



Developing Community Schools at Scale

Implementation of the New York City Community Schools Initiative

William R. Johnston, Celia J. Gomez, Lisa Sontag-Padilla, Lea Xenakis,
Brent Anderson



For more information on this publication, visit www.rand.org/t/RR2100

Published by the RAND Corporation, Santa Monica, Calif.

© Copyright 2017 RAND Corporation

RAND® is a registered trademark.

Cover: Getty Images / asiseeit

Limited Print and Electronic Distribution Rights

This document and trademark(s) contained herein are protected by law. This representation of RAND intellectual property is provided for noncommercial use only. Unauthorized posting of this publication online is prohibited. Permission is given to duplicate this document for personal use only, as long as it is unaltered and complete. Permission is required from RAND to reproduce, or reuse in another form, any of its research documents for commercial use. For information on reprint and linking permissions, please visit www.rand.org/pubs/permissions.

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

RAND's publications do not necessarily reflect the opinions of its research clients and sponsors.

Support RAND

Make a tax-deductible charitable contribution at
www.rand.org/giving/contribute

www.rand.org

Preface

With the launch of the New York City Community Schools Initiative (NYC-CS), New York has joined many other cities to recognize that addressing the social consequences of poverty must be done in tandem with efforts to improve teaching and learning to improve student outcomes. Consistent with a framework advanced by the Coalition for Community Schools, NYC-CS is a strategy to organize resources in schools and share leadership among stakeholders so that academics, health and wellness, youth development, and family engagement are integrated into the fabric of each school. New York City is implementing this model at a scale unmatched nationally.

In this report, we take stock of the implementation of the NYC-CS as of the 2016–2017 school year (SY) by analyzing data from the first two full years of program implementation. There are three primary goals for studying the early implementation of the NYC-CS: (1) describe the extent to which the core structures and services of the NYC-CS have been implemented as intended across the 118 schools that were involved in the initiative since its inception, (2) understand how the schools have been developing their capacity in four core areas—continuous improvement, coordination, connectedness, and collaboration—through estimating composite scores that capture schools’ capacity as of SY 2016–2017, and (3) analyze some of the factors that were associated with observed variation in schools’ capacity development. The findings of this report will inform district decisions regarding the priorities and support needed to sustain the NYC-CS long-term, and they may be useful for other practitioners and policymakers interested in developing or refining holistic school-based programs that support students’ and communities’ academic, social, and emotional well-being. A follow-up report on the impact of the NYC-CS on student and school outcomes is set to be released in 2019.

This research has been conducted by RAND Education and RAND Health, two research units of the RAND Corporation, under a contract with the New York City Mayor’s Office for Economic Opportunity. Funding to support the evaluation has been provided by the New York City Department of Education and New York City Department of Health and Mental Hygiene.

Contents

Preface	iii
Figures and Tables	vii
Summary	ix
Acknowledgments	xv
Abbreviations	xvii
CHAPTER ONE	
Overview of the Community Schools Initiative	1
Defining the Community School Model	2
Community Schools in New York City	3
Guide to the Community Schools Implementation Study Report	11
CHAPTER TWO	
Implementation Evaluation Framework and Methods	13
Framework for Studying Implementation	13
School Sites	14
Data Used in This Report	16
CHAPTER THREE	
Implementation of Community School Structures and Services	21
CBO Partnerships	21
Real-Time Data Use	25
Expanded Learning Time	28
Family Engagement	30
Attendance Improvement Strategies	36
Mental Health Programs and Services	38
Conclusions	44
CHAPTER FOUR	
Community Schools' Development of the Four Core Capacities	45
Measuring the Four Core Capacities	46
Variation in Core Capacities	50
CHAPTER FIVE	
The NYC-CS at Renewal Schools	53
Implementation Fidelity at Renewal Schools	53

Complementarity of Community School and Renewal School Strategies	54
Unique Implementation Challenges at Renewal Schools.....	55
CHAPTER SIX	
A Closer Look: Case Studies of Two Community Schools	59
School A.....	59
School B.....	64
CHAPTER SEVEN	
Conclusions and Next Steps	71
Understanding Implementation in Community Schools	71
The NYC-CS and Signs of School Transformation.....	72
Implementation Challenges.....	73
Sustaining Implementation Progress.....	74
Directions for Future Research.....	75
APPENDIXES	
A. Summary of Data Sources	77
B. School Leader Survey	79
C. Mental Health Complementary Survey	95
D. School Leader Interview Protocol	103
E. Description of Mental Health Programs and Services	109
F. OCS Stages of Development Framework	111
References	113

Figures and Tables

Figures

1.1.	NYC Community Schools Initiative Theory of Change.....	5
1.2.	Three-Tiered Model of Mental Health Services.....	6
3.1.	Ladder of Engagement	32

Tables

1.1.	New York City OCS Stages of Development.....	6
2.1.	School Demographics	15
3.1.	Prevalence of Core Services, by School Year.....	28
3.2.	Descriptive Statistics on Percentage of Parents Engaged in the Ladder of Engagement Steps	33
3.3.	Percentage of Schools That Planned to Implement New or Enhanced Mental Health Programs, Services, or Structures for SY 2015–2016 or 2016–2017.....	39
4.1.	Continuous Improvement Implementation Index	47
4.2.	Coordination Implementation Index.....	47
4.3.	Connectedness Implementation Index	48
4.4.	Collaboration Implementation Index	49
4.5.	Descriptive Statistics for Capacity Index Scores and SOD Self-Assessments.....	50
4.6.	Mean Capacity Index Scores, by Structural Characteristics.....	51
4.7.	Regression Estimates of Association Between Capacity Index Scores and Cultural Characteristics	51
5.1.	Average Number of Interventions from NVDS, by Renewal Status	54
6.1.	Planned Core Structures and Services as Reported by School A.....	60
6.2.	Planned Core Structures and Services as Reported by School B.....	65

Summary

Abundant evidence documents the relationship between educational outcomes and nonacademic factors, such as neighborhood poverty, exposure to violence and trauma, and limited access to quality health care and social services. Because students' untreated social, emotional, and mental health needs can lead to higher rates of juvenile incarcerations, school dropout, family dysfunction, drug abuse, and unemployment, educators and policymakers are turning to comprehensive, "whole child" educational interventions that can address these learning barriers and concurrently focus on improving students' academic outcomes.

With the launch in 2014 of the New York City Community Schools Initiative (NYC-CS), New York has joined numerous other cities to recognize that addressing the social consequences of poverty must be done in tandem with efforts to improve teaching and learning strategies and approaches. Consistent with a framework advanced by the Coalition for Community School, the NYC-CS is a strategy to organize resources and share leadership so that academics, health and wellness, youth development, and family engagement are integrated into the fabric of each school. New York City is implementing this model at a scale unmatched nationally.

The NYC-CS is organized around six core components that are meant to ensure consistency across schools, while also providing school leaders with sufficient flexibility to encourage innovation. These components consist of core *structures* and *services*; the core structures include community-based organization (CBO) partnerships and real-time data use, and the core services include family engagement, attendance improvement strategies, expanded learning time (ELT), and health and wellness (including mental health).

Community schools are often identified and defined by a collection of programs and services, and the NYC-CS believes that, by supporting schools' integration of these structures and services, schools will build four key capacities that are central to the NYC-CS Theory of Change:

- **continuous improvement** through ongoing collection and analysis of data to assess needs and guide decisions
- **coordination** across programs and agencies to ensure equitable delivery of the right service to the right students and at the right time
- **connectedness** among adults and students that fosters a sense of community among all stakeholders and encourages resilient academic and personal behaviors among students
- **collaboration** that strengthens school and CBO partnerships and supports families' voices in school engagement and student learning.

Increased capacity in these areas is expected to enable schools to move beyond simply providing needed services and to create systemic and sustained supports for students and communities that diminish the negative effects of poverty on their school performance.

About This Report

In this report, we take stock of the implementation of the NYC-CS for a cohort of 118 community schools. Our data were collected primarily during the 2016–2017 school year (SY), which was the second full year of the program’s existence, but we also integrate administrative data from SY 2015–2016 and earlier (some of these schools were identified as community schools midway through SY 2014–2015). There are three primary goals for studying the implementation of the NYC-CS. The first goal is to describe the extent to which the core structures and services of the NYC-CS have been implemented as intended across the 118 schools that were involved in the initiative since its inception. The second is to understand how the schools have been developing along the four previously mentioned core capacities through estimating composite scores that capture schools’ capacity as of SY 2016–2017. The third is to analyze some of the factors that were associated with observed variation in schools’ capacity development.

To accomplish these goals, we conducted a mixed-methods analysis that combines data from a variety of sources—administrative data and program tracking reports, surveys, and interviews—to understand schools’ experiences with the implementation of the NYC-CS. We present our results in four chapters of this report. First, we delve into the details, challenges, and success of the core structures and services of the NYC-CS to date (see Chapter Three). We also conducted a principal component analysis to generate four composite implementation index scores that capture the schools’ development on the four core capacities that are central to the NYC-CS Theory of Change. Next, we conducted an exploratory analysis of school characteristics that may be associated with varying levels of development of the four core capacities (see Chapter Four), followed by a discussion of the unique experiences of community schools that have also been designated Renewal Schools (Chapter Five). Finally, in Chapter Six, we tie it all together by discussing—in two case studies—how the structures and services and core capacities come together under the roofs of two specific schools that are participating in the NYC-CS.

Although there are data limitations related to the reliance on self-reports from administrators and low response rates for some of our data-collection efforts, the report presents a representative and useful accounting of the implementation experiences for community schools in New York City.

Findings

Our analysis yielded several findings that will be relevant to policymakers and practitioners interested in developing or improving community school models.

First, as detailed in Chapter Three, we found compelling evidence that the six core structures and services of the NYC-CS are being implemented across virtually all community schools in the study, and the schools have shown a marked increase over time in the prevalence of these components since the onset of the initiative in 2014. There is also substantial variation in the format and degree of program components that schools have in place. This variation exists by design to some degree, as the NYC-CS provides each school with substantial flexibility to forge community partnerships and implement programs that are relevant and responsive to its unique population.

Regarding **CBO partnerships**, we found:

- CBO partnerships allowed schools to administer services and programs they could not do alone.
- Nearly 90 percent of school leaders surveyed felt the CBO programming was aligned with their vision for the school.
- School leaders described three key facilitators of a successful school–CBO partnership: (1) shared goals and vision for the community school programming; (2) a knowledgeable and effective community school director (CSD); and (3) a strong working relationship between CBO and school staff.

Regarding **real-time data use**, we found:

- NYC-CS-supported data tools and protocols were important facilitators for schools’ planning conversations
- Schools reported that regular use of data was essential for planning initiatives geared toward school improvement as well as planning targeting interventions for particular students.

Regarding **ELT**, we found:

- Over 90 percent of schools reported offering ELT after-school programming since the NYC-CS began in SY 2015–2016, an increase from only 59 percent in SY 2014–2015.
- ELT offerings included a wide range of topics and activities, from visual and performing arts to academic enrichment and standardized test preparation.

Regarding **family engagement**, we found:

- Overall, schools felt positive about the family engagement events connected to the NYC-CS.
- School leaders felt the transformation into a community school increased participation among parents, as 81 percent of schools indicated that families were more present in the school as a result of the NYC-CS.
- Three main categories of family engagement activities and opportunities emerged from our review of the data: (1) leadership opportunities, collective decisionmaking, and relationship building; (2) social and educational services that meet the needs of the whole family; and (3) opportunities to share and collect data with families.

Regarding **attendance improvement** efforts, we found:

- The majority of school leaders reported that attendance was being addressed in regular staff meetings, and the responsibility for tracking attendance was shared across many staff members.
- The percentage of community schools that implemented Success Mentors to work with students at risk of chronic absenteeism increased from 41 percent in SY 2014–2015 to 78 percent in SY 2016–2017.

- More schools are having data-driven meetings to discuss attendance trends, with 59 percent of schools indicating that they implemented the practice in SY 2014–2015 and over 80 percent reporting the same for SYs 2015–2016 and 2016–2017.

Regarding **mental health programs and services**, we found:

- Most schools were implementing some amount of mental health programming within the three-tiered model of universal, selective, and targeted supports. Our analysis suggests a great deal of heterogeneity in the types of mental health services schools are administering, with the majority of schools planning to implement staff professional development, student skill-building, family services, crisis intervention, and mental health screening and assessments.
- In general, school leaders reported that school staff felt positively about the mental health programming and had the capacity to refer their students to necessary services.

Second, as detailed in Chapter Four, we successfully created index scores for each of the core capacities of the NYC-CS, and we found that schools were more developed in their initiatives related to coordination and connectedness, as compared with continuous improvement and collaboration. However, across all four core capacities, the largest share of schools indicated that they were in the “maturing” stage, suggesting schools are progressing toward implementing the full community school model. Although the exploratory analysis of the capacity index scores shows variation in schools’ development, we found no consistent relationship with structural characteristics such as grade configuration and building colocation status. However, we did find that aspects of schools’ cultural climate (based on data from the New York City School Survey) were positively associated with capacity development. Specifically, we found that trusting relationships and strong leadership were statistically significant predictors of schools’ ability to coordinate services, promote awareness of the programming available in the schools, and, to a lesser degree, collaborate with various partners to implement program components.

Third, as detailed in Chapter Five, we found that the NYC-CS is providing a lot of complementary supports for the schools that also designated as Renewal Schools, which is a concurrent school-improvement initiative. Many school leaders expressed optimism about the transformative potential of the community schools approach because it both injects new services into the school setting and changes the social fabric of the school community, for both students and adults. We also heard from many school leaders that the programs and services related to the NYC-CS were helpful complements to the academic-oriented supports of the Renewal School Program, in which many of the study schools also participate.

Implementation Challenges and Recommendations

Despite the possibility of the NYC-CS being a transformative force for many schools in our study, the initiative and individual schools faced some important challenges.

- The first set of challenges relate to issues of ***alignment and management of multiple program streams for school leaders***. The most-cited challenge that schools reported facing was pressure from competing priorities for time and effort. In addition, schools faced some challenges that were unique to particular structures and services. For exam-

ple, a number of schools experienced a steep learning curve as they implemented new data systems.

- To address this challenge, we encourage the Office of Community Schools, Office of School Health, and other city agencies to align their methods for interacting with and training up school staff. Not only might this help the burden on schools, but it might also lead to stronger connections between the city agencies themselves.
- The second set of challenges relate to the *timing of program development and annual program cycles*, as some of the more-complex structures or services may simply take longer to implement than others. For example, almost all schools planned to implement programs or services in all three mental health tiers in SY 2015–2016, however, only about half had actually implemented programs or services in all three tiers by SY 2016–2017.
 - To address these challenges related to timing, we recommend that program implementers at the school and district levels continue to develop ongoing conversation about timing sensitivities. These conversations could range from school-based strategic planning sessions to map out key dates in the weeks and months ahead, or they could take on a larger view to discuss more initiative-wide issues related to program development and refinement.

Despite these challenges, many of our findings suggest the schools participating in the NYC-CS are on the right track in terms of program implementation, and with continued, strategic support from district offices and other partner agencies, school improvement and transformation will continue into future years of program development.

Future Analyses

We hope that this report on preliminary implementation results will serve as a foundation for future research on the NYC-CS in particular and community school models in general. We see four important directions for research that builds on the findings of this report.

First, we see the need for a more-focused consideration of city- or district-level strategies and processes that shape the program as a whole and are likely to affect the implementation experiences of schools. The analyses in this report are primarily focused on the schools themselves, but we acknowledge there is also an important story to be told about the activities and decisions being made across numerous city agencies.

Second, we believe it is very important to incorporate the voice of families and students in future studies about program implementation and impact. Our analysis was limited to data from principals, CSDs, and members of the school support team, which is likely to only tell part of the story of how the programs and services are being used by the targeted population.

Third, we encourage scholars to embark on focused analyses into particular program components. Although we see the benefit in considering the various structures and services in an integrated model, there is much to be learned by focused analysis on the implementation realities for each.

And finally, we see a logical next step for our analysis to involve a shift toward considerations of program impact. To that end, this report will be followed by an impact study that will involve a quasi-experimental analysis comparing student- and school-level outcomes at

community schools with a sample of demographically similar comparison schools. The impact report is expected to be released in 2019 and will be based on student outcome data for the first three years of program implementation (SYs 2015–2016, 2016–2017, and 2017–2018).

Acknowledgments

We would like to acknowledge the following people and organizations for their contributions to this work. First, we are grateful to the large number of central-office staff, school leaders, and community school directors who gave generously of the time to share their insights and experiences with the New York City Community School Initiative. In particular, we appreciate the guidance provided by key staff from the New York City Office of Community Schools, Department of Health and Mental Hygiene, and the Office of School Health. Second, we would like to thank Jennifer Etienne, Kevin A. Franco, Kylie Garner, and Alexandria Martinez for helping us conduct interviews and site visits across New York City in winter 2016–2017. We also thank Cathleen Stasz and Rita Karam at RAND and Jeannie Oakes at the University of California, Los Angeles, and the Learning Policy Institute for reviewing the document and providing constructive feedback. Finally, we acknowledge colleagues at RAND for their ongoing support and dialogue about this study, including Joie Acosta, John Engberg, Laura Hamilton, Lou Mariano, Isaac Opper, and Daniel Spagiare.

Abbreviations

AIDP	Attendance Improvement and Dropout Prevention
CBO	community-based organization
CEP	Comprehensive Education Plan
CSD	community school director
CST	Community School Team
DOHMH	Department of Health and Mental Hygiene [New York City]
ELA	English language arts
ELT	expanded learning time
MOU	memorandum of understanding
NVDS	New Visions Data Sorter
NYC	New York City
NYC-CS	New York City Community School Initiative
NYCDOE	New York City Department of Education
OCS	Office of Community Schools
OSH	Office of School Health
PBIS	positive behavioral interventions and supports
PCA	principal component analysis
PTA	parent-teacher association
SBST	school-based support team
SDC	strategic data check-in
SEL	social and emotional learning
SLT	School Leadership Team
SY	school year

Overview of the Community Schools Initiative

There is abundant evidence that education disparities are often related to nonacademic factors such as family and housing instability, neighborhood poverty, and limited access to quality health care— and social service—providing institutions (Reardon, 2011). As a result, disadvantaged students need comprehensive, coordinated assistance via institutions that can provide a variety of services (Jacobson and Blank, 2011; Warren, 2005). The need for holistic educational interventions is unquestionable, as untreated mental health needs among students can lead to higher rates of juvenile incarcerations, school dropout, drug abuse, and unemployment (Anglin, Naylor, and Kaplan, 1996; Committee on School Health, 2004).

Spurred by Mayor Bill de Blasio’s desire to shift New York City’s (NYC’s) educational landscape toward a more-holistic approach to student learning by supporting the social, emotional, physical, and academic needs of students, multiple New York City agencies in 2014 embarked on an effort to develop and integrate the community schools model in more than 200 public schools by 2017. The New York City Community Schools Initiative (NYC-CS) began with the first cohort of 45 community schools, which comprised schools receiving the city’s Attendance Improvement and Dropout Prevention (AIDP) grant. It continued with the designation of 94 Renewal Schools as community schools in 2015. An additional expansion was announced in May 2017, bringing the total number of community schools to 215 by fall 2017.¹ To lead implementation and facilitate centralized coordination and support of the city’s growing cadre of community schools, the New York City Department of Education (NYCDOE) created the Office of Community Schools (OCS) in 2015.

The NYC-CS was designed to complement existing initiatives in the city aimed at improving students’ academic performance and general well-being. For example, the NYC-CS is one of Mayor de Blasio’s key education reform efforts, along with the Renewal School, Universal Prekindergarten, and Middle School After School programs, which are also designed to promote academic success and social equity across New York City neighborhoods. In addition, the NYC-CS is aligned with the citywide ThriveNYC campaign, which seeks to promote mental health for all New Yorkers through a public health approach that reduces gaps in access to treatment and leverages partnerships across institutions and communities.²

By aligning the NYC-CS with these programs, the de Blasio administration has made a strong commitment to embracing the community schools model as a core aspect of the city’s strategy to support turnaround efforts for struggling schools.

¹ These new community schools are not included in the current study’s analysis, as our data collection took place during school year (SY) 2016–2017, which predated their initiation in to the Initiative.

² For more information on ThriveNYC, see “Mental Health Roadmap,” website, undated.

Defining the Community School Model

With the launch of the NYC-CS, New York has joined many other cities to acknowledge that addressing the social and emotional consequences of poverty must be done in tandem with efforts to improve teaching and learning. Community school models have been implemented in a variety of settings in the United States and abroad, but NYC-CS represents the largest efforts to instill a “whole child, whole school” strategy to improve educational opportunities and outcomes for urban youth while supporting communities with limited access to social services and wellness programs.³ Broadly, a *community school* is a partnership among school staff, families, youth, and the community to raise student achievement by ensuring that children are physically, emotionally, and socially prepared to learn. A community school can also serve as a neighborhood center or hub by providing access to such critical programs and services as health care, mentoring, expanded learning programs, adult education, and other services that support the whole child, engage families, and strengthen the entire community (Coalition for Community Schools, undated; Dryfoos, 2002; Warren, 2005).

Examples and Common Elements of Community Schools in the United States

Community school models are in place in many districts across the country, with other notable large-scale initiatives taking place in Chicago (since 2001), Cincinnati (since 2003) and Oakland (since 2011). Community school models are quite varied in terms of size, operational procedures, programming, and budgets; however, most community school initiatives have many commonalities that converge in four key areas, as Oakes, Maier, and Daniel (2017, p. 1) articulate in their recent literature review:

Integrated student supports. Youth development is integrated across academics, programs and services. Additionally, mental health, medical, and social services are integrated into the schools and available to students who need them.

Expanded learning time [ELT] and opportunities. Expanded learning time includes academic interventions and enrichment activities and is aligned with school-day curriculum and expectations.

Family and community engagement. Parents and the community help design and plan the community school according to its strengths and needs, and parents and caregivers are active partners in their children’s education. Additionally, family members have access to education opportunities and programs that strengthen families.

Collaborative leadership and practices. Schools implement a collaborative school governance structure that includes a lead Community Based Organization (CBO) partner and

³ This comment is not to suggest that the community school strategy is completely new to New York. Early examples trace as far back as the urban settlement houses in the 1800s, and multiple efforts to create and maintain community-oriented, holistic educational programs throughout the 20th century endure today. See Belay, Mader, and Miller, 2014, for a more-detailed account of preceding community school efforts in New York City.

members of a School Leadership Team [SLT]. Additionally, school leadership has a clear instructional vision and high expectations for all students.

Benefits of Adopting the Community School Model

There is substantial evidence that a community school approach that focuses on strong instruction, robust and sustained engagement among family and community partners, and a culture of continuous improvement results in improved student outcomes, such as improved achievement and reduced truancy and dropout levels (e.g., Axelroth, 2009; LaFrance Associates, 2005). In the past decade, a number of high-quality (i.e., randomized controlled trials or quasi-experimental) studies evaluating the effect of the community schools as a comprehensive strategy, as well as studies of its various components (integrated student supports, ELT, family and community engagement, and collaborative leadership) have emerged (see Oakes, Maier, and Daniel, 2017, for meta-analysis).⁴ A number of quasi-experimental evaluations have found positive achievement, attendance, behavioral, and social-emotional outcomes—such as more trusting and positive peer and adult relationships—for students participating in community school programs. Other studies using quasi-experimental or correlational designs demonstrate positive associations between such academic outcomes as graduation rates, attendance, and growth in math and English language arts (ELA) scores associated with integrated student supports, ELT/opportunities, active parent and community engagement, and collaborative practices. Furthermore, multiple recent cost analyses have found community schools to be cost-effective (Belay, Mader, and Miller, 2014; Jenkins and Duffy, 2016), with return on investments ranging from \$3.00 to \$14.80 for every dollar spent (Bowden et al., 2015; DeNike and Ohlson, 2013; Economic Modeling Specialists, 2012; Martinez and Hayes, 2013).

Outcome studies on school-based mental health models are more limited. However, an evaluation of the Kentucky Bridges Project (an initiative to place student service teams consisting of a mental health–intervention specialist, a student-service coordinator, and a family liaison in each of the schools in three regions of the state) has suggested that a three-tiered model similar to what is being used in New York resulted in positive outcomes for students, including improved school attendance, improved school grades, and improved scores on the Child Behavior Checklist and the Behavior and Emotional Rating Scale (Robbins, Armstrong, and Collins, 2002). Studies have also shown that school mental health services can lower Medicaid reimbursements for students receiving services. However, much of this research is observational, so it does not provide robust support for claims regarding the *impact* of community school interventions (see Heers et al., 2011, for a review). Furthermore, few studies have been able to analyze large-scale interventions like the Community Schools Initiative in New York, which underscores the need for additional rigorous research into the potential impact of school-based mental health programming.

Community Schools in New York City

Similar to other community school models, NYC-CS adopts a strategy of organizing resources and sharing leadership so that academics, health and wellness, youth development and family

⁴ For a compendium of findings, see Learning Policy Institute, Online Research Compendium, 2017.

engagement are integrated into the fabric of each school. The NYC-CS builds upon the existing framework of the community schools model that includes the four key areas (integrated student supports, ELT and opportunities, family and community engagement, and collaborative leadership and practices) most commonly seen among community schools (Oakes, Maier, and Daniel, 2017), and it has adapted those elements to meet the unique needs of New York students, families, and communities, at a scale that is unprecedented in the United States thus far.

NYC Community Schools' Theory of Change

The NYC-CS uses a capacity-building approach to support community schools' positive development along four key capacity domains—continuous improvement, coordination, connectedness, and collaboration (see the middle column of Figure 1.1 for definitions). This capacity-building approach to school reform moves beyond merely injecting services into schools and is intended to be more sustainable so that schools and communities are able to work together and effectively support students and communities.

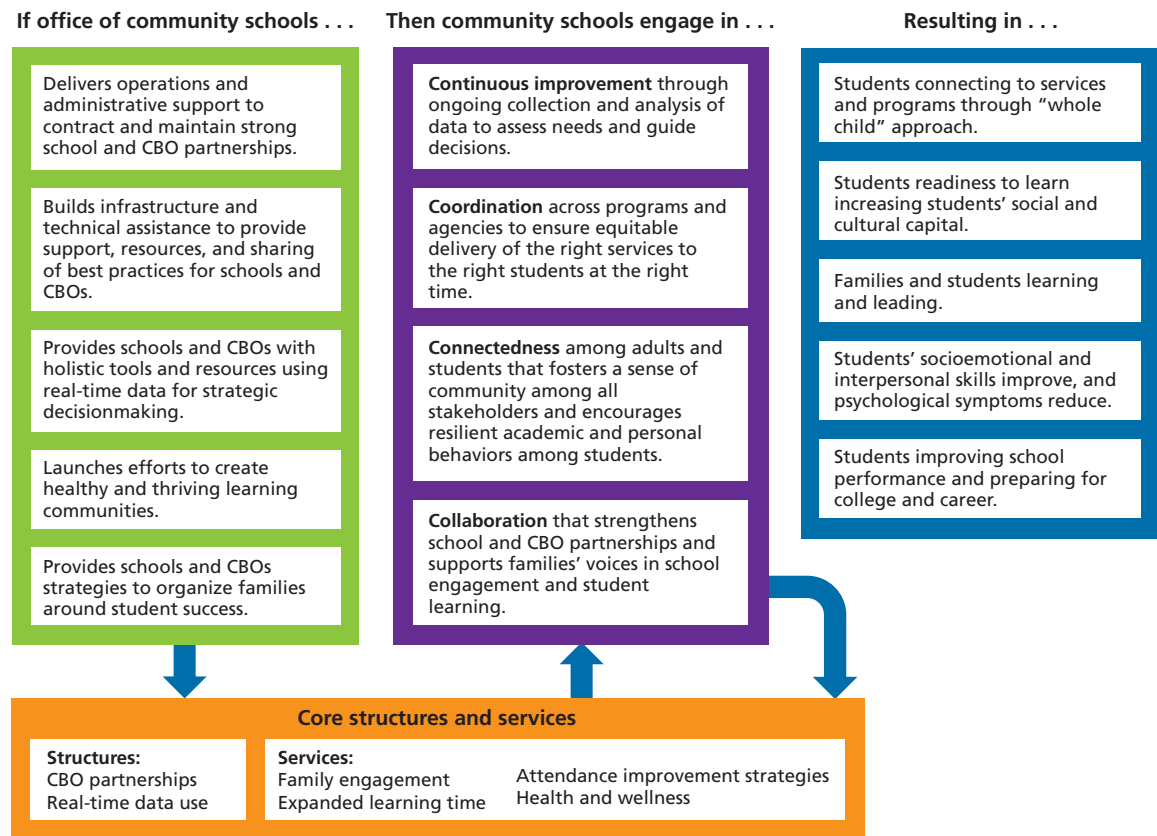
As shown in Figure 1.1, the NYC-CS Theory of Change posits that, by providing schools with operational, infrastructural, and technical supports and facilitating schools' partnerships with CBOs, families, and communities, the community schools will in turn develop along the four capacities. In addition to the four core capacities being fostered within each school, there are six core structures and services that happen within each of the community schools and that are supported by the OCS's activities. These structures and services continuously feed into the development of the core capacities while also improving (or potentially worsening) as a result of core capacities.

Each of the community schools functions within the context of a collaboration across agencies that provide various levels of support and guidance to help ensure a successful uptake and implementation of the community schools model. Each community school has autonomy over the development of its work plans, partnerships, and how it implements the core services within the school (Figure 1.2). The OCS provides schools with implementation support, primarily through the program managers who are responsible for ten to 15 schools each. Similarly, the Office of School Health (OSH) supports the implementation of mental health programs and services and the integration of these programs and services into the general fabric of the schools. Mental health managers support these efforts by helping establish, expand, and promote the three-tiered model (described in more detail below), collaborating with schools, CBOs, mental health providers, and other key stakeholders, and monitoring progress within the schools. In addition, outreach specialists from the Division of Family and Community Engagement work with schools to support family engagement efforts in the NYC-CS.

As a school begins the process of becoming a fully operational community school, the NYC OCS posits that the school undergoes four distinct stages of development as it relates to each of the core capacities: Exploring, Emerging, Maturing, and Excelling. The NYC OCS has created a rubric to support schools' self-assessment of their progress and development as a community school (Table 1.1 and Appendix F).

