

Improving Systems for Youth Mental Health: An Evaluation of the Wellness Partnership Initiative

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PREPARED FOR:



Sand Hill Foundation

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LEARNING *for* ACTION

Learning for Action partners with social sector organizations to advance knowledge, capacity, and culture of learning in the service of equity and justice.

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About the Wellness Partnership

Sand Hill Foundation developed the Wellness Partnership initiative in 2018 to strengthen systems for supporting mental health needs of youth in San Mateo County and Northern Santa Clara County, California in the Silicon Valley region. The Wellness Partnership facilitates coordination and collaboration between cross-sector partners to enhance prevention and early intervention services at sites where young people routinely go for other activities. The collaborations bridge gaps by bringing together clinical professionals and other youth-serving providers to develop strategies for facilitating access to supports at the earliest possible signs of mental health concerns.

Sand Hill Foundation funded five collaboratives in the first cohort of the Wellness Partnership, providing grants ranging from \$50,000 to \$400,000, summing to an initiative-wide investment of just over \$1.4M for the first two years. Sand Hill Foundation funded four of the five collaboratives for a two-year implementation period (2018-20) and awarded one collaborative (led by the Children’s Healthcare Council (CHC)) a one-year planning grant (2018-19) after which CHC submitted a successful application for a subsequent two-year implementation grant (2020-22).

The first cohort of collaboratives included 31 organizations (for a complete list of all affiliated organizations, please refer to page 3 of the full report), with five serving as lead agencies managing their respective efforts. The following table lists the collaboratives and lead agencies.

Collaborative Name	Lead Agency
Integrated Early Intervention Program for Homeless Youth (IEIPHY)	LifeMoves
Whole Health for Youth Initiative (WHYI)	Friends for Youth
Out-of-School Time Professional Development Wellness Network (OSTPDWN)	CalSAC
Integrated Youth Mental Health Center Pilot (allcove)	Stanford Center for Center for Youth Mental Health and Wellbeing
Ravenswood Wellness Partnership (RWP)	Children’s Health Council (CHC)

Evaluation of the Wellness Partnership

Sand Hill Foundation contracted Learning for Action (LFA) to evaluate the initial two-year phase of the Wellness Partnership. The goals of the evaluation were to assess progress across collaboratives and to surface lessons about achieving systems change through cross-sector collaborative partnerships.

Two learning questions guided the evaluation design:

- 1. In what ways is the initiative changing systems related to youth mental health?**
- 2. What does it take to support effective, cross-sector collaboration to support youth mental health?**

The evaluation used three data sources: (1) **Interviews** with grantee collaborative partners and Sand Hill Foundation staff, (2) a **Collaborative Self-Assessment** tool used to rate collaborative functioning, and (3) **Systems Change Tracking** data reported by grantees to document progress on a set of common systems change measures.

Key Takeaways

Below is a high-level summary of takeaways from the Wellness Partnership evaluation, organized by key achievements and lessons.

Achievements

The findings below summarize what was made possible through the Wellness Partnership.

- **The Wellness Partnership initiative achieved systems change progress towards all the short-term outcomes outlined in the initiative model.** Wellness Partnership collaboratives tracked and reported progress on six categories of systems change indicators:
 - (1) Enhanced inter-organizational partner relationships,
 - (2) Increased communication and coordination,
 - (3) More coordinated financial resources,
 - (4) Increased available services,
 - (5) Improved service quality, and
 - (6) Strengthened connections to services.

The collective work in these six areas of systems change contributed to achievement of all the initiative's intended two-year outcomes.

- **Partner organizations strengthened and formalized partnerships during the initial two-year implementation period**, surfacing insights about how to collaborate effectively, and how to further strengthen their ongoing work.
- **Wellness Partnership collaboratives have enhanced the ability to include stakeholder and community voices** that are crucial to developing responsive, high quality, culturally relevant, and appealing youth services.
- **Relationships and connections built through collaboration enhanced organizations' individual and collective resilience and ability to navigate times of crisis.** Collaborative partners were able to lean on one another to create a more unified and seamless network of supports for young people and families, during a time of challenge and heightened need.
- **The Wellness Partnership highlights that there are diverse approaches that are effective for changing systems through collaboration.** Projects spanned strategies and systems change goals; the diversity of the grantee cohort contributed to achieving a broad range of systems change outcomes and demonstrated potential for achieving systems change through multiple avenues.

Lessons

The lessons below capture the insights the Wellness Partnership provides on achieving systems change through collaboration.

- **Systems change takes place gradually and through sustained commitment.** While two years is a short time horizon for achieving systems change, notable progress is possible, paving the way for deeper and enduring impact in later stages.
- **Innovative approaches require a learning mindset.** The more novel the approach and the greater the shift from the way systems typically operate, the greater the likelihood for challenges that will require course correction. A commitment to deep systems change should come with a risk tolerance that provides room for learning from failure and experimentation.
- **Institutionalizing changes in policy and practice is important for sustainability.** Embedding practices into an organization's systems, policies, and procedures ensures that important shifts and improved procedures are replicated, not lost, even when collaborative members leave their organizations or as turnover takes place.

- **Collaboration work takes an initial infusion of funding; the likelihood that cooperative efforts will be sustained depends on partners' buy-in and commitment.** Partnership work requires an ongoing input of time and energy even after the initial heavy lift of establishing and building a working relationship. Partners who not only understand what they contribute to the collaborative, but also have a clear understanding of and appreciation for what they gain through their involvement, have greater likelihood of sustained collaboration.
- **Intensity of ongoing collaboration needed depends on the partner roles and project type.** Projects with an end goal of developing a tangible thing (e.g. the one-time development of a training curriculum) may not require deep ongoing collaboration from all partners. However, projects in which the relationship itself is a key part of the end goal (e.g. a network of youth-serving providers that co-host family and youth events, shared funding for integrated services), may require ongoing maintenance of partner relationships to sustain impact.

Learning Question #1: In what ways is the initiative changing systems related to youth mental health?

Evidence of Systems Change

Wellness Partnership collaboratives' efforts resulted in changes to systems for youth mental health in the first two years of their work. Examples of collaboratives' early-stage systems change achievements are detailed below, organized by the initiative's four identified short-term outcome goals.



Cross sector partnerships newly formed and/or strengthened

- Wellness Partnership collaboratives built networks of youth-serving professionals, expanding the reach and breadth of touchpoints for youth mental health supports. Collaboratives hosted joint events to facilitate a more coordinated and cohesive system of care for youth.
- New and strengthened systems and practices to improve communication and coordination, such as establishing MOUs and data sharing agreements, created more seamless cross-partner networks of services. Additionally, adopting shared frameworks ensured partners understand and communicate about youth mental health topics in the same way.



Increased capacity for offering healing-centered prevention and early intervention supports

- Funding multiple organizations through a collaborative model helped to coordinate resources around a shared goal. Collaboratives developed an infrastructure to strategically pursue additional funding and having funding from an organization like the Sand Hill Foundation lent credibility to fundraising efforts.
- Collaboratives strategically expanded the volume of mental health services and supports while expanding the geographic reach of services.
- Through workforce training, Wellness Partnership collaboratives enhanced service quality and access, making services more youth-centered, trauma-informed, and appealing for young people as well as increasing screening capacity to connect youth to appropriate services.



More mental health and wellness services readily available for youth to access where they are already being served

- New partner engagement expanded the diversity of youth-serving adults knowledgeable about and focused on youth mental health, beyond the traditional behavioral health field.

- Expanding the pool of mental health trained adults who interact with youth created more entry points for engaging youth.



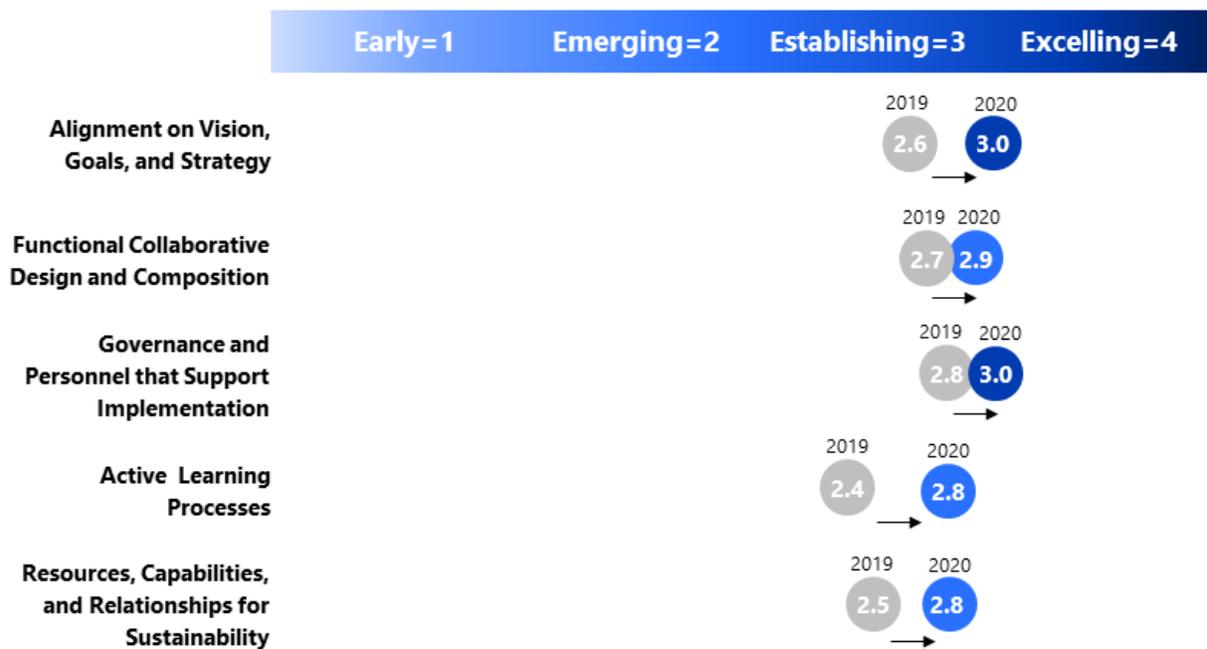
Increased access to and engagement with available resources and awareness about the factors that support mental health and wellness among youth, families, and the broader community including funders

- Over the initial two-year span of the initiative, partner organizations invited youth and other community members to inform programs to ensure that the work aligned with young people’s needs.
- Community members and partner organizations who demonstrated fluency in mental health topics created more safe spaces for youth to seek services and support.
- Wellness Partnership collaboratives enhanced access to mental health and wellness promotion supports through identifying and addressing barriers to services for various groups of young people (such as those experiencing homelessness, without health insurance, etc.), and through developing more robust and seamless referral infrastructures.
- Sand Hill Foundation created the San Mateo County Teen Mental Health Funders group which met several times to exchange learnings and identify opportunities for joint funding.

Learning Question #2: What does it take to support effective, cross-sector collaboration to support youth mental health?

Over the course of the first two years of the Wellness Partnership initiative, collaboratives progressed in their functioning as a partnership. The graphic below illustrates the collaboratives’ movement along five dimensions of collaboration.

Collaborative Functioning was Strengthened Over Time



*Scores included are for the collaboratives that received two-year grants beginning in 2018. (Whole Health for Youth Initiative (Friends for Youth), Out-of-School Time Professional Development Wellness Network (CalSAC), Integrated Early Intervention Program for Homeless Youth (LifeMoves), and Integrated Youth Mental Health Center Pilot (allcove)).

Progress and Lessons in Strengthening Cross-Sector Collaboratives

The Wellness Partnership evaluation surfaced insights about what makes for successful collaboration at the organizational, collaborative, and initiative level.

Levels of Collaboration

- **Organizational level:** Individual partner organizations within a collaborative.
- **Collaborative level:** The collective body of organizations working together in service of a shared goal.
- **Initiative level:** The cumulative stakeholder group, comprised of all participating organizations, collaboratives, and funders, operating towards a shared, broad objective.

Organizational Level

- Organizations need to reflect on who the right staff members are to participate in collaborative work; participants need *both* the bandwidth to participate *and* the decision-making authority enabling them to follow through on organizational commitments to the collaborative. Additionally, formalizing the role of “collaborative member” within the partner organizations is key to ensuring the longevity of the work to outlast any one particular individual in the role.
- For collaborative work to be effective and sustainable, partner organizations need to carve out adequate staff time and supports for participation in the work. Additionally, collaborations are more likely to be sustained if mutual benefits are felt by all partners involved.

Collaborative Level

- Several key ingredients contributed to proficient collaborative functioning: effective leadership and shared ownership, collective goals, data driven reflection, efficient administration, and open and frequent communication.
- Partner organizations also had insights on what was made possible through collaboration at the collaborative level. Working in collaboration enables partners to develop a fuller sense of the field in which they work, bringing together and creating space for different perspectives. Collaboration also enables partner organizations to better understand the perspectives of the community they serve.

Initiative Level

- The Wellness Partnership surfaced lessons about factors that facilitate success at the initiative level. The following were strengths that bolstered the initiative: A participatory process of affirming the initiative’s theory of change to help seed buy-in of a collective mission from the start; a considerable financial investment to resource the time and effort needed for effective collaboration; a funder relationship that is built upon flexibility and trust; modeling wellness promotion and care for the grantee community and mental health workforce as a way to set the tone for the initiative’s work.
- Initiative participants also reflected on practices that could have further strengthened the collaboratives’ work. One insight was that collaboration itself is a skill that requires practice and attention; some collaboratives would have benefitted from additional capacity-building support related to learning how to work within a collaborative. Additionally, cross-collaborative community building has played a minor role in the Wellness Partnership thus far, and additional opportunities for shared learning and additional collaboration hold great potential.

Initiative in Response to Crisis

Response to COVID-19

During the second year of the Wellness Partnership implementation, the COVID-19 pandemic swept across the globe. To aid in understanding grantee needs, Sand Hill Foundation staff conducted a survey of current and prospective grantees and interviews to understand short- and mid-term community needs. Staff learned that, though the challenges COVID-19 presented were considerable, all collaboratives in the Wellness Partnership were well-positioned not only to keep their agencies' respective doors open, but also to leverage the existing support network within their collaboratives to coordinate response and relief efforts and, together, meet the increased need across the community.

Beyond the Wellness Partnership, Sand Hill Foundation provided mental health and emergency relief grants to additional safety net and core mental health providers in San Mateo and Northern Santa Clara counties immediately following the outbreak of the virus. Much of this grant funding was used for near-term, culturally-responsive, and virtual delivery of direct youth mental health support, including online treatment, telehealth or text-based services, individual, group, and/or guided peer counseling. A portion of the direct service grants went to Wellness Partnership partners, all focused on technology, licensing, and training to support telehealth provision.

