity building support to youth development programs that effectively deliver specialized, targeted programming that reduces disparities in health and education outcomes for youth of color.
3. Build partnerships to address the needs of high-risk groups of youth, such as youth leaving Juvenile Hall, and support them to re-engage with their schools and communities.
4. Support the development of school-based and school-linked youth programs that nurture youth wellness, academic success, career development, and community leadership.
5. Integrate youth leadership opportunities into all Center for Healthy Schools and Communities programs and partnerships.
Strategy 4: Family Partnership
Partner with families to build relationships, connections, and stability.

Rationale
Families are fundamental in the lives of children and youth. We know that family engagement can have a significant impact on children’s success in school and in life. Research indicates family engagement is most successful when schools: engage with families in trusting, collaborative relationships; recognize, respect, and address families’ needs in the context of class and cultural differences; and embrace a philosophy of partnership where power and responsibility are shared. Building on nationally recognized best practices, we will work with our school and community partners to ensure there is a strong connection between home, school, and school-based and school-linked wellness programs. We will also work to expand access to wellness supports for families in school and community settings.

Key Actions
1. Adopt a framework for family engagement and partnership to inform program planning.
2. Expand wellness supports for families with young children ages 0 to 8 through collaboration with early childhood and school-aged service partners.
3. Increase family support, education, and leadership opportunities in school-based and school-linked settings.
4. Build the capacity of providers to engage and partner with families.
5. Engage families in program design and public policy development.
Strategy 5: Quality Practice

Grow culturally responsive, quality practices that effectively serve youth and families furthest from opportunity.

Rationale

Success depends on doing what works. To shift outcomes for youth and families situated furthest from opportunity, school health providers and programs must effectively employ culturally responsive practices and continuously assess if those practices are having their intended impact. To support quality improvement across our programs and initiatives, we will strengthen evaluation systems to establish common measures for success. To share and improve effective practices, we will expand our capacity building services by coordinating learning communities, trainings, and conferences; and we will launch an online toolkit with resources for starting and strengthening school health services.

Key Actions

1. Provide professional development opportunities that support partners to adopt a trauma-informed approach in their practice with youth and families.

2. Strengthen the capacity of school-based behavioral health providers to implement culturally responsive prevention and early intervention practices. Strengthen Alameda County’s three-tiered model for providing a continuum of behavioral health supports and services.

3. Launch an online toolkit to support local and national partners’ understanding of best practices from Alameda County’s school health programs and initiatives. Utilize the Center’s tools and training materials to improve and sustain effective practices both locally and nationally.

4. Implement a quality improvement initiative that strengthens the capacity of school health centers to deliver primary care, dental health, behavioral health, youth development, and health education in an integrated model.

5. Build the capacity of all Center for Healthy Schools and Communities contractors to utilize a Results-Based Accountability approach to evaluating the programs they deliver. Develop common measures and measurement tools across contractors to track impact.

6. Regularly convene partners in Alameda County, through professional development opportunities, trainings, and conferences, to share emerging best practices, strengthen relationships among health and education partners, and support ongoing quality improvement.
Strategy 6: Working Together

Strengthen cross-sector collaboration to align around outcomes, priorities, and resources.

Rationale

Deep collaboration among public agencies, private organizations, young people, and families is essential to significantly improve childhood health and education outcomes over time. Guided by the theory of Collective Impact, we believe significant change is more likely to occur when leaders across sectors align their activities around common issues and work together for shared results. Over the next five years, we will continue to strengthen collaborations across the health and education sectors in Alameda County. We will work with school districts to plan and implement full-service community school initiatives; promote deeper alignment among public sector entities serving children and youth; and provide professional development opportunities that support leaders across the county to excel in collaborative leadership competencies.

Key Actions

1. Support the planning, development, and implementation of full-service community school initiatives among Alameda County school districts.

2. Execute master agreements between school districts and county departments that formalize partnerships and articulate partner roles and commitments to deliver comprehensive school health services.