With schools implementing the six core structures and services and developing along the four core capacities, the Theory of Change assumes, in part, that these efforts will lead to positive academic, behavioral, and socioemotional outcomes for both students and their families. We describe the six core structures and services of the NYC-CS in more detail in the next section.

Figure 1.1
NYC Community Schools Initiative Theory of Change



SOURCE: Adapted from the New York City Community Schools Strategic Plan.
 RAND RR2100-1.1

Core Structures and Services of a New York City Community School

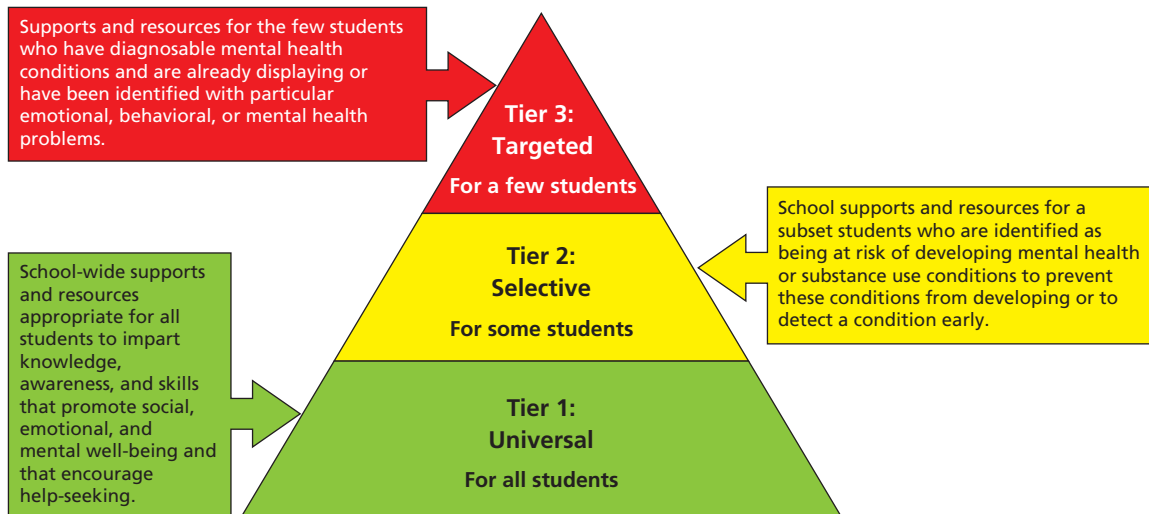
As part of the Theory of Change, NYCDOE identified six core structures and services to be implemented by all NYC community schools as a way to ensure consistency and quality across all community schools, while also providing schools with sufficient flexibility to encourage innovation within each of the structures and services. The core structures include CBO partnerships and real-time data use, and the services include family engagement, attendance-improvement strategies, ELT, and health and wellness (including mental health). These core structures and services were informed by national research, as well as local input from New York City principals, CBO providers, community partners, and members of the New York City Community Schools Advisory Board. NYCDOE expects the core structures and services to be implemented within the context of the common values that underpin all community schools: strong instruction, robust engagement, and continuous improvement. Additionally, they serve to balance the initiative by combining consistency and accountability across community schools with each school's need for innovation, customization, and creativity.

Table 1.1
New York City OCS Stages of Development

	Stage 1: Exploring	Stage 2: Emerging	Stage 3: Maturing	Stage 4: Excelling
Summary of key features of stages	This stage is marked by optimism and curiosity about the work and a belief that “if only” X was in place, things would be significantly different. The school team brainstorms the benefits of a community school strategy and its potential to serve as a mechanism to organize resources around student success.	This stage is marked by deepening collaboration among all stakeholders and defined community partnerships. The work begins by introducing core structures, such as formalizing a partnership with a lead CBO, hiring a dedicated community school director, and securing base funding. Programs and services are developed based on a process of strategic data collection and analysis that engages parents as critical partners in the design of the community school.	This stage is marked by steady, intentional progress. The vision of the community school becomes clearer to all stakeholders, consequently there is broader support for it. Service utilization increases as interventions become more responsive to identified student needs and quality of service delivery improves. Stakeholder relationships are based on mutual trust, there is intentional coordination of services and programmatic integration, and desired student outcomes are more likely to be met.	This stage is marked by the implementation of quality programs that support the core instructional program. There is a schoolwide focus on addressing the needs of the whole child through targeted and universal strategies. Through a model of authentic school-based governance, parents play a leadership role in the Community School and work together with school and CBO staff as advocates of quality education for all students. Strong relationships have been established between the school and community and the CBO is valued as a committed partner.

SOURCE: NYC Community Schools, undated (b).

Figure 1.2
Three-Tiered Model of Mental Health Services



SOURCE: Definitions for tiers provided by DOHMH.

According to the New York City Community Schools Strategic Plan,⁵ every community school is intended to uniquely reflect the strengths and needs of its students, families, and local community. Given this need for responsiveness, it is best to think of the components of the NYC-CS as a flexible strategy rather than a prescriptive mandate that requires specific services or partnerships each school should have in place. However, schools are expected to implement some type of programming related to each structure and service. The following sections discuss these components in more detail, as described by the Community Schools Strategic Plan and other NYCDOE and New York City Department of Health and Mental Hygiene (DOHMH) documentation.

CBO Partnerships

In the NYC-CS approach, each school is paired with a lead CBO partner that works collaboratively with the principal and other school leaders to carry out the NYC-CS at the school level. In addition to the lead CBO, which serves to coordinate services at the school (see Chapter Three for more detail), most schools also work with a number of other partner CBOs to implement the programs associated with the NYC-CS. The CBOs are often nonprofit social service, education, or health/mental health organizations; their partnerships with schools are formalized in contracts, memoranda of understanding (MOUs), or linkage agreements.

A central component of the community schools approach is the integration and alignment of school- and community-based services (such as health, mental health, counseling, and academic enrichment) throughout an expanded learning day. Critical to ensuring this alignment and coordination is a full-time staff person in the school building—the community school director (CSD), which is a dedicated leadership role focused on assessing school and student need, securing resources, and coordinating services for students, families, and the school community across organizations and partners. Each CSD works with only one school, is employed by the lead CBO, and serves as a key partner to the principal and other senior leaders at the school.

Real-Time Data Use

A core component of NYC-CS is continuous improvement that is informed by data and leveraging the assets and skills of stakeholders. Schools are encouraged to engage in strategic data collection and analysis that will inform program decisions and help align outcomes with the school's needs. Key staff from the school and CBO partners, including administration, faculty, providers, and the CSD, conduct an annual needs assessment of all enrolled students to determine their academic, health, social, and emotional needs. School and student goals, and the school's progress toward achieving those goals, are regularly shared among all school partners through data inquiry and collaborative data review.

To support the use of real-time data to inform school efforts, schools are encouraged to engage in strategic data check-ins (SDCs), which involve regular conversations between school administrators and staff from New Visions for Public Schools (New Visions), a New York-based organization focused on school improvement. SDCs are organized conversations between school administrators and specialized staff from New Visions, which focus on the use of data to manage critical school processes such as course programming, student academic interventions, and attendance. The conversations are grounded in school-specific data tools,

⁵ For the full strategic plan, see NYC Community Schools, undated (a).

which organize key data on each student, help facilitate the workflow of critical student- and school-level tasks, and make key decisions transparent to school users.⁶

Expanded Learning Time

ELT is a strategy used by schools to redesign their school days or yearly calendar to provide students, particularly in communities of concentrated poverty, with substantially more and better learning time (Jacobson and Blank, 2011). Given the focus on improving students' academic success, additional learning time—through extending the traditional school day or offering after-school or summer enrichment programs—is core to the NYC-CS approach. In addition, the community schools that are designated Renewal Schools offer one extra hour of extended instruction each day along with expanded after-school and summer learning opportunities for students. This time, known as the Renewal Hour, is part of the New York City Renewal School Program.

Family Engagement

Successful family engagement should ensure that parents or caregivers are enlisted as partners in their children's education and well-being in developing and implementing the community school model. They should be recognized as valued members of the school community. One way the NYC-CS strives to develop parents and caregivers as leaders in their children's education and development is by involving them through authentic school-based governance, family organizing, and leadership development. This governance may take the form of an existing SLT and Community School Team (CST), as required by NYCDOE. Regardless of the structure, collaboration between the principal, CSD, school staff, parents, and CBO leadership drives site-based planning. NYC-CS fosters school-community partnerships and collaboration while also developing parent leaders. The approach is rooted in principles of community organizing, not just delivery of social services, which sees parents as true partners with capacities of their own who can contribute to educational improvements (Mapp and Kuttner, 2013). In this way, there is also emphasis on sharing data with families so they are well-informed of their children's educational progress and able to engage in decisionmaking about school initiatives. Additionally, the NYC-CS engages with families via adult and family services (e.g., housing assistance, immigration services, legal assistance, job training, adult educational programs), which are provided based on local and individualized needs. Family services may include supports for young people with special challenges related to health, foster care, homelessness, or some other high barrier to learning and wellness.

Multiple school- and central office-level staff members are dedicated to supporting family engagement in the NYC-CS. Most schools have a parent coordinator who focuses on meeting parents' needs and creating opportunities to engage families in the school activities. In addition, outreach specialists from the Division of Family and Community Engagement, an agency within NYCDOE, work with community school staff and school leadership to develop schools' capacity to carry out effective family engagement practices. Each outreach specialist typically works a ten- to 15-school caseload and brings expertise in community organizing in approaching family engagement.

⁶ To learn more about SDCs and to browse example protocols, see *New Vision for Public Schools*, undated.

Attendance Improvement Strategies

A successful community school has a clearly defined strategy for properly identifying the needs of its students and school community and a plan for securing the resources and tailored services to meet those identified needs. At the root of this, school and CBOs collaborate on key early detection and referral services related to a variety of student needs, with absenteeism being a primary concern. Community schools face unique challenges with attendance: More than 20 percent of students are often missing more than 40 days of school in a year. Chronic absence serves as key indicator of student success and is a measure that principals with CSDs track every day in some cases but definitely on a weekly basis.

Guidance and social services should be fully engaged in promoting a positive school culture, such as addressing instances of bullying and harassment and providing mentorship. Example of strategies include success mentoring, where adult mentors work with chronically absent students to address barriers preventing them from attending school regularly and to help them reach their full academic potential. Schools also use data for early detection of attendance issues through tracking attendance records. To date, success mentors, who were first piloted during SY 2010–2011, have reached 10,400 students across all of the city’s community schools.

Health and Wellness Programs and Services

Although New York City Community Schools have some common health and wellness structures or services across all schools,⁷ including a mental health partner, vision screenings (implemented at scale), and appropriate data entry (via the Automate the Schools system), these services may vary from school to school depending on the needs of the students and the existing services offered by the school. Some services may be located on-site, while others are provided through referral partnerships established by the schools. Although the health and wellness programs and services, such as the vision screening, may include physical health, dental, and vision, the focus of this evaluation is on mental health, which we describe in more detail in the next paragraphs.

Mental health disorders can greatly affect children and adolescents’ functioning in multiple domains, including at school, in the home, with friends, and in communities (Kovacs and Goldston, 1991; Renouf, Kovacs, and Mukerji, 1997; Asarnow et al., 2005; Jaycox et al., 2009). Mental health disorders also are among the most common reasons for visits to school-based health centers; schools are the primary providers of mental health services for many children (Burns et al., 1995). Schools have long played a central role in addressing the emotional and behavioral needs of K–12 students and supporting mental health promotion. In addition to offering programs aimed at bolstering students’ social and emotional skills as a prevention approach, schools are the setting in which many early mental health problems are first identified. Educational settings offer greater access to services than referrals and ongoing treatment in specialty treatment settings (Jaycox et al., 2010).

Broadly, the community schools model emphasizes the importance of prevention and promotion, shifting from focusing solely on treatment to creating a holistic, integrated, personalized approach to supporting students that emphasizes the strong connection between

⁷ Many community schools are implementing physical health programs such as eye exams, dental care, and even full-service health clinics for students and community members. However, since that component of NYC-CS is in its early phases and is only in a handful of schools, our data-collection activities and subsequent analysis focus on the mental health component exclusively.

academic success and mental health. A unique intention of the NYC-CS is the enhanced inclusion/presence of mental health programs and services, the seamless integration of these programs/services with other academic and health supports, and the facilitation of coordinated and integrated efforts between macrolevel institutions (e.g., schools, communities, schooling system, government) that contextualize children's educational and socioemotional trajectories. In this context, NYC-CS has adopted a public health approach to mental health that has been advocated by the World Health Organization (World Health Organization, 2001). What follows is a description of the three-tiered approach to delivering mental health programs and services.

Mental health programs and services are intended to promote the emotional well-being and healthy functioning of all students through three tiers of supports (see Figure 1.2). In tiered models, the intensity of the service or program increases progressively, and the determination of which services or programs are offered to a student is based on a combination of the individual needs of the student as well as outcome goals of the service (e.g., building universally beneficial social and emotional skills versus addressing clinical symptoms of a disorder). Tier 1 programs in essence are preventive in nature, addressing social-emotional health before problems arise and are inclusive of all students. Tier 2 interventions do not replace tier 1 interventions, but rather are supplemental, focusing on early intervention for at-risk students. Tier 3 services or treatments are designed to meet the needs of a few students with diagnosable mental health disorders. Delivery of service changes from large group to small group and for some students to individualized interventions as well as when students move up the tiers. The breadth and depth of programming and services differ across schools based on their funding profile and are tailored to school and student needs. Clinical services, as well as more preventive services, should be provided on-site whenever possible to ensure student and family participation, where appropriate. Per the chancellor's request, services implemented by the OSH Mental Health Program does not offer a templated approach. Each school's mental health services are being implemented to fit the needs of that particular school community.

To support the adoption of the three-tiered approach to delivering mental health programs and services and to help foster a cultural shift within the community schools to view mental health and well-being as an integral part of students' academic success, OSH assigns each school to a mental health manager to support implementation efforts across multiple schools. Mental health managers' support help establish, expand, and promote the three-tiered model and monitor progress within the schools and use the ongoing school mental health assessment process to identify needs, resources, and gaps in current operations. Starting with the development of the mental health work plan and continuing through the implementation of programming throughout the school year, the mental health manager works closely with the CSD, principal, and the school-based support team (SBST), which is in charge of supporting the implementation of mental health services and programs at each school. This may include, for example, the school psychologist, guidance counselor, or mental health provider.

Community Schools as a Complement to Turnaround Efforts

The NYC-CS is also playing a key role in New York City's Renewal School program, which is endeavoring to turn around some of the lowest-performing schools in the city with a combination of instructional supports for teachers and social supports for students.

The Renewal School program was announced in November 2014, and all 94 original Renewal Schools were integrated with the NYC-CS, with the idea that the dual-programs designation would lead to complementary services for students, families, and communities.

In addition to the NYC-CS-related structures and services described, Renewal Schools also receive multiple forms of support for student academic achievement, such as

- creating Renewal Hour, which is an extra hour added to the school day to give all students additional instructional time
- supplying resources and supports to ensure effective school leadership and rigorous instruction with collaborative teachers
- performing school-needs assessments across all six elements of the Framework for Great Schools (rigorous instruction, collaborative teachers, supportive environment, effective school leadership, strong family-community ties, and trust) to identify key areas for additional resources
- bringing increased oversight and accountability including strict goals and clear consequences for schools that do not meet [the goals].⁸

Thus, whereas Renewal Schools receive a set of academic-focused inputs from NYCDOE, the NYC-CS schools have a more indirect approach to improved academic performance, such that academic improvements are supported by the NYC-CS activities, but academic-focused inputs and supports are not explicit components of the model.

We discuss the unique experiences of Renewal Schools' implementation of NYC-CS programming in Chapter Five.

Guide to the Community Schools Implementation Study Report

The subsequent chapters of this report present the framework for our implementation evaluation, data collection and analysis, and our findings. Chapter Two presents the primary goals of the implementation evaluation, our evaluation framework, and a description of our data collection efforts. Chapter Three examines whether the community schools model has been implemented as intended by addressing whether the six core structures and services are in place. Chapter Four examines schools' development along the four key capacities, and we introduce the implementation index scores that align with these four domains. In Chapter Five, we examine the implementation of the NYC-CS for Renewal Schools and the ways in which the dual program designation presents unique benefits and challenges for these schools. Finally, in Chapter Six, we more closely examine two case study schools to provide a holistic understanding of schools' implementation experiences. We then conclude with a discussion of the findings' implications for policymakers and practitioners.

⁸ See NYC Department of Education, undated (a), for more information on the Renewal School program.

Implementation Evaluation Framework and Methods

There are three primary goals for studying the implementation of the NYC-CS. The first goal is to describe the extent to which the core structures and services of the NYC-CS have been implemented as intended across the 118 schools that were involved in the initiative since its inception. The second is to understand how the schools have been developing their capacity in four core areas—continuous improvement, coordination, connectedness, and collaboration—through estimating composite scores that capture schools’ capacity as of SY 2016–2017. The third is to analyze some of the factors that were associated with observed variation in schools’ capacity development.

Framework for Studying Implementation

Regarding the first goal, we used a simple and commonly used definition of *fidelity of implementation*: the extent to which a particular intervention adheres to the intended program model (Bond et al., 2000). In the case of the NYC-CS, this means examining the implementation of the six core structures and services outlined in Chapter One. As the NYC-CS is intended to allow schools the flexibility to adapt the program components for the unique needs of their local communities and constituencies, we expect to see variation across program offerings.

To examine our second goal, we analyze the community schools’ development along the four core capacity domains in the Theory of Change. To do this, we developed composite index scores for each capacity using the method of principal component analysis (PCA), and we assess each score’s statistical reliability so that it may be integrated into future analysis regarding program impact.

Regarding the third goal, we adapt Durlak and DuPre’s (2008) framework to guide our analysis of factors that may be associated with variation of implementation across the community schools. In this framework, program implementation is often influenced by the characteristics of the implementation sites (in this case, schools). In particular, we focus on a number of *structural* and *cultural* characteristics that may relate to differences in schools’ implementation experiences. Looking at the relationships between these characteristics and implementation experiences helps to capture the ways in which schools may face particular challenges in implementing the NYC-CS because of their specific context and unique needs of their communities.

Concerning structural characteristics, we consider grade level (elementary and middle versus secondary), whether or not the school is colocated on a shared campus with other schools, and whether or not the school is a Renewal School. Although these differences may or may not affect overall implementation, we see these distinctions as being key logistical

factors that affect how schools tailor their programming to the local context. For example, regarding building colocation, on the one hand, it could be a benefit to a school’s implementation because the opportunities to share resources create synergies across the schools’ staff and students (such as tutoring programs in cases where a secondary school is colocated with an elementary or middle school). On the other hand, building colocation could lead to space constraints where one school has to compromise to accommodate another school’s model or needs. There can also be schedule constraints that make scheduling lunches, assemblies, and ELT programming difficult.

Regarding cultural characteristics, we focus on three factors of organizational capacity—trust, effective leadership, and communication/strong community ties—that have been found to be predictive of program implementation (Durlak and DuPre, 2008). These aspects of organizational capacity map onto three of the six elements of the New York City Framework for Great Schools that the NYCDOE uses to assess school quality on an annual basis. Thus, our study is able to integrate element ratings derived from the New York City Framework for Great Schools and New York City School Survey,¹ defined as follows:

- **trust:** the degree to which relationships between administrators, educators, students, and families are based on trust and respect
- **effective school leadership:** the degree to which school leadership inspires the school community with a clear instructional vision and effectively distributes leadership to realize this vision.
- **strong family-community ties:** the degree to which the school forms effective partnerships with families to improve the school.

We hypothesize that higher scores on these elements will predict higher levels of development along the four core capacities, and in Chapter Four, we present results that partially confirm this hypothesis.

School Sites

Our study focuses on the implementation experiences of 118 schools that participated in the NYC-CS during both SYs 2015–2016 and 2016–2017. This sample does not encompass the full cohort of community schools as of SY 2016–2017, as a small number of schools (approximately 32) were excluded from the study because of various structural constraints that would have limited our ability to collect informative data for this study, such as school mergers or closures or new schools that were added to the initiative in SY 2016–2017.

Table 2.1 shows structural and demographic information about the schools in our study by Renewal School status, along with data on all New York City public schools as a point of comparison. Among the 118 schools in our study, there is a representative mix of elementary and secondary schools, as well as schools from across the five boroughs of New York City. Otherwise, the community schools are a unique and particularly disadvantaged subset of the larger population of New York City public schools. Demographically, the student population tends to be more predominantly black and Hispanic than at peer schools in the New York City

¹ For technical information on the calculation of the element ratings, see the NYC Department of Education, undated (b).

Table 2.1
School Demographics

	All New York City Public Schools	Community Schools in Study Sample	Renewal Community Schools in Study Sample	Non-Renewal Community Schools in Study Sample
<i>N</i>	1,840	118	85	33
Borough				
Brooklyn	31%	32%	27%	45%
Bronx	24%	41%	45%	30%
Manhattan	20%	14%	14%	15%
Queens	21%	11%	14%	3%
Staten Island	4%	2%	0%	6%
Grade level				
Elementary and middle school	66%	56%	62%	39%
Secondary	33%	44%	38%	61%
Colocated schools	66%	89%	92%	82%
Demographics				
Enrollment (mean)	594.4	442.3	433.6	464.9
White	11.9%	2.6%	2.1%	3.8%
Black	32.5%	39.0%	37.8%	42.1%
Hispanic	42.2%	53.1%	54.5%	49.5%
Asian	11.1%	3.8%	4.1%	3.1%
Free or reduced- priced lunch	77.6%	88.8%	88.9%	88.3%
English-language learners	13.6%	19.2%	21%	14.7%
Students with disabilities	22%	24.6%	25%	23.8%

NOTE: All school data are provided by NYCDOE and based on SY 2016–2017, except for colocation status, which is based on data from SY 2015–2016.

system, and students in the NYC-CS schools are more likely to receive free or reduced-price lunch, are more likely to be English-language learners, and are slightly more likely to have a learning or other disability.

Data Used in This Report

The implementation evaluation used three main data-collection activities: document review, online surveys for administrators, and interviews with leaders from a subset of schools. We describe the data-collection effort for each source as well as an explanation of how we analyzed these data. More information regarding the specific instruments we used, as well as a report of missing data totals related to each data source, are provided in the appendixes of this report. The names of schools and administrators have been removed from all data cited in this report.

Data Sources and Data Collection

Administrative Documents

The agencies involved in the NYC-CS, including the OCS, the Division of Family and Community Engagement within NYCDOE, DOHMH, OSH, and others supplied administrative data and documents to provide information on the range of programs implemented in the community schools. The documents include but are not limited to school mental health work plans and mental health provider monthly reports from the OSH that provide information on planned and implemented mental health services; school Comprehensive Educational Plans (CEPs) from the NYCDOE that described schools' improvement plans for the year; documents on family engagement activities and participation from the Division of Family and Community Engagement; intervention tallies from the New Visions Data Sorter (NVDS, part of the NYC-CS tools); and administrative data from OCS on the types of CBOs participating in the NYC-CS and the funding allocated to the school CBO partnerships. A complete list of documents with comprehensive descriptions is available in Appendix A.

Implementation Surveys

Two online surveys, the School Leader Survey and Complementary Mental Health Survey, gathered information from school leaders (principals, CSDs, and school-based support teams) on a variety of topics related to core structures and services and capacities as they relate to the community schools model.

School Leader Survey

The School Leader Survey was designed to collect data directly from two administrators—the CSD and principal—regarding the six core structures and services and four core capacities described in the NYCDOE Community Schools Theory of Change (see Chapter One). The survey included questions regarding the extent to which reforms are being implemented as intended and whether schools experienced particular barriers and successes in the implementation process. We designed and administered the School Leader Survey in fall 2016. Ninety-three percent of schools surveyed had at least one school leader complete the online survey. See Appendix B for a copy of the School Leader Survey.

Complementary Mental Health Survey

The Complementary Mental Health Survey was a supplement to the School Leader Survey and was designed to collect additional information about the mental health programs and services offered in the NYC community schools directly from those school staff involved in the on-site operation of these programs and services. We invited members of the SBST (point of contacts identified by the school principal and/or the community school director) to participate in the

Complementary Mental Health Survey. The role of the SBST varies across schools but often includes individuals at the school in charge of supporting the implementation of mental health services and programs and working with and identifying students at-risk for mental health problems. The Complementary Mental Health Survey included questions about the SBSTs' knowledge and experiences of mental health programs and services in their school (e.g., status of the three-tiered model), as well as instances of school support for implementation and school staff buy-in of programs and services newly implemented or expanding because of funding from the NYC-CS. We administered the Complementary Mental Health Survey during fall 2016 through early winter of 2017 to the same 118 schools received the aforementioned School Leader Survey, 45 percent of SBSTs completing the survey.² See Appendix C for a copy of the Complementary Mental Health Survey.

Site Visits and Administrator Interviews

To examine fidelity to schools' original implementation plans and adaptations that schools made based on their unique experiences, we interviewed a subset of principals and CSDs at 45 community schools. To select the schools for the interview sample, we engaged in a stratified random sampling process to produce a representative cross-section of elementary schools, middle schools, K–8, and high schools and various types of partnerships and levels of program implementation identified in the School Leader Survey. We selected 62 schools, approximately half of the 118 schools in the sample. Forty-five schools chose to participate (a response rate of 72.6 percent).

To ensure consistency of data collected, we trained a team of researchers to a set interview protocol. Interview data collection took place from January to March of 2017. All interviews were conducted in-person at the administrator's community school and lasted approximately one hour. The interview topics included the school context and overall goals for improvement, the four key capacities, the six core structures and services, and supports from central offices (see Appendix D for the interview protocol). Based on the administrators' preferences and availability, we interviewed the CSD and principals either together in one sitting or separately. Upon receipt of consent, we audio recorded and transcribed the interviews.

Data Analysis

Document Review

To gain a better understanding of implementation fidelity, we conducted a systematic document review of the administrative documents and data connected to the NYC-CS. The specific procedures applied to each document varied depending on the nature of the content. For some documents, such as the CEPs and the schools' mental health managers' weekly reports, we reviewed the data in the aggregate, scanning the documents primarily for evidence that the schools planned to or had successfully implemented the six core structures and services. We used these data to understand the range of programs implemented in the NYC-CS. However, a school-level analysis of these data was beyond the scope of this work. As discussed in more detail in the following section on data limitations, data quality did not allow us to extract

² The low response rate was because of the difficulty in identifying and contacting the members of the school-based support team and securing the requisite principal permission to contact school staff. We present some results from the survey in Chapter Three; however, we acknowledge the limited representativeness of these data. Therefore, we only use the results to provide some data on the range of schools' experiences, not as a comprehensive accounting of the intervention as a whole.

consistent information across all schools from these documents. Therefore, we primarily used these data to describe the diversity of activities schools engaged in as part of the NYC-CS, and we intentionally avoid reporting descriptive statistics (i.e., frequencies or percentages of schools providing certain services or programs) when we discuss findings from these documents.

We conducted a school-level analysis on the documents and administrative data that provided consistent and reliable information across schools. These documents include, but are not limited to, the NVDS reports, administrative data on the partner CBOs, and the school mental health plans. For these sources, we conducted descriptive quantitative analyses on numeric data to describe, when relevant, the frequency or percentage of schools implementing certain services, the number of CBOs working with schools, school funding levels, etc. (see Appendix A for more detail on the analysis of each document).

Implementation Surveys

For the School Leader Survey, 67 percent of invited principals completed the survey, 77 percent of invited community school directors completed the survey, and 50 percent had both the principal and community school director complete the survey. In cases where we had two respondents, we compared the principal's and CSD's responses and found that there was moderate agreement in their answers, and neither the CSDs nor the principals were more prone to either positive or negative response choices. To allow for school-level analysis with one observation per school, we chose the principals' responses in these cases. Given that many CSDs were new to the schools, we felt principals were likely to have comprehensive knowledge about the overall functioning of the schools. Further, the relative similarity in the respondents' survey answers suggests that using the principals' responses over the CSDs' was not likely to bias our results.

The same problem did not exist for the Complementary Mental Health Survey, as mental health practitioners from each school filled out a single survey as a team. We conducted a school-level analysis of individual questions from both the School Leader Survey and the Complementary Mental Health Survey.

Implementation Index Scores

To understand the relationship between schools' development along each of the core capacities (coordination, collaboration, connectedness, and continuous improvement), we also used the School Leader Survey to create implementation index scores for each of the core capacities for each of the 118 schools. Each of the indexes is based on responses from our School Leader Survey and is calculated using a PCA, which creates weighted, standardized composite scores based on the shared variance of several indicator variables. Findings from a PCA may suggest a one-dimension index (such that all measures combine to create a singular implementation "score") or a multimeasure solution that captures discrete dimensions of implementation fidelity within that domain. Our results, which are presented in full in Chapter Four, suggest one composite score for each domain. All domains demonstrated moderate to high internal reliability, with Cronbach alphas ranging from 0.76 to 0.81. Higher index scores reflect greater activity or more-advanced implementation within each core capacity.

Interview Data Analysis

To analyze the interview data, our research team developed a set of codes to understand the implementation of the six core structures and services and four key capacities. The coding scheme provided code definitions and specified inclusion and exclusion criteria, and provided examples. Before beginning our analysis, our research team conducted three code-norming

sessions for reliability. Following each code-norming exercise, the coders met to discuss disagreements, further clarify challenging codes, eliminate codes that were not useful, combine codes with similar meaning, and create subcodes where needed. Once all coders had consistently attained inter-rater reliability measures of 0.7 or higher on the final code list,³ they proceeded to independently code a subset of interviews in full using the Dedoose online software platform. The research team then conducted a thematic analysis involving both inductive and deductive reading of the data. We first analyzed the data deductively, as we explored the coded data relevant to understanding how the key components of the NYC-CS Theory of Change had been implemented. We also analyzed the data inductively by reviewing the coded data to understand the challenges, successes, and other implementation processes schools faced that were not predetermined by the initiative's plans. We did not conduct a quantitative coding process to count the number of times themes or ideas appeared in the sample. As such, we do not present school-level frequencies when reporting interview findings. Rather, we use the interview data to present a more-nuanced picture of how school leaders experienced the implementation of the NYC-CS.

