



*knowledge*  
**brief**

This brief is part of a series that shares findings from a research collaboration between the John W. Gardner Center for Youth and Their Communities at Stanford University and Oakland Unified School District (OUSD) focused on understanding implementation of the community school model in the district.<sup>1</sup> This brief highlights findings related to integrated service delivery in OUSD community schools, specifically examining services related to health and wellness, expanded learning, and family engagement. Previous research has demonstrated that student and family participation in such support services is often associated with improved student outcomes.<sup>2</sup> While student services take many forms, research shows that integration is key to successful implementation. Integration entails both combining and coordinating a range of student supports to facilitate seamless service provision, as well as incorporating these supports as fundamental components of the life and academic mission of a school.<sup>3</sup>

## Integrated Services and Supports in Oakland Community Schools

### KEY FINDINGS

- The OUSD community schools in this study offered an array of services, supports, and opportunities to students and their families, especially in the areas of health and wellness, expanded learning, and family engagement.
- Many of these mature community schools showed high levels of service integration with the school's academic mission, operations, and culture, with some variation and adaptation by site. For example, in some schools teachers and afterschool program staff actively aligned lessons and activities; and in others health and mental health services had become a regular part of what students do at school.
- Community school organizational structures such as collaborative school leadership, partnerships, and coordination helped align services to student and school needs.
- Teachers noted that supports and services improve students' readiness to learn, increase the amount of time students are in class, and allow teachers to focus more on teaching.

# HEALTH AND WELLNESS

**Schools in this study** partnered with community providers to offer a wide range of medical and behavioral health services, including primary care, dental services, vision testing, health insurance enrollment, counseling, restorative justice initiatives, and other mental and behavioral health supports. Most schools had one core health partner, as well as partnerships with other community providers. The core health partner was often viewed by other adults in the school as essential school staff, and was in regular communication with the community school manager, and often the principal or other leadership. Most schools in the sample had on-site health clinics; one that did not had partnered with a near-by clinic and implemented strategies to facilitate access for students and families.

All school sites had systems in place for identifying students in need of health and wellness supports. The coordination of services team (COST), which generally included the community school manager, health and behavioral health partners, and school administrators, was the primary mechanism for identifying and addressing individual students' health and behavioral health needs. Schools implemented a range of strategies to integrate health into school culture, including class visits to health clinics with short screenings for all students, and health and wellness

providers offering health education classes on campus. Most schools widely implemented behavioral health interventions, such as restorative justice circles and Positive Behavior Interventions & Supports (PBIS) programs, to improve school climate, reduce disciplinary issues, and respond to students' needs. Staff noted that integrating these services on campus often de-stigmatized students' participation, thereby increasing utilization and access.

Given widespread student experiences with trauma, behavioral health services were noted as both a key contribution of community school implementation, and one of the greatest remaining needs. Nearly all staff interviewed described the positive effects of offering health and wellness services on campus. Teachers noted that the services removed barriers to learning, increased the amount of time students are in class, and allowed teachers to focus more on teaching.

## EXPANDED LEARNING

**All of the sample schools** provided multiple afterschool, summer, and other expanded learning opportunities to students. Many of these opportunities were offered by partner organizations, who coordinated with teachers, the principal, and/or community school manager to ensure expanded learning and classroom learning were aligned. In several schools, partner staff worked with students during the school day, as well as after, collaborating with teachers to provide extra assistance in class

or working with a small group of students outside the class. In the high schools we studied, expanded learning



**Behavioral health interventions improve school climate, reduce disciplinary issues, and respond to students' needs.**

often consisted largely of connecting students to other opportunities either within or outside the school, including the school's Linked Learning pathways or external internships. In all schools, community school managers played an important role in facilitating opportunities for students outside the traditional school day.

Schools implemented innovative structures to create opportunities for teachers and afterschool staff to communicate about students, align lessons, and discuss goals, although this was still perceived as a challenge by some. These practices run counter to traditional ways of relating between school-day teachers and afterschool staff. Examples include a common faculty meeting time for all teaching and partner staff each month, and providing partner staff with a "day off" to enable them to check in with teachers, as well as with students' families.

Additionally, several schools exhibited important shifts in how they conceptualize instructional time and community partnerships, with considerable integration between school day and after school, often making little distinction between them. In two of the five study schools nearly all students (99%) participated in activities outside the traditional school day. In one school the principal explained, “We don’t call anything afterschool; there’s no such thing as afterschool; everything is part of what you do.” In this school, where almost all 6th and 7th graders stay after the traditional school day for activities such as STEM, coding class, and Folklorico (dance), the afterschool program is called 8th and 9th period, and activities provided by community-based organizations are included on students’ daily school schedules.