Evaluation During Unprecedented Times of Change

The COVID-19 pandemic raised questions about how the evaluation needed to adapt or shift to be meaningful and responsive during times of change. LFA relied on a few principles developed in response to such an unprecedented disruption to inform these shifts.

COVID-19: Principles for Adapting Evaluation

- **Put people first.** Create more flexible timelines so partners could prioritize urgent organizational and service needs.
- **Interpret findings with context in mind.** Acknowledge the pandemic's impact on services and activities (e.g. cancelled trainings/events, shifts to virtual engagement).
- **Ask new questions needed to tell the story.** Inquire how the pandemic shifted collaboratives' work and create space for emerging insights.
- **Explore unanticipated outcomes.** Embrace the opportunity for learning from shifts mandated through crisis.

Collaboration through Disruption

As time and the impact of COVID-19 progresses, collaboratives have identified evolving needs in the community and are pivoting together to meet those needs. A through-line among partners in the Wellness Partnership was that organizations within a collaborative were able to turn to one another to share insights and resources to respond to the continuously evolving crisis. Partner organizations felt having spent over a year working together and building a foundation of deep connection allowed collaboratives to be nimble and lean on each other as a resource.

Considerations for the Future

The Wellness Partnership has meaningfully contributed to strengthening systems for promoting youth mental health in the Silicon Valley region. Funding initiatives such as the Wellness Partnership takes an upstream approach, conceptualizing mental health as a crucial aspect of wellness that all individuals have the potential to enhance by building resilience and receiving supports as early as possible.

Systems change requires sustained investment. Changing systems takes time. The more complex the change, and the more stakeholder groups engaged, the more up-front work is typically required to build infrastructure for coordinating the efforts that will eventually yield impacts for individuals served through those systems. Additionally, systems are dynamic, and work often needs to pivot, adapt, or recalibrate based on unanticipated changes in community need, resources, or environmental constraints.

Institutionalizing changes is key to sustainability. The longevity of the systems-level changes that Wellness Partnership projects have achieved will depend on the extent to which these changes are embedded into organizations' policies and practices. While some partner organizations and collaboratives have institutionalized new and improved practices into their respective organizations and partnership groups, further work will be required in many cases to ensure that benefits will be deep and lasting, beyond the lifecycle of the grant.

Ongoing evaluation will provide valuable evidence of impact. Evaluation may include further analysis of system-level impacts as well as potentially testing underlying hypotheses of the initiative about individual-level impacts. The Wellness Partnership seeks to achieve changes to youth-serving behavioral health systems in the service of promoting greater resiliency, social and emotional wellbeing, and access to needed support for young people. In assessing an initiative's success, stakeholders may want to explore the extent to which changes made to systems result in the desired outcomes for youth.

Prioritizing equity in the design and evaluation of ongoing work will help to ensure all youth benefit from systems change. Though not prescriptive in its approach to embedding equity in its work, the Wellness Partnership initiative Theory of Change (Appendix B) includes a focus on disproportionately impacted populations. Wellness Partnership collaboratives addressed specific barriers to access. Moving forward, funders and funded partners can help ensure that the impacts of systems change efforts are felt equitably by all youth through deepening principles of equity, diversity, and inclusion as both a primary outcome and strategy, and potentially through evaluating impacts on youth who face systemic barriers to access.

Leading with the values of responsiveness and trust has been crucial. Sand Hill Foundation staff have said that the grantees are the ones who best understand their work. Grantees hold the relationships and knowledge of community needs that are crucial for developing effective strategies. Sand Hill Foundation made decisions with flexibility, accessibility, and responsiveness in mind: providing sizeable grant amounts; allowing grantees to determine how grant funds would be allocated amongst partners, limiting required in-person time for group convenings, and trying to balance evaluation and reporting needs with mindfulness of demands on grantees' time. Foundation responsiveness to community need is a core success of the Wellness Partnership, particularly in response to COVID-19.

The initial Wellness Partnership cohort demonstrates that the model is highly adaptive, giving it broad appeal. Sand Hill Foundation selected a diverse group of grantees with the intention of testing what works. The demonstrated achievements of all five collaboratives show that the Wellness Partnership model is effective in wide-ranging approaches, making unique but complementary contributions to systems change within a specific geographic region. Thus, the model is accessible to diverse funders, including those prioritizing scalability as well as place-based social change.

The Wellness Partnership model holds potential for creating even further cross-collaboration networks as part of a regional system of care. Opportunities for connection and learning across collaboratives could deepen initiative-level coordination. While organizations and collaboratives within the Wellness Partnership vary greatly in size, budget, and strategic approaches, this diversity mirrors the behavioral health sector in San Mateo and Northern Santa Clara counties, a region that is home to small non-profit organizations and large research institutions. Building a system of care that brings diverse partners together could be a valuable approach to enhancing the region's capacity for serving youth mental health needs.

The Wellness Partnership addresses an important need for ready access to mental health support – a need that may become even more critical in the period during and following the pandemic. There are myriad ways the pandemic is affecting the lives of young people and we have yet to see fully what the mental health impacts will be. While many services look different than they did before the pandemic began, the Wellness Partnership collaboratives are continuing to deliver responsive, coordinated wellness supports for young people, and these supports may be more vital than ever. Some partners have noted that working as a part of a collaborative has bolstered their ability to navigate the turbulent times and better address the needs of their clients. Changing systems to make mental health supports more accessible, efficient, and streamlined may be the only way to meet increased demand. With adequate resourcing, the COVID-19 crisis could be a catalyst to deepen and sustain collaborative systems change solutions.

Improving Systems for Youth Mental Health: **An Evaluation of the Wellness Partnership Initiative**

I. Introduction

About the Wellness Partnership

Sand Hill Foundation launched the Wellness Partnership initiative in 2018 to strengthen the systems that provide mental health promotion, prevention, and early intervention supports to young people in San Mateo and Northern Santa Clara counties. Shocked by waves of suicides among adolescents in the region, Sand Hill Foundation and community members across Silicon Valley recognized the importance of promoting resilience, supporting healthy development, and enhancing the ability to identify and address early signs of mental health struggles before they worsen to help the region's young people safely navigate the transition from childhood to adulthood. Though there are many complex factors relating to this issue, the following considerations provide a brief context about why this issue is particularly critical.

Adolescence is a crucial period in building a solid foundation for mental health. The brain goes through developmental shifts during adolescence and young adulthood, making this time period one of both vulnerability and opportunity for mental health.¹ Adolescence is a critical time for establishing healthy habits, emotional resilience, and successful coping strategies that impact health and wellbeing later in life. The adolescence/early adulthood period also marks the typical age of onset for many mental health conditions, with 70% of mental illness showing initial symptoms before age 25, making adolescence a critical window for promoting mental health and addressing early signs of mental health concerns.²

Mental health is fundamental to overall wellbeing. Mental health is deeply connected to a broad range of physical health, economic, social-emotional, and academic outcomes, such as school completion and success, substance use, sexual risk taking, self-harm, employment (thus influencing lifetime earning potential), and criminal justice involvement and incarceration. Investments in prevention and early intervention during this upstream period are particularly high leverage in setting up young people to thrive and achieve their full potential.³ Strengths-based supports for young people in this age range hold tremendous potential for promoting wellness and identifying and addressing mental health concerns before they worsen, preventing severe mental illness before onset occurs.⁴

Systems for addressing youth mental health need to be strengthened. Mental health systems have historically been designed with adult populations in mind and are best equipped to serve those with acute mental illness or during a period of crisis.⁵ Recognizing the importance of prevention and early intervention, experts, providers, researchers, and funders are focusing increasing attention on youth and young adult mental health. However, despite this increased awareness, mental health services remain underutilized by youth and young adults, pointing to barriers that limit the ability of mental health systems to serve and meet the unique needs of young people. As a result, treatment is often delayed, with

^{1,4} Prevention and early intervention in youth mental health: is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*. Retrieved from <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-020-00356-9>

^{2,5} Stan Kutcher, David Venn, "Why Youth Mental Health is so Important," *The Medscape Journal of Medicine* (2008). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2644010/>

³ SAMSHA, Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/svp07-0186.pdf>

years or even decades passing between the first onset of symptoms and the time when individuals seek and receive treatment, potentially leading to more severe, or harder to treat, mental illness.⁶

While mental health challenges affect individuals across lines of race/ethnicity and socioeconomic status, health disparities are created and deepened by inequities in access to resilience-promoting supports and mental health resources.

Changing the system of mental health supports to better serve young people requires **normalizing mental health** and wellness promotion, creating more **seamless pathways** to intervention, and **reducing barriers** to access for youth. This system change goal was precisely what the Wellness partnership aimed to achieve.

The Wellness Partnership Model

Sand Hill Foundation developed the Wellness Partnership initiative to strengthen systems for supporting mental health needs of youth in San Mateo and Northern Santa Clara counties. The Wellness Partnership promotes coordination and collaboration among cross-sector partners to enhance prevention and early intervention services at sites where young people routinely go for other activities (e.g., health providers, education facilities, and community organizations). The collaborations bridge gaps by bringing together clinical professionals and other youth-serving providers to develop strategies for facilitating access to supports at the earliest possible signs of mental health concerns.

Wellness Partnership Theory of Change

The initiative is guided by the belief that if the resources to support prevention and early interventions that reduce risk factors and build protective factors were more coordinated, healing-centered, accessible, and integrated into a variety of youth development engagements, more young people would receive the appropriate level of mental health support when they need it and experience optimal health and wellness.

Three funding strategies drive the initiative in the service of four core short-term outcomes (shown below). The full Wellness Partnership Theory of Change (TOC) is included in Appendix B.

Exhibit 1. Three funding strategies drive the Wellness Partnership

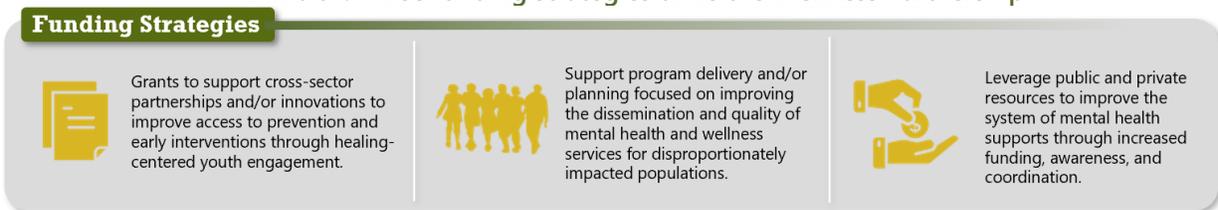


Exhibit 2. Achieving these short-term outcomes lays the groundwork for longer-term systems change



⁶ SAMSHA, Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/svp07-0186.pdf>

The Wellness Partnership Grantees

Sand Hill Foundation funded five collaboratives in the first cohort of the Wellness Partnership. The collaboratives are described below.

Exhibit 3. The Wellness Partnership Collaboratives

Collaborative Name	Partners	Project Overview
<p>Whole Health for Youth Initiative</p> 	<ul style="list-style-type: none"> ▪ <i>Lead agency</i> - Friends for Youth ▪ Siena Youth Center of St. Francis Center ▪ StarVista ▪ Redwood City Police Activities League ▪ Peninsula Conflict Resolution Center 	<p>Grant Amount: \$270k for two years for:</p> <p>Development of cross-agency referral system in Redwood City to provide prevention and early intervention supports through mental health awareness and response trainings for staff, youth, and families.</p>
<p>Out-of-School Time Professional Development Wellness Network</p> 	<ul style="list-style-type: none"> ▪ <i>Lead agency</i> - CalSAC – California School-Age Consortium ▪ City of Daly City Library & Recreation ▪ Mid-Peninsula Boys & Girls Club ▪ Footsteps Child Care ▪ California Afterschool Network 	<p>Grant Amount: \$308k for two years for:</p> <p>Development of 6-8 new mental health awareness & response training modules for our-of-school time professionals with a pilot launch in Daly City.</p>
<p>Integrated Youth Mental Health Center Pilot</p> 	<ul style="list-style-type: none"> ▪ <i>Lead agency</i> - Stanford University Center for Youth Mental Health & Wellbeing ▪ Lucile Packard Foundation for Children's Health ▪ IDEO.org ▪ Foundry Canada ▪ Santa Clara County ▪ Peninsula Health Care District 	<p>Grant Amount: \$400k for two years for:</p> <p>Opening two new site-specific holistic mental wellness drop-in centers in Santa Clara and San Mateo counties.</p>
<p>Integrated Early Intervention Programs for Homeless Youth and Young Adults</p> 	<ul style="list-style-type: none"> ▪ <i>Lead agency</i> - LiveMoves ▪ StarVista ▪ County of San Mateo ▪ Palo Alto University ▪ NAMI San Mateo County 	<p>Grant Amount: \$400k for two years for:</p> <p>Expanding case management services to include mental health screenings and integrated referrals to County of San Mateo and community-based partners.</p>
<p>Ravenswood Wellness Partnership</p> 	<ul style="list-style-type: none"> ▪ <i>Lead agency</i> - Children's Health Council ▪ Ravenswood City School District ▪ CASSY ▪ Boys & Girls Clubs of the Peninsula ▪ OneEPA ▪ Stanford University ▪ Ravenswood Education Foundation ▪ Ravenswood Family Health Center ▪ The Primary School ▪ San Mateo County Behavioral Health and Recovery Services ▪ Child Mind Institute 	<p>Grant Amount: \$50k one-year planning grant, followed by \$400k over two years for:</p> <p>Identifying community-based partners committed to the creation of a coordinated system of mental health care for young people in 5th-8th grades and their families in the Ravenswood community.</p>

Collaboratives were provided grants ranging from \$50,000 to \$400,000, summing to an initiative-wide investment of just over \$1.4M for the first two years. Sand Hill Foundation funded four of the five collaboratives for a two-year implementation period (2018-20) and awarded one collaborative (led by the Children's Healthcare Council (CHC)) a one-year planning grant (2018-19) after which CHC submitted a successful application for a subsequent two-year implementation grant (2020-22).

All five collaboratives' projects aligned with the systems change goals of the Wellness Partnership initiative, though the projects varied widely in their approaches. All of the projects focused on one or more aspects of the initiative's theory of change, though none of them focused on all the components. By funding the cohort of collaboratives collectively, Sand Hill Foundation was able to make investments in each element of the overarching theory of change driving the initiative.

About the Evaluation

Learning Questions

The initiative-level evaluation of the first two years of the Wellness Partnership was designed to assess progress across collaboratives, and to surface lessons about achieving systems change through cross-sector collaborative partnerships. The evaluation was not intended to measure achievement of the collaborative’s individual project objectives, but rather to assess the effectiveness of the initiative overall as an approach to promoting meaningful, cross-sector systems change.

The evaluation of the Wellness Partnership initiative was rooted in two learning questions:

1. In what ways is the initiative **changing systems** related to youth mental health?
2. What does it take to support effective, **cross-sector collaboration** to support youth mental health?