Data Limitations

There are a number of important limitations to our data-collection efforts that warrant consideration when interpreting our findings. First, the majority of the data we collected is self-reported by administrators and may be biased by individuals' beliefs and experiences. In addition, administrators may be incentivized to present their schools in a positive light and thus may have underemphasized the challenges they experienced during implementation. Although we ensure confidentiality of respondents and schools, these factors may have influenced responses to survey items and key informant interviews. In addition, at some schools, we interviewed the school administrators (CSDs and principals) together. It is possible that the presence of the other administrator may have affected how these leaders responded to interview questions.

Second, all the self-reported data come primarily from two administrators: the school principal and the CSD. We did not collect data from the other stakeholders who are key to the success of the NYC-CS, such as teachers, parents, and students. Although the administrators spoke at length about the roles of these other individuals, their voices are not presented. Further, we did not interview any representatives from the central office agencies involved in the implementation of the NYC-CS—OCS, DOHMH, and OSH. As described in Chapter One, there are a number of central office staff, such as the program managers, mental health managers, and outreach specialists, who interface with the community school leaders. Although these practitioners played a key role in the implementation and coordination of the community school programming, speaking to them was beyond the scope of this report. In addition, the NYC-CS as a whole is the result of collaboration across a number of different city agencies and their staff, including NYCDOE and DOHMH. These agencies worked to corral funding and guide the direction of the NYC-CS. However, because this report focused on school-level implementation, interviewing agency-level staff was also beyond the scope of our analysis. Although many non-school-level staff and administrators and a number of city agencies were central to the implementation of the NYC-CS, our data do not allow us to present a detailed analysis of their roles.

³ These norming exercises were conducted using a series of transcript samples using the Dedoose Training Center function in the Dedoose qualitative coding platform.

Third, while the interview data provide important details about the implementation process, we only collected data from 45 schools (38.1 percent of the sample). As such, we cannot report representative school-level findings from these data. And, for most schools, we are unable to triangulate across interview and survey data.

Fourth, there was a lower-than-desirable response rate for the Complementary Mental Health Survey (50 percent), which limited the generalizability of the information provided. Therefore, we include a handful of results from this survey only as a means of presenting some examples of schools' experiences with mental health program and service implementation. However, these results are not representative of the 118 schools included in the study.

Fifth, we faced data-quality concerns with some of the administrative documents and data sources. In a number of cases, we relied on data that were collected for program and practitioner use. Although this information provided important context that helped describe the implementation of the NYC-CS, the data were not always collected to the standards required for research-based analysis. Some administrative data were not collected consistently across schools, rendering a school-level analysis impossible. For example, data were collected on the types of mental health intervention implemented within schools. However, mental health providers across schools used varying recording methods and different languages to describe the same interventions. This variability in the data made it difficult to compare information across schools. In addition, confidentiality regulations also prohibited us from obtaining administrative data on the take-up of certain services, particularly student-level data on the receipt of mental health treatment and interventions.

Finally, we only have data on schools' implementation during the first two years of the NYC-CS. Best practices in implementation science recommend studying mature interventions, those where all program components have been implemented successfully for a number of years. This report documents the NYC-CS in a relatively nascent stage. Overall, the data collection is a representative accounting of the implementation progress for the initiative.

Despite these limitations, we believe that the analyses advance our understanding of NYC-CS implementation and provide important insights regarding the challenges and successes New York's community schools face in the first two years of implementation.

Implementation of Community School Structures and Services

In this chapter, we present findings regarding community schools' implementation of the six core structures and services: (1) CBO partnerships, (2) real-time data use, (3) expanded learning time, (4) family engagement, (5) attendance improvement strategies, and (6) mental health programs and services. We examine the incorporation and adoption of these services and structures, when possible. First, we present an *overview* of the structure and service. When available data allowed, we also describe the *facilitators* of the structure and service; we do so for CBO partnerships and mental health programs and services. Finally, we present the *challenges* the community schools faced implementing the core structures and services. These results are based on an analysis of a variety of data sources, including the surveys we developed, interviews, site visits, and document reviews. Table 3.1 shows data from the School Leader Survey on the prevalence of the four core services that will be discussed in this chapter.

CBO Partnerships

A signature component of the NYC-CS is the partnership between the school and its lead CBO. We use administrative, survey, and interview data to provide an overview of how schools and CBOs worked together, to describe the facilitators of school–CBO partnerships, and to detail challenges school and CBO leaders faced implementing these partnerships.

An Overview of CBO Partnerships in the NYC-CS

In most schools, the lead CBO—represented by the CSD—works in collaboration with the principal and other school leaders to plan, coordinate, and implement the services provided through the community school. In addition to acting in a coordination role, the lead CBOs typically provide services or interventions that are aligned with their particular expertise. For example, a lead CBO focused on youth development might administer ELT programming for the community school. In most cases, the school–lead CBO pair subcontracts with a number of other partner CBOs to implement additional components of the community school program model. For example, in cases where the lead CBO is not a mental health provider, subcontracts were granted to mental health organizations to provide such services. Although schools have only one lead CBO, the full suite of community school programs are often administered by a number of community organizations. All community schools had a CSD, an employee of the lead CBO, based in the school building. As is described in more detail in this chapter, the CSD served as a master coordinator, monitoring the services administered by the lead CBO and all other partner CBOs.

The lead CBOs were identified through a competitive procurement process led by NYCDOE. Organizations were selected based on their past experience working in schools and their relative expertise in the key components of the NYC-CS—including, but not limited to, youth development, family engagement, mental health services, extended learning, and organizational capacity for service coordination. In SY 2016–2017, administrative data from the OCS showed that there were 48 unique organizations serving as the lead CBO for the 118 schools in the sample. The majority of organizations served as the lead CBO for one to three schools, while six served as lead for five or more schools. The lead CBOs represent a range of different kinds of organizations. Slightly more than half of the lead CBOs ($n = 25$) are mental health providers, and the others include universities and education organizations, youth development organizations, social service providers that focused on equity and antipoverty solutions, and specialists in afterschool programs. The range of partner CBOs is even broader; they include, but are not limited to, arts organizations, theater and dance companies, churches, universities, and museums. These diverse CBOs provide a number of different services for their partner schools. CBOs were most often involved in implementing or supporting mental health services, including social-emotional learning opportunities, ELT, family engagement activities, physical health services, professional development, and data support.

According to administrative data from OCS, in SYs 2015–2016 and 2016–2017, the average contract amounts for all CBOs in a given school was approximately \$480,000; however, there was a wide range, with some schools contracting as much as \$1 million with local CBOs and other schools as little as \$230,000. Funding amounts were determined by a number of factors, including program need and school size. During the site-visit interviews and as reported on administrative documents, school leaders described a number of initial perceived benefits from the CBO partnerships. The CBO partnerships allow the schools to offer new or enhanced services and programs the schools could not manage alone. Given the risk factors the families and communities served by the NYC-CS face, many students have a number of needs—including academic weaknesses as well as social-emotional concerns. Prior to the NYC-CS, leaders reported that teachers felt ill-equipped to tackle all of these concerns in the classroom. The funds and manpower supplied by the NYC-CS and CBO partnerships enable schools to implement comprehensive services to address students' needs. Some school leaders reported that the initiative freed teachers to spend more time on instruction, knowing that their CBO partners had expertise in mental health and were focused on providing supplemental services. On the School Leader Survey, almost 90 percent of administrators reported that the NYC-CS increased their number of aligned and coordinated partnerships with community organizations, and over 80 percent indicated that the integration of CBO staff to support student's academic needs was a success.

In addition, partnering with the CBOs and developing a new set of services for the school community created a greater renewed sense of purpose among the staff at some schools. As one administrator explained, “it's basically everybody's taking ownership of the school. It's no longer, you know, just the school building, it's actually the community.” School leaders described the development of a community school identity among their staff. With the influx of services and resources, staff reportedly felt they were better able to serve their students. As noted earlier, some classroom teachers reportedly felt better able to focus on academics given that students' social-emotional, physical, and mental health needs were being addressed by new or additional services. In some cases, principals reported during interviews that, thanks to the resources from the NYC-CS, their school staff felt a greater sense of commitment to the

school mission and their work as educators. For example, one administrator noted that, “[the NYC-CS allowed us] to be more intentional and strategic, because we had more resources in capacity. I think everyone always enjoys their job more when they feel like they have team members and colleagues that are working on the same things.”

Facilitators of a Successful CBO Partnership

In interviews, school leaders described three key facilitators of a successful school–CBO partnership based on the experiences leading the NYC-CS: (1) shared goals and vision for the community school programming, (2) a knowledgeable and effective CSD, and (3) a strong working relationship between the CBO and school staff.

“Passion Around the Work”: Shared Vision and Goals

School leaders felt that developing a shared vision and mission among the school and CBO staff for the NYC-CS is necessary for partnerships to thrive. Shared goals facilitate improved decisionmaking around school and CBO programs and how best to serve their students and community. As one school leader articulated, “Different priorities need to be in alignment so that your young people are getting a really robust education.” A shared mission is a starting place for the CBO and school staff to begin building important relationships that aid in smooth program implementation. One leader said, “[being] aligned in the mission, aligned in the vision, [and] shar[ing] the same passion around the work” is the most important aspect of the community school–CBO partnership. Indeed, nearly 90 percent of leaders who responded to the School Leader Survey reported that the services administered by their partner CBOs aligned with the vision and priorities of the school.

For some schools, a prior relationship with the CBO helped the two entities build their shared mission. In many cases, the lead CBO and other partner CBOs had already worked in the schools providing services prior to the NYC-CS. Because of this history, the CBOs were familiar with the schools’ population and needs, and the schools understood the CBOs’ strengths and the services they could offer. These past relationships served as a strong foundation on which a shared mission and vision could be developed.

A Knowledgeable and Effective CSD

While a successful school–CBO partnership is the result of many actors at the school, school leaders indicated that the CSD plays the most critical role. For example, one administrator explained: “from the very beginning I think the whole community school partnership is contingent upon the director.” An employee of the lead CBO, and selected in partnership with the school principal, the CSD is responsible for managing and overseeing the community school strategy. The specific day-to-day responsibilities of the CSD varies across schools and may depend on the nature of the CBO, the number of other partner CBOs, and the school’s needs. Based on our review of the administrative documents and interviews with principals and CSDs, we found that some common CSD responsibilities include running and managing the CST, coordinating among all CBOs and partnering public agencies in the school, collaborating with support staff such as the parent coordinator and guidance counselors, managing ELT and other enrichment activities, conducting needs assessments, working with central office staff such as the mental health managers to ensure the implementation of the three-tiered mental health services, and leading efforts to use data in continuous improvement efforts.

School leaders indicated that successful CSDs exhibit knowledge of the particular needs of the school and its community and the ability to design and manage programming targeted to the local population. Some CSDs may bring past knowledge of the local school and neighborhood community and build their understanding of the school by leading needs assessments. Often, CBOs and schools sought CSDs who had roots in the community; in some instances, the CSD had worked with the school in the past. In at least one partnership, the CSD grew up in the neighborhood where the school was located. In schools serving communities of color and/or high populations of immigrant families, CSDs may need cultural and linguistic competence to form trust and bond with students and families.

Equal Partners: The Working Relationship Between School and CBO Staff

The school leaders in the interview sample reported that a successful CBO–school partnership requires a strong working relationship between the CBO and the school. In partnerships that principals and CSDs perceived were working well, the CBOs did not feel like separate entities, but rather fit seamlessly into the school culture, practices, and activities. Community school leaders said that it is important that the CBOs see themselves and are seen by schools as “partners and not just like as support.” To accomplish this relationship, some schools held joint staff retreats with CBO and school staffs to build community and foster positive working relationships. CBO staff had the opportunity to serve on and hold leadership roles on school committees and governing bodies such as the School Leadership Team, the CST, and the attendance team.

School leaders also described the importance of the particular relationship between the CSD and the principal. These two leaders are ultimately responsible for the success of the initiatives, and there must be a high level of trust between them, as principals often hand off implementation tasks or management roles to the CSDs. One school leader said that an effective CSD “understands the vision that the principal has set for the school and embodies the initiatives and the goals.” Some schools described the CSD role as similar to that of an assistant principal—working alongside the principal to ensure the success of the school’s programming. As one CSD described, “the principal and I have a very positive working relationship. I think that that makes a world of difference when you have a lot on your plate and you’re managing things.” Survey data indicate that in most buildings, the CSD and principal worked well together. Approximately 95 percent of schools reported that these two leaders had a positive and trusting relationship.

According to school leaders, one result of the positive relationship between school and CBO leaders is successful alignment of the CBO services with activities of the regular school day. For example, some CBOs provided classroom-based support (in the form of classroom aid or tutors) and then carried those lessons into after-school ELT lead by the CBO. As students moved throughout the day, there were no distinctions between typical school day activities and CBO programming. This alignment is conducive to student learning and is an indicator of strong CBO–school collaboration.

Challenges with School–CBO Partnerships

While school leaders overwhelmingly reported during interviews that the CBO partnerships and the CSDs were positive features of the NYC-CS, building these partnerships came with notable challenges. As with any new initiative, some schools struggled to define appropriate roles and relationships in the new collaborations. Some leaders felt that there was a lack of

guidelines and a time line from NYCDOE on when and how the partnerships should take shape. The NYC-CS came with many new administrative responsibilities for principals that took a great deal of their time. For example, principals reported having new meetings to attend with the partner CBOs as the NYC-CS programming got off the ground. Some principals felt that the energy they spent managing the NYC-CS and CBO partnerships took away from their role as an instructional leader. This was particularly true in instances where there was lack of trust between the CSD and principal. Without a strong working relationship between these two leaders, both will likely find the roles more challenging.

At some schools, relationships between school and CBO staff were strained mainly in situations where there was high staff turnover among the school and/or CBO staff. Data from the School Leader Survey indicate that approximately 50 percent of schools noted that school and/or staff turnover was an implementation challenge schools faced in the NYC-CS. In addition, having multiple CBOs working in one school and a lack of a prior relationship between the school and the CBO also hindered the relationship-building process. Without this trust, school staff may have been less likely to partner with CBOs, welcome the CBO staff into their classrooms to serve in supporting roles, or refer their students to the CBO services.

Real-Time Data Use

The second core structure that we examined was schools' engagement in strategic data collection and analysis that informs program decisions and alignment of services with students' needs. According to administrative data and accounts from school leaders, community schools used many different kinds of data—student attendance, academic progress, behavioral incidents, and referral and receipt of interventions—to make informed decisions for individual students and the school as a whole. In this section, we provide an overview of real-time data use in the NYC-CS and describe some of the challenges schools faced incorporating data into their regular practice.

Overview of Real-Time Data Use in the NYC-CS

We examined schools' implementation of real-time data-analysis tools through the School Leader Survey and the administrator and leader interviews. School leaders provided their assessment of the degree and quality of data use (in School Leader Surveys) and a description of data practices that touched on challenges and benefits. We also asked administrators and leaders about the variation of implementation across years (in the School Leader Survey).

One of the most commonly cited uses of data that emerged in interviews was to track and identify students who were chronically absent/at-risk for absenteeism and to map the delivery of targeted interventions. Schools also used data to identify factors that contribute to declines in academics or attendance by connecting data on the student's circumstances, such as housing and parental involvement, to their attendance report. As one principal explained in an interview, schools are making smarter decisions thanks to more-robust data-tracking practices for all services, including ELT offerings:

After-school programs and tutoring programs are more strategic and it's making it easier for the teachers to service the children. And when they know the needs of the children, they

are able to group them and be able to better serve them and modify their lessons better and meet the needs of the children.

Schools also collected data by administering their own school-climate and parent-engagement surveys, tracking parent attendance and satisfaction in workshops and events, and conducting needs assessments with families to tailor services to the community's interest.

Structured Processes and Tools for Data Conversations

School staff were also learning how to analyze data through structured protocols supported by staff from New Visions for Public Schools in the form of SDCs. NVDS school summary reports indicated prevalent use of SDC practices in SY 2015–2016 with 74 percent of the 118 schools having had three or more SDCs and 58 percent with four or more completed. The maximum reported for SY 2015–2016 was five, which was the total for 25 of the schools in the study (21 percent). The data also revealed that high schools had more SDCs than elementary and middle schools, which is not surprising given the greater array of SDC protocols available for high schools such as progress toward graduation and dropout prevention. Specifically, 75 percent of the high schools in our study had three or more SDCs during SY 2015–2016, and 58 percent had four or more. This is a much higher rate than the elementary and middle schools in our study, among which 64 percent had three or more SDCs in SY 2015–2016 and 44 percent had four or more.

Aside from SDCs, school staff engaged in regular discussions that focused on data analysis. These discussions often included a variety of stakeholders and professionals, including school staff, CBO staff, and family members, and topics included discussion of specific students, cohort performance, or implementation of programming and activities. Staff and administration said they used data for their daily interactions with students and families, but reported varying levels of comfort and understanding of the data sources and how to interpret the data. Administrative documents indicated that CSDs and principals had weekly meetings to review key identifiers for school and student performance.

To collect, interpret, and share data, schools used an assortment of tools and programs. Those applications included the NVDS, Data Wise (only used in Renewal Schools), and other school-selected vendors such as Advance Platform, Kinolved, Skedula, and Pupil Path. Additionally, Renewal Schools used the iReady program to identify at-risk students and create a report and profile for that student or cohort with the student's information, challenges, and needs. Renewal Schools could run reports allowing teachers "to target the instruction of a small group to whatever their profile group [has listed] as a need [and] have more of a dialogue between the content area teachers and the intervention teachers."

Since the onset of the NYC-CS, there has been an increase in all community schools' use of real-time data tools via the NVDS. At the beginning of the NYC-CS, in SY 2014–2015, 18 percent of survey respondents who were employed at their respective schools reported that they were using the NVDS and 92 percent indicated they were using it the following year in SY 2015–2016. In terms of future planning, 82 percent of schools indicated in the School Leader Survey that they were going to use the tool during SY 2016–2017. The NVDS allowed schools to track attendance, and academic progress, provide targeted interventions for students, and offer rewards. Schools mentioned that the NVDS also provides an interface to create a student profile that allows them to develop a whole picture of a child for administration, staff, and parents. A particular application of the NVDS that schools found to be helpful is the Credit Gap

Analysis tool because it allows them to easily pinpoint the credits needed for a student to graduate. A few community schools were identified to pilot the NVDS for tracking such additional programs as a food pantry that provides meals or staple food items for families, for identifying families in temporary housing, and for tracking the use of other nonacademic social services.

Data Use as a Vehicle for School Improvement

School leaders identified data access as a key component of their decisionmaking processes and efforts to improve their school. The availability of data allowed schools to make tactical decisions because they could review trends and track progress; use data for accountability and monitoring implementation of programs, services, and interventions; and measure the result or impact of an intervention (based on outlined goals). More than half of the schools in the School Leader Survey reported that limited access to quality data to inform decisions was *not* a challenge they faced.

During interviews, administrators reported using data to better understand the needs of their children, and teachers are creating and modifying lesson plans based on those needs. Most school leaders we interviewed mentioned that they group students into specific cohorts based on students' academic needs. Most of the interviewees stated that students are now being grouped based on data, which allows their school to provide individual services and better meet the needs of students. This finding from the interview data was supported by our School Leader Survey, which found that 88 percent of schools reported that using student data to drive decisions about targeted support and interventions for students in need was a major or minor success.

Challenges with Data Use

Although access to data was not found to be a challenge for most schools, because the majority of school leaders see the benefits of making data-informed decisions, some interviewees expressed that the need to learn new technologies and develop skills in interpreting and acting on data was challenging. A number of respondents said they were having difficulty learning and using a new technology and experienced pushback from staff members, who prefer to use the processes they are more familiar with, such as transcripts and guidance counselor meetings. The level of comfort and knowledge of data and their application was mixed, according to our interview results. One school mentioned that having a CSD with data experience and knowledge was important for its ability to understand and effectively use data. According to respondents, schools that were slower adopters or hesitant to use data would benefit from a refresher training or focused trainings with more staff.

A second but less prevalent challenge that came up in the interviews was the issue of occasional discrepancies or inaccuracies between the different data systems. Reportedly, the NVDS at times did not align with other administrative data from NYCDOE, or there was a lag between the data being updated in the different systems. School administrators also expressed frustration with the level of permissions for certain staff, which prevented them from sharing student data with staff that are not approved to use the systems. Overall, this was an infrequent occurrence and was rarely mentioned in interviews or survey responses.

Expanded Learning Time

One of the core services for the NYC-CS is the offering of ELT programming before and after school, on weekends, and in the summer months. Although many schools already offer such services as a standard operating procedure, we did find a consistent increase in ELT offerings for the schools in our study. We examined schools' implementation of ELT through the School Leader Survey and the administrator and leader interviews. School leaders provided their assessment of the degree and quality of ELT implementation (in School Leader Surveys) and a description of ELT, including challenges and benefits (in the administrator and leader interview). We also asked administrators and leaders about the variation of implementation across years (in the School Leader Survey). In the next sections, we present an overview of the ELT offerings and discuss the different challenges schools faced implementing these programs.

An Overview of ELT Programming in the NYC-CS

As shown in Table 3.1, administrators from 59 percent of schools reported offering ELT programming in SY 2014–2015, a rate that jumped to 91 percent when asked about SY 2015–2016, which was the first full year of NYC-CS programming support. In SY 2016–2017, this number went down to 81 percent when asked about the 2016–2017 school year, which may be because of the timing of the School Leader Survey that took place early in the academic year. We did not find a similar increase in the reported prevalence of ELT on the weekends (com-

Table 3.1
Prevalence of Core Services, by School Year

	2014–2015 (%)	2015–2016 (%)	2016–2017 (%) ^a
ELT			
ELT	59	91	81
ELT on weekends	51	49	43
Family engagement			
Hosting of community school team meetings	35	85	86
School work plan created with input from families	47	80	82
Attendance improvement strategies			
Success mentoring	41	74	78
Data-driven meetings to discuss attendance trends	59	84	85
Mental health programs and services			
Tier 1 (universal) mental health services	55	89	85
Tier 2 (selective) mental health services	51	85	82
Tier 3 (targeted) mental health services	47	82	84

NOTE: Percentages are based on the respondents ($n = 74$) to the School Leader Survey who were employed at their school for at least two years prior to SY 2016–2017. Thus, not all 118 schools are included here.

^a Because the survey was administered in October 2016, respondents were asked to report on services their school planned to provide in the coming year. Nonetheless, there is a chance that some respondents may have interpreted the question as what has been provided already that year, which may explain the slight dip in service provision for data use, ELT, and mental health programs and services.

pared with ELT on weekdays), and in fact, the rates decreased over the years (SYs 2014–2015 to 2015–2016) from 51 percent to 49 percent.

According to a few administrators that we interviewed, ELT has provided students with the opportunity to express themselves through programs (e.g., dance, poetry, debate) that they otherwise would not have the option to participate in. Administrators from several of the schools we interviewed mentioned a change in students' behavior, academic performance, or personality because students are receiving the extra support through tutoring and feel more involved in the school through the enrichment programs. School respondents also mentioned that a number of the enrichment programs (e.g., chess club, hip hop, and film) are driven by student requests.

During interviews, several schools mentioned that, prior to becoming a community school, they already had programming before or after the traditional school day. These schools created a new name for the programs during the transition so as not to duplicate or negate current efforts, but the programs were similar to ELT and still centered on supplemental academic supports for the school courses, preparation for the New York Regents Examinations (statewide standardized examinations in core high school subjects), and various student interest-based options such as visual and performing arts and debate.

The administrator interviews revealed a variety of activities and programs offered during ELT that can be categorized as academic or enrichment programs. Academic programs included content focused on core curriculum, such as ELA and mathematics, Regents examinations preparation, college and career readiness, and Scholastic Aptitude Test preparation. The enrichment programs are primarily delivered by the CBO partner(s) and can include dance classes, leadership training, and internships with local business. ELT generally occurred every day—Mondays through Fridays and sometimes Saturdays. Schools do not have to follow a prescribed ELT structure and can decide to integrate the program into the school day or after school and to alternate the type of programming, such as four days of ELA/mathematics on an A/B schedule.

During the interviews, administrators from a few schools mentioned that students identified as at risk for not graduating or acquiring the necessary credits to move to the next grade will likely be assigned to additional tutoring or New York State Regents Exam preparation while other students may choose between academic and enrichment programs. One component of Renewal Schools ELT is the Renewal Hour—a mandated additional one hour of instruction per day for all students. One school described this time as “regimented” because schools are intended to use this time for an additional hour of instruction every day. The structure of Renewal Hour varied by schools; for example, some alternated between mathematics and reading instruction, and others used it to implement the social-emotional curriculum.

Challenges with ELT Programming

A majority of interviewees mentioned that the ELT or Renewal Hour was a challenge, but a few administrators and leaders had a more positive view: “[the] great thing about it is it’s in their schedule.” The additional hour of programming presented a challenge to schools because they were required to extend the learning day for students, which means a longer attention span for students, while parents may need to modify their schedule to pick up their child at a later time. Initially, schools noticed a drop in participation when they placed the additional hour at the end the day, but solved this challenge by moving the additional hour into the middle of the day so it was embedded in the school day. The additional hour also put a burden

on some staff because they were required to create an additional hour of coursework. Administrators were aware that the long day could result in teacher burnout and decided that keeping in close communication with staff was the best course of action. Administrators would allow staff to choose which topic they wanted to teach, or they could collaborate with other teachers on a course. Administrators and leaders recognized the positive impact of the additional hour on students; yet, they primarily found the logistics of adding an hour to the already-long school day challenging.

Family Engagement

New York City’s community schools engage in many different family-engagement efforts to make parents feel welcome in the school building, and to empower families to be active members of the school community. We examined schools’ family engagement practices through the School Leader Survey and the administrator and leader interviews, as well as administrative data provided by the NYC Family and Community Outreach Team within the Division of Family and Community Engagement. In this section, we provide an overview of family engagement in the NYC-CS and discuss the challenges schools faced in implementing effective programming.

An Overview of Family Engagement in the NYC-CS

School leaders overwhelmingly reported on surveys and during interviews that family engagement efforts were a positive component of the NYC-CS. We begin this section by first describing leaders’ perceptions of increased levels of family engagement as a result of the NYC-CS. Then we describe the specific activities that schools and families engaged in. Findings suggest that family engagement programming fell into three broad categories: (1) leadership opportunities, collective decisionmaking, and relationship building; (2) social and educational services that met the needs of the whole family; and (3) opportunities to share and collect data with families. We discuss each in detail in the next sections.

Family-engagement activities are staples in many K–12 settings in New York City and nationwide. Prior to the NYC-CS, the school leaders in our sample reported in interviews that they were already providing opportunities—such as participation, school governance, school celebrations, and parent-teacher conferences—for parents to get involved in the school community. However, school leaders perceived that the transformation into a community school led to increased opportunities for family engagement and encouraged greater participation among parents. As one school leader put it in an interview, “We’ve always had parents that are highly involved in the activities that are taking place in the school, but as a result of being a community school, I think that involvement has increased.” Indeed, 81 percent of surveyed schools indicated that families were more present in the school as a result of the NYC-CS.

The perceived increases in family-engagement opportunities and participation may be because of resources and staff provided to schools by the NYC-CS. In some cases, the CSDs took a very active role in managing parent engagement. One principal described the CSD as akin to an “assistant principal of family relations.” In addition, school leaders reported in interviews that the CBO partnerships allowed some schools to host more family engagement events—such as workshops and trainings—than in prior years. In other buildings, AmeriCorps members associated with the community school programming and outreach specialists

who work exclusively with community schools partnered with parent coordinators and other school staff to develop and administer services for families.

The increases in engagement among families may also be related to the more-expansive approach community schools applied to family engagement. Most of the family-engagement efforts (described in more detail later) require parents to physically come to school (e.g., for events held in school buildings). However, the community school leaders also reported that parents can be involved in a number of ways from afar, as one administrator explained:

We've also changed our lens that parent engagement is not only numbers on a login sheet and how many parents show up to an event, but how many parents are engaged and partners in education with us. So some parents can't come here, because they have to work. But they are very informed . . . they have a point person that they can reach . . . they can access real-time student information.

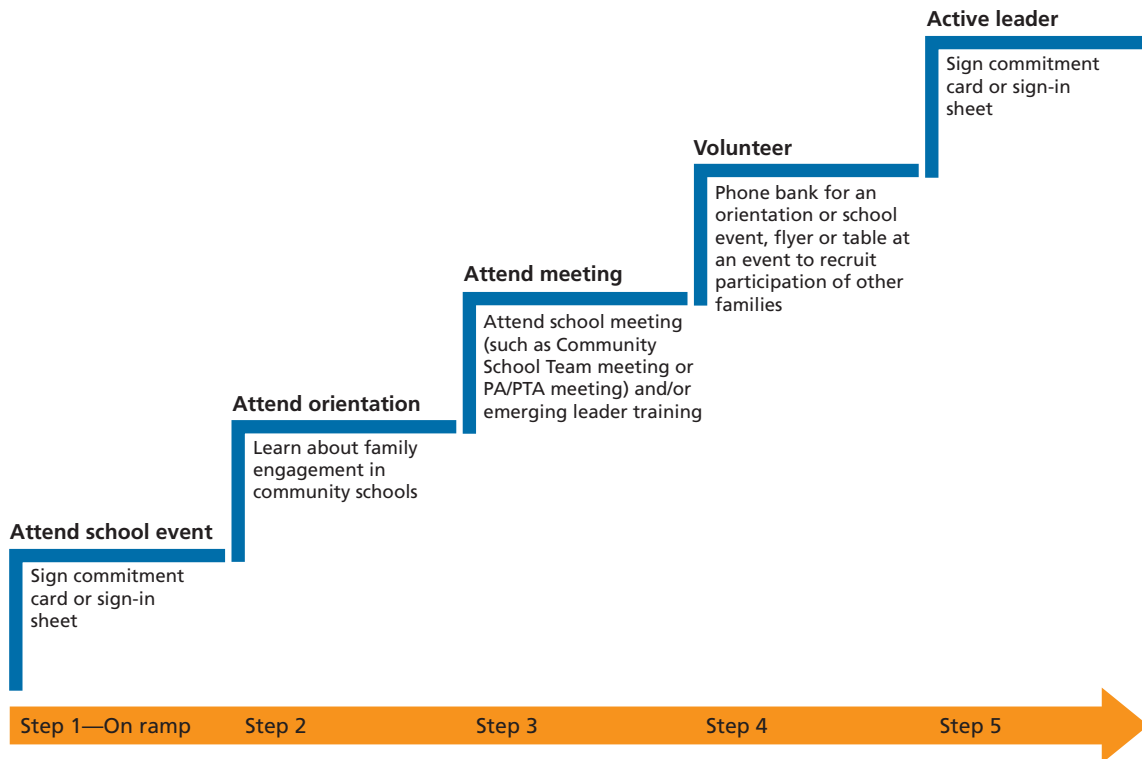
Many families are busy and not always able to be physically present in the school. However, as the testimony illustrated, parents' absences at school events do not mean that they are not engaged in other ways, such as supporting their children's learning home. School leaders reported during interviews that the NYC-CS helped parents and practitioners recognize that engagement can come in many forms and encouraged staff to develop innovative ways to support different kinds of involvement.