**“I’m working in this system that’s working together... I don’t think the kids even know that they’re in afterschool, because it’s so seamlessly integrated.”**  
— **Community school manager**

## FAMILY ENGAGEMENT

**Across the sample sites,** community schools offered families services and supports, engaged parents in their children’s learning, and involved parents as leaders and advocates for school improvement.<sup>4</sup> Most schools in this study had teams dedicated to engaging and supporting families, many under the leadership of the community school manager and with staffing from partner agencies. Family advocates<sup>7</sup> frequently provided a direct line to students’ families, calling or texting parents about a student, often at a teacher or staff person’s request. Most sites had a family resource center that offered parent support services—ranging from ESL classes to tax assistance to legal aid. Family supports were often framed as a response to the acute needs of communities facing challenging circumstances, ranging from poverty, violence, trauma, family separations, and other instabilities.

**Most** of the community schools connected family engagement activities closely to learning. Partners and community school managers played a central role in aligning family engagement initiatives to school and learning goals, engaging

“  
The school goes beyond a rigidly defined box of academics.  
**It’s a place that can serve all**  
different parts of the student and family.

”  
parents in in-school and at-home learning, enrichment opportunities, and numerous initiatives to help parents prepare their children for college. At one elementary school, the family advocates were informed if a child was absent and immediately communicated with the parent. Teachers at multiple schools regularly communicated/texted with parents, for example, about whether their child completed homework or attended class. At several sites, school leadership developed systems to increase student attendance that involve immediate follow-up with families when a student is absent.



**Family advocates connect with parents by calling or texting with updates, and include parents in goals such as enrichment opportunities and future plans.**





**Expanded learning connects students to opportunities outside of their schools to widen their learning environment.**

Additionally, parents often played important roles as advocates both for their child and for all children at the school, including efforts to support policies and measures that bring new resources to the school. One school developed parent-advocacy groups, organized around a “cycle of action” for school improvement. Parents look at data regarding issues at the school (e.g., attendance), take steps to learn more (for instance, by visiting other schools that have developed best practices) and propose action in response. At one site, the principal credits parents for advocating at the district- and state-level for the passing of district Measure N (2014) and state Proposition 30 (2012), both of which brought significant new funding streams to the school.

School leadership played a critical role in underscoring the importance of engaging parents as partners, allies, and advocates.

**“We’re trying to engage the families so that they are equal partners. So, kind of moving away from ‘We have these things and we’re just going to give them to you.’ But, rather, really developing a mutual partnership.”**  
— *Principal*

## IMPLICATIONS

As OUSD scales-up its community schools effort, this research offers guiding lessons and examples illustrating how a community school

can be more than a collection of services based at school. Instead, a community school can include a set of supports and partnerships integrated into its mission and practice. Sites that have implemented the community school model for a number of years appear to be on a continuum of integration between school and partner staff, and this research points both to considerable progress as well as some areas for ongoing improvement. For example, while some schools blended and aligned school day and afterschool program lessons and activities to expand students’ time for learning, we also heard about ongoing challenges to find opportunities for school and partner staff to communicate in order to maximize the effectiveness of these partnerships. Community schools adopted multiple strategies to integrate health and wellness into school practice, decrease stigma, and increase participation in services. Though community schools offer many resources to address widespread student experiences with trauma, behavioral health services were noted as the greatest remaining need. This research also points to the centrality of community school structures (e.g., collaborative leadership, strategic partnerships, coordination) to facilitate integration of services and alignment of those services to student and school academic needs.

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1 For a complete description of this research collaboration, including methodology and OUSD community school design, see series overview.

2 Castrechini, S. (2011). Service synergy: Examining the cumulative effects of community school services. Stanford University: John W. Gardner Center for Youth and Their Communities; Biag, Manuelito and Sebastian Castrechini (2014). “The Links Between Program Participation and Students’ Outcomes: The Redwood City Community Schools Project.” Issue Brief. Stanford, CA: The John W. Gardner Center for Youth and Their Communities; Moore, K. A. (2014). Making the grade: Assessing the Evidence for Integrated Student Supports. Child Trends downloaded from <http://www.childtrends.org/wp-content/uploads/2014/02/2014-07ISSPaper2.pdf>.

3 Moore, K. A. and Emig, C. (2014). Integrated Student Supports: A Summary of the Evidence Base for Policymakers. Child Trends White Paper.

<http://www.childtrends.org/wp-content/uploads/2014/02/2014-05ISSWhitePaper1.pdf>

4 We often use the word “parent” to denote the primary adult caretaker for a child or children, which may sometimes be an adult other than the parent, such as a grandparent, aunt/uncle, legal guardian, or other.

The research presented here is based on interviews with principals, teachers, community school managers, community partner organizations, and other key staff in five OUSD schools (elementary, middle, and high), many of which had been implementing the community school model since the district’s community school initiative began in 2010. The Gardner Center would like to acknowledge our OUSD partners as well as the Kaiser Foundation Hospital Fund for Community Benefit Programs at East Bay Community Foundation for their support.