Defining Systems Change

The table below illustrates how the youth mental health system and systems change are defined in the Wellness Partnership context.

Exhibit 4. Defining Systems Change in the Wellness Partnership Context

Definition of Collaboration	Definition of Systems Change
<p>In the context of the Wellness Partnership, we use the term “Collaboration” to refer to the collective entity made up of multiple organizations, with its own specific mission and goals that are aligned with, (<i>but not identical to</i>) the mission/goals of the partner organizations.</p> <p>Assumptions about the Collaboratives:</p> <ul style="list-style-type: none"> ▪ The collaborative is greater than the sum of its parts ▪ Things are made possible through the collaborative working together that would not otherwise be possible as a result of the same agencies working separately 	<p>The youth mental health <u>system</u> is defined as:</p> <ul style="list-style-type: none"> ▪ The totality of organizations and programs that deliver youth mental health prevention, early intervention, and wellness promotion services; ▪ The connections between and among organizations and programs; ▪ The funding streams and policies that fund and regulate youth mental health service delivery; and ▪ The norms, beliefs, and practices held by youth and youth-serving practitioners that shape the ability to access services and have those services meet the needs of youth. <p>Systems change comprises <u>changes in</u>:</p> <ul style="list-style-type: none"> ▪ Organizational capacity and inter-organizational connections; ▪ Supply of program slots available; ▪ Tailoring of programs and services to youth needs; ▪ Funding or policy that facilitate greater program capacity (program supply and tailoring); ▪ Norms, attitudes, and beliefs related to youth mental health and wellness, and ▪ More effective connections that support youth and their families to build resilience and address mental health and wellness needs.
<p>Examples of Systems Change from Wellness Partnership Collaboratives</p> <ul style="list-style-type: none"> ▪ Development of a collaborative-wide shared database for client data to enhance cross agency information sharing ▪ Adoption of shared frameworks to facilitate shared language, understanding, and approaches for mental health promotion ▪ Enhancement of referral mechanisms and training to streamline access to appropriate services across agencies ▪ Establishment of co-located services to bring mental health promotion resources to places where young people already go 	

Measuring Change in Youth Mental Health Systems

Achieving meaningful change in how systems of care operate, and the way people move through those Systems, is complex and takes time. The Wellness Partnership TOC identified four high-level, short-term outcomes that are achievements in themselves and also lay the groundwork for longer-term, sustainable systems change. To understand early progress toward systems change and to operationalize the achievement of short-term outcomes, the evaluation specified six systems change indicators (shown below) that enable the outcomes highlighted in the TOC:

Short-Term Outcomes	Systems Change Indicators
Cross-sector partnerships newly formed and/or strengthened	Partner Engagement
	Communication and Coordination
Increased capacity for offering healing-centered prevention and early intervention supports	Service Quality
	Coordinated Resources
More mental health and wellness services readily available for youth to access where they are already being served	Service Availability
Increased access to and engagement with available resources and awareness about the factors that support mental health and wellness	Connections to Services

To demonstrate short-term outcome achievement and early progress on systems-level change across the initiative, Wellness Partnership collaboratives measured and reported on the shared set of systems change progress indicators shown in the table above. Given the diversity of the Wellness Partnership collaboratives' projects, not all projects' work contributed to every aspect of systems change. But capturing information on a shared set of measures created the opportunity to examine the Wellness Partnership collaboratives' systems change efforts in the aggregate. Examples of Wellness Partnership collaboratives' efforts and the impact of their work on shifting systems is discussed further below in the Evaluation Findings section beginning on page 10.

Evaluating Early Stage Progress

The evaluation of the initial Wellness Partnership grant focused on monitoring early stage progress achieved by projects in the first two years despite longer-term systems change goals expected to take four or more years. It is important to keep this time horizon in mind when defining what success looks like. The evaluation accounted for this in the following ways:

- 1) Measuring systems-level progress rather than individual-level impacts.** The evaluation did not seek to test and prove the assumptions embedded in the theory of change, but rather to measure achievement of systems-level impacts that have been demonstrated through other well researched models to lead to desired outcomes for youth and families.
- 2) Defining near-term success by both infrastructure-building for systems change as well as project implementation outcomes.** Outcomes such as enhanced relationships and cross-partner communication are examples of successes that provide infrastructure for partnership work and contribute to better coordinated youth services as a longer-term outcome.
- 3) Plans to sustain work over a longer time horizon.** Two-year progress marks initial stages of work that will continue. The evaluation was designed to capture early progress, as well as later-stage

systems change, to support ongoing measurement, reflection, and learning in subsequent years of the initiative implementation.

Data Collection Methods

The evaluation used the following data sources:

- **Interviews:** Learning for Action (LFA) conducted individual interviews with grantee collaborative partners, speaking with at least one person from each partner agency annually. The LFA team also held annual conversations with Sand Hill Foundation staff.
- **Collaborative Self-Assessment:** Grantees completed a collaborative self-assessment tool to rate their collaborative's level of functioning on five core components of collaboration. Grantees completed a baseline assessment in April of 2019, and a follow-up assessment in August of 2020.
- **Systems Change Tracking:** Grantees documented their efforts in a Systems Change Tracking Tool at three time points during the grant period. The tool captured cumulative efforts for a set of indicators spanning six categories of systems change.

Detailed descriptions of data collection and analysis methods are located in Appendix A.

II. Key Takeaways

Below is a high-level summary of key achievements and lessons. These are discussed in more detail in the subsequent sections which unpack findings for each of the two learning questions.

Achievements

What was made possible through the Wellness Partnership?

- **The Wellness Partnership initiative achieved systems change progress through all the short-term outcome pathways outlined in the initiative model.** Wellness Partnership collaboratives tracked and reported progress on six categories of systems change indicators that align with the initiative's short-term intended outcomes. Wellness Partnership grantees achieved progress in all six areas during the first two years of their work: (1) enhanced inter-organizational partner relationships, (2) increased communication and coordination, (3) more coordinated financial resources, (4) increased available services, (5) improved service quality, and (6) strengthened connections to services in support of youth mental health.
- **Partner organizations strengthened and formalized partnerships during the initial two-year implementation period,** surfacing insights about how to collaborate effectively, and how to further strengthen their ongoing work.
- **Wellness Partnership collaboratives have enhanced the ability to include stakeholder and community voices** that are crucial to developing responsive, high quality, culturally relevant, and appealing youth services.
- **Relationships and connections built through collaboration enhanced organizations' individual and collective resilience and ability to navigate times of crisis.** Despite pressures on direct service organizations to pivot quickly, meet fast evolving and pressing youth and family needs, and ensure basic organizational survival in a time of economic strain and uncertainty, partners were able to continue their collaborative systems change work, and in fact were able to lean on one another to create a more unified and seamless network of supports for young people and families.
- **The Wellness Partnership highlights that there are diverse approaches that are effective for changing systems through collaboration.** Projects spanned strategies and systems change goals; the diversity of the grantee cohort contributed to achieving a broad range of systems change outcomes and demonstrated potential for achieving systems change through multiple avenues.

Lessons

Insights from the Wellness Partnership

- **Systems change takes place gradually and through sustained commitment.** While two years is a short time horizon for achieving systems change, notable progress is possible, paving the way for deeper and enduring impact in later stages.
- **Innovative approaches require a learning mindset.** The more novel the approach and the greater the shift from the way systems typically operate, the greater the likelihood for challenges that will require course correction. A commitment to deep systems change should come with a risk tolerance that provides room for learning from failure and experimentation.
- **Institutionalizing changes in policy and practice is important for sustainability.** Embedding practices into an organization's systems, policies, and procedures ensures that important shifts and improved practices are replicated, not lost, even when collaborative members leave their organizations or turnover takes place.
- **Collaboration work takes an initial infusion of funding; the likelihood that cooperative efforts will be sustained depends on partners' buy-in and commitment.** Partnership work requires an ongoing input of time and energy even after the initial heavy lift of establishing and building a working relationship. Partners that have a stake in the process - who not only understand what they contribute to the collaborative, but also have a clear understanding of and appreciation for what they gain through collaboration - have greater likelihood of sustained collaboration beyond the initial infusion of resources.
- **Intensity of ongoing collaboration needed depends on the partner roles and project type.** Projects with an end goal of developing a tangible thing (e.g., the one-time development of a training curriculum) may not require deep ongoing collaboration from all partners. However, projects in which the relationship itself is a key part of the end goal (e.g. a network of youth-serving providers that co-host family and youth events, shared funding for integrated services), may require ongoing maintenance of partner relationships to sustain impact.

These high-level takeaways are discussed in further detail in the sections below.

III. Evaluation Findings

Learning Question #1: In what ways is the initiative changing systems related to youth mental health?

The following section describes the systems-level changes that Wellness Partnership collaboratives achieved through their work. The findings below describe the types of systems-level outcomes achieved, factors that facilitated or hindered success, and the intensity and breadth of Wellness Partnership collaboratives' efforts. The section begins with a Systems Change Progress At-A-Glance table that shows examples of progress in each of the four outcome areas. This is followed by a section that describes the findings in more detail. The section ends with an intensity map that shows the concentration of efforts initiative-wide across different strategic systems change components.

Systems Change Progress At-A-Glance

Wellness Partnership collaboratives' efforts resulted in changes to systems for youth mental health in the first two years of their work. As shown in the table below, the collaboratives' early-stage systems change achievements span all four short-term outcome areas defined in the initiative theory of change. These findings are described further in the following section.

Short-Term Outcome Areas	Demonstrated Wellness Partnership Systems Changes
 <p>Cross-sector partnerships newly formed and/or strengthened</p>	<ul style="list-style-type: none"> ▪ Expanded network of youth-serving professionals focused on mental health and wellness promotion ▪ New practices to support communication and coordination (e.g., data sharing, shared frameworks, MOUs)
 <p>Increased capacity for offering healing-centered prevention and early intervention supports</p>	<ul style="list-style-type: none"> ▪ Training in providing trauma-informed, youth-centered supports ▪ More services available through increased program slots and more providers ▪ Self-care and wellness supports for workforce to build capacity for quality interactions and increase retention ▪ Improved mental health screening systems ▪ Leveraged and braided resources to increase the ability to work in partnership with cross-sector partners
 <p>More mental health and wellness services readily available for youth to access where they are already being served</p>	<ul style="list-style-type: none"> ▪ More services co-located in locations where youth already spend time ▪ Non-clinical providers trained in mental health topics
 <p>Increased access to and engagement with available resources and awareness about the factors that support mental health and wellness</p>	<ul style="list-style-type: none"> ▪ Services and programming shaped by youth voice; by parents and caregivers ▪ More non-clinical professionals aware of mental health concerns and factors that promote wellness ▪ More appealing services (e.g., trauma-informed, youth-centered, culturally and linguistically appropriate) ▪ More robust and seamless referral systems

Evidence of Systems Change

Examples of the ways in which Wellness Partnership collaboratives' work are shifting systems are detailed below, organized by the initiative's four short-term outcome areas. It is important to note, however, that there is tremendous overlap among the outcome areas, as many of the systems changes contribute to multiple short-term outcomes.



Cross sector partnerships newly formed and/or strengthened

Wellness Partnership collaboratives built networks of youth-serving professionals, expanding the reach and breadth of touchpoints for youth mental health supports. By working in collaboration, partner organizations who engaged with youth in varying capacities were integrated into a network of supports, enhancing the number of potential entry points for youth in need of mental health and wellness-promoting services. Rather than these cross-sector agencies operating in isolation and addressing different aspects of youth's needs, partners established systems of care in sectors beyond traditional mental health, such as in school, after school, at housing shelters, and in neighborhood centers. Over the course of the grant, the Wellness Partnership created a network starting with 31 partner organizations, and those organizations formed and deepened relationships and grew the network to 183 organizations including local, state, national, and international partnerships. The network leverages skills and resources to enhance the work locally and scale the work beyond the region where possible.

Collaboratives hosted joint events to facilitate a more coordinated and cohesive system of care for youth. Partner organizations hosted 191 joint events during the two-year grant period. In hosting joint events, collaboratives presented a unified, public-facing front which helped youth and families gain awareness of and trust in other support opportunities.

New and strengthened systems and practices to improve communication and coordination created more seamless cross-partner networks of services. Duplicative administrative requirements such as completing intake paperwork, providing medical histories, and completing assessments when transferring care from one agency or provider to another can amount to additional barriers and strain for youth and families – resulting in systems of care that are slow-moving, cumbersome, or disjointed. Worse yet, systems can retraumatize youth who must repeat and relive their experiences each time they connect with a new provider. Reducing these administrative burdens streamlines the work and makes navigating the system easier and less redundant for youth and their families. For example, Whole Health for Youth Initiative (WHYI (Friends for Youth)) signed an MOU which, among other things, strengthened policies on client confidentiality and release of information and data sharing responsibilities. Ravenswood Wellness Partnership (RWP (CHC)) is in the process of finalizing an information and data-sharing confidentiality agreement so that partners can confidentially and legally share information about specific clients. Once this is secured, youth who work with multiple agencies within the collaborative will be able to engage with them without having to repeat information at each interaction. Conversely, providers will go into interactions with youth with information that can provide important context. Other collaboratives are developing databases to improve resource and contact sharing to support more effective collaborative

191
Mental health related events planned, hosted, and attended jointly by multiple partner organizations

functioning. WHYI (Friends for Youth) and Integrated Early Intervention Program for Homeless Youth (IEIPHY (LifeMoves)) developed systems for reporting and tracking data to help improve the quality and availability of data within the respective collaboratives. WHYI (Friends for Youth) also implemented a communication platform to enable partner organizations to share resources and contacts.

Adopting shared frameworks ensured partner organizations understand and communicate about youth mental health topics in the same way. When working in collaboration, shared language and understanding of the work is important. To aid in developing this shared understanding, a few collaboratives adopted shared frameworks to support their common goal of improving youth mental health. Out-of-School Time Professional Development Wellness Network (OSTPDWN (CaISAC)) adopted the Adverse Childhood Experiences (ACEs) and trauma-informed care frameworks as part of the curriculum they developed. As a result, everyone who participates in one of their staff trainings develops a familiarity with those concepts, which they can then apply in their work with youth. RWP (CHC) is working to implement the Revised Children's Anxiety and Depression Assessment to be administered to youth and parents which will provide all partner organizations with the same baseline of information for the youth they serve.