Leadership Opportunities, Collective Decisionmaking, and Relationship Building

According to our review of NYC-CS administrative documents, the program's family-engagement efforts are rooted in principles of community organizing. When school staff work with families, they focus on fostering parent leadership, applying the expertise families have on their children and the community, and building relationships (parent to parent and parent to staff). Administrative documents suggest that the community schools are being supported to meet parents where they are by providing many different ways for parents to engage in their children's school (correspondence with author of PowerPoint presentation by the Division of Family and Community Engagement, 2017). The New York City Family and Community Outreach Team within the Division of Family and Community Engagement developed the Ladder of Engagement strategy (Figure 3.1). The strategy involves a five-step process in which parents participate in programs or events at the school, progressively increasing the intensity of their involvement and building their leadership skills along the way. The Ladder of Engagement is designed to help school staff engage as many parents as possible in the school community and develop a cadre of parent leaders in each building. Outreach specialists from the New York City Family and Community Outreach Team supports schools in their efforts to implement the strategy.

To get on step 1 of the ladder (the "on ramp"), parents are recruited to attend an event at the school, such as an adult education class, a parent-teacher conference, a Community School Forum, or a school celebration where they sign a sign-in sheet. They also can get on a step by being recruited by another parent to fill out a commitment card, a tool schools use to encourage engagement. Signing a commitment card might happen at an informal school setting, such as morning drop-off. To move to step 2, parents attend an orientation, which is designed to familiarize parents with the school environment and the family-engagement opportunities available to them. Parents move to step 3 when they attend a school meeting such as a community school team or parent-teacher association (PTA) meeting. Parents move on to step 4 by

Figure 3.1
Ladder of Engagement



SOURCE: Correspondence with author of PowerPoint presentation by the Division of Family and Community Engagement, Family and Community Outreach Team, 2017.

RAND RR2100-3.1

volunteering at a meeting or event; taking on a leadership role at a meeting or an event takes a parent to step 5. Once at step 5, parents are recruited to participate in an advanced training and eventually have the opportunity to take on leadership roles at the school, such as serving on a PTA.

Table 3.2 presents descriptive statistics on the percentage of parents who were on each step of the ladder during SY 2015–2016 and the first half of SY 2016–2017 (through March 2017), according to data on family engagement. In this table, we show the average percentage of parents who completed each step, as well as the range (maximum and minimum values) from the sample of schools where data were recorded. To date, schools have been primarily supported to help move parents onto the initial step of the ladder. Specifically, outreach specialists from the Division of Family and Community Engagement worked with schools to develop and employ outreach strategies to bring more families into the school to attend activities to advance steps such as family night and community school forums. The focus on the steps is reflected in the summary stats presented in Table 3.2, as the average school had 24 percent of parents complete this first step of the ladder, a much higher percentage than any other step. In some schools, over 80 percent of parents engaged in activity to advance in steps.

On average, 1–2 percent of parents completed the activities involved in the more advanced steps on the ladder. The lower numbers in the higher steps is consistent with the ladder's approach to family engagement. Schools are encouraged to bring in as many families as pos-

Table 3.2
Descriptive Statistics on Percentage of Parents Engaged in the Ladder of Engagement Steps

STEP	Mean (%)	Max (%)	Min (%)	n Reporting
On RAMP	24	88	2	118
2	2	24	<1	97
3	2	9	<1	113
4	2	4	1	80
5	1	5	<1	115

NOTES: n = the number of schools reporting data for each step; cases where n does not equal 118 indicate we are missing data for the absent schools. Each school level percentage (not reported here) was calculated by dividing the number of parents who reportedly participated in each step by total school enrollment; we treat total school enrollment as a proxy for the total number of parents in the school community.

sible through the more-accessible step-advancing activities, then move a smaller number of parents (who have the time and interest for greater levels of engagement) up to the higher steps. However, in the coming years of the NYC-CS, the Division of Family and Community Engagement plans to provide more support for community schools to implement leadership activities under the later steps, such as additional infrastructure to train parent leaders and volunteers.

It is also important to note that, to date, the data are limited to attendance documented primarily at school events supported by the family and community outreach team, such as community school forums or parent participation in NYCDOE-sponsored trainings (see Appendix A for more information about this data source). The numbers presented here therefore reflect parent attendance data from some, but not all, family-engagement events. As such, the data reported here likely underestimate the number of parents who have engaged in each step.

Accounts from school leaders during interviews and information from administrative documents also suggest that some parents engaged as leaders by working on school-improvement efforts and contributing to collective decisionmaking on governing bodies such as the CST and the SLT. Both of these teams include parents, administrators, teachers, and staff and provide parents with an opportunity to contribute to the functioning of the school. School leaders described the importance of treating parents as equal partners: “They need to have a voice,” one leader said when discussing how parents have been involved in strategic planning at the school. As shown earlier in Table 3.1, at least 80 percent of schools reported that parents contributed to their work plans in SY 2015–2016 and SY 2016–2017. This rate is up from only 47 percent in the year prior (SY 2014–2015).

The community-organizing approach suggests that the success of these parent leadership efforts in part depend on strong relationships between families and the school. Survey data indicate that, in most cases, these important relationships were in place. Nearly 90 percent of schools reported on the School Leader Survey that there was trust between families and school and CBO staff. During interviews, school leaders described the importance of personal relationships between school staff and parents. Principals noted that the additional resources supplied by the NYC-CS, including the CSD, volunteers, and other staff devoted to family engagement, increased the number of adults in the schools that parents could turn to, thus creating more opportunity for meaningful connections. One administrator noted that “personal

touches” make all the difference in relationship building. Because of the NYC-CS resources, his school increased calls home from staff and home visits to build connections with families. Indeed, the outreach specialists supported schools to use relational strategies such as personal phone calls to encourage involvement among families.

Family engagement efforts have also focused on providing opportunities for parents to build relationships with one another. For example, the advanced steps on the ladder of engagement include opportunities to connect with other parents. As one administrator noted, “[it’s] the relational pieces, where families build relationships with each other so that they feel more connected into the community.” Many schools host frequent (e.g., weekly or monthly) meetings for parents to discuss issues at the school with one another and school staff. One school created a parent institute—monthly workshops developed and delivered by parents to other parents. At this school, leaders reported that the parent institutes helped to build camaraderie among the parent community and encouraged attendance at other events.

Social and Educational Services That Meet the Needs of the “Whole Family”

Many school leaders reported that the role of a community school is to provide wraparound services that address the whole child through providing services to the whole family, as one administrator explained:

[The community school] helps the children and families with their daily needs outside of just academics. So if a child has mental health concerns [the community school] helps with that. If a family needs housing issue, it helps with that. If a family has health issues it helps with that. Vision, dental, clothing, we have a washer and dryer on site.

Both the quote above and our review of administrative documents indicated that many schools offered families a number of social services such as immigration clinics, employment services (e.g., résumé workshops and interview classes), food banks, and housing support. Family-engagement efforts focused on parents’ personal skill development—adult-education classes, including high school–equivalency preparation, English as a second language (ESL) classes, computer classes, and civic education. Typically, these social services are administered in partnership with a CBO. Most of the community schools’ mental health programming also includes services for parents and families. As is discussed in more detail in the mental health programs and services section, more than 90 percent of schools’ school mental health work plans included services, such as family counseling, and outreach to parents. By meeting parents’ social, educational, and mental health needs, the community school can better equip parents to support their children’s educational progress.

As is typical in many K–12 settings, New York City community schools also provided opportunities for parents to improve their parenting skills and learn about the specifics of their children’s needs and experiences in school. Administrative documents and interview data from school leaders indicate that schools reported offering parent workshops on such topics as school curriculum, Individualized Education Programs (IEPs), state assessments, parenting skills, ELT, and career and college readiness. Other opportunities are geared toward providing time for families to spend together and build familial bonds, such as family cooking classes, Zumba classes, student performances, and school celebrations.

Sharing and Collecting Data with Families

Community schools engage parents by sharing data with families and collecting data from families to improve services. Many schools have web-based data systems that parents can sign into to track their children’s progress, including students’ courses, grades, and test scores. These tools allow parents to stay current on their children’s schooling and provide teachers and parents with a way to communicate about student coursework. To ensure that all parents have access to data, schools hold trainings at the start of the year to orient parents to the database. Schools also reported using social media, newsletters, and texting programs to communicate key information with parents. As reported on the School Leader Survey, 91 percent of schools in the sample noted they had implemented information systems that allowed weekly communication with families.

Community schools made deliberate attempts to gather data from families and use that information to tailor the community school efforts to parents’ needs. For example, CSDs and principals reported conducting needs assessments with parents to understand the kind of workshops, trainings, and/or adult education opportunities they would find most useful. Following trainings, schools collected parent-satisfaction data so that they can improve on these workshops in the future.

The Community School Forum (CSF) is a staple of the NYC-CS and provides an opportunity for many stakeholders—parents, students, teachers, and administrators—to share information and weigh in on school priorities for the coming year. Typically, these events are held in the spring and include a presentation in which school staff discuss and share the community school goals, initiatives, and plans. The events also include breakout sessions in which parents have the opportunity to share what they did and did not like about the NYC-CS programs and services. Importantly, the CSFs were not only events to share and gather information, but also a time for celebration and community building. CSFs included student performances, resources fairs, and potlucks. Many school leaders reported that these events were successful and provided an opportunity for the school community to gather as whole. Administrative documents suggest that, for many parents, attending the CSF was their “on ramp” activity, and thus the first step toward engaging in other activities.

Family Engagement Challenges

The community schools in the sample also faced challenges implementing their family engagement initiatives. The challenges community schools faced are not unique to the NYC-CS, but rather reflect the same issues many schools encounter when partnering with families. Interview and administrative data indicated that competing priorities and time constraints made it difficult for parents to take on leadership roles and be present in the school. Although schools worked to provide opportunities for engagement that did not necessarily require parents to come to school (see examples in the earlier section called “Increases in Family Engagement”), most events (e.g., nearly all of those depicted on the engagement ladder) were designed for in-person participation. Many parents’ work schedules kept them from attending school events, even when the events were held in the evening. A number of the schools in the sample serve families living in temporary housing. Some of these families live far from the school their child attends, making transportation a barrier to being present at school functions.

A challenge in some buildings was posed by difficult communication with parents. While NYCDOE makes translation and interpreter services available at some schools, language barriers sometimes limited interactions between parents and staff. In addition, some families’ lack

of access to technology can make it difficult for parents to receive emails, social media posts, and newsletters.

While the survey data revealed no differences between how staff in elementary schools described family engagement and how staff in high schools described family engagement, interviews with high school leaders indicated that they struggle to create family-engagement opportunities for parents of older students. There was a sense among practitioners that parents are more engaged when children are young, but that the involvement wanes as children enter middle and high school. As such, practitioners who worked with older students—sixth grade above—felt that engaging parents was more of a challenge with the older students.

Attendance Improvement Strategies

New York City's community schools engage in varied and innovative efforts to improve student attendance. In community schools, educators go beyond the typical approaches toward addressing attendance, which is often incentives and good housekeeping measures. Instead, they offer personalized support for chronically absent students by assigning social programs and research-based interventions such as Success Mentors. We examined schools' attendance-improvement practices through the School Leader Survey and the administrator and leader interviews. This section is an overview of the attendance-improvement efforts in the NYC-CS and discusses the challenges schools faced in implementing these types of services.

An Overview of Attendance Improvement Strategies in the NYC-CS

Improving attendance was a high priority for a number of schools, and some school leaders expressed that changes in attendance rates were a good indication of a school's progress in their reform efforts. Many community schools have been engaged in efforts to improve student attendance long before the onset of the NYC-CS, and the study found a notable uptick in some specific activities that are geared toward reducing chronic absenteeism. For example, as shown in Table 3.1, the percentage of community schools that implemented Success Mentors to work with students at risk of chronic absenteeism increased from 41 percent in SY 2014–2015 to 74 percent in SY 2015–2016 and 78 percent in SY 2016–2017. In addition, more schools are having data-driven meetings to discuss attendance trends, with 59 percent of schools indicating that they implemented the practice in SY 2014–2015, 84 percent in SY 2015–2016, and 85 percent in SY 2016–2017.

As mentioned earlier, data are being used regularly for tracking attendance and developing and implementing targeted interventions. These targeted interventions include reward systems for attendance improvement (typically shared with parents), social and emotional or mental health services to support attendance improvement, mentor assignment for chronically absent students, and attendance orientations for families. In both interview and administrative data, many schools framed their universal social and emotional learning (SEL) programming and student-engagement opportunities as an effort to address attendance challenges. SEL programs have been shown to increase attendance by creating a positive learning environment for students. The SEL and student-engagement opportunities created accountability for students because they formed a relationship with their peers and adults in the building and community. The focused SEL and student-engagement programs and opportunities include student government, positive behavioral interventions and supports (PBIS), universal mental health

services, internship programs, advisory groups, and use of restorative practices in classrooms and one-on-one interactions.

Shared Responsibility for Attendance Support

Interviewees identified specific groups that were tasked with discussing attendance, but most school leaders reported that attendance was often addressed in multiple settings whether in a formal meeting or from a casual interaction. This way, the responsibility for tracking attendance was shared across many staff members. Administrative data suggest that attendance team meetings occurred weekly to monitor attendance data and are facilitated by the CSD. The meeting often included success mentors, the principal, assistant principals, guidance counselors, CBO staff, social workers, and teachers responsible for leading attendance initiatives. Attendance meetings included inquiries into the high-risk students by delving into contextual factors—such as housing situation, special needs, and academic standing—that contributed to a student’s declining presence in school. Staff tracked daily absences and tardiness and would discuss specific students during student advisory meetings or in weekly meetings with staff and administrators. In one school, the staff convened daily to monitor students’ absences and decide whether to call the parents and/or schedule a home visit to check on the students who were struggling. Leaders noted that it was important for a staff member with an existing connection with a student to call home or conduct a home visit. Specifically, one administrator said, “[a]nybody that the child has a really close relationship with [will] call them to make sure that everything is okay . . . and to find out if there are any barriers.”

Schools also made a point to celebrate students’ attendance success. Most schools have implemented a reward system for students who improve their attendance; celebrations included pizza parties, acknowledgement at whole-school events, and field trips. Schools also involved families in these celebrations both by sending notification to parents when students reach an attendance benchmark and by inviting parents to in-school parties.

Challenges and Holistic Approaches to Attendance Support

Interviewees revealed that schools were using data from the NVDS and student tracking systems, such as attendance and academics, to develop strategies to improve attendance, but there were still challenges that required more targeted and individualized plans. For example, community schools had a high percentage of students in temporary housing that was well above the city average; across New York City, the average rate of students in temporary housing is 8 percent, while in community schools the average is 14.3 percent.¹ To mitigate this challenge, a few schools used their NYC-CS funds for student transportation via bus.

School administrators also expressed concern for parents’ understanding of the importance of their children’s attendance in terms of graduation and academic success. A few administrators discussed how they used graphs or tables to show parents the effect that one or two more absences or tardies would have on their children’s graduation rate. In a small number of schools’, administrators realized that students were not coming to school because they had asthma and their parents felt they could not attend school. Administrators who recognized, usually through analyzing cohorts of students using NVDS or school data-tracking systems, that they had a significant number of students with asthma used their funding to hire an

¹ Personal correspondence with OCS staff (March 2017).

asthma counselor. School leaders recognized that combating chronic absenteeism will require continuous innovation and strategic supports for their students.

Mental Health Programs and Services

Given the importance of students' emotional and behavioral well-being to their academic success, the NYC-CS stresses the importance of viewing mental health from a promotion, prevention, and early intervention perspective and recommends all schools adopt the three-tier approach to meeting students' mental health needs. The NYC-CS provided funds to community schools to enhance or implement new mental health programs and services within each of the three tiers of mental health services that incorporate a health promotion and prevention perspective within the schools. In this section, we begin by providing an overview of the mental health services and follow by discussing the factors that school leaders felt facilitated the successful implementation of mental health programming. Finally, we discuss the challenges schools faced in putting mental health services in place.

Overview of Mental Health Programs and Services in the NYC-CS

For many schools, a key feature of the transformation into a community school was the provision of mental health services to students and families. Some schools noted that before they became a community school, they were not able to provide mental health services. Were it not for the NYC-CS, some schools would have little or no mental health–service provision. The services that were implemented and provided by mental health providers were based on school priorities and needs and identified through a three-step process. First, the school principal, school mental health manager, and CSD identified these needs via an initial needs assessment conducted in SY 2015–2016. Three meetings took place to maintain the quality of service implementation and to ensure that services were based on need. School mental health managers facilitated these meetings. Second, each school created a work plan that identified the tier 1, 2, and 3 programs and services that would be implemented in the school by a selected mental health provider. The work plan is a living document that can be changed as needed. Third, an MOU was created between the provider, school, and lead CBO with OSH approval.

Based on our review of the mental health work plans, we found that funding for mental health programs and services varied considerably across schools. The funding amounts ranged from \$20,000 to \$230,000, with the average amount of funding at \$97,111 (standard deviation = \$53,190) for SY 2015–2016 and \$101,659 (standard deviation = \$54,421) for SY 2016–2017. Funding amounts were allotted primarily based on school enrollment. Due in part to differences in funding, the breadth and depth of enhancements or newly implemented programs and services varied. The mental health work plans also indicated that schools provide a range of programs and services both on school grounds and within the community, including mental health clinics, counseling and clinical mental health treatment by a credentialed clinician (e.g., doctor of psychology, doctoral, or master of social work degrees), student skill-building services, staff and professional development, family services, mental health awareness and communication, case management, crisis intervention, mental health screening and assessments, mental health data system, mental health team to coordinate services, and community partnership. For a detailed description of each of these programs and services, see Appendix E.

Table 3.3 presents the percentage of schools that planned to implement a different category of mental health programs and services based on data from the mental health work plans. Looking across the various programs and services listed in the table reveals that the majority of schools planned for the following programs and services in SY 2015–2016 or 2016–2017: staff professional development, student skill building, family services, crisis intervention, and mental health screening and assessments. In addition, data from the mental health work plans indicated that 98 percent of schools (116 of 118) planned to implement programs or services in all three tiers in SY 2015–2016 or 2016–2017. For a full description of the types of mental health services included in Table 3.3, see Appendix E. Because of limitations in the available data, we were unable to verify whether each program or service listed on the plans were implemented as planned.

Based on data from other administrative documents, we also found that SEL interventions were an integral part of the community schools' larger mental health services, with specific services including bullying prevention, violence prevention, PBIS, restorative practices, peer mentoring, and peer group connections. For most schools, existing school structures and personnel are used to implement SEL programming. More specifically, schools reported that guidance counselors play a big role in intervention implementation through administering specific curriculum, facilitating student groups, and administering SEL interventions. Other common mental health programs and services listed by the schools on administrative documents include a school-based mental health clinic, a school-based health clinic, and on-site clinical services; clinical services administered by social workers, psychiatrists, and other clinicians; mental health campaigns to decrease stigma, raise awareness, and inform the community of available services; parent outreach; professional development for teachers (topics include mental health awareness, classroom management, SEL curriculum); stress management; grief

Table 3.3
Percentage of Schools That Planned to Implement New or Enhanced Mental Health Programs, Services, or Structures for SY 2015–2016 or 2016–2017

	SY 2015–2016 or 2016–2017 Mental Health Work Plans (Percentage) (<i>n</i> = 118)
Staff professional development	98.3
Student skill building	98.3
Family services	92.4
Crisis intervention	86.4
Clinic	71.2
Counseling and clinical mental health treatment	61.0
Mental health screening and assessments	57.6
Mental health awareness and communication	53.4
Case management	44.9
Community partnerships	40.7
Mental health team to coordinate programs/services	24.6

NOTE: Percentages are based on a review of mental health work plans.

counseling and grief groups; wellness and prevention groups with social workers, interns, and guidance counselors; after-school programs (e.g., emotional response and intellectual response groups just for sports teams); and conflict resolution and structured psychotherapy for adolescents with recurring chronic stress. Some schools have also created programs specifically to support staff (e.g., teacher) mental health that include staff retreats, department workshops, and one-on-one counseling:

[W]e dedicated some of the extra mental health funds to the various trauma that staff experience. And so we will do retreats, we will have individual department workshops from outside organizers. We have something called Unpacking the Why, and that is conducted by a social worker who meets with departments and with the leadership teams separately and apart, and also with individuals, to have conversations about transference and counter-transference. (Author interview with administrator, 2017, New York)

The administrative documents also highlighted how some schools outline the importance of building relationships with students, making students feel known, and creating a sense of community in their larger mental health and SEL plans. Some schools mentioned specific interventions implemented to build relationships (e.g., mentoring). Schools also mentioned relationship building in reference to attendance interventions (i.e., mentorship programs to make students feel known and give them a reason to come to school).

Looking across all mental health services and programs, we found that data from the School Leader Survey ($n = 74$) suggest that, by SY 2016–2017, the majority of schools implemented programs and services in tier 1 (universal; 85 percent), tier 2 (selective; 82 percent), or tier 3 (targeted; 84 percent). These numbers, along with the data, indicate that most schools were implementing some form of mental health services within the three-tiered model. However, less than half of schools (47 percent) implemented programs or services in all three tiers in SY 2016–2017. This 47 percent is notably less than the 98 percent of schools that indicated on their mental health work plans that they intended to implement services in all three tiers in either SY 2015–2016 or SY 2016–2017. A few observations might explain this discrepancy between what schools planned to do and what leaders reported they implemented in practice. First, the discrepancy may be because of the data and the varying sample across data sources. While we have data on the mental health plans for all schools, only about 62 percent of schools had data on the School Leader Survey pertaining to mental health services ($n = 74$). It is possible that this 62 percent is not representative of the whole sample. It is also possible that programmatic and implementation challenges may explain the difference between what schools planned to do versus what they were able to do. There may have been a lag in program rollout. That is, not all mental health programs may have been under way when school leaders were surveyed about implementation. As described in more detail in the next section, delays in the funding cycle sometimes hindered schools' abilities to implement their mental health programming in a timely fashion. Or schools may have struggled to find providers to meet all of their programmatic needs. Some intended programs may have gone unrealized if schools were not able to connect with a CBO to administer the planned service. It is also possible that schools' plans for mental health programming changed during the implementation period. The mental health plans are intended to be living documents; schools may have reassessed their service needs (after submitting their official planning document) and adjusted their implementation

plans accordingly. This would lead to a discrepancy between what schools planned to do and what mental services were actually implemented.

Facilitators of Successful Mental Health Program and Service Implementation

Staff Awareness of Mental Health Services and Programs

School staff awareness of the NYC-CS in general, as well as specifically related to mental health programs, was a key facilitator of successful implementation of the mental health programs and services. Based on data from the administrative documents, schools indicated that the need for mental health services was great among the student body. Teachers alone were not equipped to address the broad range of students' diverse mental health and SEL needs. Schools reported that the NYC-CS initiative allowed schools to address this need.

Nearly all schools reported that CSDs, school administrators (principal, assistant principal), and school support team (i.e., guidance counselors, social workers, etc.) were aware that mental health programs and services exist and were available to students at their schools; similarly, a large percentage of teachers (62.7 percent) and teacher aids and paraprofessionals (49.2 percent) were aware "a great deal." However, teachers, teachers' aides, and paraprofessionals tended to have less knowledge than administrators about the three-tiered approach to mental health programs and services. For example, among those community schools that participated in the Complementary Mental Health Survey ($n = 59$), nearly all reported the CSDs, school administrators (principal, assistant principal), and school support team (i.e., guidance counselors, social workers, etc.) demonstrated a great deal of understanding of the three-tiered model; however, they reported that only 20.3 percent of teachers and 8.6 percent of teacher aids and paraprofessionals did.

The Mental Health Survey also assessed buy-in of the three-tiered model among school staff and schools' ability to connect students to needed mental health services. Although the data indicate that school teachers, teachers' aids, and paraprofessionals were less knowledgeable about the three-tiered model compared with administrators, all staff felt the mental health services were important. For example, among those SBSTs that participated in the Mental Health Survey, approximately half "strongly agreed" and half "somewhat agreed" that their school staff understood the importance of tier 1 (universal) mental health programs and services for their students. Members of the SBSTs who filled out the survey were confident that school staff could identify a student who may be in need of mental health programs and services (96.9 percent "strongly agree" or "somewhat agree") and knew who provided mental health programs and services in their school (94.6 percent "strongly agree" or "somewhat agree"). Additionally, they felt the school staff knew how to direct students in need of mental health services to the appropriate tiers (92.9 percent "strongly agree" or "somewhat agree") and can find time in their students' schedules for mental health programs and services (86.5 percent "strongly agree" or "somewhat agree").

To ensure that all staff were aware of the mental health services, school staff reported making announcements at meetings, sending reminders to staff, and including the mental health staff in various meetings to make sure they knew to whom they were referring students, when to refer students, and how to refer students and families to mental health services and treatment. One administrator explained the importance of staff development around students' social-emotional needs:

We've had professional development provided by our CBO to help our teachers become sensitive to the social-emotional aspects of our kids' lives that somehow has impacted their academic lives. We have a [CSD] that weekly works with a team to look at our kids and come up with ways to help them change their habits of coming to school, and people they can pinpoint and know that these are people the kids can go to if they feel they have issues or problems. So it's changed— no, I won't say changed, [but it] touched every part of our school life, being a community school.

Based on reports from SBSTs that participated in the Mental Health Survey ($n = 59$), 66.1 percent of schools in SY 2015–2016 and 64.4 percent in SY 2016–2017 sponsored trainings, workshops, or seminars to educate school staff about their school's mental health programs and services; 59.3 percent of schools in SY 2015–2016 and 47.5 percent in SY 2016–2017 brought in guest speakers/outside providers to talk about their school's mental health programs and services; and 84.7 percent of schools in SY 2015–2016 and 81.3 percent in SY 2016–2017 provided opportunities for mental health providers from CBOs to collaborate with teachers and other school staff (e.g., guidance counselors). In sum, schools attempted to educate and inform their staff about the mental health services available to students and their families through a number of different methods.

Other Facilitators of Implementing Mental Health Programs and Services

Unlike some of the other core structures and services that have very explicit guidelines for implementation (e.g., extended learning time), the manner in which each community school implemented and interpreted the three-tier mental health model varied tremendously based on schools' preexisting need, enrollment size, and existing programs and services. With this in mind, several common facilitators of implementation emerged from our data analysis. Based on data from the administrative documents, we found that a small number of schools noted that having a prior relationship with a mental health provider helped with implementation. Other schools saw the benefit in having an overarching framework and funding tied to the NYC-CS that directly supported the enhancement or creation of mental health programs. Without such funding, these programs and services would not have happened. Moreover, having a framework that encourages a cultural shift within the school reinforced the goal of putting students and their families first, as one administrator articulated:

When people and their schools talk about partnerships with families, this is a real partnership . . . we're not just talking about the academics, but what we have recognized . . . is that if you're not addressing the issues that are really the obstacles, and, just coming in and saying okay, forget about that, and here's your homework; that's not really going to give them the results you need with the kid and with the family . . . it's hard to sustain that, but you're supporting families, you're not just supporting a student.

One major facilitator for implementation of mental health programs and services, as well as improving the ability to meet students' mental health needs, is the colocation of mental health clinics and services within the school. Schools noted this is important because students no longer have to leave the building for mental health services and can easily and confidentially access mental health services.

Finally, schools noted that CBOs play a critical role in mental health programs and services within the schools. Specifically, CBOs run the school-based mental health care and on-

site treatment options; hire social workers to staff schools; implement programming; and work in collaboration with school staff (guidance counselors and teachers) to implement mental health services.

Challenges with Mental Health Program Implementation

Although each school experienced their own set of challenges around implementation of the NYC-CS and the three tiers of mental health programs and services, several themes emerged from the administrative and interview data on implementation challenges. Some schools reported that their funding cycle is not aligned with the school year, and many schools received funding for mental health programs and services late. Schools noted that this challenge around the timing of funding leaves them scrambling to spend it all before the close of the school year, rather than having a clear strategic plan for how to use the funding to support ongoing efforts in the school, as explained by one administrator:

It was kind of the same challenge where like that first year we got the money really late, it was the second year and we got the mental health funding and like instructions and everything really late and it was another scramble. June of last year I was scrambling to spend the mental health money just bringing in all these random workshops. Like the grant cycle has been a huge barrier.

Schools also reported challenges around developing and adhering to protocols and guidelines for implementation and serving children with complex and intertwined needs. Although schools understand and prioritize the need to have clear protocols to guide delivery of programs and services to students, they also report feeling constrained when flexibility is needed to best meet the needs of complex and fluid cases. For instance, one school leader identified adherence to guidelines and bureaucratic time lines as a difficult constraint for educators in fast-moving school environments:

There's too many guidelines, and sometimes children need you when children need you, not just by what the book says or they get seen by me once a week. Because if I have a mental health issue, my mental health is not always Thursday at ten o'clock. I have an outburst every other hour sometimes, until it gets fixed and because my mother has not signed does not make my mental health go away.

Schools expressed challenges around staff needs relating to the implementation of the mental health programs and services. Some schools reported challenges around the culture of contracted community school staff and the regular school staff. Creating these distinctions may be working against the effort to create continuity and collaboration within the school for the sake of the students. School leaders also expressed challenges around providing adequate space for additional mental health and CBO staff. Some schools do not have a private dedicated space for the additional staff required to implement the enhanced or newly implemented mental health programs and services. Finally, schools noted challenges around adequate numbers of staff to address the range of mental health issues within the school, all while adhering to the many guidelines on how to offer mental health support to students in need.