3. Collaborate with Alameda County departments and other public agencies to align strategies and resources to improve outcomes for children from birth to age 24.

4. Support cross-sector partnerships to develop and implement strategies that support school readiness and 3rd grade success.

5. Partner with school districts, youth, and health industry partners to build sustainable health pipeline programs that link young people to careers in Alameda County’s health care workforce.

5. Convene leadership academies for county leaders to support a culture of partnership.
To measure our collective impact on our results framework, we have identified population-level indicators to track our progress as a county toward achieving each of our five results. We will also track the effectiveness of our key actions within each of our six strategy areas using individual program evaluations. Updated data on both our population-level indicators and program performance measures will be published in forthcoming annual reports. The tables below provide a snapshot of past results and current baselines for each of our indicators.

### Result 1

**Children are physically, socially, and emotionally healthy.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Countywide Results</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with health insurance¹</td>
<td></td>
<td>95.7%</td>
<td>95.1%</td>
<td>95.1%</td>
<td>96.4%</td>
</tr>
<tr>
<td>7th graders with healthy weights²</td>
<td></td>
<td>58%</td>
<td>57%</td>
<td>58%</td>
<td>61%</td>
</tr>
<tr>
<td>Students who report not eating breakfast¹</td>
<td></td>
<td>NA</td>
<td>34.1%</td>
<td>NA</td>
<td>Forthcoming</td>
</tr>
<tr>
<td>Students with depressive symptoms⁴</td>
<td></td>
<td>NA</td>
<td>28.5%</td>
<td>NA</td>
<td>Forthcoming</td>
</tr>
<tr>
<td>Avoidable emergency department visit rates (ages 1-24)⁵</td>
<td></td>
<td>3,940 per 100,000</td>
<td>3,766 per 100,000</td>
<td>Forthcoming</td>
<td>Forthcoming</td>
</tr>
<tr>
<td>Students who report consuming alcohol or drugs in the past 30 days⁶</td>
<td></td>
<td>NA</td>
<td>22.7%</td>
<td>NA</td>
<td>Forthcoming</td>
</tr>
<tr>
<td>Teen birth rate⁷</td>
<td></td>
<td>18.6 per 1,000</td>
<td>16.7 per 1,000</td>
<td>13.9 per 1,000</td>
<td>Forthcoming</td>
</tr>
</tbody>
</table>

### Result 2

**Children succeed academically.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Countywide Results</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children ready for kindergarten⁸</td>
<td></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>45%</td>
</tr>
<tr>
<td>3rd graders proficient or advanced in reading⁹</td>
<td></td>
<td>53%</td>
<td>54%</td>
<td>52%</td>
<td>NA*</td>
</tr>
<tr>
<td>8th graders proficient or advanced in Algebra¹⁰</td>
<td></td>
<td>45%</td>
<td>46%</td>
<td>50%</td>
<td>NA*</td>
</tr>
<tr>
<td>High school students prepared for college¹¹</td>
<td></td>
<td>23% Math</td>
<td>22% Math</td>
<td>21% Math</td>
<td>20% Math</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29% ELA</td>
<td>30% ELA</td>
<td>31% ELA</td>
<td>35% ELA</td>
</tr>
<tr>
<td>High school students graduating on time¹²</td>
<td></td>
<td>78%</td>
<td>79.8%</td>
<td>80.8%</td>
<td>82.8%</td>
</tr>
</tbody>
</table>