All five collaboratives expanded the universe of people and organizations engaged in the work beyond those initially included in the grant. In the case of the Integrated Youth Mental Health Center Pilot (IYMHCP (allcove)), which has been working to open a youth mental health and wellness center, forming partnerships has been crucial to their success as they made connections with youth, identified potential providers, and navigated building codes and licensing policies. Over the course of the grant, they formed partnerships across the country with other entities working to adopt a similar model and were able to share thought partnership to support each other's efforts. Other collaboratives were able to cultivate new partnerships in response to particular needs as they arose. For instance, IEIPHY (LifeMoves) developed new partnerships with providers who prioritize non-traditional mental health supports in response to feedback received from the youth they serve. In all cases, the expanded partner network served to increase collaboratives' ability to support youth.



Increased capacity for offering healing-centered prevention and early intervention supports

Funding multiple organizations through a collaborative model helped to coordinate resources around a shared goal. The funding landscape is often beset with feelings of competition for funding and resource scarcity. By providing funding to groups of organizations, Sand Hill Foundation incentivized coordination and collaboration rather than competition. This enabled organizations to explore more fully how they might work together to pursue a common goal. Increased funding in the ecosystem fostered more partnership and service expansion, thus building the workforce and system capacity.

Sometimes nonprofits are pitted against each other for funding and, as a Wellness Partnership, we know as a collective whole we are getting funding.

- RWP (CHC) Partner

The Wellness Partnership grant played a role in helping to secure additional funding for collaboratives, as having funding from an organization like the Sand Hill Foundation lent credibility to additional fundraising efforts. For a few organizations, having Sand Hill Foundation's stamp of approval opened doors for them with other funders that would likely have been otherwise inaccessible. Several collaboratives were able to work together to leverage their networks and the support of one

respected foundation into additional financial support from other funders. Additionally, Sand Hill Foundation is working to elevate youth mental health needs by launching a new funders affinity group focused on this topic in the local region.

Collaboratives developed an infrastructure to strategically pursue funding. The RWP (CHC) collaborative developed a funding sub-committee whose members are tasked with pursuing grant funding to further the work of the collaborative. IYMHCP (allcove) embedded working with stakeholders to secure additional funding as one of the core components of their work together as a group.

Over the course of the initiative, collaboratives had 184 conversations with funders about investments in youth mental health. Given the range of resource needs of the different Wellness Partnership collaboratives, pursuing additional funding took on a different level of priority for each. However, all the collaboratives had multiple conversations with funders to encourage investment in youth mental health.

While not all of these conversations have yielded a return as yet, four of the five collaboratives have secured additional funding totaling over \$15 million. Much of this funding was secured by IYMHCP (allcove) which worked with a state senator from Santa Clara to introduce legislation to allocate funding from the Mental Health Services Oversight and Accountability Commission. The funding will be used to open seven additional centers throughout the state. The funding from Sand Hill Foundation allowed IYMHCP (allcove) to engage partner organizations to develop aspects of their work, such as a branding and design strategy, which may not have been funded by public resources but which helped them build a more compelling case when pursuing public funding.

Collaboratives strategically expanded the volume of mental health services and supports for young people. Through various approaches described below, local collaboratives worked to increase the wellness promotion, prevention, and early intervention supports available to youth statewide.

- **Building something new creates new coordinated services opportunities.** IYMHCP (allcove) is an example of this in that they are opening wellness centers that provide a multitude of services at one location.
- **Expanding geographically increases the potential service area for youth.** Both OSTPDWN (CalSAC) and IYMHCP (allcove) are working to expand the geographic footprint of the collaborative work. OSTPDWN (CalSAC) is working to take their curriculum and trainings statewide; while IYMHCP (allcove) has acquired state funding to expand their project from two centers to seven throughout California.

Collaboratives enhanced workforce training to make services more youth-centered, trauma-informed, and appealing for young people. Trainings focused on improving quality from a number of angles. Trainings focused on staff and provider self-care helped providers become better prepared to reflect on and regulate their responses to youth and youth trauma. Additional trainings prioritized understanding barriers for youth in accessing services particularly including those specific to individuals who are un-housed, uninsured, or undocumented, as well as communities where there may be stigma around mental health services and supports. Still more trainings prioritized the ability to support youth mental health through

3,091
Individuals within the youth-serving workforce trained or given resources to support self-care

strengths-based, healing-centered youth development programming. In particular, the OSTPDWN (CalSAC) collaborative provided over thirty trainings in these focus areas to youth-serving adults, with a goal of ultimately strengthening the quality of the experience of youth seeking and receiving services.

Collaboratives increased screening capacity in order to connect youth to appropriate services.

Screening for mental health concerns allows partners to identify youth in need of additional support. Increasing the number and type of youth-serving professionals trained to screen for and recognize these mental health concerns increases the likelihood that youth with mild to moderate concerns will get connected with beneficial services, ultimately building workforce capacity to provide needed supports. IEIPHY (LifeMoves) implemented a universal and systematic screening process for all youth served by LifeMoves so youth can be connected with appropriate mental health supports. OSTPDWN (CalSAC)'s training program for out-of-school-time professionals included a screening component, so anyone they train is better equipped to recognize and respond to signs of distress.



More mental health and wellness services readily available for youth to access where they are already being served

New partner engagement expanded the diversity of youth-serving adults focused on youth mental health beyond the traditional behavioral health field. This expansion served to elevate the profile of mental health across youth-serving professionals as a priority. Partnerships between clinical (ex: StarVista, Children's Health Council, CASSY, etc.) and non-clinical organizations (see right) broaden the group of people thinking about and working on this issue by putting mental health issues on the radar of non-clinical professionals. Additionally, tapping into partners' respective networks facilitated connections that expanded reach. For example, through working with partner organizations, OSTPDWN (CalSAC) was able to amass a list of 100 programs in San Mateo County to participate in training which helped the collaborative ensure it was serving different types of programs across the county.

NON-CLINICAL SECTORS ENGAGED

- Schools
- Mentoring
- Outdoor exploration
- Summer camp
- Sports teams
- Law enforcement

Expanding the pool of mental health trained adults who interact with youth created more opportunity to engage youth. Over the course of the two-year grant, there were over 3,000 youth-serving adults trained to deliver prevention-focused youth development services and supports. There were 181 trainings/instances of resource sharing to clinical and non-clinical providers to provide strengths-based, healing-centered mental health supports. OSTPDWN (CalSAC), in particular, is focused primarily on training and is the largest contributor to that number.

3,070

Youth-serving providers trained to deliver prevention-focused youth development supports and services



Increased access to and engagement with available resources and awareness about the factors that support mental health and wellness

Over the initial two-year span of the initiative, partner organizations invited youth and other community members to inform programs to ensure that the work aligned with young people’s needs. Wellness Partnership collaboratives included youth and community voice by implementing surveys, polls, focus groups, hiring, advisory groups, and conversations. Including youth in program design helped to increase youth awareness of services and make services more appealing to youth. By expanding the pool of perspectives involved in program design, collaboratives created an environment in which youth may face fewer barriers and have a more positive experience when engaging with the partner organizations.

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Opportunities for youth voice to inform programs and services

- **Engaging young staff who are representative of the communities they serve helped embed community perspective in the work.** Two collaboratives, RWP (CHC) and WHYI (Friends for Youth), hired young interns who are connected to, or alumni of, partner organizations to help represent youth perspectives. RWP (CHC) emphasized that many partner organization employees are representative of the community served, which helped them to better understand the aspirations of the community and how the collaborative can meet those aspirations.
- **Centering youth voice provided learning opportunities for key stakeholders.** IYMHCP (allcove) developed a youth advisory group that has been heavily involved in designing the program and presented its recommendations to the board - inspiring the board to allocate additional resources for the efforts of the collaborative.

Community members and partner organizations who demonstrated fluency in mental health topics created more safe spaces for youth to seek services and support. Many Wellness Partnership collaboratives worked to normalize conversations around mental health and heard a growing segment of the community discussing these topics with ease. Interestingly, IYMHCP (allcove) youth already have a certain level of comfort with and understanding of mental health, and much of the work required involves calibrating adult comfort with these topics. As some partner organizations discovered that mental health stigma and discomfort are less of a barrier for young people than they initially predicted, a priority of the work became developing adult fluency and comfort with mental health to better enable adults to create genuinely safe spaces for youth to seek supports and services. Increased safe spaces ultimately leads to greater awareness throughout the community of mental health and wellness.

Honestly what we’ve learned from young people is that so much around **mental health has already been normalized** and it’s **not as stigmatizing or isolating** as it was when we were teenagers.

- IYMHCP (allcove) Partner

The Wellness Partnership initiative is elevating the profile of mental health in the community, among youth and families, providers, and the philanthropic community. Outreach efforts aimed at youth ensure that young people receive messages that normalize mental health and help facilitate connections to supports. Collaboratives hosted informational events for parents providing access to information and resources about supporting youth mental health. Multiple collaboratives engaged

members of the youth-serving workforce outside of the behavioral health field, increasing the breadth of adults who work with youth with who have knowledge about mental health concerns for young people and how to address mental health needs. And the initiative connected with members of the funding community to promote awareness about the importance of investments in youth mental health. In addition to funder outreach by the Wellness Partnership collaboratives, Sand Hill Foundation established a San Mateo County Teen Mental Health Funders group to exchange learnings and identify opportunities for joint funding.

Collaboratives identified and addressed barriers to services for various groups of young people whose needs were going unmet. Partners recognized that mental health needs span a range of characteristics, including diversity along the lines of gender, language, race, and socioeconomic status. They worked to ensure that all youth, regardless of identity-based characteristics, are able to benefit from services. Addressing population-specific barriers helped to make services more welcoming and appealing for more youth. IEIPHY (LifeMoves), through analyzing service-use data, identified that young men were half as likely to engage in mental health services as young women. Based on this analysis, the collaborative targeted focus groups and conversations to learn how to better tailor services to be more appealing to young men. As a result, they are pursuing a few different, untraditional forms of therapy which better align with the interests and comfort level of the young men they serve. WHYI (Friends for Youth) provides the majority of its trainings in Spanish to reach the large Latinx segment of the community it serves. However, it set a goal to provide more trainings in English to increase access to Polynesian and African American youth in the community. IYMHCPC (allcove) partners recognized youth's concerns about keeping mental health services confidential as a barrier that may discourage young people from accessing services using their family's health insurance. To address this, IYMHCPC (allcove) will provide services for free with no insurance requirements for the first year of operation so that youth with insurance through their parents will not have to fear that their mental health and wellness activities will be reported back to their families.

Through deepened connections, collaboratives developed new and more robust referral infrastructures. Some partner organizations formed new connections while others strengthened existing connections, using the collaborative to build strategic referral processes. Youth-serving adults equipped with a better understanding of mental health needs and the information to make appropriate connections to services, ultimately, increases access. Referral processes were improved through three avenues:

- **Developing a clearer understanding of resources within the collaborative was an important first step in improving referral systems.** For many partner organizations, having a clearer grasp of all the available services, both within their collaborative and through connections held by other partner organizations, enabled them to make more strategic decisions on how to comprehensively support the youth and families they serve. For RWP (CHC), these connections allowed them to identify existing gaps and find additional partners to fill them.
- **Implementing policies to systematize referrals ensured that the knowledge required for making referrals lives with more than just one person.** This looked different across collaboratives. In some instances, it entailed identifying appropriate contacts for particular services and ensuring that all partner organizations knew where to refer youth for various services. In other instances, it involved hosting trainings focused on referrals to help standardize the referral process and ensure that organization staff had the familiarity to confidently make referrals. Initiative-wide, collaboratives provided 32 trainings on referral processes to a total of 151 people over the two-year grant period. WHYI (Friends for Youth)

developed a referral system with a central point of systems navigation. When a partner agency identifies a young person who needs additional supports, partners email the designated coordination person as well as the other agency partners who can help find the best placement. As a collaborative stakeholder put it, "It's not an easy formula to know [which partner organization] has space and the right fit."

- **Centering the needs of youth and their families during moments of transition helped ensure successful referrals.** In some instances, in which youth have strong ties to a particular organization, collaboratives coordinated warm handoffs and hosted multi-partner events so that youth would develop comfort with other partner organizations. LifeMoves, the lead organization for IEIPHY (LifeMoves) shifted away from referring youth out to services, and opted instead to bring all partner organizations on-site to provide services to reduce barriers that particularly challenge young people experiencing homelessness.

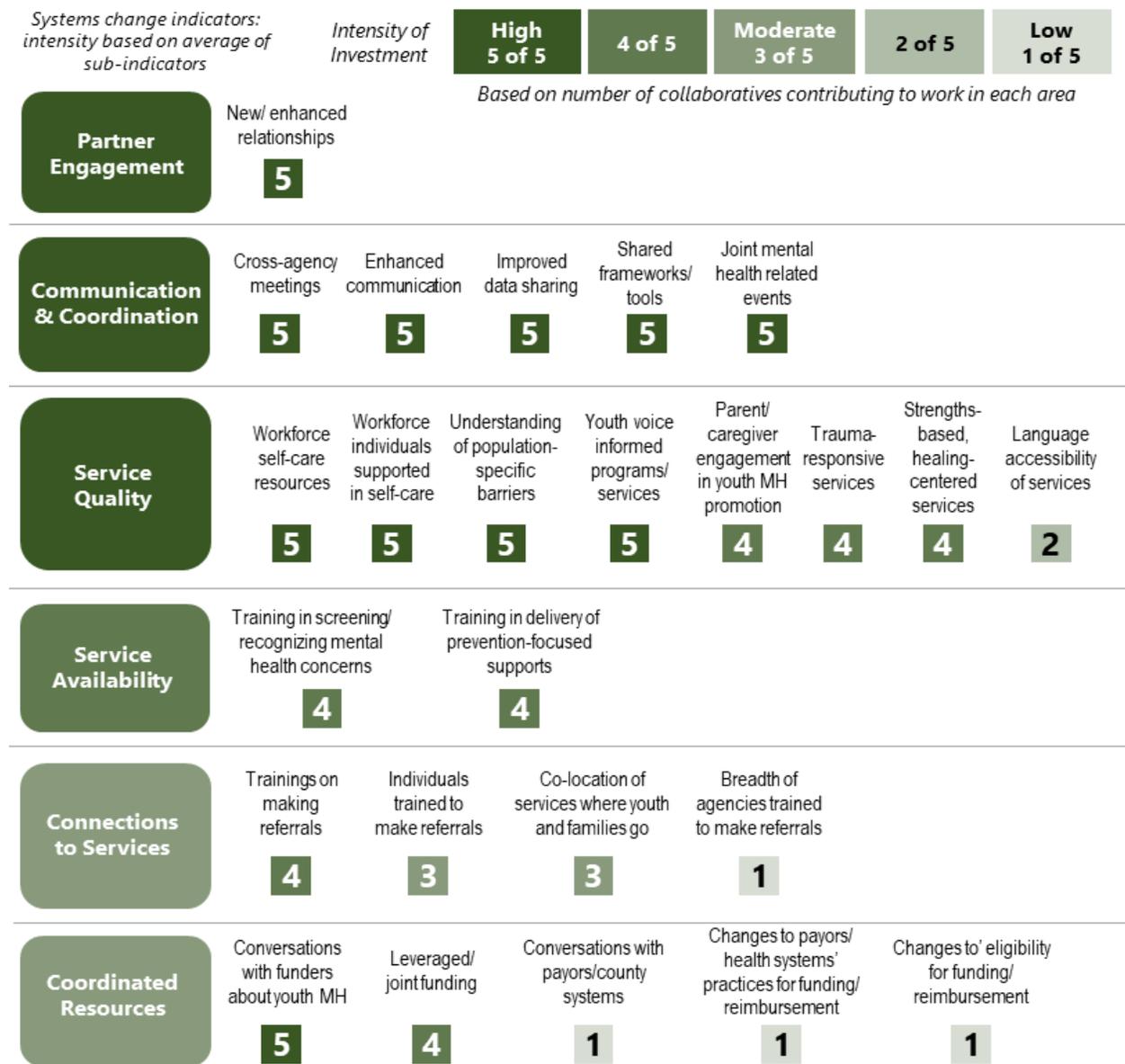
We've tried to get better at warm handoffs...**so youth can get to know other staff.** Meeting youth after school and taking them to the youth center to sign up, or a joint event with multiple partners there...**easy connections made rather than standard referral** where there is not the follow through.