Conclusions

In this chapter, we looked across multiple data sources (interviews, School Leader Surveys, Complementary Mental Health Surveys, comprehensive education plans, mental health work plans, and other administrative data sources) to understand how schools in the NYC-CS have implemented the six core structures and services of the community school model. Although wide variation exists within the sample, our analysis indicated that all of the services and structures are functioning to some degree in New York City's community schools. The CBO partnerships, extended learning programs, and mental health programs and services, for example, brought new resources and interventions into the community schools. Regarding family engagement, more than 80 percent of schools reported that parents contributed to their OCS work plans in SY 2015–2016 and SY 2016–2017, which was up from only 47 percent in the year prior. Innovative real-time data-use strategies provided schools with new ways to track data trends and respond to students' needs.

However, leaders also faced unique challenges in implementing each structure and service. For some schools, the social risk factors students face (e.g., the challenges associated with living in temporary housing) made it difficult to implement consistent attendance interventions or hold family engagement events with high turnout. Communication challenges also hindered CBO partnerships and collaboration with mental health providers. Taken together, these and other successes and challenges discussed suggest that, after two years of implementation, school leaders found value in all of the structures and services and reported a number of implementation successes; however, there are still substantial challenges to overcome to realize the full potential of the community schools model.

In the next chapter, we turn our attention to the four core capacities (continuous improvement, coordination, connectedness, and collaboration), which represent the key dimensions along which schools are expected to develop as they work to implement the core structures and services discussed above.

Community Schools' Development of the Four Core Capacities

In this chapter, we shift our analysis of program implementation to schools' development along the four key capacities of continuous improvement, coordination, connectedness, and collaboration (see Figure 1.1 in Chapter One for a detailed discussion of these capacities). To understand how schools are developing in these areas, we developed four multidimensional index scores that were calculated based on a series of items from the School Leader Survey. Each of the index scores was estimated through a process of PCA, which creates a weighted composite score that combines multiple items into a single, continuous score that has a mean value of zero.

There are multiple benefits to generating composite index scores in this manner. The implementation scores we present are continuous measures that capture a range of values that are most useful when comparing schools to one another. Implementation studies that seek to measure implementation fidelity or adherence often rely on establishing thresholds that delineate fidelity versus nonfidelity, but this can be difficult or arbitrary when a program is complex and may have a great deal of differentiation across sites (Goodson, Price, and Darrow, 2014). Furthermore, the NYC-CS model is intended to be a developmental, capacity-building approach to school improvement, so we contend that it makes sense to measure and analyze schools' development on a spectrum rather than a binary yes-or-no scale. In addition, these index scores will be integrated into a forthcoming report that will assess program impact. In the impact report, we plan to use these scores to model the relationship between program implementation and various student- and school-level outcomes.

In the following discussion, we present the results of this composite score-generation process and include some quantitative assessment of each score's statistical reliability. We then share the results of our exploratory analysis of school-level factors that may be associated with schools' capacity development, which might shed some light on the contextual conditions that make NYC-CS implementation more successful in some schools than others. Specifically, we will report on how schools rated themselves on each capacity and describe the relationship between schools' scores on each index and important school characteristics—including grade levels served, colocation status, Renewal School status, and aspects of school culture.

Measuring the Four Core Capacities

We estimated composite scores that are based on principal or CSD reports in the School Leader Survey.¹ These scores are weighted composites of multiple survey items, each one a Likert-type-scale response about the presence or absence of a particular program element or, in some cases, a judgment about the relationships and behaviors of key staff and institutions. As all survey items were phrased with a positive valence such that a higher value indicates a greater degree of implementation, higher values on the resultant indexes suggest greater levels of capacity development. In Tables 4.1–4.4, we describe the survey items that contributed to each index score, along with the PCA weight that was used to calculate each score.²

School leaders were also asked to rate their school’s development on each of the four core capacities based on the New York City Community Schools Stages of Development (SOD) Framework. The framework identifies four sequential stages that schools pass through as they develop along the capacities. The stages are: (1) exploring, a planning stage before implementation in which schools express optimism and curiosity about the work; (2) emerging, a stage in which schools deepen collaboration among all stakeholders and define community partnerships to facilitate program implementation; (3) maturing, a stage in which schools make steady, intentional progress toward the community school vision as implementation begins and service usage increases; and (4) excelling, a stage in which schools are implementing quality programs that are guided by the collective governance of many community stakeholders. These general descriptions capture the essence of each stage of the SOD; however, within each core capacity, the stages involve a unique set of activities and milestones. A more detailed description of capacities across the stages of development for each capacity can be found in the OCS Stages of Development Rubric (see Appendix F).

Continuous Improvement

The *continuous improvement* core capacity is defined as the ongoing collection and analysis of data to assess needs and guide decisions. The corresponding index score is based on a series of survey items that capture whether school staff members use data regularly to set benchmarks, track progress, and guide programming, both for individual students and for the school as a whole. See Table 4.1 for the specific items that were used for this capacity index score.

As indicated by the Cronbach alpha coefficient of 0.80, these items have a high level of internal consistency, suggesting the index score is a reasonably reliable proxy for these multiple aspects of data use.³ In addition, the PCA weights are somewhat close in size for the five items, which suggest that all of the items contribute to the calculation of the overall score, and no one question should be dropped from consideration.

¹ As noted in Chapter Two, we use the principal’s responses in situations where both the principal and the CSD completed the survey.

² It is important to note that these PCA weights do not hold much substantive meaning on their own, other than to show that the various survey items are all positively related to the composite (hence the positive values) and that they contribute relatively equally to the newly generated index score.

³ The Cronbach alpha coefficient ranges from 0 to 1, with a value of 0 indicating that all of the scale items are completely independent of one another. If all of the items are highly correlated, then the alpha coefficient will approach 1. There is no clear threshold for what constitutes a “good” alpha coefficient, but many methodologists recommend a minimum alpha of 0.60 for a measure to be acceptable (e.g., DeVellis, 2012).

Table 4.1
Continuous Improvement Implementation Index

Continuous Improvement (Cronbach alpha = 0.80)	
Survey Item	PCA Weight
Our community school team uses the New Visions Data Sorter to assess progress against benchmarks and goals for individual students.	0.51
Our community school team uses the New Visions Data sorter to assess progress against benchmarks for the whole school.	0.49
Our community school team uses data to determine whether our services and programs are meeting the needs of the student body.	0.46
Our community school team has clear, data-driven benchmarks that guide continuous improvement across school and CBO.	0.43
The principal and community school team both attend the weekly data meeting.	0.33

Coordination

The *coordination* core capacity is defined as the strategic alignment of varied programs and agencies to ensure equitable delivery of the right services to the right students at the right time. The index score is based on seven survey items that capture the schools' ability to strategically align various partners and programs to efficiently provide high-quality services to students. The questions relate to ELT, services provided by the lead CBO partner, and the three-tiered mental health service model. In addition to questions about the simple availability of various programs at the school, these items delve into staff awareness and planning procedures, which are essential to the coordination of multiple programs at the schools. Table 4.2 shows the specific items that were used for this capacity index score.

As indicated by the Cronbach alpha coefficient of 0.78, these items have a high level of internal consistency, suggesting the index score is a reasonably reliable proxy for these multiple aspects of program coordination. In addition, the PCA weights are somewhat close in size for

Table 4.2
Coordination Implementation Index

Coordination (Cronbach alpha = 0.78)	
Survey Item	PCA Weight
Teachers are aware of the services that are available to students through the lead CBO partner.	0.41
Teachers successfully interact with staff from our lead CBO partner.	0.41
All community partners and CBOs (in and outside of school building) meet monthly with the community school director to coordinate and assign services across students in building.	0.40
Teachers and staff in our school are aware that the tier 1 (universal), tier 2 (selective), and tier 3 (targeted) mental health programs and services exist.	0.38
There is a communication and student referral system implemented among school and CBO staff.	0.37
Community school programs are available during the summer.	0.32
Expanded learning time is available to meet students' needs before and/or after school.	0.25
Our community school's ELT programs use rigorous, standards-based curricula.	0.23

the eight items, which suggest that all of the items contribute to the calculation of the overall score, and no one question should be dropped from consideration.⁴

Connectedness

The *connectedness* core capacity is defined as positive relationships among adults and students that foster a sense of community among all stakeholders and encourage resilient academic and personal behaviors among students. The corresponding index score is based on seven survey items that capture the sense of community among school and CBO staff as well as students and families. The questions relate to the school climate and whether or not there is a sense of solidarity among various stakeholders. In addition, the items address the schools' ability to identify and support students at risk of being chronically absent. Finally, the survey items address student awareness of mental health services as well as families' receptiveness to services of this type. Table 4.3 shows the specific items that were used for this capacity index score.

As indicated by the Cronbach alpha coefficient of 0.76, these items have a somewhat high level of internal consistency, suggesting the index score is a reasonably reliable proxy for these multiple aspects of program coordination. In addition, the PCA weights are somewhat close in size for the seven items, which suggest that all of the items contribute to the calculation of the overall score, and no one question should be dropped from consideration.⁵

Table 4.3
Connectedness Implementation Index

Connectedness (Cronbach alpha = 0.76)	
Survey Item	PCA Weight
As a result of our community school partnerships and programs, our school has a more positive and welcoming environment that is conducive to learning.	0.46
We have a culture of connectedness and belonging for staff, students, and families.	0.42
Our school and CBO developed a shared strategy for addressing social, emotional, and behavioral problems.	0.41
Students are aware of school-based mental health services provided by the partner CBO.	0.39
Students who are at risk of being chronically absent are quickly identified (i.e., within 1–2 weeks of initial absence).	0.34
Families are receptive to opportunities for their children to participate in school-based programs and services that support their social, emotional, and behavioral needs.	0.33
Students at risk of being chronically absent are quickly assigned a success mentor (i.e., within 1–2 weeks of initial absence).	0.27

⁴ The only exceptions might be the two items related to expanded learning time, which have lower weights than the remaining items. Nonetheless, the PCA process did not reveal any sort of multidimensionality in the coordination score, such that there might actually be two separate indexes—one for ELT and one for other programming. Full PCA results are available on request.

⁵ The only exception might be the item related to the process of supporting a student at risk of chronic absenteeism with an assigned mentor. Nonetheless, the PCA process did not reveal any sort of multidimensionality in the connectedness score, such that there might actually be two separate indexes—one for success mentoring and one for other programming. Full PCA results are available on request.

Collaboration

The *collaboration* core capacity is defined as the effective alliances between schools and their CBO partners, along with the integration of families' voices in school engagement and student learning. The index score is based on 13 survey items that capture the strength of the partnership between the school and CBO, the principal and the CSD, and the level of family engagement at the school. The survey items relate to some tangible aspects of collaboration, such as joint participation at trainings and drafting of school plans. In addition, we incorporate reports on "intangible" aspects such as whether the principal and the CSD have a trusting relationship and whether there is alignment between CBO and school missions. Finally, the collaboration score includes a set of five questions that ask the quality of the schools' systems for engaging families, the level of trust in the relationship between school staff and families, and the level of family engagement in specific school planning activities. Table 4.4 shows the specific items that were used for this capacity index score.

As indicated by the Cronbach alpha coefficient of 0.85, these items have a high level of internal consistency, suggesting the index score is a reasonably reliable proxy for these multiple aspects of collaboration. In addition, the PCA weights are somewhat close in size for the 13 items, which suggest that all of the items contribute to the calculation of the overall score, and no one question should be dropped from consideration.

Table 4.4
Collaboration Implementation Index

Collaboration (Cronbach alpha = 0.85)	
Survey Item	PCA Weight
The principal and the CSD have established a trusting relationship.	0.30
School and CBO staff attend trainings together.	0.29
The principal, members of the SLT, and the CSD worked together to create the RSCEP (Renewal School Comprehensive Educational Plan) or Community School Work Plan (for AIDP schools).	0.24
The principal, the CSD, and the SLT collaborated in creating the community school budget.	0.24
The CSD and CBO staff have a visible presence throughout the school day.	0.29
CBO services align with our school's vision, priorities, and procedures.	0.33
Universal, selective, and targeted mental health programs and services are provided collaboratively by CBO staff, guidance counselors, social workers, teachers, and/or other school or district staff.	0.22
Teachers view the efforts of community partners as supporting their work as educators.	0.31
Our community school has implemented systems for communication with families on a weekly basis (or more frequently) around student attendance, achievement, and behavior.	0.24
As a result of our community school partnerships and programs, families come to the school more frequently.	0.22
School administrators, teachers, parents, family members, CBO staff, and community partners trust one another.	0.31
Families have input in planning for services related to child and family mental health needs.	0.25
Families have a say in decisions and plans related to school improvement.	0.29

Variation in Core Capacities

The left side of Table 4.5 shows descriptive statistics for the index scores. To help with interpretation of the findings, we centered all of the index scores at the mean via the PCA process. As such, positive index scores should be interpreted as being above the mean and negative scores as below the mean for that index. When doing this, we observed that the minimum values are much further from the mean than are the maximum values. In other words, although we do not see many exceptionally high-scoring schools across the four indexes, there are a handful of schools that appear to be substantially worse at implementing the program than the average school, which may be related to diminished program impact once these scores are integrated into the impact analysis in our subsequent report.

It is also useful to explore the variation in how school leaders assessed their schools' development on the core capacities. The right side of Table 4.5 shows the distribution of ratings across each of the four stages for the four capacities. These data suggest that school leaders felt that their schools were more developed in their capacity to coordinate services (coordination) and establish a sense of community (connectedness), as compared with their ability to use data (continuous improvement) and maintain effective partnerships to support program implementation (collaboration). Specifically, 81 percent and 70 percent of schools, respectively, felt they were "maturing" or "excelling" in their coordination and connectedness efforts. By contrast, slightly more than half of the schools rated themselves in these more-advanced two stages on continuous improvement and collaboration. Notably, across all the capacities, the largest share of schools indicated they were in the maturing stage, which suggests that while most leaders may have felt their schools were not yet excelling and still had room to grow, the schools had developed beyond the initial stages of the SOD.

School Characteristics Associated with Variation in the Core Capacities

Our exploratory analysis of the association between school characteristics and capacity index scores (Table 4.6) indicated that, for the most part, the four core capacities did not differ significantly by grade level (elementary/middle versus secondary), colocation status, or Renewal School status. This was to be expected to some degree, as we did not have empirical or theoretical evidence suggesting there would be differences for schools with different grade levels or building configurations. One exception, however, was for the continuous improvement score

Table 4.5
Descriptive Statistics for Capacity Index Scores and SOD Self-Assessments

	Index Scores					SOD Stages (Percentage)			
	<i>n</i>	Mean ^a	Standard Deviation	Min	Max	Exploring	Emerging	Maturing	Excelling
Continuous improvement	95	0.00	1.70	-5.15	2.18	6	39	50	5
Coordination	87	0.00	1.79	-6.73	2.48	6	13	75	6
Connectedness	92	0.00	1.76	-5.66	2.20	5	25	60	10
Collaboration	88	0.00	2.19	-10.67	2.98	10	39	42	9

^aAll indexes are centered at the mean, which is standard practice for PCA.

Table 4.6
Mean Capacity Index Scores, by Structural Characteristics

	Grade Level		Colocation Status			Renewal Status	
	Elementary/ Middle	Secondary	Colocated with CS	Colocated with Non-CS	Not colocated	Non-Renewal	Renewal
Continuous Improvement	0.116	-0.160	0.050	-0.060	0.352	-0.529	0.233*
Coordination	0.093	-0.120	0.232	-0.193	0.843	-0.341	0.109
Connectedness	0.049	-0.064	-0.351	0.211	-0.602	-0.073	0.030
Collaboration	0.071	-0.103	-0.241	0.027	0.477	0.090	-0.039

* $p < 0.05$, based on a paired t -test of subgroup means.

and Renewal School status. Compared with non-Renewal Schools, Renewal Schools, on average, had significantly higher continuous improvement scores ($r = 0.23$, $p < 0.05$). This elevated capacity for data use among Renewal Schools will be discussed in more detail in Chapter Five.

Our analysis of the association between capacity indexes and various aspects of school culture revealed inconsistent but mostly positive associations (see Table 4.7). Confirming our hypothesis that higher scores on the New York City School Survey Element Scores would be positively associated with our implementation index scores, we found positive and statistically significant associations between the coordination index score and schools' Element Scores for Trust and Effective School Leadership ($p < 0.05$). In addition, we found a positive and marginally statistically significant relationship between collaboration and effective school leadership and a marginally significant association with the trust Element Score ($p < 0.10$). We found no statistically significant associations between cultural characteristics and continuous improvement or connectedness index scores.

These findings suggest that a combination of trusting relationships and strong leadership represents predictors of schools' ability to coordinate services and programming available in the school and collaboration with various partners to implement program components.

In sum, the findings from this chapter suggest that New York City's Community Schools are developing along the four core capacities identified in the Theory of Change. School leaders' self-assessments based on the SOD framework indicate that schools were more developed in their initiatives related to coordination and connectedness, as compared with continuous improvement and collaboration. However, across all four capacities, the largest share of schools indicated that they were in the maturing stage, suggesting schools are progressing toward implementing the full community school model. Although the exploratory analyses

Table 4.7
Regression Estimates of Association Between Capacity Index Scores and Cultural Characteristics

	Continuous Improvement	Coordination	Connectedness	Collaboration
Trust	-0.347	0.735*	0.101	0.496
Effective school leadership	-0.202	0.525*	0.178	0.440**
Strong family-community ties	-0.101	0.422	-0.071	0.403

* $p < 0.05$, ** $p < 0.10$.

of the index scores show variation in how schools are developing along the core capacities, we found no consistent relationships between the index scores and schools' grade-level colocation status. However, these analyses did suggest possible differences between the Renewal and non-Renewal Schools.

In the Chapter Five, we continue to explore this difference by delving deeper into the implementation of the NYC-CS within the context of the Renewal School program.

The NYC-CS at Renewal Schools

As discussed in Chapter One, the Renewal School program is an effort to turn around some of the city's lowest-performing schools through a combination of instructional supports for teachers and social supports for students. In this chapter, we discuss the implementation of the NYC-CS for Renewal Schools in particular and the ways in which the two program designations present unique benefits and challenges for this subset of schools.

Implementation Fidelity at Renewal Schools

Among the six core structures and services described earlier in this report, Renewal Schools were found to be implementing these items just as frequently as non-Renewal Schools and in some cases more so. Intervention tracking data from the NVDS, which documents the number of interventions delivered to students—broken out by success mentoring, academic supports, mental health referrals, health services, and ELT—indicate that Renewal Schools were consistently providing services to their students more frequently than non-Renewal Schools. In our intervention data that tracked interventions for the first five months of SY 2016–2017, Renewal Schools provided 29 interventions on average, whereas non-Renewal Schools only provided 19, and this difference in means was statistically significant at the $p < 0.01$ level. When we break that down by intervention category, we see a consistent pattern across all of the categories (see Table 5.1). These differences in intervention totals are particularly notable when we considered the fact that the average enrollment at Renewal Schools is slightly lower than non-Renewal Schools (as shown in Table 2.1 in Chapter Two), suggesting the number of interventions per student is higher as well. One possible explanation for this discrepancy is that Renewal Schools may be serving a higher-needs student population compared with non-Renewal Schools, which could lead to the higher levels of interventions. We are currently unable to test this hypothesis but will make sure to incorporate baseline student characteristics when we compare impact results for Renewal and non-Renewal Schools in our subsequent impact study.

Engagement with Data Processes at Renewal Schools

One possible reason for the higher average number of interventions at Renewal Schools is that they were more engaged in data monitoring procedures than non-Renewal Schools and were therefore more prone to reporting and tracking the programs and services. For example, Renewal Schools had, by design, more frequent SDCs with New Visions staff during the prior school year (2015–2016), which may have led to a greater level of engagement with the Data

Table 5.1
Average Number of Interventions from NVDS, by Renewal Status

	All Schools	Renewal Status	
		Non-Renewal	Renewal
<i>N</i>	118	33	85
All interventions	26.263	19.03	29.071**
Academic programs	4.322	2.788	4.917*
Expanded learning time	4.025	3.667	4.165
Success mentoring	8.458	4.152	10.129*
Mental health services	3.661	3.788	3.612
Health services	0.712	0.939	0.624
Other	5.085	3.697	5.623

NOTE: Numbers indicate the number of interventions, by category, for the first five months of SY 2016–2017.

* $p < 0.05$.

** $p < 0.01$.

Sorter tool in general, according to Strategic Data Check-in reports in the NVDS. Specifically, 86 percent of the Renewal Schools in our study had three or more SDCs during SY 2015–2016, and 72 percent had four or more. This is a much higher rate than the non-Renewal Schools in our study, among which 45 percent had three or more SDCs in SY 2015–2016 and only 24 percent had four or more.

The greater level of data use for Renewal Schools is also reflected in the Continuous improvement capacity index score (see Table 4.6 in Chapter Four). Renewal Schools have an average score of 0.233, which is well above the mean score for non-Renewal Schools (–0.529), and this difference is statistically significant at the $p < 0.05$ level.

Complementarity of Community School and Renewal School Strategies

As noted in Chapter One, the Community Schools Initiative is being implemented alongside and as a critical component of New York City’s Renewal School program. All Renewal Schools were designated as community schools based on the theory that the components of the NYC-CS would enhance the turnaround efforts. Indeed, interviews with principals and CSDs from Renewal Schools suggested many benefits to the concurrent designation as community schools. As the Renewal School programming is primarily focused on improvements to teaching and learning, some administrators indicated the whole-child focus of the NYC-CS to be an excellent complement. One administrator described the importance of the social and emotional supports related to the NYC-CS in this way: “It’s the blanket of it all . . . because without the social and emotional piece, there would be no instruction.” A principal at a different school noted how the community school family-engagement efforts and social support services helped with the academic improvement efforts at the schools:

I mean, the idea of supporting the entire family, as opposed to just looking at the child, it does so much. It says to the family, we’re here to do whatever we can to work with you

to improve your child's academic success. And that does a lot to bring families into the mix. So if they know there's someone looking out for them to provide food from our food pantry, they're going to be a lot more willing to come in and meet with us around academic challenges. At the same time, when basic needs are being met for the family, there's a lot more capacity to be there, to think about their child's academic progress, if that makes sense. So I think it's both a trust builder and a real [example of]—this is helping my basic needs, so now it's freed up more space for me to engage in the academic.

Four separate school leaders indicated in interviews that the dual designations were a benefit to their work, as there were simply more points of contact and support from various NYCDOE offices. Multiple interviewees identified the extra professional-development opportunities as a key benefit to being involved with the NYC-CS, particularly related to using real-time data tools, as one principal mentioned in reference to the use of the NVDS:

It's amazing because just with the professional development and thinking about [data], we are constantly getting emails showing results as compared to two years ago, one year ago, where you are. We don't have time to do that. It's really good to get that information to show us that there is growth or we're falling behind or so forth. We'll get an email saying this time last year you had 92.1 percent. This year you had 90.4 percent. And that just helps us to just keep our focus on those numbers. And we don't have to do it.

The extra student support often came from the work of the CBO partnerships that schools have developed through the NYC-CS. These supports were often seen as major facilitators of the Renewal Schools' improvement efforts, particularly when the CBOs' services are aligned with the Renewal School program requirements. As one administrator explained:

[Our lead CBO partner] has an intervention system and a model where they have school staff and teachers come together and look at a target list of students who are flagged because of their risk in those three different areas, and then the team meets and designs interventions, and then uses the data from the database to come up with a plan. So a lot of the strategies that [the Office of] Community Schools or Renewal encourages us to use are aligned to that.

In other words, when the work of the CBO partner is aligned with the goals and expectations of the schools, the schools reportedly reap the benefits of multiple supports all in the interest of accomplishing the same goal of supporting students.

Unique Implementation Challenges at Renewal Schools

Despite the abundance of positive comments expressed in the interviews, principals and CSDs also reported some unique challenges that Renewal Schools face, stemming from their dual classification in the two programs. The most consistent challenge that was mentioned related to the Renewal Schools juggling communication and requirements for the different NYCDOE offices. This juggling act was exacerbated by the need to manage multiple lines of communication, which sometimes led to missed or mixed messages about such nuts-and-bolts issues as scheduling professional development sessions as well as such high-level discussions as long-term program strategy and vision, as one school leader explained:

So I think that the communication piece gets a little bit convoluted along the way and then messages can kind of get diluted versus being really strong. And sometimes I think [the Office of] Community Schools really needs to pay attention to this because they don't pay attention to the [NYC]DOE schedule. . . . I think that there's just a disconnect and there needs to be a real understanding of how much time do we have in a school day, in a school year, because when you have a lot of different things so you know, we're mandated to do i-Ready assessments. We're mandated to do a lot of different things and every mandate takes away from doing the things that you might want to do on the school level.

This testimony highlights the challenge of juggling competing priorities for staff time, which was the most commonly identified challenge for all respondents of the School Leader Survey (50 percent) and Renewal School respondents in particular (54 percent). In general, principals and CSDs from Renewal Schools were more likely to report implementation challenges on the School Leader Survey, compared with their peers at non-Renewal Schools, but none of these differences were statistically significant.

Less Attention for Non-Renewal Schools

Although we frequently heard positive comments from Renewal Schools' administrators about the complementarity of the Renewal Schools and Community Schools programs, we also heard concerns from several non-Renewal Schools that their needs were not being thoroughly addressed by district offices. When asked about the level of central office support for their implementation efforts, one non-Renewal administrator expressed frustration about the focus on school improvement for low-performing schools:

I think it would be in the Community Schools Office's best interest to allocate some thinking or resources to the idea that the community school model, that there's some dangers inherent in thinking of the community school model as only part of a toolbox for a failing school. And they're limiting themselves by doing that. They have schools, they have people, they have partners that they could be utilizing in that thought process, because they're building this office too. So they are right now building an office that's going to become a hammer that can only hit nails. And things get too big to shift.

This concern that the community schools approach will only work in situations where a failing school is being turned around was echoed in another interview, where the administrator went so far as to say the focus on Renewal Schools represents a major barrier to their own implementation of NYC-CS-related programs and services:

I think the Community School Initiative is not fully self-aware in terms of the different kinds of schools it's serving; it's really building itself to serve one kind of school. And because we're not that kind of school, that's been our biggest barrier.

In sum, we found that Renewal Schools were implementing the key components of the NYC-CS to the same degree as non-Renewal Schools, and when we consider the use of real-time data tools, even more. This difference may relate to the added points of contact and support that are available to Renewal Schools as a result of their dual designations. That being said, the multiple contacts and requirements that the Renewal Schools have to manage can become a challenge in and of itself, as juggling requirements and communication streams has been identified as a source of difficulty for some Renewal School administrators.

In the next chapter, we delve further into the unique experiences of Renewal Schools by providing a detailed description of the implementation experiences of two community schools, one Renewal and one non-Renewal.

A Closer Look: Case Studies of Two Community Schools

To this point, we have described in detail the different components of the NYC-CS. However, we have not discussed how the structures, services, and core capacities come together under the roof of one school. In this chapter, we take a closer look at two New York City community schools and aim to illustrate the specific successes and challenges these two schools faced in implementing all aspects of the NYC-CS. In an attempt to represent the variation in the sample of schools, we selected two schools at random, after first stratifying by school level (elementary/middle school and high school) and renewal status. School A is an AIDP high school, and School B is an elementary school in the Renewal School program.

For each school, we present a table that summarizes the programs that fall under the school's core structures and services. We used all available data sources to understand the full range of implementation. As such, the tabled information and discussion represent both the services schools described in the schools' planning documents as well as the programs they reported implementing in the leader surveys and interviews. We also describe how each school is developing along the core capacities. Direct comparisons of Schools A and B would not be valid given their differences on key characteristics (e.g., grade levels served). We intend for these case studies to provide a more-nuanced picture of what NYC-CS looks like on the ground.

School A

School A is a non-Renewal high school that serves students in grades 9–12. It is among the smaller high schools in the study, with 200–400 students enrolled. The school is colocated on a campus with two to four other schools that are also part of the NYC-CS.¹As described in detail in Table 6.1, School A implemented all of the core structures and services described in Chapter Three and documented in the NYC-CS Theory of Change

In the next section, we discuss how each of the four core capacities is developing at School A. We reference many of the structures and services as we describe the implementation successes and challenges School A faced related to each capacity.

Continuous Improvement: Embracing Data Usage Throughout the School

School A has engaged in a number of continuous improvement efforts. In particular, the school embraced the NVDS to better understand students' needs and tailor interventions accordingly. Our review of administrative documents indicated that real-time data use was a key

¹ Exact enrollment and number of colocated schools are not presented to preserve anonymity.

Table 6.1
Planned Core Structures and Services as Reported by School A

Core Structures and Services	School A
CBO partnerships	<ul style="list-style-type: none"> • One lead CBO, with many other CBOs providing services throughout the school <ul style="list-style-type: none"> • Lead CBO works citywide with a mission to reduce poverty and empower communities. The organization focuses on a number of social issues including health, civil rights, and education through the provision of direct services, community organizing, and public policy advocacy
ELT	<ul style="list-style-type: none"> • Additional instruction for English language learners • Extracurricular activities including the arts, sports, yoga, and restorative justice clubs
Family engagement	<ul style="list-style-type: none"> • Parents participate in monthly CST ad SLT • Adult education, civic classes, legal services, English classes, computer classes, Zumba, yoga • Community school forums <ul style="list-style-type: none"> – One per year, including (1) breakout sessions to share information with families and gather their perspectives on service needs; (2) student performances; (3) community resource fair
Real-time data use	<ul style="list-style-type: none"> • NVDS to identify students' needs and interventions • Web-based data program to share data with families <ul style="list-style-type: none"> – Needs assessments with families to tailor programming
Attendance improvement strategies	<ul style="list-style-type: none"> • Weekly attendance team meetings to review data <ul style="list-style-type: none"> – Attendance team includes administrators, teachers, and CBO staff; groups review New Visions data • Attendance incentives • Home visits and parent outreach <ul style="list-style-type: none"> – CBOs have increased the number of home visits for chronically absent students
Health and wellness	<p><i>Mental health services</i></p> <p>Tier I: Universal</p> <ul style="list-style-type: none"> • Teacher training: <ul style="list-style-type: none"> – Includes restorative justice workshops, training on self-care, school culture and climate, a staff retreat, mental health awareness, and social-emotional learning • Parent outreach <ul style="list-style-type: none"> – Includes workshops, trainings, and programs such as yoga and mindfulness • School-wide climate events <ul style="list-style-type: none"> – Includes school-wide assemblies to promote restorative justice <p>Tier II: Selective</p> <ul style="list-style-type: none"> • Student skill-building opportunities <ul style="list-style-type: none"> – Includes yoga, mindfulness, and restorative justice activities, trainings, and groups on grief and loss, anger management, and conflict resolution • Mental health screenings <p>Tier III: Targeted</p> <ul style="list-style-type: none"> • Clinical services in school-based mental health clinic <ul style="list-style-type: none"> – Two full-time clinicians provide services such as counseling, assessments, evaluation, and family support • Crisis de-escalation plan <ul style="list-style-type: none"> – School A will create a behavioral/mental health crisis de-escalation for students in crisis <p>Other Wellness Services</p> <ul style="list-style-type: none"> • School-based health clinic <ul style="list-style-type: none"> – Under construction in SY 2016–2017 – Will be staffed by a nurse practitioner and social worker – Will primarily administer medical services • Visions screenings and glasses • Dental care

SOURCE: Author summary of data from administrative interviews, school mental health plans, CEPs, school mental health provider data, School Leader Survey, and Community School Work Plan.

component of the school’s attendance improvement strategies. The school’s attendance committee met weekly to review data from the NVDS and identify students who were at-risk for or already exhibiting chronic absenteeism. Similarly, the guidance team—comprising administrators, teachers, and the parent coordinator—used nearly all of the information the NVDS offers to take a “whole child” to best support their students, as the principal explained during our interview:

Weekly we’re looking at the data from the New Visions Data Sorter which we got through the Community Schools Partnership. And this shows you so many things going on, not just a child’s credit accumulation and their attendance, it shows you whether they have an IEP [individualized education program]. It shows you their levels in ELA and math. It shows you their trends with attendance which is really awesome. It shows you their living situation, whether they’re a student in temporary housing . . . all of that information.