Sources listed on page 24
### Result 3  Environments are safe, supportive, and stable.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Countywide Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
</tr>
<tr>
<td>Children living in poverty&lt;sup&gt;13&lt;/sup&gt;</td>
<td>16.8%</td>
</tr>
<tr>
<td>High school cohort dropout rate&lt;sup&gt;14&lt;/sup&gt;</td>
<td>15.1%</td>
</tr>
<tr>
<td>Truancy rate&lt;sup&gt;15&lt;/sup&gt;</td>
<td>34.9%</td>
</tr>
<tr>
<td>Students who report having a caring adult at home or at school&lt;sup&gt;16&lt;/sup&gt;</td>
<td>NA</td>
</tr>
<tr>
<td>Percent of students who report feeling safe and supported at school&lt;sup&gt;17&lt;/sup&gt;</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Result 4  Families are supported and supportive.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Countywide Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
</tr>
<tr>
<td>Families living in poverty&lt;sup&gt;18&lt;/sup&gt;</td>
<td>9.6%</td>
</tr>
<tr>
<td>Neighborhood unemployment rates&lt;sup&gt;19&lt;/sup&gt;</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

**Additional indicators under development**

### Result 5  Systems are integrated and care is coordinated and equitable.

<table>
<thead>
<tr>
<th>Equity Indicator</th>
<th>Countywide Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
</tr>
<tr>
<td>Disproportionate rates of 3rd graders proficient or advanced in reading, by race/ethnicity and socioeconomic status&lt;sup&gt;20&lt;/sup&gt;</td>
<td>2013</td>
</tr>
<tr>
<td>Disproportionate suspension and expulsion rates, by race/ethnicity and socioeconomic status&lt;sup&gt;21&lt;/sup&gt;</td>
<td>2013</td>
</tr>
<tr>
<td>Disproportionate rates of students meeting California college admission requirements for a 4-year university, by race/ethnicity and socioeconomic status&lt;sup&gt;22&lt;/sup&gt;</td>
<td>2013</td>
</tr>
<tr>
<td>Disproportionate rates of children with health insurance, by race/ethnicity and socioeconomic status&lt;sup&gt;23&lt;/sup&gt;</td>
<td>2013</td>
</tr>
<tr>
<td>Disproportionate rates of avoidable emergency department visits (ages 1-24), by race/ethnicity&lt;sup&gt;24&lt;/sup&gt;</td>
<td>2012</td>
</tr>
</tbody>
</table>

<sup>*</sup>California’s Department of Education ended the STAR testing program in July 2013 and has adopted a new assessment system, the California Assessment of Student Performance and Progress (CAASPP). Future CAASPP and STAR test results will not be able to be reliably compared.

<sup>**</sup>The California Department of Education defines “socioeconomically disadvantaged” as a student with either one of two criteria: 1) neither of the student’s parents graduated from high school; or 2) the student qualifies for the free and reduced meal program.
Our Partners

Education
Alameda County Office of Education
Alameda Unified School District
Berkeley Unified School District
Castro Valley Unified School District
Dublin Unified School District
Emery Unified School District
Fremont Unified School District
Hayward Unified School District
Livermore Valley Joint Unified School District
New Haven Unified School District
Newark Unified School District
Oakland Unified School District
Peralta Community College District
Piedmont Unified School District
Pleasanton Unified School District
San Leandro Unified School District
San Lorenzo Unified School District
Sunol Glen Unified School District

School Health Center
Lead Agencies
Alameda Family Services
  • Alameda High School-Based Health Center
  • ACLA/NEA School-Based Health Center
  • Encinal High School-Based Health Center
UCSF Benioff Children's Hospital
  • Chappell R. Hayes Health Center
  • Youth Uprising Health Center
City of Berkeley
  • Berkeley High School Health Center
  • B-Tech Health Center
East Bay Agency for Children
  • Frick Health Center
East Bay Asian Youth Center
  • Shop 55 Wellness Center
Fred Finch Youth Center
  • Rising Harte Wellness Center
La Clinica de La Raza
  • Fuente Wellness Center
  • Havenscourt Middle School Health Center
  • Hawthorne Health Center
  • Roosevelt Health Center
  • San Lorenzo High Health Center
  • TechniClinic
  • Tiger Clinic
  • Youth Heart Health Center
LifeLong Medical Care
  • Berkeley City College
  • Elmhurst Health Care
  • Emery Health and Wellness Center
  • West Oakland Middle School Health Center
Native American Health Center
  • Barbara Lee Center for Health and Wellness
  • Madison Health Center
  • Skyline High School
  • United for Success/Life Academy
Piedmont Unified School District
  • Piedmont High Wellness Center
Tiburcio Vasquez Health Center
  • Hayward High Health and Wellness Center
  • Logan Health Center
  • Tennyson Health Center