- *WHYI (Friends for Youth) Partner*

Intensity Map of Systems Change Efforts

To help measure progress, systems change was broken into six measurable components. Grantees achieved progress in every one of these components. Sand Hill Foundation was intentional in selecting a diverse cohort of grantees, with no expectation that all collaboratives would contribute to every aspect of the initiative’s systems change goals. The Systems Change Intensity Map in Exhibit 5 illustrates the intensity of Wellness Partnership collaboratives’ efforts across six components of systems change. The intensity of effort is based on the number of collaboratives whose work contributed to each component and the associated measurable indicators of progress, with darker shades indicating greater concentration of focus. The purpose of the graphic is descriptive rather than evaluative. The complete systems change tracking data is located in Appendix F.

Exhibit 5. Systems Change Intensity Map: Concentration of Wellness Partnership Efforts



We Have Been Able to Observe the Following Impacts for Youth

While measuring direct impacts on youth is not explicitly a goal of the evaluation, the daily work of each partner is rooted in creating supportive experiences for youth. The following list includes outcomes for youth shared as part of the evaluation, but not systemically explored. Partner organizations have observed the following examples of early impacts as listed below:

- Youth and the adults in their lives have new or enhanced sources to turn to for mental health resources and information.
- Youth have more safe spaces to discuss their mental health and wellness.
- Youth interact with adults trained to promote wellness and resilience and model the ability to talk about mental health and wellness.
- Youth have more touchpoints with adults equipped to recognize early signs of mental health struggles.
- Youth are more likely to be connected with needed and appropriate mental health services.
- Youth encounter systems that are more streamlined and coordinated.
- Youth have increased leadership opportunities in helping to inform program design.
- Youth encounter systems that are more reflective of and responsive to their needs.

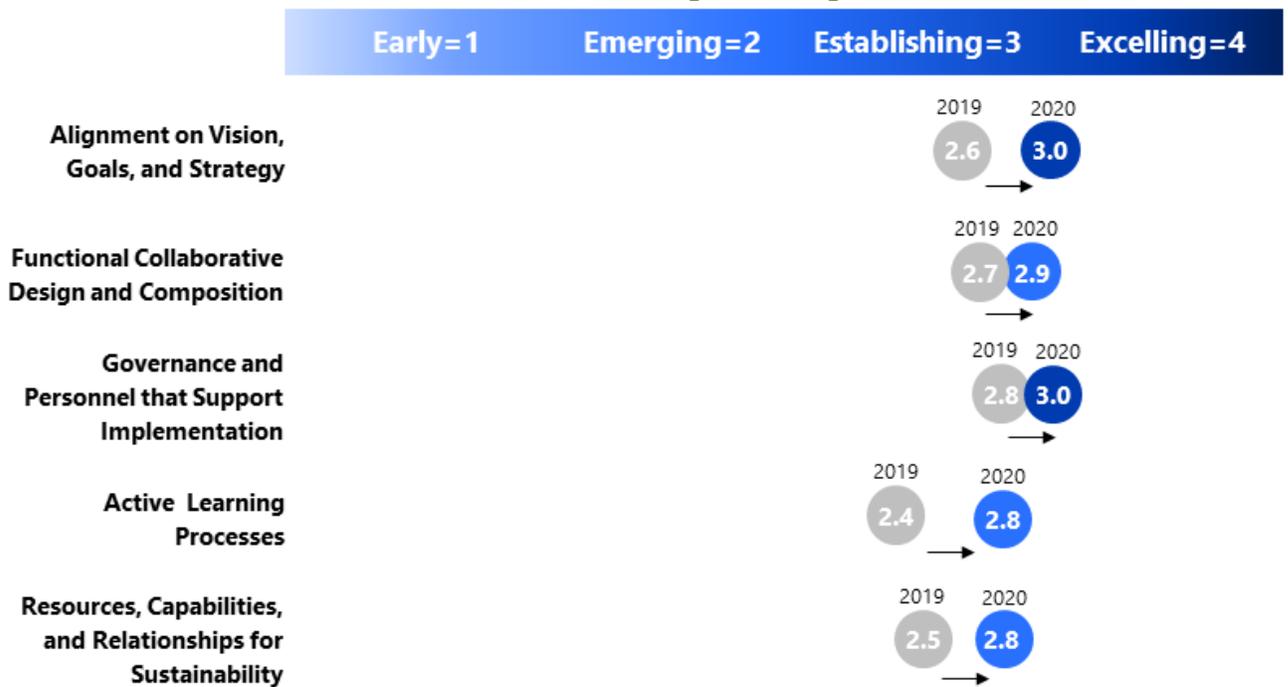
Learning Question #2: What does it take to support effective cross-sector collaboration to support youth mental health?

The Wellness Partnership catalyzed and advanced cross-sector, multi-agency collaboration in the service of youth mental health and wellness promotion. This section describes progress partner organizations achieved in strengthening collaborative relationships, and factors that facilitated those successes.

Collaboratives Advanced their Partnership Structures and Relationships

Over the course of the first two years of the Wellness Partnership initiative, collaboratives progressed in their functioning as a partnership. The graphic below illustrates the collaboratives' movement along five dimensions of collaboration.

Exhibit 6. Collaborative Functioning was Strengthened over Time



*Scores included are for the collaboratives that received two-year grants beginning in 2018. (WHYI (Friends for Youth), OSTPDWN (CalsAC), IEIPHY (LifeMoves) and IYMHCP (allcove)).

Movement along the dimensions shown above is a developmental trajectory that all collaboratives move through as they formalize their structures, practices, and relationships.

By the end of two years, Wellness Partnership collaboratives had achieved or nearly achieved the Establishing level in all domains, with highest ratings in Alignment on Vision, Goals, and Strategy, and Governance and Personnel that Support Implementation. The greatest gains between the first and second years were in Alignment on Vision, Goals, and Strategy and Active Learning Processes.

Although collaboratives showed considerable movement along this progression scale, there is still room for further development. While some collaboratives' ratings included some "4 - Excelling" ratings in the various dimensions, others did not have any partners who provided ratings at this highest level of collaborative functioning in some domains. Though unsurprising, given the relatively short duration of the partnerships, this finding highlights further opportunity for collaboratives to formalize and strengthen their structures and relationships.

The findings provide a nuanced picture that Wellness Partnership collaboratives can use internally for reflection and discussion about group functioning.⁷ One collaborative provided lower ratings in each dimension in the second year, compared to the first. It is more likely that partners' perceptions of the collaborative shifted rather than the collaborative actually regressing in terms of its strength and functioning. Another collaborative had a large discrepancy in ratings for one dimension. Collaboratives would be well served to use this data to better understand the underlying beliefs and experiences of partner organizations when working towards greater alignment and improvement.

A chart showing the detailed Collaborative Self-Assessment results is located in Appendix E.

Progress and Lessons in Strengthening Cross-Sector Collaboratives

Even after two years, refining collaborative relationships and structures is an ongoing journey. However, Wellness Partnership collaboratives made tremendous strides and gained insights about key ingredients at the **organizational, collaborative, and initiative** level that facilitate effective collaborative work. The Wellness Partnership evaluation surfaced understandings about what makes for successful collaboration at each of these levels. All initiative stakeholders, including collaborative lead agencies, partner organizations, and philanthropic partners, have a key role to play in the success of collaborative systems change work.

The findings below are organized by these three levels of collaboration (shown to the right) to help audiences identify key lessons that apply to them most directly and to see how the levels work in concert as part of a broader ecosystem.

Levels of Collaboration

- **Organizational level:** Individual partner organizations within a collaborative.
- **Collaborative level:** The collective body of organizations working together in service of a shared goal.
- **Initiative level:** The cumulative stakeholder group, comprised of all participating organizations, collaboratives, and funders, operating towards a shared, broad objective

Organization Level

Organizations need to reflect on who the right staff members are to participate in collaborative work; participants need *both* the bandwidth to participate *and* the decision-making authority enabling them to follow through on organizational commitments to the collaborative. One partner shared that in their first year, the people who came together were the designees of decision-makers. The voices in the room were not the same people who had the power to move the work forward and the collaborative's efforts stagnated. With this lesson in mind, the structure shifted to bring together those who had greater formal authority within their organizations. A partner within another collaborative

⁷ Collaboratives' individual Self-Assessment results were shared back with collaboratives directly but not shared with the full collaborative cohort.

described almost the reverse scenario; in the first year, those in organizational leadership were convened, as they were thought to be valuable change agents. Those individuals, however, did not have the capacity to fully engage. For this organization, identifying and assembling the people involved in day-to-day program work proved to be more effective in advancing change. Because the needs of a project vary and shift over time, partner organizations should not only make efforts to seat the right people at the table but revisit this decision over time.

Organizations need to carve out adequate staff time and supports for participation in collaborative work.

Partners frequently named bandwidth as a challenge, since engaging in a collaborative often requires time and capacity beyond their standard job duties. Though it may be difficult to know at the outset, organizations participating in a collaborative should consider what they need to be able to contribute fully. Partners may need to make this case within their organizations, as leadership buy-in may be crucial for supporting the dedicated time and financial resources for collaborative work. The investment in collaboration doesn't necessarily come at a cost; partners argued that strategic partnerships that leverage participating organizations' skills and strengths can help with capacity, creating efficiencies, and cost savings. If organizations support the investment required for collaborative work, benefits will be experienced by both the organization and the collaborative.

It's not just about addressing the needs of families and young people. It's addressing our organizational needs and **getting more work done smarter** through these strategic partnerships.

- *WHYI (Friends for Youth) Partner*

Collaboration is sustainable only when organizations formalize the role of "collaborative member" rather than depending on one person to carry out collaboration activities.

In some collaboratives, one representative from a partner organization would come to collaborative meetings and engage in the work of the collaborative. However, they did not carve out a role within their own organization that another individual could step into. In other words, the responsibilities and tasks associated with participation in the collaborative were not institutionalized within the organization. Instead, that role simply lived on one person's task list. Over the course of two years, many partners saw turnover within their organizations. When the collaborative member role was not institutionalized, collaboration faltered after the individual participant left. By formalizing the collaborative member role, partner organizations contribute to the sustainability of the collaborative over time.

True collaboration is mutually beneficial to all parties involved.

Partner organizations that have a stake in the process are more likely to commit to the goals of the collaborative over the long term. There were relationships within Wellness Partnership collaboratives that were transactional by design; IDEO.org, a nonprofit design firm, was contracted by IYMHCP (allcove) for time-limited, specific, and discrete tasks that aligned well with the project's needs. However, this type of contractual arrangement does not foster or encourage relationship building. While appropriate for instances such as IDEO's role in supporting the IYMHCP (allcove) project, this type of dynamic, if not mutually agreed upon, can hinder progress. One Wellness Partnership collaborative stakeholder shared that early on in the collaborative work, their staff were viewed less as partners and more as subcontractors. It took time, dialogue, and reflection - not only from the collaborative, but also from the organization members themselves: "When we think about strategic partnerships, it's about, 'What else are we getting out of it? How else are we benefiting from it?' And that takes a while to figure out."

There may be times when thinking about partner relationships within a narrowly defined scope fails to take advantage of greater potential for longevity and mutual benefit. In the case of IEIPHY (LifeMoves), the local county's Behavioral Health and Recovery Services agency joined the collaborative with the

specific goal of supporting a new referral process. When it became clear that the planned approach would not work for the communities involved, the need for BHRS's engagement dissipated. However, having an agent from the county system could have been a significant addition to the overall goals of the collaborative, and losing this partner took away the potential for high impact for the population of people served by both organizations. This partnership might have been strengthened had BHRS not only understood how its efforts could help serve the shared goals of the collaborative, but also held a sense of how participation in the collaborative would support achievement of its own organizational goals.

Collaborative Level

At the collaborative level, success factors for working in collaboration include effective leadership and shared ownership, collective goals, data driven reflection, efficient administration, and open and frequent communication.

- **Effective leadership and shared ownership:** Collaborative leads carefully considered how to alleviate partner burden, while also ensuring collaborative participants could build something together and take ownership of their work. Effective leaders seek to involve participants, incorporate feedback, and make decisions in partnership with others, while also steering the strategic direction and moving things forward. Partners praised organized leaders who were able to keep the group on track, maintain clear structures and goals, provide direction for all the different constituents, while fostering an environment where all could contribute. How decisions are made can impact the extent to which partners experience a sense of ownership of the process and belonging as part of the collective.
- **Collective goals:** Mission alignment is an essential factor undergirding collaboratives' progression. Partners used formal tools to ensure goals and expectations were aligned; partners employed MOUs, data sharing agreements, and contracts to codify goals and relationships.
- **Data driven reflection:** Through the use of the collaborative self-assessment, Wellness Partnership collaboratives showed collaborative development over time. Yet, as mentioned above, partners within a collaborative often had differing views on how far their group had progressed; in some instances, people's perceptions about the collaborative design and governance structure varied widely. Disagreement among members of a collaborative is a valuable indicator of varied experiences of collaborative functioning. Discussing these results can be an important way to surface why different partners experience things differently and what type of leadership, processes or structures are needed.
- **Efficient administration:** When executed well, simple things such as sending out meeting agendas, managing meeting time, and ensuring there was clarity on next steps had the ability to minimize burden and make time together more productive. Partners appreciated that funding for administrative functions was built into the grant.