Indeed, the guidance team used “all of that information” to recommend academic, social-emotional, and mental health interventions based on students’ specific and unique needs. In addition to leveraging data for targeting interventions, School A also used data to communicate and collaborate with families. During School A’s Community School Forums, school leaders gathered data from parents and on the types of services that would be most useful to the community. Beyond this, the school conducts feedback surveys following community events and parent workshops to continually improve the school’s offerings.

While leaders at School A felt they had succeeded at incorporating data use into daily practice, this progress came with a steep learning curve. The NVDS was reportedly difficult to integrate into their regular meetings and processes. School staff went through many cycles of trial and error before finding a system that worked. In addition, the limited access to the New Visions data posed a problem. Only a handful of administrators were able to access the data, thus getting the relevant information to all teachers was a challenge. In this instance, the school relied on support from NYCDOE to come up with a solution. During a visit to the school, the district superintendent helped School A develop a system to get teachers quicker access to the information in the New Visions system. This example highlights the ways that central office staff and other high-level administrators can help schools to troubleshoot challenges during implementation. Because district- and city-level administrators work with multiple buildings, they can bring a bird’s-eye view to schools’ implementation challenges and suggest solutions that draw on learning that has occurred in other schools.

Coordination: An Emerging Process as Communication Systems Developed

Coordination efforts at School A were related to continuous improvement. School staff relied on data to identify students’ needs and connect individual students with the right services. School A’s principal reported that the guidance team meeting was particularly successful at recommending students for needed interventions, as the diverse group of practitioners was able to offer multiple perspectives on students’ needs: “There’s an adult at the table that knows something on every child.” At the school level, the CSD acted as a master coordinator, meeting regularly with all CBO partners to ensure services were complementary to one another. Thanks to these and other efforts, the community school partnerships led to an increase in the number of mental health and social-emotional services at the school.

However, School A's leaders noted their coordination efforts were still in development and in need of improvement. Similar to many schools in our study, School A's teachers were not fully aware of the services available to their students and were not in close communication with CBO partners. The CSD reported that teachers understandably had trouble keeping track of the numerous CBO partners and services available at the school. As a result, teachers were not consistently taking advantage of the referral system to connect students with needed services. Based on our analysis, School A, like many others, may need to develop a more-streamlined communication system to inform teachers of the school's offerings as the NYC-CS progresses.

In addition to the communication issues, administrators at School A described challenges coordinating and implementing mental health programming. In the 2015–2016 and 2016–2017 school years, the grant funding for the mental health components of the community school model arrived later than planned. The timing made it difficult for School A to secure the services laid out in the school's mental health plans. All told, administrators rated their school relatively low on coordination, relative to other community schools in the sample.

Connectedness: Implementing Programs That Create Strong Relationships Amid Challenging Life Circumstances

As a result of the NYC-CS, School A implemented a number of youth leadership, social-emotional, and parent outreach programs designed to build a sense of community and connectedness among staff, students, and parents. School A, along with all community schools on the campus, launched a Community School Youth Ambassador program. Two students from each school were selected as ambassadors to make announcements about community school events, gather information about students' needs, spread the word about community school programs, and represent the student voice during CST meeting and campus-wide events. Administrators suggested that this and other youth leadership opportunities increased the sense of trust and positive relationships between students and staff.

In addition, a restorative justice program was implemented to improve school climate and relationships in the building. School A's leaders felt the implementation of the restorative practices was an important success of the NYC-CS. School A had tried to adopt restorative practices in the past, but struggled to get the program off the ground. As part of the community school partnership, the lead CBO employed a part-time restorative justice coordinator at School A to oversee the programming. This position allowed for consistent implementation of restorative techniques throughout the building.

School A also worked to build strong relationships between parents and staff and to make the school a welcoming place for families. The annual Community School Forum provided an opportunity for parents to engage with school staff. More frequent community outreach and parent-engagement events such as adult education opportunities, legal clinics, and employment services for parents gave families many opportunities to access community resources at the school.

Despite these successes, the life circumstances of the families and students attending School A sometimes hindered the relationship-building process. For example, low student attendance rates—the primary motivator for the NYC-CS—made it difficult to reach all students with the social-emotional and school climate efforts. While the school has implemented a number of initiatives to improve attendance, such as incentives for good student attendance and home visits when needed (see Table 6.1) many factors that impact students' lives are out of the school's control. For example, some students are responsible for getting younger siblings

to school in the morning, which causes tardiness. Other students have part-time employment to contribute to the family income; conflicting work and school schedules sometimes causes them to miss class. Similarly, School A struggled to achieve high parent attendance at the Community School Forums and other engagement events. Many parents work multiple jobs and have time constraints that may limit their ability to attend school events. Despite outreach efforts and scheduling of events during evening hours (which are likely to be most convenient for parents), School A never reached its parent attendance goals at the forums. As described in Chapter Three, many schools faced a similar challenge with family engagement. Central office leaders may want to offer more support in this area to help schools develop innovative strategies to better partner with families facing challenging circumstances.

Collaboration: Building from Past Successes to Create Lasting Partnerships

As School A has adopted the community school model, school leaders and administrators have built lasting partnerships with local CBOs, as well as with families and stakeholders invested in the school's success. Importantly, these collaborative efforts stemmed from existing relationships. School A and the lead CBO have had a partnership for more than a decade. Leaders at both the CBO and School A believed that this preexisting relationship was helpful during the implementation of the new community school initiatives: "We were actually here before. I think this puts us in a different position than some of the community schools . . . we have been in this campus [for a number of years]." Because of this history, School A and the CBO were already familiar with each other's needs, policies, and practices. The NYC-CS allowed the school and CBO to solidify and strengthen an existing partnership. The CBO relationship also led to greater collaboration among all the community schools on School A's campus. All schools partnered with the same lead CBO and the same CSD. Because the CSD held this role for the entire campus, the CSD was able to foster communication among all of the schools and facilitate the sharing of resources and services. For example, the CSD met with parent coordinators from all the schools to support implementation of campus-wide community events.

School A also built strong partnerships with parents by engaging them in school decisions. The school had a dedicated group of parents who served as representatives on the CST and SLT, and as leaders in the parent community. School A's principal reported:

The parents that are involved . . . are wonderful . . . they're looking for ways to help best make the school stronger, reach more parents. They do a lot of phone calls. They do a lot of outreach. The parent coordinator is really more like the parent facilitator. He lets them take the lead in a lot of instances and they're just a really great group of people, you know.

However, the school also faced collaboration challenges. While the CSD's common role across the campus had many benefits, it also posed drawbacks. Given the number of different community school initiatives at all the schools at the campus, it was impossible for the CSD to attend every meeting. In addition, School A worked with a number of other CBOs, many of whom faced high staff turnover. As noted in the discussion of coordination, it was difficult for school staff to keep track of the many different CBO partnerships, particularly when the individual services providers changed regularly. As a result, some school staff did not feel connected to their CBO partners, which hindered School's A ability to develop a strong sense of collaboration.

As noted in the discussion of connectedness, the school has struggled to maintain consistent parent engagement among a large group of parents. As School A's principal described, there are a select few parents in leadership roles—a total of eight parents completed the five parent-engagement steps. But the efforts of these parents may not be representative of the larger population. School A's leaders felt they needed to improve their efforts to collaborate with a larger number of families and community members.

Summary

School A implemented some programming in all the structures and services and has made progress developing in the four core capacities. Based on the findings we presented in Chapters Three and Four, School A is similar to many other schools in the sample in this regard; the key components of the Theory of Change—the services, structures, and capacities—are all in motion. On the School Leader Survey, the principal rated School A as emerging or maturing on all the core capacities, indicating that the school has had a number of successes in each area, but still has room to grow. School A's continuous improvement efforts were still developing. Although school staff members used data in a number of ways, they were still developing systems to ensure everyone in the school has access to the information needed. Coordination appeared to be another area that the administrators of School A would like to improve. As noted, *they* were working to resolve funding challenges related to the implementation of mental health services and hoped to better inform teachers of the services that are available to their students. School A's principal and CSD were proud of their efforts to improve connectedness at the school. In particular, the NYC-CS allowed them to implement a restorative justice program that they hoped would strengthen relationships in the school community. School A appeared to have been particularly successful in the area of collaboration. The prior relationship between School A and their lead CBO served as a strong foundation for their NYC-CS partnership. Notably, a past relationship with the CBO was discussed as a facilitator of the school–CBO partnership.

School B

School B is a mid-sized elementary school that serves 300–500 students in grades pre-K to 5. Unlike School A, School B is part of the Renewal School program. Table 6.2 summarizes the core structures and services that School B has implemented as part of the NYCSSI. Next, we discuss how school B is developing along each of the core capacities, noting key successes and implementation challenges.

Continuous Improvement: The Strategic Use of Many Data Sources and Types

School B engaged in a number of successful continuous improvement efforts. Staff and administrators have been using the NVDS since SY 2015–2016 and have found it very useful in tracking multiple kinds of data. The principal noted:

We used the New Visions Data Sorter quite a bit, especially for attendance, but we've also been actively tracking all the interventions that families are getting. So families who are getting food pantry, students who are getting the mental health clinic, anything and everything.

Table 6.2
Planned Core Structures and Services as Reported by School B

Core Structures and Services	School B
CBO partnerships	<ul style="list-style-type: none"> • Primarily works with two CBOs: the lead CBO is a full-service community development organization; the secondary CBO specializes in classroom support and after-school enrichment • Additional CBO provides all mental health services
ELT	<ul style="list-style-type: none"> • Includes a renewal hour dedicated to academic enrichment • Extended day programming before and after school <ul style="list-style-type: none"> – Coplanned and administered by the principal and secondary CBO – Includes academic supports (e.g., one-on-one tutoring) and enhancement activities (e.g., drama, sports, voice instruction, second language instruction, gardening) • Saturday academies and February and April vacation academies <ul style="list-style-type: none"> – Academic enrichment
Family engagement	<ul style="list-style-type: none"> • Parent participation in SLT and CST <ul style="list-style-type: none"> – Two meetings are held back-to-back to encourage attendance • Frequent parent engagement opportunities <ul style="list-style-type: none"> – Monthly parent breakfast with the principal – Weekly parent meetings hosted by the CSD parent participant in CST ad SLT • Adult education classes, civic classes, legal services, English classes, technology classes, résumé writing, and interview techniques • Families have access to mental and physical health services • Social services including the provision of school supplies, winter coats and holiday supplies; and an on-site food bank • Community School Forum <ul style="list-style-type: none"> – Two per year – Fall CSF includes an overview of past year and plans for current school year – Spring CSF includes: (1) break-out sessions with parents, school, and CBO staff, (2) a community meeting where school leaders present a year in review, and (3) student performances and celebration
Real-time data use	<ul style="list-style-type: none"> • Child study team (comprising staff and administrators) responsible for using data to identify students with academic and social emotional needs • NVDS to identify students' needs and interventions <ul style="list-style-type: none"> – Using NVDS to track academic, behavioral, and attendance data, as well as wellness services usage (including mental health services) and families' usage of social services • Datawise process guides data inquiry
Attendance	<ul style="list-style-type: none"> • Student success summits • Weekly attendance team meetings to review data • Attendance incentives • Home visits and parent outreach • Success mentoring

Table 6.2—Continued

Core Structures and Services	School B
Health and wellness <i>Mental health services</i>	
	<ul style="list-style-type: none"> Tier I: Universal <ul style="list-style-type: none"> • Mental health screening for all incoming students and school-wide enhanced mental health <ul style="list-style-type: none"> – Instituting an SEL curriculum focus on Mondays • Mental health awareness campaign <ul style="list-style-type: none"> – Includes a school-wide calendar of events, posters, brochures, outreach to parents, and peer lessons Tier II: Selective <ul style="list-style-type: none"> • Staff professional development <ul style="list-style-type: none"> – Including trainings on the Responsive Classrooms program, bullying crisis de-escalation, and depression and anxiety consultations for teachers regarding mental health and managing behavior in the classroom • Parent trainings <ul style="list-style-type: none"> – Includes such topics as crisis de-escalation, bullying, suicide warnings, depression, and anxiety • Mental health screenings Tier III: Targeted <ul style="list-style-type: none"> • Mental health assessments • School-based mental health clinic <ul style="list-style-type: none"> – Staffed by a full-time clinician offering clinical services Other wellness services <ul style="list-style-type: none"> • On-site <ul style="list-style-type: none"> – Dental care – Asthma planning and prevention – Flu vaccinations – Vision care including screenings and glasses

SOURCE: Author summary of data from administrative interviews, school mental health plans, CEPs, school mental health provider data, School Leader Survey, and Community School Work Plan.

In addition, multiple committees and teams met regularly to review the New Visions data or other available sources (e.g., student work products) to make strategic decisions for individual students and school policies based on data trends. For example, grade level and department teams met every two weeks, and the attendance teams weekly, to make curricular decisions and address issues of chronic absenteeism, respectively. School B’s “Child Study Team,” comprising a guidance counselor, a grade-level teacher, a special education teacher, and an administrator, was tasked with using multiple data sources on children’s academic performance and behavior to make recommendations about targeted interventions based on students’ needs.

As part of the Renewal School program, School B had additional opportunities to incorporate data into their school improvement efforts. For example, School B embraced the Data-wise process to guide their data inquiries. School leaders reported that following this process improved curriculum implementation at the school and provided opportunities for teachers to take on leadership roles. In addition, the school contracted with local CBOs and universities to receive over 30 days of instructional coaching during SY 2016–2017. Typically, teachers and instructional coaches used multiple sources of data on teacher practice and student achievement to help improve instruction.

Coordination: Alignment Between CBO and School Staff and Services to Meet Student Needs

In becoming a community school, School B developed effective systems that allow for a high level of coordination between school staff and all of the CBOs. Both the primary and secondary CBOs provided staff who serve as teachers' aides and paraprofessionals in the classroom. They worked with students, alongside the lead teacher, to provide extra support. School B's teachers shared lesson plans with the CBO staffs, so all practitioners have an aligned vision for students' needs. In addition, CBO staff members were trained in the school's social-emotional approach and literacy curriculum. These efforts helped ensure that all practitioners in the school are equipped to identify students' needs and administer appropriate interventions.

Student Success Summits provided an opportunity to use data to discuss the challenges of particular students. Many stakeholders attended these meetings, including representatives from all CBOs, guidance counselors, attendance teachers, mental and physical health clinicians, and administrators: "It's an army of people and it's usually a full house" (School B CSD). Everyone at the meeting is treated as an equal partner, and their knowledge of the student population is used to analyze available data and make recommendations for intervention. As the CSD described, "I consider [the mental health clinician] a partner, just like I consider the asthma case manager a partner, just like I consider the guidance counselor a partner, just like I consider the parent coordinator a partner." Indeed, school leaders rated themselves higher than average on their coordination efforts, compared with other schools in the sample.

Leaders indicated that the NYC-CS and School B's coordination efforts have led to an increase in the take-up of wellness services. Most students take advantage of the vision screening, and more than one-third of students were provided with glasses. School B has a full-time mental health clinician who works with the guidance counselor to identify students with mental health needs. As of the middle of SY 2016–2017, the counselor had a full caseload. However, School B ran into some challenges while implementing these mental health initiatives. School leaders noted the stigma in the community regarding counseling and other mental health treatments. While leaders reported that students enjoyed seeing the clinicians, their parents often struggled with the suggestion that their children could benefit from counseling. "My child doesn't need that," said many parents. In response, School B held information sessions about mental health and provided opportunities for parents to ask questions and meet the mental health staff. These efforts appear to have helped, but staff reported that, to some extent, the stigma still exists.

While perceived as a general success, School B's coordination efforts are labor and time intensive. School leaders reported that competing priorities and limited time for staff are ongoing challenges for the school. In particular, the principal reported that, between the CBO coordination and responsibilities to the central office, there are too many stakeholders to answer to and meetings to attend. Based on our analysis, streamlining coordination and communication may be one way to improve the NYC-CS. The central office might better support schools' coordination efforts by reducing the number of administrators that principals are asked to report to. In addition, NYC-CS leaders might provide guidelines and suggestions as to how school administrators can efficiently manage the relationships with their partner CBOs.

Connectedness: Efforts Improve School Climate and Family Well-Being

Leaders at School B reported that improvement in school climate was a major success of the NYC-CS. With the additional funds the NYC-CS provided, School B was able to implement

Responsive Classroom, an approach to teaching that focuses on providing engaging academics, managing the classroom, building positive relationships, and maintaining a healthy community. School leaders described how this program helped to create connectedness between students and staff as well as stronger peer relationships among students. These positive changes permeated all aspects of the school day: “There’s a healthy respect for people being able to express anger, and fear, and hurt, and anything else that they’re feeling,” one school leader noted. Importantly, CBO staff who run the school’s extended learning time program also employed the tenets of this approach. Students received consistent messages about their behavior and expectations for school climate throughout the day. To underscore the importance of this initiative, the principal said that receiving funding to implement this approach is “what turned our school around.”

This culture change did not come without challenges. Leaders noted that the new approach was not easy to implement. “A big part of Responsive Classroom is teacher language and how you speak to children. It’s very difficult. It’s the hardest one, but the most important.” In other words, adults in the building must continually work to hone their new skills.

School B’s efforts to build strong relationships and encourage resiliency in the community extended beyond the school day. School leaders implemented a number of wraparound services meant to address some of the students’ and families’ social needs. “The idea of supporting the entire family, as opposed to just looking at the child, it does so much. It says to the family, we’re here to do whatever we can to work with you to improve your child’s academic success.” For example, the CSD runs a food pantry at the school, and material goods such as school supplies and winter coats are provided annually. However, the school still struggled to serve some very high-need families. Approximately 10 percent of the student body and their families lived in temporary housing; some students have to travel long distances to get to school. Leaders reported that it is difficult for these parents to come to the school to take advantage of the services offered.

Collaboration: Trusting Partnerships in the Face of Challenges

The strong collaborations among school staff, the CBOs, and families at School B are notable. School B achieved the seamless integration of CBO and school services described in Chapter Three. “I would say we work together on everything,” the principal noted when discussing the working relationship with the partner CBOs. CBO staff not only help to run the school ELT program and mental health services, but also have a presence in the classroom. As the CSD said, “I don’t feel like [the CBO] is separate and I almost never say that I work for [the organization].” Rather, the CSD felt like a fully integrated member of School B’s community.

The strong partnerships among staff likely set the stage for the collaborative efforts that engage parents. School B placed a particular focus on making the building a place where parents are equal contributors to the community school: “For me [parents] are at the heart of [our school]” (School B CSD). There were year-round opportunities for parents to engage with school staff. The CSD hosted weekly parent meetings that often featured presentations from school and CBO staff about services available at the school. The principal hosted monthly breakfasts that allowed parents to voice concerns or questions they may have directly to the school leader. The CSD believed that School B went out of its way to meet the particular needs of their parent population. For example, the school serves a large population of West African families and partnered with a local organization whose mission is to serve West African immigrants to help the school better understand this population’s strengths and needs.

As of the middle of SY 2016–2017, school leaders expressed pride that their collaborative efforts had been successful. However, they noted that success did not always come easy. During SY 2015–2016, School B had a different CSD, who was not a good fit for the school. The principal was not closely involved in selecting that first CSD, and this proved to be detrimental to their later working relationship. The first CSD left at the end of SY 2015–2016, and the principal, learning from this experience, led the effort to select the current CSD. Other community schools might learn from this experience by ensuring that the principal and other school leaders have an active role in hiring their CSD. Doing so may help to ensure a successful school-CBO partnership.

While the school leaders indicated that the current CSD is extremely effective and the principal reported they have a trusting relationship, the CSD noted that the start-up process was slow going. It was difficult for the CSD to get to know the community, and the CSD found it challenging to take on leadership roles for initiatives not created from scratch. The CSD noted that they were still the process of building trust with the parent community.

Summary

Overall, School B’s administrators reported that their transformation into a community school had been a success. Our analysis indicates that the school has developed along the four core capacities. Influenced both by the NYC-CS and the stipulations of the Renewal School program, School B appears to have embraced data usage as a tool for school improvement. School staff adopted a number of the continuous improvement efforts described in Chapter Three, including the Datawise Process and the use of the NVDS to track students’ attendance and academic progress. School B achieved a high level of coordination between school and CBO staff. However, stigma in the community was a notable barrier to ensuring that children who needed mental health services were able to receive them. School B’s principal gave the school the highest “excelling” rating on their efforts to improve connectedness. School B used their NYC-CS funds to implement the Responsive Classrooms. According to school leaders, this initiative drastically improved school climate. Finally, School B faced one major challenge as it worked to build a sense of collaboration. The first CSD hired to manage the school–CBO partnership was not a good fit for the school and stayed for only one year. At the time of data collection, the new CSD appeared to be excelling (based on accounts from the CSD and the principal), yet the CSD was still in the process of building strong relationships in the community. As noted in Chapter Three, school leaders across the sample indicated that an effective CSD with knowledge of the local community is critical to the success of a community school. With a CSD new to the school, School B still has room to improve its collaboration work.

Conclusions and Next Steps

The goal of the NYC-CS is to reinvent the city's schools as holistic service hubs where student success is fostered through an increased focus on critical social and emotional supports. The city believes that establishing strategic partnerships between school staff, families, and CBOs will elevate student achievement and well-being, along with those of their families and local communities. The NYC-CS is designed to implement this theory on a scale that has not been seen before. The results of this ambitious program will be particularly relevant to practitioners and policymakers across the country, as community school models are continuously developed and implemented in different cities.

In this report, we take stock of the implementation of the NYC-CS in a cohort of 118 community schools. In this chapter, we synthesize our findings related to the implementation process of the NYC-CS, focusing on the schools' implementation of the core structures and services of the initiative. We also review key emergent challenges that the schools have faced during the past two years of program activity. Finally, we end with a discussion of important considerations and recommendations for program refinement and sustainability moving forward.

Understanding Implementation in Community Schools

There are three primary goals for the implementation study of the NYC-CS. The first is to describe the extent to which the key structures and services of the community schools model have been implemented as intended across the schools in our study. The second is to understand how the schools have been developing their capacities in four core areas, namely continuous improvement, coordination, connectedness, and collaboration. The third is to analyze some of the factors that were associated with observed variation in implementation across the schools.

Regarding the first goal, we found compelling evidence that six core structures and services are being deployed across the vast majority of schools. There were some notable challenges that schools faced in the implementation of these structures and services (to be discussed later in this chapter), but in general we have found a lot of progress in the availability of NYC-CS-related programming, compared with their program offerings prior to the initiative. Although these community schools have significant flexibility in how they implement the six core tenets of the program, there are similarities in what the NYC-CS-related programs and services look like from site to site. The most notable similarity is the partnership between each school and its lead CBO, with a dedicated CSD at the helm of NYC-CS-related programs and services. We also found that most schools were implementing the other core services and structures with

increasing regularity across the years for which there are data, although the specific programs and services within each of these areas varied from school to school.

Regarding the second and third goals, we found substantial variation across schools in terms of their development along the four core capacities of the NYC-CS. Specifically, we found that schools were more developed in their initiatives related to coordination and connectedness, as compared with continuous improvement and collaboration. However, across all four core capacities, the largest share of schools indicated that they were in the “maturing” stage, suggesting schools are progressing toward implementing the full community school model. Although the exploratory analysis of the capacity index scores show variation in schools’ development, we found no consistent relationship with structural characteristics such as grade configuration and building colocation status. However, we did find that aspects of schools’ cultural climate (based on data from the New York City School Survey) were positively associated with capacity development. For example, we found that trusting relationships and strong leadership were statistically significant predictors of schools’ ability to coordinate services, promote awareness of the programming available in the schools, and to a lesser degree collaborate with various partners to implement program components.

The NYC-CS and Signs of School Transformation

It is too early to draw an overall conclusion about the success of the NYC-CS, as our findings are based on just the first two years of full program implementation. That being said, our analysis shows promise for the trajectory of the 118 schools in our study, and for the NYC-CS in general. Many staff members from Renewal Schools see the programs and services related to the NYC-CS as being helpful complements to the academic-oriented supports of the Renewal School program.

Despite facing challenges that may come with implementing a complex set of programs while facing numerous constraints, many school leaders expressed a great deal of optimism about the promise of the community schools approach as a transformative force that not only injects new services into the school setting but changes the social fabric of the school community, both for students and for adults. As one administrator expressed:

I feel like . . . the [community school] model has impacted students and families. I’ve seen the difference. . . . I’ve seen the impact. I think it’s great, and I feel like it’s a resource that’s needed in communities. I feel like there are a lot of people who may be scared to ask certain questions but I feel like we as a community school, we can bring it to those people, and I feel like we have the resources to do that, so I think it’s great.

This school leader sees the NYC-CS not only as being effective in terms of gains in student outcomes and well-being, but also as a catalyst for a cultural shift in the school toward problem solving on behalf of the community as a whole.

Implementation Challenges

Despite the promise that the NYC-CS offers a transformative force for many schools in our study, the community schools continue to face many challenges.

The first set of challenges relate to issues of smooth collaboration and integration of various city agencies and data systems. The most-cited challenge that schools reported facing was pressure from competing priorities for time and effort. For example, some principals felt that the energy they spent managing the NYC-CS and CBO partnerships took away from their role as an instructional leader.

In addition, schools faced some challenges that were unique to particular structures and services. For example, a number of schools experienced a steep learning curve as they implemented new data systems. Staff had to learn new technologies and build new systems to disseminate information. Some interviewees reported that occasional discrepancies between disparate data systems hindered their ability to generate immediate reports, and, in some cases, schools needed to use multiple data systems to review a student's complete profile. Although the NVDS was developed to address just this type of challenge, there appeared to be a few scenarios where schools were still left to do the work themselves because of lags in data access or inability to merge across data systems.

To address this challenge, we encourage the OCS, OSH, and other city agencies to align their modes of interaction with schools to mitigate this sense of juggling multiple lines of communication and requirements. Doing so might not only help the burden on schools, but also lead to stronger alignment among the city agencies themselves.

Another challenge is related to the timing of program rollout and development, as some of the more-complex structures or services may simply take longer to implement than others, particularly when complex interagency partnerships are involved. For example, almost all schools planned to implement programs or services in all three mental health tiers in SY 2015–2016; however, only about half had actually implemented programs or services in all three tiers by SY 2016–2017. The disconnects between schools' plans and their reality may have had little to do with the schools' capacity or effort, and more to do with timing challenges. Some school leaders cited how the funding cycle was not aligned with the school year, and many schools received funding for mental health programs and services later than they would have needed to launch their programming by the beginning of the school year. In addition, trust was reportedly slow to build between school and CBO staff, due in part to high staff turnover among the school and/or CBO staff.

To address these challenges related to timing, we recommend NYC-CS staff, both at the school and district levels, develop ongoing conversation about timing sensitivities. These conversations could range from school-based strategic planning sessions to map out key dates in the weeks and months ahead, or they could take on a larger view to discuss more initiative-wide issues related to program development and refinement. Although many schools may have their own timing-related issues, there are likely to be commonalities across all schools in the NYC-CS, thus necessitating larger planning opportunities that are facilitated by the central office.

Sustaining Implementation Progress

Many of our findings suggest the schools participating in the NYC-CS believe they are changing for the better; with continued, strategic support from district offices and other partner agencies, program implementation will continue and improve into the future. As we turn to forward-thinking considerations of program sustainability and improvement, we refer back to the recent review of the research base on community schools by Oakes, Maier, and Daniel (2017), who recommend several strategies that are linked with successful program implementation. We found consistent evidence that many of these practices are active in the New York City context, which bodes well for continued improvement as the initiative matures and expands to more schools across New York City.

First, Oakes, Maier, and Daniel (2017) advocated that implementers take a comprehensive approach when deploying community school models in schools. As illustrated in Chapters Three and Six, the NYC-CS shows evidence of a comprehensive approach through schools' efforts to implement the six structures and services.

Second, Oakes, Maier, and Daniel (2017) argued that implementers recognize that community schools do not all look alike. An acknowledgment of such variation is present in the flexibility that New York's community schools have to develop partnerships with the CBOs of their choosing, to deploy the ELT programs that best fit the needs of the schools, and to tailor interventions based on what the data-tracking tools provide for them. Although there are several tools and strategies that are being used by all schools, such as the NVDS, we saw evidence that schools are able to tailor their use to fit the needs of their students and communities.

Third, the authors encouraged community school implementers to provide sufficient planning time to build trusting relationships between staff and partner organizations that provide services (Oakes, Maier, and Daniel, 2017). Although planning time was not mentioned very often in our survey and interview data, we heard a common refrain that the CBO partnerships function best when there is strong alignment in the goals and vision across the various institutions working within a school. As Leonard (2011) argues, not all partnerships will work in school settings, and successful partnerships are those that achieve "cultural cohesion" and build true collaborative partnerships to accomplish similar goals. It is in the best interest of the OCSs to continue to support schools' efforts to foster this type of relationship with their CBO partners.