School-Based Behavioral Health Providers
Alameda Family Services
  • Ann Martin Center
Asian Community Mental Health Services
  • Asian Pacific Psychological Services
Bay Area Community Resources
  • UCSF Benioff Children's Hospital
City of Berkeley Mental Health Division
City of Fremont Human Services Department
Crisis Support Services of Alameda County
  • Community Health for Asian Americans
East Bay Agency for Children
  • Fred Finch Youth Center
Girls, Inc. Pathways Counseling Center
  • Hayward Youth & Family Services Bureau
La Clinica de La Raza
  • Lincoln Child Center
Portia Bell Hume Behavioral Health and Training Center
  • Seneca Center
Stars Behavioral Health Group
  • Tiburcio Vasquez Health Center, Inc.

City & Community Partners
Alameda Health System
  • Alternatives in Action
  • Associated Community Action Program
Beats, Rhymes and Life
  • Berkeley Alliance
CAPE, Inc.
  • City of Berkeley
  • City of Dublin
  • City of Fremont
  • City of Hayward
  • City of Livermore
  • City of Oakland
  • City of Pleasanton
  • City of San Leandro
  • City of Union City
  • Eden Housing
  • Hayward Area Recreation and Park District
  • Kaiser Permanente
  • Kidango, Inc.
  • Resources for Community Development
Safe Passages
  • Soulciety
  • Transitional Age Youth Advisory Board
Tri-City Health Center
  • Unity Council
Washington Hospital Healthcare System
  • Youth Radio
  • Youth Uprising
  • #YesWeCode

Research & Policy Organizations
Alameda Health Consortium
  • California School-Based Health Alliance
Coalition for Community Schools

Funders & Philanthropy
Aetna
  • Alameda County
  • Bechtel Corporation
  • CalGRIP- California Governor’s Office on Gang Reduction and Prevention
  • California Arts Council
  • City of Oakland Department of Human Services
  • Kaiser Permanente
  • McKesson Foundation
  • National Endowment for the Arts
  • Oakland Unite
  • PG&E
  • The Atlantic Philanthropies
  • The California Endowment
  • The San Francisco Foundation
  • U.S. Soccer Foundation
  • Wells Fargo
  • U.S. Department of Health and Human Services
    • Early Headstart
    • Human Resources and Services Administration
    • Center for Medicare and Medicaid Services

Alameda County
Alameda County Arts Commission
  • Alameda County Child Care Planning Council
  • Alameda County Deputy Sheriff's Activities League
  • Alameda County Fund Development Office
  • Alameda County Health Care Services Agency
    • Administration & Indigent Care Program
    • Behavioral Health Care Services
    • Public Health Department
    • Health Pipeline Partnership
Alameda County Library
  • First 5 Alameda County
  • General Services Agency
  • Interagency Children’s Policy Council
  • New Beginnings Program
  • Probation Department
  • Redevelopment Agency
  • Sheriff’s Office
  • Social Services Agency

Alameda County Board of Supervisors
District 1 Scott Haggerty
District 2 Richard Valle
District 3 Wilma Chan
District 4 Nate Miley
District 5 Keith Carson
Indicator Table Sources

4. Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting whether in the past 12 months they had felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities. California Healthy Kids Survey, 2011-2013.
5. OSHPD ED 2011-2012.
18. Percent of families living at or below 100% FPL, American Community Survey, 2011-2014, 1-Year Estimates.
24. OSHPD ED 2012.

End Notes

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