- **Open and frequent communication:** Helpful communication practices looked like regular meetings and points of contact, creating space to discuss issues and ideas, and maintaining open dialogue on what the collaborative was trying to achieve. Partners shared that good communication made it easier to stay engaged and led to authentic conversation and reflection; for instance, rather than focusing on moving through a checklist of activities, collaboratives had deeper discussions on what their planned activities were intended to do, what impact they actually had, and how their approach might need to shift moving forward. Finally, meaningful communication practices may require difficult conversations; failure to engage with or broach tough topics may lead to ruptures in partnerships and eventually lead to partners leaving the collaborative.

Partners also had insights on what the Wellness Partnership made possible at the collaborative level. The initiative as a whole created space to learn new information about other organizations and communities being served. Openness to different perspectives helped collaboratives to work better in partnership with each other and their communities.

- **Working in collaboration enables partners to develop a fuller sense of the field in which they work, bringing together and creating space for different perspectives.** Understanding different organizational structures, approaches, and constraints allowed partners to be more flexible, and build models in partnership that can adapt to different contexts. For example, one partner shared that navigating county processes, from the way things get built to how physicians are paid, were completely new and foreign when compared to how their organization and governing bodies operate. "Our lessons in collaboration is to try as much as possible to understand the environment or community we're in now, so our model can flex when we bring it into a different community, state, country." Many partners shared how hearing the perspectives of other people, situated in different roles, agencies, or specialties within the youth mental health realm, opened their eyes and helped them see their work in a new light and strengthened their ability to pivot in times of challenge. Listening to and reflecting on a diversity of viewpoints made collaboratives more effective in their planning. For one organization, the variety of backgrounds and experiences represented in the collaborative setting proved so valuable, it prompted reflection within the individual organization. Through this practice, they recognized the need to diversify their own decision-making teams.
- **Collaboration also enables organizations to better understand the perspectives of the community they serve.** One partner shared that, as an agency that works with schools to provide services to youth in academic settings, they are primarily exposed to the student perspective. Through the Wellness Partnership collaborative, and the work being done by other group members, they gained the ability to listen to teachers, staff, and clinicians, which provided "a much more complex, layered, and nuanced understanding of what's happening."

401
cross-agency meetings held to advance the goals of the collaborative

24
institutionalized changes in organizational policy or practice to support communication and coordination

We are all bringing a strength to the table which **elevates the quality** of what we are trying to create.

- OSTPDWN (CalSAC) Partner

Initiative Level

A participatory process of affirming the initiative’s Theory of Change (Appendix B) helped seed buy-in of a collective mission from the start. The vision for the Wellness Partnership initiative preceded grantee selection, but the foundation used a collaborative approach to refine the shared goals with grantee partners to ensure that the funded collaboratives could see where their work fits within the larger initiative. Sand Hill Foundation wanted the initiative to be responsive to the community needs as understood by collaboratives themselves. Therefore, Sand Hill Foundation engaged in regular conversation with Wellness Partnership collaboratives before grants were issued; the foundation invited each group to review the draft initiative TOC, affirm that they could see themselves reflected somewhere in that TOC, and offer refinements that would strengthen the collaborative design in support of community needs. The feedback from collaborative partners helped strengthen the TOC and ensured the inclusion of equity and person-centered language. Through this process, the foundation developed a responsive TOC that clearly defined the overlap between each collaborative’s goals and the foundation’s overall strategy.

Collaborative work requires significant financial resources. In designing this initiative, Sand Hill Foundation understood the need for larger and longer-term grants, as no collaboration can effectively tackle systems change in a one-year period. Sand Hill Foundation also wanted to reduce the need for organizations to chase funding, particularly during the early stages as they focused on building relationships, governance, and communications practices. Thus, grants through the Wellness Partnership initiative were relatively large for Sand Hill Foundation, ranging from \$300K-\$400K. This important shift would not have been possible without the commitment of the foundation board. Similar to the description above outlining the need for buy-in from all levels of each organization, board leadership has been directly involved in all stages of the initiative’s development and ongoing implementation.

Flexibility and collaboration go hand in hand. Sand Hill Foundation understood that investing in bold innovations requires room for failure; the initiative itself was built to lead with learning and the message the foundation pushed to all collaboratives was that lessons were important opportunities for growth. Flexibility allowed Wellness Partnership collaboratives to utilize different structures and leadership models, explore new solutions and approaches, and expand, change, and adapt the work they do in partnership with others. Sand Hill Foundation made space for broad definitions of success, which allowed collaboratives to explore and pursue beneficial strategies and projects that were not part of their original imagining of the work.

I think one piece that was unexpected learning was we had such a clear sense of this two years ago at the beginning of this of what we wanted to do for this project, and **it became clear through doing this that wasn’t going to be [the most effective approach] for our clients.**

- IEIPHY (LifeMoves) Partner

Several collaboratives found that being responsive to the community required a change of course. For some, they saw a need to be expansive in their thinking and shift goals or plans away from those they had originally outlined. For one collaborative, however, there was a more dramatic deviation – where true responsiveness to community needs called for moving away from its primary systems change approach altogether. Though this development was not the anticipated outcome of the Wellness Partnership initiative, in trusting and learning from the expertise of their grantees, the foundation remains supportive of the changes, which include expanding peer counseling supports and integrating new partners.

Underlying the foundation’s flexible approach is a strong foundation of trust. Sand Hill Foundation staff have frequently stated that they believe grantees are the experts, and that they know better than the

foundation. Collaborative members feel this trust and have expressed great appreciation for the foundation's confidence in their ability to determine for themselves how to best serve their community.

Collaboration itself is a skill that requires practice and attention; some collaboratives would have benefitted from additional capacity-building support.

The Wellness Partnership offered a few resources to support development and strengthening of collaborative relationships, but some groups may have liked supports to take place earlier, and to be more robust. The collaborative self-assessment tool administered in years one and two was intended to be a learning resource in addition to an assessment tool. Collaboratives received their assessment results along with a reflection guide to support internal conversation and reflection on the needs and strengths of their collaborative. However, collaboratives varied in the extent to which they engaged in this reflection process; some may have benefitted from a facilitated process to engage with the resource. One collaborative lead expressed that receiving additional resources such as models or frameworks for collaboration early in the Wellness Partnership journey would have been useful. Another offering provided through the Wellness Partnership was capacity building technical assistance for collaboratives as needed when COVID-19 struck; however, few collaboratives utilized this resource. Sand Hill Foundation continues to bring thoughtful attention to striking a balance between optimizing opportunities for initiative-wide learning and limiting demands on grantee time.

Folks need more help to figure out **how to run an effective collaborative** if they have never done that before.

- OSTPDWN (CalSAC) Partner

Cross-collaborative community building creates opportunities for shared learning and additional collaboration.

Sand Hill Foundation hosted a convening in January 2020, bringing all collaboratives together to reflect within and across groups on the previous year's challenges, successes, and lessons learned. During this retreat, collaboratives were provided with tools and the opportunity for group work time. Attendees valued time together and expressed interest in more gatherings of this nature. In addition to finding value in being together as a learning community, some cross-collaboration relationships were established that led to joint work. For example, at least one partner organization from all of the Wellness Partnership collaboratives participated in OSTPDWN (CalSAC)'s Medical Health Advisory, which was convened to inform training curriculum.

Establishing and participating in a cross-collaborative learning community requires time from both the foundation and each of the funded partners, but often pays real dividends for partners. Sand Hill Foundation staff reflected that the initiative could have benefitted from more of this type of learning community and expressed interest in facilitating more initiative-wide communication to build an infrastructure for shared learnings. However, such steps are challenging for a small staff. In backing a large initiative, the foundation staff has had to examine their capacity and make choices about the supports they are realistically able to sustain.

Modeling wellness promotion and care for the mental health workforce set a helpful tone for the initiative's work.

By holding the January 2020 convening in a restorative and retreat-like setting, Sand Hill Foundation made Wellness Partnership grantees feel valued and appreciated. The event prioritized people, and partners felt they were cared for in a way that is not common in the nonprofit space. Additionally, in a unique approach to capacity-building, Sand Hill Foundation awarded collaboratives a \$5,000 Wellness Grant for organizations to support their staff in practicing self-care. Collaboratives had the freedom to decide how to use these funds to best support their staff. While all collaboratives' initial plans for the funding changed due to COVID-19, each group found meaningful ways to use their funds. Many used funds to support frontline workers, including local heroes in the community and

organizational staff, with wellness gift cards and self-care items. One collaborative distributed an equal portion of the funds to each partner organization, so individual organizations could use the funds to promote wellness in ways most relevant to them. Another plans to promote connection and teambuilding through a virtual art-making experience, where activities will “help the members experience how the process of making art can open up access to feelings and ideas in a unique way.” Through their actions, Sand Hill Foundation signaled to Wellness Partnership grantees their shared commitment to a holistic approach to mental health; prioritizing wellness and self-care begins with taking care of the workforce who care for youth.

IV. Initiative in Response to Crisis

Response to COVID-19

During the second year of the Wellness Partnership implementation, the COVID-19 pandemic swept across the globe. The early effects of the pandemic were just taking shape as the foundation was poised to open up applications for the second Wellness Partnership cohort, bringing in a new slate of partnerships in addition to those referred to in this evaluation. By March 2020, schools closed, services were put on pause in accordance with shelter-in-place mandates, and the non-profit, government, and private sectors held their breath awaiting further information about what the world would look like in the weeks and months ahead. Throughout all the uncertainty, youth mental health and wellness remained a high concern, recognizing the additional stress and risk of trauma caused by the pandemic and its inequitable economic and social impacts on young people and their families. “Business as usual” became a thing of the past. Sand Hill Foundation and the evaluation team paused to connect with funded partners and potential grantees, take stock of shifting needs and priorities, and consider what made sense in this new context, including putting the new application cycle on hold.

To aid in understanding grantee needs, Sand Hill Foundation staff conducted a current and prospective grantee survey and interviews to understand short- and mid-term community needs. With many non-profit and social sector organizations facing critical issues such as layoffs, diverting staff time to provide essential services with new protocols in place, and the transition to virtual modalities, one urgent question was whether Wellness Partnership grantees would simply be able to continue their work together. Staff learned that, though the challenges COVID-19 presented were considerable, all collaboratives in the Wellness Partnership were well-positioned not only to keep their agencies’ respective doors open, but also to leverage the existing support network within their collaboratives to coordinate response and relief efforts and, together, better meet the increased need across the community.

As the effect of the pandemic was starting to take shape in the spring of 2020, Wellness Partnership grantees were about two-thirds of the way through the second year of their respective grants, with an expected renewal application and subsequent payment due in the early fall. Recognizing that there may be unique needs related to COVID-19, Sand Hill Foundation offered an early renewal option to the existing grantee cohort. Collaboratives could apply to fast-track a one-year grant to be issued in June 2020. Only one of the four groups, OSTPDWN (CalSAC), took advantage of this offer. Subsequently, a one-year grant was approved to support OSTPDWN (CalSAC)’s new mental health and wellness virtual curriculum and OSTPDWN (CalSAC)’s Trainer Network, including a newly certified cadre of trainers, to respond to the acute mental health needs of young people due to COVID-19.

Like so many nonprofit organizations, Wellness Partnership grantees were seeking support navigating the new reality imposed by the pandemic. Sand Hill Foundation augmented Wellness Partnership grantee supports by offering coaching provided by LFA to each of the collaborative lead agencies. The coaching was intended to support grantees in determining how to pivot and revise their strategies, approaches, and partnerships, as necessitated by the new COVID-19 environment.

The survey also confirmed that this was not the right time to execute plans for a new round of Wellness Partnership grants in 2020. Although existing collaboratives were bolstered through this bumpy time by their established relationships, staff learned that the establishment of new, cross-sector partnerships was too big a lift while so much was unknown for the sector. Therefore, Sand Hill Foundation provided mental

health and emergency relief grants to safety net and core mental health providers in San Mateo and Northern Santa Clara counties immediately following the outbreak of the virus. Much of this grant funding was used for near-term, culturally-responsive, and virtual delivery of direct youth mental health support, including online treatment, telehealth or text-based services, individual, group, and/or guided peer counseling. A portion of the direct service grants went to Wellness Partnership partners, all focused on technical expansion and equipment to support telehealth provision.

Evaluation During Unprecedented Times of Change

The pandemic also raised questions about how the evaluation needed to adapt or shift to be meaningful and responsive during times of change. LFA relied on a few principles (shown to the right) developed in response to such an unprecedented disruption to inform these shifts. The timeline for evaluation activities was adjusted knowing that grantees needed to respond to urgent organizational shifts before they would have the time to dedicate to evaluation activities. Although the core evaluation questions and tools remained consistent for fidelity, the expectations for volume of data demonstrating systems change was reduced and a new question was added related to the impacts of the pandemic on grantees' work. The pandemic itself presented a unique opportunity to explore the agencies' abilities to navigate a time of crisis with the collaboratives as a source of support. In interpreting grantees' stories, the evaluation team listened for lessons on resilience and partnership that emerged as a result of the truly unique natural experiment the COVID-19 crisis presented.

COVID-19: Principles for Adapting Evaluation

- **Put people first.** Create more flexible timelines so partners could prioritize urgent organizational and service needs.
- **Interpret findings with context in mind.** Acknowledge the pandemic's impact on services and activities (e.g. cancelled trainings/events, shifts to virtual engagement).
- **Ask new questions needed to tell the story.** Inquire how the pandemic shifted collaboratives' work and create space for emerging insights.
- **Explore unanticipated outcomes.** Embrace the opportunity for learning from shifts mandated through crisis.

Collaboration through Disruption

Many of the partner organizations provide direct services to youth, families, and youth-serving professionals. In the earliest stages of COVID-19 it was unclear whether their work would be able to continue, and how the collaborative efforts would be impacted. Some collaboratives were less impacted than others. For example, IYMHCP (allcove) was in the planning and building phase of opening its center, and while some of their permitting and licensing processes slowed during COVID-19, they were largely able to move their planning work online. Others had to shift how they provided certain services. For example, IEIPHY (LifeMoves) had to discontinue in-person group therapy sessions given strict limitations on gatherings and switch to virtual. As the dust began to settle and the parameters of the world within the context of COVID-19 became clearer, collaboratives were able to work together to identify needs in the community and pivot together to meet those needs.

A through-line among the collaboratives was that they were able to turn to their partner organizations and share insights and resources to respond to the continuously evolving crisis. Some of the larger organizations were able to develop guidance on transitioning to virtual programming that they could

then share with their partner organizations, as was the case with OSTPDWN (CaSAC) and its partner organizations. WHYI (Friends for Youth) was able to collectively develop a public-facing, bilingual COVID-19 resource guide that was disseminated broadly to help fill an information gap in the community.

As partner organizations were asked to reflect on how the very fact of their participation in the collaborative affected their organization's experience of COVID-19, many highlighted that having over a year of working together and building a foundation of deep connection allowed collaboratives to nimbly flex and shift in response to evolving partner needs. The collaborative served as an external resource to which partner organizations both contributed and drew upon smoothly due to the pre-existing connections formed.