Fourth, Oakes, Maier, and Daniel (2017) encouraged community school programs to involve multiple stakeholders, such as community members, parents, and young people, as part of the needs assessment, design, planning, and implementation processes. This tenet of stakeholder engagement has been a hallmark of the NYC-CS since its inception, and all schools are expected to include many community members in the development of their educational planning documents as well as participate in school governance throughout the school year.

Fifth, the authors encouraged implementers to support schools' use of evaluation strategies to understand not only about progress toward hoped-for outcomes, but also about implementation tracking and exposure to services. Our findings on real-time data use suggest that this is a key component of the NYC-CS approach that is active across the schools in our study; the district offices that work with the schools are actively providing technical assistance, professional development, and innovative tools to make the use of data a viable, tangible part of schools' educational practice.

Considering the consistent alignment between NYC-CS activities and the emerging research base on community school program implementation, we contend that the implementation progress reported in this report is likely to be sustained in future years because the district and schools are using these strategies that are believed to facilitate program success. We hope that future research will determine if this comes to pass.

Directions for Future Research

As mentioned in the data limitations section in Chapter Two, there are numerous ways in which this report was limited in its scope, which opens the door to further research on the NYC-CS in particular and community school programs in general.

First, we see the need for a more-focused consideration of central office strategies and processes that shape the program as a whole and are likely to impact the implementation experiences of schools. The analysis in this report are primarily focused on the schools themselves, but we acknowledge there is also an important story to be told about the activities and decisions being made across numerous city agencies.

Second, we believe it is very important to incorporate the voice of families and students in future studies about program implementation and impact. As we acknowledge above, our analysis was limited to data from principals, CSDs, and members of the school support team, which is likely to only tell part of the story of how the programs and services are being used by the targeted population.

Third, we encourage scholars to embark on focused analyses into particular program components. Although we see the benefit in considering the various structure and services in an integrated model, there is much to be learned by focused analyses on the implementation realities for each.

And finally, we see a logical next step for our analysis to involve a shift toward considerations of program impact. To that end, this report will be followed by an impact study that will involve a quasi-experimental analysis comparing student- and school-level outcomes at community schools with outcomes from a sample of demographically similar comparison schools. To understand the relationship between implementation progress with subsequent program impact, we will integrate the implementation index scores described in Chapter Four into our impact estimation procedures to provide a nuanced accounting of the impact schools' capacity to support student outcomes through the development of each of the four key capacities. The impact report is expected to come out in 2019 and will be based on student outcome data for the first three years of program implementation (SYs 2015–2016, 2016–2017, and 2017–2018).

Summary of Data Sources

	Number of Schools Present	Schools Present (%)	Description
RAND-collected data			
School Leader Survey	110	93	Survey administered to principals and CSDs; principal responses were used for schools that had two respondents
Complementary Mental Health Survey	59	50	Survey administered to school support team; one response per school; used to measure fidelity
Administrator interviews	45	38	Stratified random sample of schools were chosen for interview sample
NYCDOE data			
School characteristics	118	100	Descriptive data on enrollment, demographics, and other structural characteristics; used in exploratory analysis on variation
Lead CBO characteristics and CBO partnership funding	118	100	Administrative data on the number and type of CBOs serving community schools, and school-level data on funding for CBO-school partnerships; used for descriptive school-level quantitative analysis
CEPs/RSCEPs/ community school work plans	116	98	Administrative documents describing schools' strategic plans for program offerings; used for aggregate -level document review
Family engagement data	118	100	School-level summary of number of family members at various stages of the ladder of engagement; Raw data are collected on the Voter Action Network platform from attendance sign-in sheets at family engagement events; raw data include school-level counts of the number of parents who completed each of the five steps on the engagement ladder. Data are used for descriptive school-level quantitative analysis
NVDS	118	100	Raw data include school-level counts of the number of interventions implemented and strategic data check-ins completed; used for descriptive school-level quantitative analysis
School quality snapshots	118	100	Great School Framework element scores; data used in exploratory analysis on variation
DOHMH/OSH			

	Number of Schools Present	Schools Present (%)	Description
Mental health work plans	113	96	Administrative documents describing what specific mental health programs are being offered, by tier, and who will be providing the service; plans were created after a school staff supported, by the mental health managers, conducted a needs assessment; data are used for descriptive school-level quantitative analysis
School mental health manager weekly report	114	97	Administrative document describing the contact between mental health managers and schools/mental health providers; data used for aggregate-level document review
Mental health provider monthly reports	114	97	Monthly report of mental health provider activity at schools; data extracted and analyzed for site visit schools; used for aggregate-level document review

NOTE: RSCEP = Renewal School Comprehensive Educational Plan.

School Leader Survey

Introduction

Evaluation and Implementation Study of the NYC Community Schools Initiative *School Leader Survey*

Thank you for participating in the NYC Community Schools Survey. This survey is a critical part of a larger study of the Community Schools Initiative, which is a major investment in over 100 schools across the city involving the integration of supports from community based organizations, families, and schools to better address the needs of young people.

The survey will collect information about your school's experience in implementing the Community Schools model, with a focus on adaptations and promising practices that are being developed in different settings across the city. The survey will also provide a unique opportunity for school leaders to share information about their challenges in implementing programs to best support their students, families, and the larger community.

Your participation is voluntary. Individual responses and participation status will not be shared with the DOE.

Do not use your browser's 'back' and 'forward' buttons to navigate the survey. Use the 'back' and 'next' buttons at the bottom of the page instead.

Do not close your browser while taking the survey. Your responses will not be saved. Please close your browser only when you have submitted the completed survey.

Consent Information

What is the purpose of the survey?

The School Leader Survey is an opportunity for principals and Community School Directors to share information about their schools' experiences with the Community Schools Initiative. Respondents will be asked to discuss their schools' development as Community Schools and share important challenges, successes, and innovative best practices that they have developed since the Initiative began. There will be a separate, complementary mental health survey that will be administered to members of the school support teams.

What will I be asked to do?

You will be asked to discuss the implementation of the Community Schools Initiative in your school, the supports that you are receiving from the DOE and DOHMH, and the ways in which your partner organization are supporting your students' needs, both academic and non-academic. You do not have to answer these questions, but your answers will be very helpful in understanding the implementation and effectiveness of the Community Schools Initiative. Responses will be kept confidential.

What are my rights during the survey?

Responding to the survey questions is voluntary. You may skip any question, and may stop the survey at any time without consequences.

Will I receive anything for participating?

As per NYCDOE policy, we will not be compensating school staff and associated participants for their participation in the study.

How will my privacy and the privacy of my school be protected?

Your contact information will only be used to send you the survey invitation and possible reminders for completion. It will not be connected directly to your survey responses. Files containing your personal contact information will be password protected and only accessible by project staff to protect your confidentiality.

What if I have questions about the study?

You have the right to ask, and have answered, any questions about the survey. If you have questions at any time you should contact William R. Johnston, Ed.D. at the RAND Corporation at williamj@rand.org.

What if I have questions about my rights as a survey participant?

All research with human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions about your rights as a research participant or need to report a research-related concern, you can contact RAND's Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. If possible, when you contact the Committee, please reference Study #20160138.

*If you decide to participate in this survey, you can request a copy of this consent form be emailed to you for your records from williamj@rand.org.

Do you agree to take the survey?

- Yes
- No

Section 1. General

In this section we will ask you questions about your role in your school and your perspective on your school's successes and challenges as part of the Community School Initiative.

Please enter the name of your school [open text]

How long have you worked at your current school? (select one)

- 2016–17 is my first year
- 1 year (2015–16 was my first year)
- 2 years (2014–15 was my first year)
- 3–10 years
- 11 or more years

What is your current role? (select one)

- Principal
- Community School Director
- Other, please specify [open text]

How long have you been in the role at your current school? (select one)

- 2016–17 is my first year
- 1 year (2015–16 was my first year)
- 2 years (2014–15 was my first year)
- 3–10 years
- 11 or more years

Please indicate the years during which the following practices were implemented at your school and/or are planned for implementation (select all that apply)

	2014–15	2015–16	2016–17
Expanded Learning Time (academic interventions and enrichment activities that are aligned with the school day curriculum and expectations)			
Expanded learning time before school and/or after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded learning time on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Support and Improvement			
Success Mentoring for chronically absent students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly data-driven meetings to discuss real-time attendance trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of the New Visions Data Sorter and/or Attendance Heat Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Engagement			
Hosting of monthly Community School Team meetings that includes school administration, staff, and parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative creation of school work plan that includes input from families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services			
Tier 1—Universal services and programs: School-wide supports and resources appropriate for <u>all students</u> to impart knowledge, awareness and skills that promote social, emotional, and mental wellbeing and that encourage help-seeking (e.g., presentations, trainings, workshops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier 2—Selective services and programs: School supports and resources for <u>some students</u> who are identified as being at risk of developing mental health or substance use conditions, to prevent these conditions from developing or to detect a condition early (e.g., small group sessions, short-term individual counseling, psychological crisis interventions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier 3—Targeted services: Supports and resources for the <u>few students</u> who have diagnosable mental health conditions, and are already displaying or have been identified with particular emotional, behavioral, or mental health problems (e.g., individual, group or family therapy or onsite mental health services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to ask some follow-up questions regarding the following service:

Has the **amount or quantity** of the service changed in any way from 2014–15 to 2015–16? (select one)

- Not applicable—our school did not provide this service in 2014–15
- Increase—Our school provided **more of this service in 2015–16 compared to 2014–15**
- Decrease—Our school provided **less of this service in 2015–16 compared to 2014–15**
- No change
- Don't know

Has the **quality** of the service changed in any way from 2014–15 to 2015–16? (select one)

- Not applicable—our school did not provide this service in 2014–15
- Increase—Our school provided **more of this service in 2015–16 compared to 2014–15**
- Decrease—Our school provided **less of this service in 2015–16 compared to 2014–15**
- No change
- Don't know

Do you expect the **availability or intensity** of the service changed in any way from 2014–15 to 2015–16? (select one)

- Not applicable—our school did not provide this service in 2014–15
- Increase—Our school provided **more of this service in 2015–16 compared to 2014–15**
- Decrease—Our school provided **less of this service in 2015–16 compared to 2014–15**
- No change
- Don't know

To what extent has your school achieved the goals within each stage of development as a Community School? These categories are from the Stages of Development Framework, which serves as a guiding document for the New York City Department of Education's efforts to support community schools' growth. Select the one stage that best describes your school's current status. (select one)

- Exploring—optimism and curiosity about the work**, and a belief that “if only” X was in place, things would be significantly different. The school team brainstorms about the benefits of a Community School strategy and its potential to serve as a mechanism to organize resources around student success
- Emerging—deepening collaboration among all stakeholders and defined community partnerships**. The work begins by introducing Core Structures, such as formalizing a partnership with a lead CBO, **hiring a dedicated Community School director**, and securing base funding. Programs and services are developed based on a process of **strategic data collection and analysis** that engages parents as critical partners in the design of the Community School
- Maturing—steady, intentional progress**. The vision of the Community School becomes clearer to all stakeholders, consequently there is broader support for it. Service utilization increases as interventions become more responsive to identified student needs, and quality of service delivery improves. Stakeholder relationships are based on mutual trust, there is **intentional coordination of services** and programmatic integration, and desired student outcomes are more likely to be met
- Excelling—implementing quality programs that support the core instructional program**. There is a schoolwide focus on addressing the needs of the whole child through targeted and universal strategies. Through a model of **authentic school-based governance**, parents play a leadership role in the Community School and work together with school and CBO staff as advocates of quality education for all students.

Strong relationships have been established between the school and community and the CBO is valued as a committed partner

Indicate the extent to which each of the following represents a **current challenge** that your school currently faces **day to day, since the 2015–16 school year** when the new Community Schools Initiative was first being implemented. (select one per row)

Indicate the extent to which each of the following represents an **important success** your school has experienced **since the 2015–16 school year**, when the new Community Schools Initiative was first being implemented. (Select one per row.)

	Not a Challenge	Minor Challenge	Major Challenge	I don't know
Lack of time for Community School meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of time for joint planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School staff vacancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBO staff vacancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited space to host services and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited funding to launch services and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access to quality data to inform decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access to support, guidance, or training from Department of Education (DOE) central office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited availability of appropriate professionals to deliver universal, selective, or targeted mental health programs or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of community and family support for school improvement efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competing priorities for staff members' time and energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty identifying students who need selective or targeted mental health programs or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty keeping students engaged long enough to complete needed selective or targeted mental health programs or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty meeting the needs of students with special academic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty meeting the needs of students with social, emotional and behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Major Success	Minor Success	Not yet a success	I don't know
Development of a strong vision and action plan to thrive as a community school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More coordinated and aligned partnerships and funding streams than in prior years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic use of student data to drive decisions about targeted support and interventions for students in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBO staff support for the academic needs of students in an integrated approach with school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intentional focus on students' emotional and behavioral well-being by the school team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting the needs of students with special academic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting the needs of students with social, emotional and behavioral challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family engagement around students' academic, emotional, and social well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging with community members and organizations in support of students' academic, emotional, and social well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved student attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved school culture and a sense of connectedness among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff retention and morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2. Coordination

The following questions are about your school's capacity to deliver the right services to the right students at the right time through strategic coordination of various partners and programs.

Where do you feel your school is in the **degree of strategic program coordination** at your school, as described in the Stages of Development Framework? (select one)

- Exploring:** My school recognizes that children and families have unmet needs, and that the school lacks the capacity to clearly identify these needs and to adequately coordinate the responses to them.
- Emerging:** My school is selecting a lead partner and hiring of a Community School Director (CSD).
- Maturing:** My school is intentionally engaging multiple partners and programs that respond to identified needs of students, school, families and community, and that improve the overall conditions for learning.

- Excelling:** My school is being recognized by families and community members as a hub of opportunity and civic engagement for students, families and neighborhood residents.

To what extent do you agree or disagree with the following statements regarding strategic program coordination at your school?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
Expanded learning time is available to meet students' needs before and/or after school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community School programs are available during the summer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers successfully interact with staff from our lead CBO partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers are aware of the services that are available to students through the lead CBO partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers and staff in our school are aware that the Tier 1 (universal), Tier 2 (selective), and Tier 3 (targeted) mental health programs and services exist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All community partners and CBOs (in and outside of school building) meet monthly with the Community School Director to coordinate and assign services across students in building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a communication and student referral system implemented among school and CBO staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community School's expanded learning time (ELT) programs use rigorous, standards-based curricula.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are some additional and/or unique strategies that your school has adopted to ensure **the right services are being delivered to the right students at the right time**? Please specify.
[open text]

To what extent do you agree or disagree with the following statements about overall **program coherence** at your school? (Select one per row.)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
Once my school starts a new program, we check to make sure that it's working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have so many different programs in this school that I can't keep track of them all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many special programs come and go at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum, instruction, and learning materials are well coordinated across the different grade levels at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is consistency in curriculum, instruction, and learning materials among teachers in the same grade level at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3. Collaboration

The following questions are about your school's use of partnerships with a variety of stakeholders to support the ongoing development of the community school model.

Where do you feel your school is in the **degree of collaboration among multiple stakeholders**, as described in the Stages of Development Framework? (select one)

- Exploring:** My school recognizes that children and families have multiple needs, and that my school needs to partner with parents for students to succeed.
- Emerging:** My school is organizing to engage families in planning and decision making, including regular monthly meetings and celebrations.
- Maturing:** At my school a wide range of stakeholders, including families and youth, are regularly involved with and hold leadership roles in the ongoing development of the Community School.
- Excelling:** My school uses an authentic school-based governance structure to guarantee that our leadership is soliciting families' and students' knowledge and skills, and is working in partnership with parents and youth to support and share the responsibility for student learning.

To what extent do you agree or disagree with the following statements regarding **collaboration between school and CBO staff?** (select one per row)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The Principal and Community School Director (CSD) have established a trusting relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School and CBO staff attend trainings together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Principal, members of the School Leadership Team and CSD worked together to create the RSCEP (Renewal School Comprehensive Educational Plan) or Community School Work Plan (for AIDP schools).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Principal, Community School Director and School Leadership Team collaborated in creating the Community School budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CSD and CBO staff have a visible presence throughout the school day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBO services align with our school's vision, priorities and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal, selective and targeted mental health programs and services are provided collaboratively by CBO staff, guidance counselors, social workers, teachers, and/or other school or district staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers view the efforts of community partners as supporting their work as educators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are some additional and/or unique strategies that your school has adopted to foster **stronger collaboration among various groups working in your school** (administration, teachers, CBO staff)? Please specify. [open text]

What are some additional and/or unique strategies that your school has adopted to **foster family and community engagement**? Please specify. [open text]

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
Our Community School has implemented systems for communication with families on a weekly basis (or more frequently) around student attendance, achievement, and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of our Community School partnerships and programs, families come to the school more frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administrators, teachers, parents, family members, CBO staff and community partners trust each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families have input in services related to child and family mental health needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families have a say in decisions and plans related to school improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4. Connectedness

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
Our school and CBO developed a shared and strategy for addressing social, emotional and behavioral problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of our Community School partnerships and programs, our school has a more positive and welcoming environment that is conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a culture of connectedness and belonging for staff, students and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students who are at risk of being chronically absent are quickly identified (i.e., within 1–2 weeks of initial absence).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students at risk of being chronically absent are quickly assigned a Success Mentor (i.e., within 1–2 weeks of initial absence).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students are aware of school-based mental health services provided by the partner CBO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families are receptive to opportunities for their children to participate in school-based programs and services that support their social, emotional and behavioral needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about your school's capacity to support students' social, emotional and behavioral needs that influence their academic and personal behaviors.

Where do you feel your school is in its efforts to develop **student connectedness**, as described in the Stages of Development Framework? (select one)

- Exploring:** My school recognizes the social and emotional needs of students and their impact on students' feelings about school and their ability to learn.
- Emerging:** My school is developing efforts to respond to the social and emotional needs of students. Attention is paid to creating a supportive school environment that provides positive adult-student and peer-to-peer relationships, as evidenced by small group instruction, student choice and mentoring.
- Maturing:** My school has structures and programs in place to support social and emotional needs of students, such as partnerships with mental health providers, training for teachers in social and emotional learning, schoolwide approaches including mentoring, student leadership opportunities, and restorative practices.
- Excelling:** My school has highly effective social and emotional learning supports for students and families, and a safe school environment which encourages positive adult-student and peer-to-peer relationships. Students believe that staff care about and hold high expectations for them as learners and leaders, and all students are engaged in their own learning.

To what extent do you agree or disagree with the following statements about **student connect-
edness** at your school?

What are some additional and/or unique strategies that your school has adopted to nurture **students' connection to the school and the community** through integrated supports? Please specify. [open text]

Section 5. Continuous Improvement

The following questions are about your school's capacity to continuously improve practice and support student success through the ongoing, strategic, and collaborative collection and analysis of data.

Where do you feel your school is currently in the **degree of strategic data use for continuous improvement**, as described in the Stages of Development Framework? Select one.

Exploring: My school is interested in working collaboratively and providing feedback across partner organizations to ensure strong instruction that is designed to provide personalized learning opportunities for students.

- Emerging:** My school conducts ongoing needs and assets assessment to identify and drive school and student level outcomes. A data framework is implemented to inform staff meetings, case management, programming, performance, policies and resource allocation.
- Maturing:** My school's continuous needs and assets assessments contribute to a feedback system to enable partners to support one another in improving practice. Student-level performance data is effectively shared with families to empower them to support student learning at home.
- Excelling:** Our Community School Team continually revisits its school and student-level outcomes, and it refines its indicators. The Team collects and makes linkages between student-level academic and nonacademic data and uses this data to tailor programming and instruction that is focused on results.

To what extent do you agree or disagree with the following statements about **strategic data use for continuous improvement** at your school?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The Principal and Community School Team both attend the weekly data meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community School Team uses the New Visions Data Sorter to assess progress against benchmarks and goals for individual students .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community School Team uses the New Visions Data sorter to assess progress against benchmarks for the whole school .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community School Team uses data to determine whether our services and programs are meeting the needs of the student body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Community School has clear, data-driven benchmarks that guide continuous improvement across the school and CBO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are some additional and/or unique strategies that your school has adopted to **use data to capture a portrait of the whole student and inform decisions** about services, programs, policies, and classroom instruction? Please specify. [open text]

Section 6. Renewal Schools

The following questions are about your school’s implementation of key components of the Renewal School Programs and strategies. For each question, please indicate the extent to which the following programs and strategies have been in place at your school **since the 2015–16 school year** when the Community Schools Initiative was first implemented.

Coaching

To what extent has job embedded coaching led to improved student work and outcomes?

- Not at all
- Small Extent
- Moderate Extent
- Large Extent
- Don't know

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
To what extent has the leadership coaching enabled you to develop effective Renewal leadership competencies and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent has job-embedded coaching effectively developed teacher capacity to modify curriculum and pedagogy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent has job-embedded coaching enabled teacher mastery of subject-specific content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strategic Inquiry (a.k.a. Datawise)

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
To what extent do you feel professional, teacher team-based inquiry has been used to improve curricula and teacher practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent do you feel professional, teacher team-based inquiry has promoted data-driven, instructional decision-making with teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent do you feel professional, teacher team-based inquiry has supported you in building teacher instructional leadership and facilitate distributed leadership practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the most important support lever you received through the Renewal Schools initiative that contributed to the adoption of inquiry-based practices? Please specify. [open text]

Curricula, Assessments and Professional Development

To what extent has the suite of professional development offerings in the areas of curricula, assessment, and pedagogy:

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
Improved teacher effectiveness and student achievement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to instructional and curricular coherence across your grades and classrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Built teacher capacity for instructional leadership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accountability

To what extent have the Renewal School targets and benchmarks you selected allowed you to:

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
Set realistic yet rigorous goals that focus the school improvement efforts taking place at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build internal accountability within your school community towards meeting your goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent have Renewal Initiative supports and trainings supported you in:

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
Tracking your progress using emerging data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting your action plans towards meeting your goals, targets and benchmarks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Top Talent (recruitment and retention)

To what extent have Renewal Initiative supports around teacher career leadership positions:

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
Improved teacher effectiveness and student achievement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved your retention of effective and highly effective teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amplified or supported your distributed leadership practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Renewal Hour

To what extent has Renewal Hour:

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
Been sufficiently staffed by school faculty and/or CBO staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met your students' academic and social-emotional needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent have workshops for Renewal teachers and staff:

	Not at all	Small Extent	Moderate Extent	Large Extent	Don't know
Helped support teaching and learning throughout the school day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been attended by both teachers and CBO staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral for Complementary Mental Health Survey

To inform the Department of Education, Department of Health and Mental Hygiene, and the Office of School Health about the mental health needs and the strengths and gaps in mental health programs and services across schools in New York, we are conducting a separate survey assessing your school support team's knowledge and experiences of mental health programs

and services funded or supported by the Community Schools Initiative. The composition of the school-based support team may vary across schools, but often includes individuals at your school in charge of supporting the implementation of mental health services and programs, and working with and identifying students at risk for mental health problems. This does not include the Community School Director.

Since the respondents of the Complementary Mental Health Survey are likely to be school employees, RAND is required to obtain principal approval before collecting the data. Please indicate below if you provide permission for RAND to contact members [of] your school staff about their participation in this study.

- I approve
- I do not approve

Thank you. In addition, we ask that you please provide the name and email of at least one person (OR all people) that you think is part of this school support team so that the RAND team may contact them directly about participating in the Complementary Mental Health Survey. This can include school staff, as well as personnel from community-based organizations or local providers.

If you indicate more than one person, please note who you think would be the best point of contact for us.

Name(s) of school support team member(s): [open text]

Email address(es) of school support team member(s): [open text]

Thank you for your answer. We would like to update our records to ensure that we no longer send you reminder emails. Therefore, we request that you please tell us (1) the name of your school; and (2) your title. This information is necessary to update our records. You will then be exited from the survey.

Please enter the name of your school: [open text]

What is your current role? (select one)

- Principal
- Community School Director
- Other, please specify [open text]

Mental Health Complementary Survey

Mental Health Programs and Services

Please indicate if any of the following tiers of mental health programs or services are being offered at your school during **2016–17**. (select one)

- **Tier 1 (Universal services and programs):** Schoolwide supports and resources appropriate for all students to impart knowledge, awareness and skills that promote social, emotional, behavioral and mental wellbeing and that encourage help-seeking (e.g., schoolwide anti-bullying programs, grade-level presentations, professional development trainings or workshops)
- **Tier 2 (Selective services and programs):** School supports and resources for some students who are identified as being at risk of developing social, emotional, behavioral, mental health, or substance use conditions, to prevent these conditions from developing or to detect a condition early (e.g., small group sessions that target behaviors of concern, short-term individual counseling, restorative justice practices)
- **Tier 3 (Targeted services):** In addition to mandated services in the school, supports and resources for the few students who have diagnosable mental health conditions, and are already displaying or have been identified with particular emotional, behavioral, or mental health problems. These services aim to lessen the impact of the condition and improve social, emotional and academic functioning (e.g., Individual, group or family treatment, provided by a licensed mental health provider.)

Select the school year(s) that each tier of mental health programs or services were or are being offered at your school. (Select all that apply)

	2014–15	2015–16	2016–17
Tier 1 (Universal services and programs): Schoolwide supports and resources appropriate for all students to impart knowledge, awareness and skills that promote social, emotional, behavioral and mental wellbeing and that encourage help-seeking (e.g., schoolwide anti-bullying programs, grade-level presentations, professional development trainings or workshops).			
Tier 2 (Selective services and programs): School supports and resources for some students who are identified as being at risk of developing social, emotional, behavioral, mental health, or substance use conditions, to prevent these conditions from developing or to detect a condition early (e.g., small group sessions that target behaviors of concern, short-term individual counseling, restorative justice practices)			
Tier 3 (Targeted services): In addition to mandated services in the school, supports and resources for the few students who have diagnosable mental health conditions, and are already displaying or have been identified with particular emotional, behavioral, or mental health problems. These services aim to lessen the impact of the condition and improve social, emotional and academic functioning (e.g. Individual, group or family treatment, provided by a licensed mental health provider.)			

Were any of the following tiers of programs or services enhanced or newly implemented as a result of funding or support from the Community Schools Initiative?

Tier 1 (Universal services and programs): Schoolwide supports and resources appropriate for all students to impart knowledge, awareness and skills that promote social, emotional, behavioral and mental wellbeing and that encourage help-seeking (e.g., schoolwide anti-bullying programs, grade-level presentations, professional development trainings or workshops)

- Yes
- No
- Don't know

Tier 2 (Selective services and programs): School supports and resources for some students who are identified as being at risk of developing social, emotional, behavioral, mental health, or substance use conditions, to prevent these conditions from developing or to detect a condition early (e.g., small group sessions that target behaviors of concern, short-term individual counseling, restorative justice practices)

- Yes
- No
- Don't know

Tier 3 (Targeted services): In addition to mandated services in the school, supports and resources for the few students who have diagnosable mental health conditions, and are already displaying or have been identified with particular emotional, behavioral, or mental health problems. These services aim to lessen the impact of the condition and improve social, emo-

tional and academic functioning (e.g. Individual, group or family treatment, provided by a licensed mental health provider.)

- Yes
- No
- Don't know

Overall, where do you feel your school is in the **process of implementing** the three-tiered mental health model and the new or enhanced mental health programs and services supported or funded by the Community Schools Initiative? (Select the one best answer)

- Brainstorming but no specific plan or action yet.** For example:
 - Recognized the need for change to better meet the school, emotional, behavioral and psychological needs of the students
 - Identified the need for increased capacity to deliver all three Tiers of mental health programs and services (universal, selective, and targeted).
- Implementation plan is developed.** For example:
 - Defined community partnerships, formalized a partnership with a lead CBO to offer mental health programs and services (across the three Tiers), and hired at least one Mental Health coordinator or provider to oversee service delivery
 - Put together a plan for data collection and analysis to track mental health programs and services
- Started early stages of implementation.** For example:
 - Offering new and coordinating existing mental health programs and services in response to identified student needs
 - Conducting an ongoing needs assessment and data analysis to improve mental health program and service delivery
- Engaged in full implementation and continue to monitor and refine approach.** For example:
 - Seamless mental health programs and services at all three tiers in partnership with community and CBO partner(s) that (1) address the full spectrum of students mental health needs, and (2) focus on addressing both the academic AND mental health needs of each child
 - Programs and efforts to involve parents to promote students' social, emotional and behavioral well-being

Staff Awareness and Support

The following questions focus on your school staff's level of awareness and support of the mental health programs and services at your school. As a reminder, "mental health programs and services" are across all three Tiers (1-universal, 2-selective, and 3-targeted) and are not just mental health treatment.

Tier 1 (Universal services and programs): Schoolwide supports and resources appropriate for all students to impart knowledge, awareness and skills that promote social, emotional, behav-

ioral and mental wellbeing and that encourage help-seeking (e.g., schoolwide anti-bullying programs, grade-level presentations, professional development trainings or workshops)

Tier 2 (Selective services and programs): School supports and resources for some students who are identified as being at risk of developing social, emotional, behavioral, mental health, or substance use conditions, to prevent these conditions from developing or to detect a condition early (e.g., small group sessions that target behaviors of concern, short-term individual counseling, restorative justice practices)

Tier 3 (Targeted services): In addition to mandated services in the school, supports and resources for the few students who have already been diagnosed with a mental health condition, or who are exhibiting symptoms of a mental health condition but have not been screened

	A great deal	Somewhat	A little	Not at all	Don't know
Teachers					
Teacher Aids and Paraprofessionals					
School support team (i.e. guidance counselors, social workers, etc.)					
School administration (Principal, Assistant Principal)					
Community School Director					
Other, please specify below [open text]					

for a diagnosis, to connect students to or provide needed services or treatment (e.g., linkage/referral for treatment, school-based mental health treatment).

Think about the current 2016–17 school year. To what extent do the following school staff members understand the meaning or role of the three-tiered model (i.e., Universal, Selective, and Targeted mental health programs and services)? (select one per row)

Think about the current 2016–17 school year. How aware are the following school staff members that mental health programs and services exist and are available to students at your school? (select one per row)

	A great deal	Somewhat	A little	Not at all	Don't know
Teachers					
Teacher Aids and Paraprofessionals					
School support team (i.e. guidance counselors, social workers, etc.)					
School administration (Principal, Assistant Principal)					
Community School Director					
Other, please specify below [open text]					

How aware are students of the mental health programs and services that are available at your school?

- A great deal
- Somewhat
- A little
- Not at all
- Don't know

Think about the current 2016–17 school year. To what extent do you agree or disagree with the following statements about your school's staff members in general. (select one per row)

Our 2016–17 school staff members...

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't know
...understand the importance of universal mental health programs and services (i.e., Tier 1 – those that promote social, emotional, behavioral and mental wellbeing and that encourage help-seeking) for their students.					
...can identify a student who may be in need of mental health programs and services.					
...know how to direct students in need of mental health services to the appropriate service at all three tiers.					
...know who provides the mental health programs and services in your school.					
...can find the time in their students' schedules for mental health programs and services.					

Which of the following describes your school's current practices to refer students who may be in need of mental health services? Please only include practices outside of the special education process. Select all that apply.

Our school . . .

- Has a written protocol to refer students for evaluation or screening of mental health or substance use issues
- Reviews the referral protocol(s) each year with staff for mental health or substance use treatment
- Identifies designated staff to refer students
- Evaluates referral protocol(s) to ensure they work as intended
- Documents referrals in an electronic data system
- Documents referrals in students' paper files

Which of the following describes your school's current practices to follow-up on mental health referrals and see that students are connected to services? Please select all that apply.

Our school . . .

- Has a written protocol to follow-up on student referrals for mental health or substance use treatment
- Reviews the follow-up protocol each year with staff
- Evaluates referral protocol(s) to ensure they work as intended
- Documents referrals in an electronic data system
- Documents referrals in students' paper files

Organizational Support

Think about the 2015–16 and 2016–17 school years. Please indicate whether your school has offered or currently offers any of the following supports to educate school staff on the three-tiered model (i.e., Universal, Selective, and Targeted mental health programs and services).

	2015– 16	2016– 17	Don't know
Sponsors trainings, workshops, or seminars to educate school staff about our school's mental health programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brings in guest speakers/outside providers to talk about our school's mental health programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides oversight or supervision of our school's mental health programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School leadership supports continuing education focused on mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collects data our school's mental health programs and services to determine how well programs/services are being implemented, impact on students, impact on school climate, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides training materials on our school's mental health programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensates (time and/or cost) for individual training/education on our school's mental health programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides opportunities for mental health providers from community-based organizations to collaborate with teachers and other school staff (e.g., guidance counselors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provides opportunities for parents to provide input into the mental health programs and services for their children

Think about the 2015–16 school year only. Please indicate whether your school and/or mental health provider offer provides training to your school staff on any of the following topics. Select all that apply.

	Teachers	Administrators	Guidance counselors, social workers, school psychologists	Other school staff	No staff received this training
Identify and refer students at risk of substance abuse problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting health and social and emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating student groups that address mental health and substance use needs and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below [open text]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We understand that your school may have *enhanced* or *new* mental health programs and services offered as a result of funding or support from the Community Schools. During the 2016–17 school year, has your principal and support staff...

	Yes	No	Don't know
Verbally discussed what these <i>enhanced or new</i> programs and services are and how they will be delivered with all school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed written protocols or procedures describing the <i>enhanced or new</i> programs and services and how they will be delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared written protocols or procedures on <i>enhanced or new</i> programs and services with all school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated to all parents (either written or verbal, but in a systematic way) about the <i>enhanced or new</i> programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated to all students (either written or verbal, but in a systematic way) about the <i>enhanced or new</i> programs or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collaboration

Think about the 2016–17 school year and the current relationship among your school support team, the principal, the lead CBO and the mental health providers that work with you. Overall, how would you describe your current working relationship between your school support team, the principal, the lead CBO, and the mental health providers as it relates to planning and making decisions related to the three tiers of mental health programs and services supported or funded by the Community Schools Initiative? Select the one best answer.

- (1) **Networking:** Aware of other individuals/groups; Loosely defined roles; Little communication; All decisions are made independently
- (2) **Cooperation:** Provide information to each other; Somewhat defined roles; Formal communication; All decisions made independently
- (3) **Coordination:** Share information and resources; Defined roles; Frequent communication; Some shared decision making
- (4) **Coalition:** Shared information and resources; Frequent prioritized communication; Regular meetings among all individuals; All individuals have a vote in decision making
- (5) **Collaboration:** Clearly defined roles and identity as a group to make decisions, share information, and resources; Frequent communication characterized by mutual trust; Consensus is reached on all decisions

In a typical month, how frequently do the School Support Team and mental health provider or providers communicate about planning and making decisions related to mental health programs and services supported or funded by the Community Schools Initiative?

- At least once a week
- About every other week
- About once a month
- Less than once a month

How frequently does the mental health provider or providers participate in School Support Team meetings?

- All meetings
- Most meetings (more than half)
- Some meetings (less than half)
- None
- We don't have school support team meetings

Thank you for your answer. We would like to update our records to ensure that we no longer send you reminder emails. Therefore, we request that you please tell us the name of your school. This information is necessary to update our records. You will then be exited from the survey.

Please enter the name of your school [open text]

School Leader Interview Protocol

Depending on availability the interview can be with principals and Community School Directors jointly or separately. Site visit-binders will include two copies of the interview protocol to accommodate cases where the interviews are conducted separately. Renewal School-specific questions will be integrated throughout the protocol, and field workers will be prepped to skip Renewal questions when visiting AIDP schools. Interviews will last approximately one hour each and will be semi-structured, meaning a set list of questions will be developed by the research team that will allow for guided conversations around key themes. However, time and space will be provided during the interviews to allow for meaningful digressions based on the perspective and unique circumstances of each interviewee.

The section below outlines the proposed list of questions that RAND researchers will ask of each Community School interviewee.

0. Collection of Informed Consent

- Informed consent needs to be collected at the beginning of each interview. See Appendix B.

I. School Context and Overall Goals for Improvement

- We'd like to start by hearing about what it's been like being a Community School. How has being a Community School shaped the identity and culture of your school?
 - How has it shaped the relationships between administration, teachers, and staff?
 - Between teachers and students?
 - Between school personnel and parents and other community members?
 - Between school leadership and the lead CBO or Mental Health Provider?
- **[For non-Renewal Schools only]** In terms of school improvement, what would you say are your school's highest priority goals for this year?
 - How were these goals identified and who was involved in that process?
- **[For Renewal Schools only]** In terms of school improvement, what would you say are your school's highest priority benchmarks for this year?
 - How were these benchmarks identified and who was involved in that process?

- Can you describe your school’s use of the DataWise inquiry process for setting goals and tracking progress?
- **[Renewal Schools only]** How do you think the Community School strategy supports your school improvement efforts as a Renewal School?
- **[Renewal Schools only]** Can you describe the professional development offerings you and your staff are receiving this year to support your progress as a Renewal School?
 - How does it compare to the 2015–2016 school year, if you were working at the school then? And to 2014–2015 before you became a Renewal School, if you were working at the school then?

II. Four Key Capacities¹

[Key topics include: (1) Regular use of data to support improving delivery of Community Schools model and student level outcomes; (2) Strategies to use data to capture progress of students and inform decisions about services, programs, policies and classroom instruction; (3) Use of student-level performance data to empower families to support student learning at home]

1. Continuous improvement—extent to which schools are engaged in a data-driven feedback system that drives conversations and decisions

- During the 2016–2017 school year, how has your school been using data to make improvements or changes to better meet your goals as a Community School?
 - Can you briefly describe the data-use process for me?
 - How often does this happen?
 - Is this process helpful? How so?
- How have you been using the New Visions Data sorter, if at all? Why or why not?
 - If you are using it, what are the benefits and drawbacks?
- Is your school engaging in Strategic Data Check-Ins?²
 - If yes, how often do you have check-ins?
 - Can you describe some examples of how this process has been helpful to your staff or students?

¹ There is no need to mention the core capacities by name unless they come up in conversation. Similarly, the “Key topics” do not need to be voiced to the interviewee; they are meant to orient the field worker.

² Strategic data check-ins are regular conversations between school administrators and New Visions staff that focus on using data to strategically manage critical school processes, such as course programming, student academic interventions, and attendance. The conversations are grounded in school-specific New Visions data tools, which organize key data on each student, help facilitate the workflow of critical student- and school-level tasks, and make key decisions transparent to school users.

- Do families have access to data on student performance beyond students' report cards (such as attendance data, behavioral records, or achievement test results)?
 - If yes, what types of data does your school make available to families?
 - If yes, how do you help families make use of data on student performance?

2. Coordination—extent to which schools are engaging with multiple partners and programs to respond to the needs of students, families, and community

[Key Topics: (1) Coordinated communication and engagement of multiple stakeholders (families, community members, CBO partners); (2) Program coherence and coordination (i.e., process to ensure right services are delivered to the right students at the right time, and consistency in program delivery across the school)]

- Can you describe your school's Student Success Summits?³
 - How frequent are the Summits?
 - Generally, who attends?
 - What typically happens at these meetings?
- Can you describe your regular (weekly, bi-weekly, monthly) programs and initiatives at your school that relate to supporting students in need of academic, social, or emotional support?
 - To what extent are various stakeholders (school staff, CBO staff, students, families) aware of these regularly scheduled programs and services?
 - How do you communicate this schedule to different stakeholder groups (school staff, CBO staff, students, families)?

3. Collaboration—how various stakeholders are involved in the leadership and development of the Community School model]

[Key topics: (1) Involvement of youth and family to support development of Community School; (2) Collaboration between school and CBO staff to support Community School; (3) Strategies to foster stronger collaborations among key stakeholders (youth, family, community, CBO's, school staff)]

- What roles do families play in the Community School work that you have undertaken this year?
- How have you engaged families in supporting their children's emotional, behavioral, and mental health needs?
- Have you been hosting Community School Forums to engage families and community members?

³ Student Success Summits are meetings with school staff, Success Mentors and community-based organizations to review school-wide attendance data and track chronically absent students, diagnose absences, and direct the appropriate support to the student or family.

- Who attends? What happens at a typical forum?
- Can you describe the School Leadership Team (SLT)⁴?
 - What is the structure? What are the main activities? How frequently do members meet/interact?
 - How are parents involved in the activities of the School Leadership Team?
- What are some additional and/or unique strategies that your school has adopted to foster stronger collaboration among various groups working in your school (administration, teachers, CBO staff)?
- What are some additional and/or unique strategies that your school has adopted to foster family and community engagement?

4. *Connectedness*—structures and programs in place to support social and emotional needs of students that influence their academic and personal behaviors

[Key topics: (1) Encouragement of positive adult-student and peer-to-peer relationships; (2) Effective structures and programs in place to support social and emotional needs of students [e.g., partnerships with mental health providers, training for teachers in social and emotional learning, school-wide approaches including mentoring, student leadership opportunities, and restorative practice]

- What are some strategies your school has implemented to promote positive relationships and trust between schools staff and students?
- What are some strategies your school has implemented to promote positive peer-to-peer relationships and camaraderie among students?
- Can you describe some of your strategies for providing mentoring, student leadership opportunities, and restorative practices?
- Can you share with us what Expanded Learning Time (ELT) looks like in your school (e.g., curriculum, daily activities)?
 - **[Renewal Schools only]** What happens during Renewal Hour?
 - What are some successes related to the implementation of ELT / Renewal Hour? Have there been any challenges?
- What are some strategies you are adopting to improve attendance in your school?
 - How are you identifying and supporting chronically absent students?

⁴ According to the Chancellor's regulation, the SLT is responsible for developing an annual school Comprehensive Educational Plan (CEP) that is aligned with the school-based budget for the ensuing school year. The school-based budget provides the fiscal parameters within which the SLT will develop the goals and objectives to meet the needs of students and the school's educational program. All SLTs should have a minimum of ten members and a maximum of 17 members. The only three mandatory members of the SLT are the principal, the Parent Association/PTA President, and the United Federation of Teachers chapter leader. In addition, SLTs must include other parents and staff (pedagogic and/or non-pedagogic) from the school.

- To what degree do you feel students are making use of the programs and services you are providing?
 - What are some barriers to participation?
 - What are some strategies you use to encourage student participation?

V. Mental Health Programs and Services

We understand that your school may have **enhanced** or added **new** mental health programs and services offered at your school, as a result of funding or support from the Community Schools Initiative. We are interested in learning more about those programs and services. When I say “mental health programs and services” I am referring to all three Tiers (1-universal, 2-selective, and 3-targeted)⁵ and are not just mental health treatment. [If need a reminder, provide definition of 3-tiers . . . see below]

- From your perspective, what have been some of the key facilitators of implementing these new or enhanced mental health programs and services?
 - Can you describe any barriers that have made implementation difficult?
- Can you describe the history of your partnership with your mental health provider(s)?
 - How would you describe the current nature of this relationship?
- Do you have a School Support Team⁶?
 - What is the structure?
 - Can you describe their role in the implementation of these new or enhanced mental health programs and services?
- Does your school currently have an on-site health clinic?
 - Can you describe your strategies for making school staff aware of these new mental health programs and services available to students?
 - How is the school’s other support staff (e.g., guidance counselors, social workers, school psychologists) involved in the implementation of programs and services at all three tiers (e.g., following protocols for referrals and follow-up)?

⁵ **Tier 1 (Universal services and programs):** School-wide supports and resources appropriate for all students to impart knowledge, awareness and skills that promote social, emotional, behavioral and mental wellbeing and that encourage help-seeking (e.g., school-wide anti-bullying programs, grade-level presentations, professional development trainings or workshops); **Tier 2 (Selective services and programs):** School supports and resources for some students who are identified as being at risk of developing social, emotional, behavioral, mental health, or substance use conditions, to prevent these conditions from developing or to detect a condition early (e.g., small group sessions that target behaviors of concern, short-term individual counseling, restorative justice practices); **Tier 3 (Targeted services):** In addition to mandated services in the school, supports and resources for the few students who have already been diagnosed with a mental health condition, or who are exhibiting symptoms of a mental health condition but have not been screened for a diagnosis, to connect students to or provide needed services or treatment (e.g., linkage/referral for treatment, school-based mental health treatment).

⁶ The School Support Team is in charge of supporting the implementation of mental health services and programs at your school. This may include, for example, the school psychologist, guidance counselor, or mental health provider and **DOES NOT** include the principal and Community School director.

VI. Supports from Central Office

- Can you describe the types of Community School-related technical assistance and ongoing support you are receiving from DOE, DOHMH, and other city agencies?
 - How frequently do you receive these types of support?
- Can you describe your interactions with the Community School Program Managers? And School Mental Health Managers? [**For Renewal Schools**] and the Directors of School Renewal?
 - How frequent are these interactions?
 - What is the general focus of these interactions?
- [**For Renewal Schools**] Can you describe the instructional coaching your teachers are receiving?
 - How frequent are these interactions?
 - What is the general focus of these interactions?
- Are there any types of support you would like to receive but are not currently?

VII. Conclusion

- This is the end of my set of questions. Was there something we didn't ask that we should have about being a Community School? Is there anything else you would like us to know?

Description of Mental Health Programs and Services

Mental Health Service Type	Definition
Mental health clinic	School describes having, creating, or enhancing a school-based mental health clinic, school-based health clinic with mental health services, or any clinic administering mental health services
Counseling and clinical mental health treatment	Counseling or other clinical services administered by a credentialed clinician (e.g., a PsyD, PhD, or licensed clinical social worker)
Student skill-building services	Services designed to support students' mental health, social-emotional development, and behavioral management skills. This includes small groups focused on skill building, conflict resolution, anger management, grief and loss, and social skills; peer-to-peer social groups; student retreats; implementation of social-emotional curriculum and frameworks (such as PBIS, Responsive Classrooms, or restorative justice); student leadership opportunities (e.g., peer mentoring or peer conflict-resolution trainings); implementation of an advisory system.
Staff professional development	Staff professional development opportunities focused on mental health. This includes training on specific social-emotional curriculum, mental health awareness, classroom management.
Family services	Any programs and services for families and/or parents, including parent trainings and clinical services open to families
Mental health awareness and communication	Efforts to decrease stigma regarding mental needs and increase awareness of mental health concerns and services. This includes mental health campaigns, and providing resources (e.g., fliers and pamphlets) about mental health services.
Case management	Case management, case coordination, and referrals to other community services for students, parents, or families
Crisis intervention	Interventions focused on crisis interventions, crisis management, and crisis de-escalation. This includes schools plans for clinicians to implement such services as well as plans to training teachers in such services.
Mental health screening and assessments	Provision of mental health screenings assessments or screens for mental health needs or concerns
Mental health data system	Creation or use of a data system to track mental health needs, incidents, referrals, and service receipt
Mental health team	Creation or existence of a team of school and/or CBO staff responsible for coordinating mental health services. Sometimes referred to as a "mental health team" or a "wellness team."
Community partnership	Schools' efforts to, or stated need for, new or existing community partnership to administer mental health services

OCS Stages of Development Framework

	Exploring	Emerging	Maturing	Excelling
Coordination	<p>Characterized by recognition that children and families have unmet needs, and that the school lacks the capacity to clearly identify these needs and to adequately coordinate the responses to them. Focus on how to get services and programs for children and families, both non-academic and academic enrichment.</p>	<p>Characterized by selection of a lead partner and hiring of a Community School director (CSD). After conducting an assets and needs assessment, the CSD identifies community partners and programs that align with needs, connects these to the right students and families, and creates systems for referral and follow-up.</p>	<p>Characterized by the intentional engagement of multiple partners and programs that respond to identified needs of students, school, families and community, and that improve the overall conditions for learning. The CSD sits on the School Leadership Team and systems are being implemented for referrals, follow-up, and accountability for all services and providers.</p>	<p>Characterized by a shift in role of schools as hubs of opportunity and civic engagement for students, families, and neighborhood residents. System in place to ensure ongoing, high quality service delivery that is comprehensive, responsive to need and demand, and seamlessly integrated with traditional school programming.</p>
Collaboration	<p>Characterized by recognition that children and families have multiple needs, and that schools need to partner with parents for students to succeed. Exploring how families and parents from diverse backgrounds can be engaged in their children’s education and for building partnerships, but do not know how to proceed.</p>	<p>Characterized by effective organizing to engage families in planning, including regular monthly meetings and celebrations, and involving parents in decisionmaking by introducing a ladder of engagement that taps into the wealth of knowledge and expertise that parents bring to bear on the work.</p>	<p>Characterized by the regular involvement and leadership of a wide range of stakeholders, including families and youth, in the ongoing development of the community school. Parents serve as active members of the Community School Team and School Leadership Team. Parents serve as leaders of academic parent-teacher teams, and related other programs like parents as mentors and ambassadors of the work to the broader community.</p>	<p>Characterized by an authentic school-based governance structure and related processes that guarantee school leadership is soliciting families’ and students’ knowledge and skills in the work, and is working in partnership with parents and youth to support and share the responsibility for student learning. Permanent structures are in place that are anchored in positive youth development, and ensure that schools are welcoming and empowering to students, families, and community members.</p>

	Exploring	Emerging	Maturing	Excelling
Connectedness	Characterized by recognition of the social and emotional needs of students, and their impact on students' feelings about school and ability to learn. Stakeholders agree that they want to create a school where all students attend regularly, and are able to learn and succeed.	Characterized by developing efforts to respond to the social and emotional needs of students. Attention is paid to creating a supportive school environment that provides positive adult-student and peer to peer relationships, as evidenced by small group instruction, student choice, and mentoring. Physical and emotional safety is paramount. Alternatives to suspensions are considered.	Characterized by effective structures and programs in place to support social and emotional needs of students. These include partnerships with mental health providers, training for teachers in social/emotional learning, school-wide approaches including mentoring, student leadership opportunities, and restorative practices, and a school environment that is safe, nurturing and engaging.	Characterized by highly effective social and emotional learning supports for students and families, and a safe school environment which encourages positive adult-student and peer-to-peer relationships. Consistent discipline practices are employed by all adults throughout the school day. Students believe that staff care about and hold high expectations for them as learners and leaders, and all students are engaged in their own learning.
Continuous Improvement	Characterized by a growth mindset and an understanding that practices can always be improved to drive student academic success. There is an interest in working collaboratively and providing feedback across partner organizations to ensure strong instruction that is designed to provide personalized learning opportunities for student is in place.	The Community School Team uses ongoing needs and assets assessment to identify and drive school and student level outcomes. A data framework is implemented to inform staff meetings, case management, programming, performance, policies, and resource allocation. Base funding is secured for the work.	Characterized by continuation of ongoing asset and needs assessment and the implementation of a feedback system so that partners can support one another in improving practice. The CSD is included in data inquiry conversations and policy and programming decisions. Student-level performance data are effectively shared with families to empower them to support student learning at home.	The Community School Team continually revisits its school and student-level outcomes, and it refines its indicators. The team collects and makes linkages between student-level academic and non-academic data and uses these data to tailor programming and instruction that is focused on results. Accountability for the outcomes and sustainability of the Community School work is shared by all stakeholders including CBO partners, families and school staff.

NOTE: Adapted from NYC Community Schools, undated (b).

References

- Anglin, Trina Menden, Kelly E. Naylor, and David W. Kaplan, "Comprehensive School-Based Health Care: High School Students' Use of Medical, Mental Health, and Substance Abuse Services," *Pediatrics*, Vol. 97, No. 3, March 1996, pp. 318–330.
- Asarnow, Joan Rosenbaum, Lisa H. Jaycox, Naihua Duan, Anne P. LaBorde, Margaret M. Rea, Lingqi Tang, Martin Anderson, Pamela Murray, Christopher Landon, Beth Tang, Diana P. Huizar, and Kenneth B. Wells, "Depression and Role Impairment Among Adolescents in Primary Care Clinics," *Journal of Adolescent Health*, Vol. 37, No. 6, December 2005, pp. 477–483.
- Axelroth, Rita, *Raising Graduation and College Going Rates: Community High School Case Studies*, Washington, D.C.: Coalition for Community Schools, Institute for Educational Leadership, 2009.
- Belay, Kassa, Nicole Mader, and Laura Miller, *Scaling the Community School Strategy in New York City: A Systems-Building Guide*, New York: Center for New York City Affairs, September 2014. As of June 14, 2017: <https://www.scribd.com/document/240583892/Scaling-the-Community-School-Strategy-in-New-York-City>
- Bond, Gary R., Lisa Evans, Michelle P. Salyers, Jane Williams, and Hae-Won Kim, "Measurement of Fidelity in Psychiatric Rehabilitation," *Mental Health Services Research*, Vol. 2, No. 2, 2000, pp. 75–87. As of August 15, 2017: <https://link.springer.com/content/pdf/10.1023/A:1010153020697.pdf>
- Bowden, A. Brooks, Clive R. Belfield, Henry M. Levin, Robert Shand, Anyi Wang, and Melisa Morales, *A Benefit-Cost Analysis of City Connects*, New York: Center for Benefit-Cost Studies in Education, July 2015. As of June 14, 2017: <http://cbcsce.org/wordpress/wp-content/uploads/2015/08/CityConnects.pdf>
- Burns, Barbara J., E. Jane Costello, Adrian Angold, Dan Tweed, Dalene Stangl, Elizabeth M. Z. Farmer, and Al Erkanli, "Childrens Mental-Health-Service Use Across Service Sectors," *Health Affairs*, Vol. 14, No. 3, 1995, pp. 147–159.
- Coalition for Community Schools, "What Is a Community School?" web page, undated. As of June 5, 2017: http://www.communityschools.org/aboutschools/what_is_a_community_school.aspx
- Committee on School Health, "School-Based Mental Health Services," *Pediatrics*, Vol. 113, No. 6, June 2004, pp. 1839–1845.
- DeNike, Moira, and Brightstar Ohlson, *Elev8 Oakland Community School Costs and Benefits: Making Dollars and Cents of the Research*, Bright Research Group Policy Brief Issue 1, Oakland, Calif.: Brightstar Research Group, May 2013.
- DeVellis, Robert F., *Scale Development: Theory and Applications*, Thousand Oaks, Calif.: Sage Publications, 2012.
- Dryfoos, Joy, *Full-Service Community Schools: Creating New Institutions*, January 2002, pp. 393–399.
- Durlak, Joseph A., and Emily P. DuPre, "Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation," *American Journal of Community Psychology*, Vol. 41, No. 3–4, June 2008, pp. 327–350.
- Economic Modeling Specialists, Inc., *The Economic Impact of Communities in Schools*, Arlington, Va.: Communities in Schools, 2012. As of June 14, 2017: https://www.communitiesinschools.org/media/uploads/attachments/CIS_2.pdf

Goodson, Barbara, Christopher Price, and Catherine Darrow, "Measuring Fidelity: The Present and Future," in Coby V. Meyers, W. Christopher Brandt, eds., *Implementation Fidelity in Education Research: Designer and Evaluator Considerations*, New York: Routledge, 2014.

Heers, M., C. Van Klaveren, W. Groot, and H. Maassen van den Brink, *Community Schools Unfolded: A Review of the Literature*, Tier Working Paper Series No. TIER WP 11/04, October 2011.

Jacobson, Reuben, and Martin J. Blank, "Expanding the Learning Day: An Essential Component of the Community Schools Strategy," *New Directions for Youth Development*, Vol. 131, Fall 2011, pp. 55–67.

Jaycox, Lisa H., Judith A. Cohen, Anthony P. Mannarino, Douglas W. Walker, Audra K. Langley, Kate L. Gegenheimer, Molly Scott, and Matthias Schonlau, "Children's Access to Mental Health Care Following Hurricane Katrina: A Field Trial of Trauma-Focused Psychotherapies," *Journal of Traumatic Stress*, Vol. 23, No. 2, April 2010, pp. 223–231.

Jaycox, Lisa H., Bradley D. Stein, Susan Paddock, Jeremy N. V. Miles, Anita Chandra, Lisa S. Meredith, Terri Tanielian, Scot Hickey, and M. Audrey Burnam, "Impact of Teen Depression on Academic, Social, and Physical Functioning," *Pediatrics*, Vol. 124, No. 4, October 2009, pp. 596–605.

Jenkins, Della, and Mark Duffy, *Community Schools in Practice: Research on Implementation and Impact*, Philadelphia: Research for Action, January 2016. As of June 14, 2017:
<http://files.eric.ed.gov/fulltext/ED570123.pdf>

Kovacs, Maria, and David Goldston, "Cognitive and Social Cognitive-Development of Depressed Children and Adolescents," *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 30, No. 3, May 1991, pp. 388–392.

LaFrance Associates, LLC, *Comprehensive Evaluation of the Full-Service Community Schools Model in Iowa: Harding Middle School and Moulton Extended Learning Center*, San Francisco, September 2005.

Learning Policy Institute, Online Research Compendium, "Community Schools: An Evidence-Based Strategy for Equitable School Improvement," web page, June 5, 2017. As of June 14, 2017:
<https://learningpolicyinstitute.org/product/online-research-compendium>

Leonard, Jack, "Using Bronfenbrenner's Ecological Theory to Understand Community Partnerships: A Historical Case Study of One Urban High School," *Urban Education*, Vol. 46, No. 5, 2011, pp. 987–1010. As of June 14, 2017:
<http://journals.sagepub.com/doi/pdf/10.1177/0042085911400337>

Mapp, Karen L., and Paul J. Kuttner, *Partners in Education: A Dual Capacity-Building Framework for Family—School Partnerships*, Austin, Tex.: SEDL, 2013. As of June 14, 2017:
<http://www.sedl.org/pubs/framework/FE-Cap-Building.pdf>

Martinez, Laura, and Cheryl D. Hayes, *Measuring Social Return on Investment for Community Schools: A Case Study*, New York and Washington, D.C.: The Children's Aid Society and the Finance Project, 2013. As of June 14, 2017:
<http://www.childrensaidsociety.org/files/CASE%20STUDY%20final.pdf>

"Mental Health Roadmap," website, undated. As of August 16, 2017:
<https://thrivenyc.cityofnewyork.us>

New Visions for Public Schools, "Community Schools," web page, undated. As of August 17, 2017:
<http://communityschools.newvisions.org/strategic-data-check-ins>

NYC Community Schools, "Community Schools Strategic Plan," website, undated (a). As of August 17, 2017:
<http://www1.nyc.gov/site/communityschools/plan/plan.page>

NYC Community Schools, "Stages of Development in a NYC Community School," PDF, undated (b). As of August 15, 2017:
<https://drive.google.com/file/d/0B48qQ5I1J4qgRTZsQ2pFLUROdmM/view>

NYC Department of Education, "Renewal Schools," web page, undated (a). As of August 17, 2017:
<http://schools.nyc.gov/AboutUs/schools/RenewalSchools/default>

NYC Department of Education, "School Quality Reports," web page, undated (b). As of August 17, 2017:
<http://schools.nyc.gov/Accountability/tools/report/default.htm>

Oakes, Jeannie, Anna Maier, and Julia Daniel, *Community Schools: An Evidence-Based Strategy for Equitable School Improvement*, Boulder, Colo., and Palo Alto, Calif.: National Education Policy Center and Learning Policy Institute, June 2017. As of June 14, 2017:
https://learningpolicyinstitute.org/sites/default/files/product-files/Community_Schools_Evidence_Based_Strategy_BRIEF.pdf

Reardon, Sean F., “The Widening Academic Achievement Gap Between the Rich the Poor: New Evidence and Possible Explanations,” in Richard J. Murnane, ed., *Whither Opportunity? Rising Inequality, Schools, and Children’s Life Chances*, New York: Russell Sage Foundation, 2011.

Renouf, Andrew G., Maria Kovacs, and Protap Mukerji, “Relationship of Depressive, Conduct, and Comorbid Disorders and Social Functioning in Childhood,” *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 36, No. 7, July 1997, pp. 998–1004.

Robbins V., B. Armstrong, and K. Collins, “The Bridges Project: Closing the Gap Between Schools, Families, and Mental Health Services for All Children and Youth,” *Community Mental Health Report*, July 2002, pp. 67–70.

Warren, Mark R., “Communities and Schools: A New View of Urban Education Reform,” *Harvard Educational Review*, Vol. 75, No. 2, Summer 2005, pp. 133–174.

World Health Organization, *Mental Health: New Understanding, New Hope*, Geneva, 2001.