V. Considerations for the Future

The Wellness Partnership has meaningfully contributed to strengthening systems for promoting youth mental health. Funding initiatives such as the Wellness Partnership take an upstream approach to mental health, conceptualizing mental health as a crucial part of wellness that all individuals have the potential to enhance by building resilience and accessing supports as early as possible. Funded partners have built collaborative infrastructures to support cross-sector systems change approaches to serving young people and have made important strides in two years towards improving access, quality, and connections to preventative mental health resources and early intervention supports.

The evaluation of the first two-year phase of implementation provides insights that funded partners, grantmakers and other mental health stakeholders can leverage to inform ongoing efforts and investments in youth mental health systems change.

- **Systems Change work requires sustained investment.** Changing systems takes time. The more complex the change, and the more stakeholder groups engaged, the more up-front work is typically required to build infrastructure for coordinating the efforts that will eventually yield impacts for individuals served through those systems. Additionally, as 2020 reminded us, systems are dynamic and work often needs to pivot, adapt, or recalibrate based on unanticipated changes in community need, resources, or environmental constraints. Sand Hill Foundation made initial two-year investments, testing a range of approaches, but with a longer-term funding plan in mind. Sand Hill Foundation is renewing and expanding grants for all the initial partners to continue their work. Additionally, Sand Hill Foundation and grantees are actively engaging in conversations with other funders to seek additional revenue to support ongoing efforts.
- **Institutionalizing changes is key to sustainability.** The longevity of the systems-level changes that Wellness Partnership projects have achieved will depend on the extent to which these changes are embedded into organizations' policies and practices. Transformational systems change is about what exists and gets replicated over time as staff turnover occurs. Partners have documented some concrete examples of institutionalizing new and improved practices into the structures and practices of their respective organizations or partnership groups, though further work will be required in many cases to ensure that benefits will be deep and lasting, beyond the lifecycle of the grant, and the tenure of specific key personnel who have contributed to collaboratives' efforts.
- **Ongoing evaluation will provide valuable evidence of impact.** This may include further analysis of system-level impacts as well as potentially testing underlying hypotheses of the initiative about individual-level impacts. Ultimately the Wellness Partnership seeks to achieve changes to youth-serving behavioral health systems in the service of promoting greater resiliency, social and emotional wellbeing, and access to needed support for young people. In assessing initiative's success, stakeholders may want to explore the extent to which changes made to systems result in the desired outcomes for youth. For instance, organizations are making changes to services to improve access and to make services more youth-centered, culturally competent, and appealing. Are these changes resulting in shifts in youth's experiences of and access to services? These are questions partners can begin to explore as projects progress further into the implementation stages of the work.

- **Prioritizing equity in the design and evaluation of ongoing work will help to ensure all youth benefit from systems change.** With the COVID-19 pandemic's disproportionate impacts on communities of color and civil unrest erupting in cities throughout the United States based on racially unjust policing, 2020 was a year in which the importance of grounding work in equity, diversity, and inclusion was underscored and elevated to a new level. The Wellness Partnership initiative Theory of Change (Appendix B) includes these principles in the foundations of the work through funding efforts to increase access to youth mental health services and supports, with particular focus on individuals and populations who experience barriers and challenges to navigating mental health systems. However, the initiative did not prescribe a specific approach for embedding these principles or ask that collaboratives explicitly build this focus into the design of their efforts. Stakeholders at all levels were aware of inequities that underlie disparities in health outcomes and access to care, though collaboratives may not have explicitly articulated an approach to undertaking the work with an equity lens. Moving forward, there is an important role for funders and funded partners alike in ensuring that the impacts of systems change efforts are felt equitably by all youth: funders and collaboratives should incorporate principles of equity, diversity, and inclusion as both a primary outcome and strategy when undertaking similar work going forward. Additionally, evaluating later stage efforts with equity in mind will help answer not only, "Are systems changes leading to intended outcomes?" but also, "For whom?" This information will be important for addressing needs and barriers in an ongoing way to promote access to care and positive mental health outcomes for all young people.
- **Leading with the values of responsiveness and trust has been crucial.** Sand Hill Foundation staff have said that the grantees are the ones who best understand their work. Taking an approach of being accessible and providing support without being overly directive of the work has served the Wellness Partnership well. The funded partners hold the relationships and knowledge of community needs that are crucial for developing effective strategies. Extensive conversations with the lead agencies even prior to making initial grants provided valuable context for better understanding the need in ways that shaped the initiative. In addition to funding efforts that are responsive to community need, Sand Hill Foundation is eager to gain greater understanding about responsiveness to grantees' needs. Many decisions have been made with this intention in mind: providing sizeable grant amounts; allowing grantees to determine how grant funds would be allocated amongst partners, limiting required in-person time for group convenings, and trying to balance evaluation and reporting needs with mindfulness of demands on grantees' time. The coronavirus pandemic provided another crucial opportunity to explore and be responsive to grantees' needs. A core success of the Wellness Partnership initiative, from the outset and throughout the COVID-19 crisis, is its responsiveness to community need. Bringing this same intention to its engagement with grantees, Sand Hill Foundation plans to continually explore how the initiative design can be responsive to funded partners doing the work.
- **The initial Wellness Partnership cohort demonstrates that the model is highly adaptive, giving it broad appeal.** Sand Hill Foundation selected a diverse group of grantees with the intention of testing what works. The demonstrated achievements of all five collaboratives show that the Wellness Partnership model is effective in wide-ranging approaches, making unique but complementary contributions to systems change within a specific geographic region. IYMHCPC (allcove)'s project, for instance, is a large-budget project funded only in small part by the Wellness Partnership grant, but has tremendous potential for scaling. WHYI (Friends for Youth) is a much smaller scale effort that has yielded almost immediate changes in how youth are served, in a hyper-local context, made possible solely through the Wellness Partnership. Sand Hill Foundation

may arrive at strategic decisions about what types of investments it wants to prioritize, or it may conclude that a broad-based approach creates a constellation of complementary efforts, addressing multiple facets of its theory of change. In either case, the demonstrated success of projects that span a wide range of approaches makes the model accessible to diverse funders, including those prioritizing scalability as well as place-based social change.

- **The Wellness Partnership model holds potential for creating even further cross-collaboration networks as part of a regional system of care.** The initial cohort of the Wellness Partnership provided limited opportunity for connection and learning across collaboratives, though these few interactions prompted some relationship building and observations about what potential exists for deepening initiative-level coordination and shared learning. While organizations and collaboratives within the Wellness Partnership vary greatly in size, budget, and strategic approaches, this diversity mirrors the behavioral health sector in San Mateo and Northern Santa Clara counties, a region that is home to small non-profit organizations and large research institutions. Building a system of care that brings diverse partners together could be a valuable approach to enhancing the region's capacity for serving youth mental health needs. Sand Hill Foundation and other funders may consider investing in coordinated regional efforts and cross-collaborative learning communities as a way to strengthen the regional system of care to better serve diverse communities of youth and to reduce disparities in access.
- **The Wellness Partnership addresses an important need for ready access to mental health support – a need that may become even more critical in the period during and following the pandemic.** As the coronavirus is surging, so are social, emotional, economic, and interpersonal stressors that can provoke or worsen mental health concerns. There are myriad ways the pandemic is affecting the lives of young people and we have yet to see fully what the mental health impacts will be. While many services look different than they did before the pandemic began, the Wellness Partnership collaboratives are continuing to deliver responsive, coordinated wellness supports for young people, and these supports may be more vital than ever. The COVID-19 pandemic has impacted organizations throughout the non-profit and public sector tremendously, in ways that have required some organizations to make dramatic shifts (e.g., redirecting staff to provide essential services, budgeting or staffing changes, halting programs that cannot be delivered safely). To date, none of the Wellness Partnership organizations have had to make drastic shifts that have interfered with their ability to continue the Wellness Partnership effort. Some partners have even noted that working as a part of a collaborative has bolstered their ability to navigate the turbulent times and better address needs of their clients. However, time will tell whether partners are able to continue participating fully in collaborative efforts. Pressures to provide services in the face of increased demand and threats to organizations' financial viability could force organizations to narrow their work in ways that drive partners back into more siloed ways of operating, sacrificing innovation projects or efforts perceived as outside of core functions. Alternately, partners have experienced the value gained through collaboration. And with a long view in mind, changing systems to make mental health supports more accessible, efficient, and streamlined may be the only way to meet increased demand. Now is certainly a time to stay focused on youth mental health as a critical need, making investments in prevention and early intervention more important than ever. With adequate resourcing, the COVID-19 crisis could be a catalyst to deepen and sustain collaborative systems change solutions.

VI. Appendices

- A.** Methods
- B.** Wellness Partnership Theory of Change
- C.** Wellness Partnership Grantees
- D.** Collaborative Self-Assessment Tool
- E.** Collaboration Self-Assessment Findings
- F.** Systems Change Tracking Summary Findings
- G.** Stakeholder Interview Protocol

Appendix A: Methods

Data Collection and Analysis

Sand Hill Foundation engaged Learning for Action (LFA) to conduct an evaluation of the first two years of the Wellness Partnership initiative. The goals of the evaluation were to measure systems change impacts and lessons about achieving systems change through cross-sector collaboration. To achieve this goal, the evaluation used multiple data sources to answer the two core learning questions, as illustrated below:

Data Sources to address learning questions	Collaborative-Self Assessment <i>Baseline 2019 Follow-up 2020</i>	Systems Change Tracking Tool <i>Reported three times over 2 years at regular intervals</i>	Stakeholder Interviews <i>Conducted annually (in 2019 and 2020)</i>
1) In what ways is the initiative changing systems related to youth mental health?		✓	✓
2) What does it take to support effective, cross-sector collaboration to support youth mental health?	✓	✓	✓

The data collection instruments, and processes for data collection and analysis are described below.

Collaborative Self-Assessment

The Collaborative Self-Assessment tool is a self-report tool that measures collaborative strength along five key dimensions of collaboration along a continuum from “Emerging (1)” to “Excelling (4)”.

- **Instrument Development:** LFA developed the Collaborative Self-Assessment tool prior to the Wellness Partnership and has used it for a number of projects measuring collaborative strength and development. The LFA team revised the tool slightly, tailoring wording to make it more relevant to the Wellness Partnership project.
- **Data Collection:** The Collaborative Self-Assessment tool was administered electronically using a Survey Monkey link. All collaborative partners were invited to complete the assessment, allowing for more than one response per organization if there were multiple people engaged in the work. Targeted follow up was conducted as needed to ensure representation from all partner organizations within each collaborative.
 - **Pre and Post Tests:** Partners completed the assessment at two timepoints. Partners completed the initial assessment in April 2019 to indicate a baseline stage of collaborative development in their first year of work. Partners completed a second assessment in September 2020 to provide comparative results showing changes in collaborative functioning.
- **Analysis:** Findings were analyzed using the Statistical Package for Social Sciences (SPSS) using descriptive statistics to show the distribution of responses and average scores for each collaborative as well as for all grantee partners combined. After the second round of data collection, the LFA team conducted additional analysis to show change over time.
- **Using data to support grantee efforts:** The Collaborative Self-Assessment tool has value as an evaluation tool as well as a learning resource for reflection and goal setting. Findings show collaboratives’ strengths as well as areas for improvement. The LFA team prepared an individual summary of findings for each collaborative along with a reflection guide to support the

collaboratives in facilitating their own data reflection process. The LFA team hosted a webinar following the Year One administration of the tool to help support grantees to use and interpret their data to inform the collaboratives' ongoing development of their working relationships, structures, and group processes.

Systems Change Tracking Tool

LFA developed a Systems Change Tracking Tool (SCTT) to monitor grantee progress towards core systems change outcomes over the course of the funding period.

- **Instrument Development:** LFA worked together with Sand Hill Foundation to generate a list of core systems change outcomes based on the Wellness Partnership theory of change. Drawing from the activities and strategies in the theory of change, LFA developed a list of systems change indicators spanning the six core outcomes. LFA created a cloud based SCTT using Google Sheets for grantees to document quantitative counts and descriptions of their progress for the set of systems change indicators. LFA created a Systems Change Tracking Guide that provided definitions and examples for each indicator and guidance about how to complete the online SCTT. Two grantee collaborative leads pilot tested the SCTT and guidance document and provided feedback to help make the tool as easy as possible for partners to use.
- **Data Collection:** Grantees input data at three time points over the two-year funding period, reporting only new progress at each interval to create a cumulative summary of activities through the grant period. As a shared cloud-based tool, all collaborative partners could input data and see one another's responses. Grantees input achievements at the collaborative level in addition to individual organizations' achievements that took place as a result of the Wellness Partnership grant. Collaborative leads reviewed all partner data for completeness and to avoid duplication of counts.
- **Analysis:** LFA merged all collaboratives' data from their individual SCTT into a combined SCTT (not shared with grantees) to conduct analysis of the numeric data. The team used formulas in Google Sheets to create totals within and across collaboratives, to track the range of numeric values for each indicator, and to track the number of collaboratives reporting progress on each indicator. This provided a way to quantify progress at the initiative level. LFA conducted qualitative analysis of the narrative descriptions that grantees provided by reviewing the responses for each indicator. This content review provided additional context and examples to add nuance and meaning to the numeric data and provided a complement to interviews for understanding themes and trends in grantees' work.

Stakeholder Interviews

Conversations with grantee partners and Sand Hill Foundation staff provided nuanced contextual information to round out the story provided through the quantitative measures and tracking data.

- **Instrument Development:** LFA created interview protocols to guide conversations with grantees. The Year One protocol was rooted in the two learning questions, with particular focus on progress towards the short-term outcomes in the initiative theory of change, and the formation of collaborative relationships and processes. The Year Two protocol included a greater focus on achievement of systems change outcomes, with a focus on factors that facilitated success. The Year Two protocol was adapted to include additional questions about organization and collaborative response to COVID-19 with goals of providing context to better understand the

achievement (or challenges to the achievement) of intended systems change outcomes, as well as surfacing insights about how collaboration bolstered partners' ability to weather complex and challenging times.

- **Data Collection:** LFA conducted (up to five) stakeholder interviews with members of each collaborative group. Conversations were with each partner organization separately and were primarily individual interviews, with exceptions if there were multiple stakeholders from the same organization who wanted to participate jointly.
- **Analysis:** LFA conducted content analysis of interview transcripts to surface themes, takeaways about progress, illustrative examples, and lessons.

Evaluation Strengths and Limitations

Strengths and Limitations of the evaluation design are discussed below.

Strengths

Below are strengths that make the evaluation of the Wellness Partnership a robust study of the initiative.

- **Mixed methods.** The Wellness Partnership evaluation design uses a mixed methods approach which is useful for triangulating findings across multiple data sources. Pairing quantitative with qualitative data provides nuance and context to create a rich and detailed story.
- **Inclusive.** All grantee partner organizations contributed their insights, experience, and perspective through all three evaluation data sources, not just the lead agencies for the five collaboratives. This meant that the opportunity to define and describe successes, challenges, and lessons was shared amongst all grantee partners, and not narrowly reflected through a subset of the stakeholders engaged. This contributed to deeper insights, and a more multifaceted understanding than would have been possible without this level of participation.
- **Learning focused.** The evaluation was designed with a learning-centered mentality from the beginning, which was supported and echoed by the foundation staff. Framing the initiative-level evaluation as a journey to explore key ingredients for success helped create space for learning from failure that supports opportunities for course correction and improvement. Coupling measurement tools with opportunities for building grantee capacity for ongoing reflection and learning helped reinforce learning as a tool for strengthening grantee efforts.

Limitations

There are also limitations to acknowledge when interpreting the evaluation findings.

- **Self-report data:** All data gathered are self-reported by grantees. This means that data are shaped by grantees perspectives and perceptions, may be subject to bias, and are not verified through objective external means.
- **Systems change data on a short time horizon:** As discussed in the report, systems change takes place gradually, and there is a limit to the progress that can be achieved in two years. While the evaluation measures early stage progress, an early-stage evaluation has limited ability to predict longer-term outcomes.

Measuring intended impact: The evaluation was designed to measure systems-level change, with built-in assumptions about changes that would lead to positive impacts for youth. The evaluation does not measure individual-level impacts directly. The evaluation can draw logical conclusions to suggest that changes will lead to desired shifts for individuals who are reached through mental health systems.

Appendix B: Wellness Partnership Theory of Change



SAND HILL FOUNDATION The Wellness Partnership Theory of Change

Vision/Impact Statement

If the resources to support prevention and early interventions that reduce risk factors and build protective factors were more coordinated, healing-centered, accessible, and integrated into a variety of youth development engagements, more young people would receive the appropriate level of mental health support when they need it and experience optimal health and wellness.

"Accessible" services are: trauma-responsive; culturally-responsive; easy to find and navigate; welcoming; relationship-focused; and not dependent on health insurance status, family/youth knowledge about mental health, or personal ability to advocate for getting needs met

Guiding Principles

Sand Hill Foundation intends to:

Commit to learning and responsiveness. Partnering with openness and respect for grantee and community experience and expertise to inform the foundation's response to needs in San Mateo and Northern Santa Clara counties.

Focus on prevention and early intervention of mild to moderate mental health diagnosis among early adolescents and young adults.

Leverage resources to make an impact beyond grant funds. SHF staff and Board can serve as a connector, influencer, and partner.

Promote mental health and wellness to positively impact young people and their families.

Funding Strategies



Grants to support cross-sector partnerships and/or innovations to improve access to prevention and early interventions through healing-centered youth engagement.



Support program delivery and/or planning focused on improving the dissemination and quality of mental health and wellness services for disproportionately impacted populations.



Leverage public and private resources to improve the system of mental health supports through increased funding, awareness, and coordination.

Short-term Outcomes

(by end of first 2-year grant):



Cross-sector partnerships newly formed and/or strengthened.



Increased capacity for offering healing-centered prevention and early intervention supports.



More mental health and wellness services readily available for youth to access where they are already being served. E.g. out of school time programming, housing services, etc.



Increased access to and engagement with available resources and awareness about the factors that support mental health and wellness among youth, families, and the broader community including funders.

Target Community Partners

Key partners who drive and benefit from the efforts of the collaborative include:



- Primary care providers and pediatricians
- Faith-based organizations
- Grantmakers (including hospital community benefit programs)
- County agencies including public health, behavioral health, child welfare, law enforcement, juvenile justice, and other human services
- Private health systems and payors
- School and after school leaders
- Community health centers and other clinical settings
- Youth-serving organizations and staff providing direct services to youth
- Youth ages 12 – 24 years old
- Parents, caregivers, and other family members

Environmental Context

Why PEI?

- Stigma is a significant barrier to accessing care and early intervention/education helps destigmatized/demystify system of care.
- Community, family, and cultural connection is an important source of strength, resilience, and healing.
- Youth serving organizations and their staff are dealing with high levels of trauma and crisis.

Why this age?

- There are many stressors impacting young people's mental health and wellbeing (e.g. culture of high-achievement, oppression based on race, class, immigration status, disabilities, gender identity, sexual orientation, etc.).
- Current social media and technology use have created conditions of isolation among young people that are different from past generations.

Why it matters in our region?

- There is a history of suicide in the Silicon Valley region that spans age and socioeconomic status.
- Local needs assessments reported limited screenings for depression and anxiety among young people as a problem in the community. The mental health system is fragmented and inaccessible.

Beliefs and Assumptions

- Sand Hill Foundation has a long history of funding direct mental health services, youth development programs, and participating in effective collaborations.
- Healing-centered collaboration can help create the conditions for all young people to get what they need to thrive.
- An ounce of prevention—investing deeply in youth resilience, protective factors, and existing strengths and cultural wealth — is worth a pound of cure to achieve youth wellness. And we need a pound of cure.
- Like all medical conditions, mental health conditions benefit from early detection and early intervention.
- There are a number of programs and funders who are engaged in prevention and early intervention work that could be better leveraged with an intentional, collaborative approach.
- Cross-system partners from multiple agencies have the ability to create innovative, undeveloped solutions and play an important role in improving the system of care through better collaboration and coordination.

Appendix C: Wellness Partnership Grantees

THE COLLABORATIVE PARTNERS

Whole Health for Youth Initiative

Partners include:

- *Lead agency* - Friends for Youth
- Siena Youth Center of St. Francis Center
- StarVista
- Redwood City Police Activities League
- Peninsula Conflict Resolution Center



Shovel-ready Requiring up-front work

Partnerships with a history together Newly formed partnerships

A central lead agency connected with multiple partners Multi-way, cross-partner relationships

Building capacity Creating something new

Project Overview:

Development of cross-agency referral system in Redwood City to provide prevention and early intervention supports through mental health awareness and response trainings for staff, youth, and families.

Out-of-School Time Professional Development Wellness Network

Partners include:

- *Lead agency* - CalSAC – California School-Age Consortium
- City of Daly City Library & Recreation
- Mid-Peninsula Boys & Girls Club
- Footsteps Child Care
- California Afterschool Network



Shovel-ready Requiring up-front work

Partnerships with a history together Newly formed partnerships

A central lead agency connected with multiple partners Multi-way, cross-partner relationships

Building capacity Creating something new

Project Overview:

Development of 6-8 new mental health awareness & response training modules for our-of-school time professionals with a pilot launch in Daly City.

allcove

Partners include:

- *Lead agency* - Stanford University Center for Youth Mental Health & Wellbeing
- Lucile Packard Foundation for Children's Health
- IDEO.org
- Foundry Canada
- Santa Clara County
- Peninsula Health Care District



Shovel-ready Requiring up-front work

Partnerships with a history together Newly formed partnerships

A central lead agency connected with multiple partners Multi-way, cross-partner relationships

Building capacity Creating something new

Project Overview:

Opening two new site-specific holistic mental wellness care drop-in centers in partnership with Santa Clara County and Stanford Medicine.

THE COLLABORATIVE PARTNERS

Integrated Early Intervention Programs for Homeless Youth and Young Adults

Partners include:

- *Lead agency* - LiveMoves
- StarVista
- County of San Mateo
- Palo Alto University
- NAMI San Mateo County



Shovel-ready Requiring up-front work

Partnerships with a history together Newly formed partnerships

A central lead agency connected with multiple partners Multi-way, cross-partner relationships

Building capacity Creating something new

Project Overview:

Expanding case management services to include mental health screenings and integrated referrals to County of San Mateo and community-based partners.

Planning for Coordinated System of Care in East Palo Alto

Partners include:

- *Lead agency* - Children's Health Council
- Ravenswood Education Foundation
- The Primary School
- Boys & Girls Clubs of the Peninsula
- OneEPA
- And more



Shovel-ready Requiring up-front work

Partnerships with a history together Newly formed partnerships

A central lead agency connected with multiple partners Multi-way, cross-partner relationships

Building capacity Creating something new

Project Overview:

Planning grant to identify community-based partners committed to the creation of a coordinated system of mental health care for youth people and their families in the Ravenswood community.

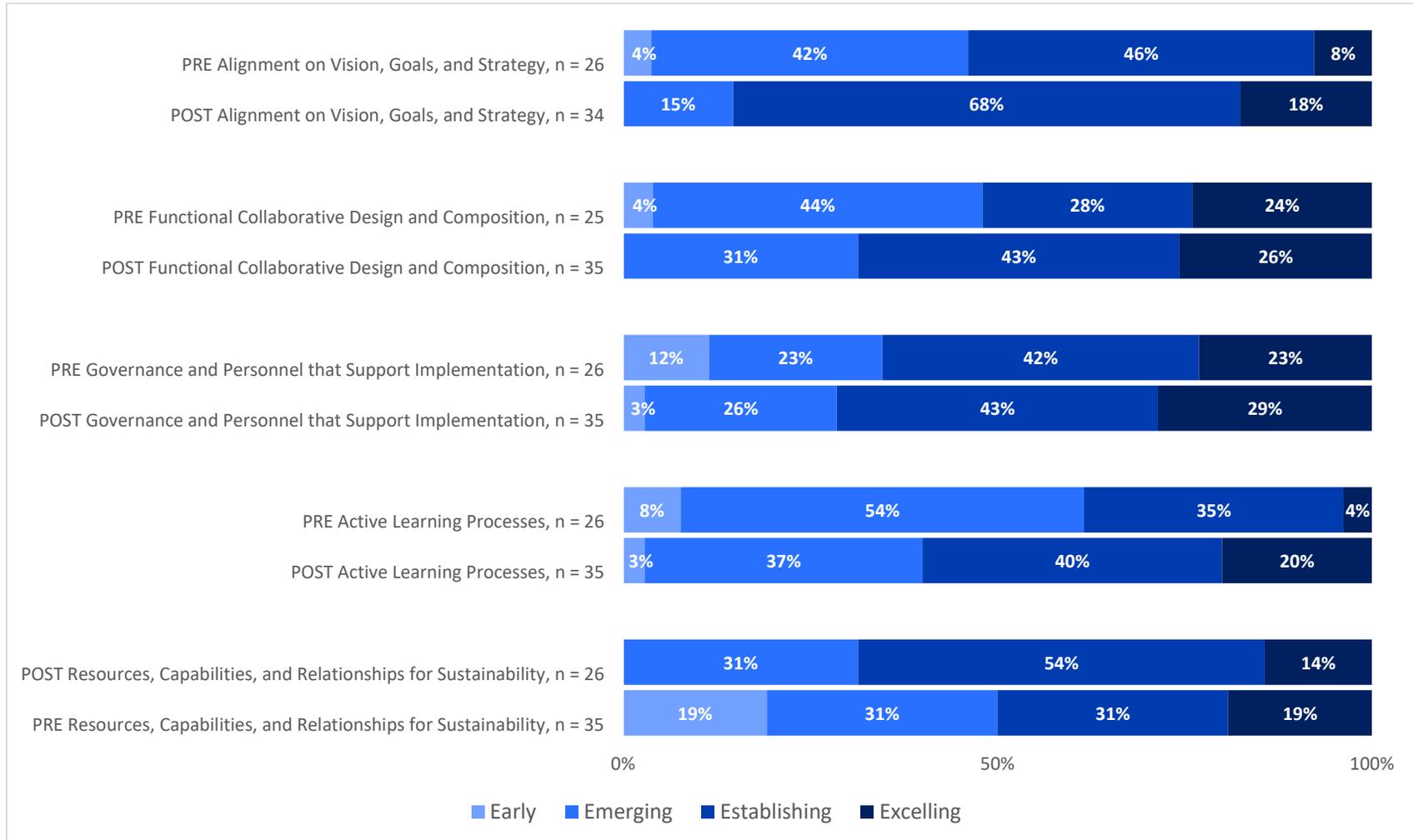
Appendix D: Collaborative Self-Assessment Tool

Wellness Partnership Collaborative Self Assessment

<p>GLOSSARY</p> <p>Collaborative members: The partnering organizations involved in the collaborative. Governing body: A committee or other body that works together to set the vision and work plan for the collaborative and to make decisions about the collaborative's affairs. Staff: the individuals affiliated with each of the partner organizations in the collaborative (whether they are members of the governing body or not), as well as any personnel hired collectively by the collaborative, such as a dedicated collaborative coordinator or director.</p>				
DIMENSION	(1) Early	(2) Emerging	(3) Establishing	(4) Excelling
Alignment on Vision, Goals, & Strategy	Collaborative members have achieved a common understanding of the problem but the target population(s), strategies, outcomes, and/or vision are not sufficiently defined to guide action and/or evaluation	Collaborative members have come to consensus on the initiative's high-level vision for change; working definitions of target populations, strategies, outcomes, and vision are in place	Collaborative members agree upon the specific goals and objectives for how to achieve the initiative's vision for change; measurable target populations, strategies, outcomes, have been defined and documented	Strategies to carry out the goals and objectives of the initiative are clearly articulated; collaborative members understand and are committed to their roles and responsibilities in carrying out the strategies
Functional Collaborative Design & Composition	Collaborative members have been recruited into the collaborative and meet regularly to plan and/or act	Collaborative members have assigned roles and responsibilities according to their interests and strengths; one or more designated collaborative member(s) proactively coordinate(s) activities of members	Collaborative members understand the roles and responsibilities of all participating members and how they contribute to the common agenda; collaborative members feel ownership in the way the group works	Collaborative structure and processes are clear and well-documented; collaborative members trust one another and are willing to compromise to advance the common agenda; collaborative members feel ownership in the results/products of their work
Governance & Personnel that Support Implementation	Initial governing body and participants have been established; basic staff in place to provide administrative and/or organizing support	Governing body has the right skills and expertise to lead the initiative; staff begin to proactively serve as connective tissue between collaborative partners	Governing body is effective at making decisions and communicating with other staff at partner organizations and external constituencies; members of governing body/any dedicated collaborative staff have basic competencies in collaborative support	Governing body is effective in leading the initiative and monitoring its own performance and composition; staff have advanced capabilities to support collaborative work
Active Learning Processes	Collaborative has limited resources and bandwidth for evaluation and learning; learning processes draw primarily on anecdotal information and output data	Collaborative has resources and adequate bandwidth for basic evaluation and learning processes; there are some tools and practices in place for capturing and using data, but they have flaws in design and/or execution	Collaborative consistently collects and reports data on outputs, progress indicators and outcomes; emerging practice demonstrates commitment to the systematic use of data for learning and to improve strategy design and implementation	Collaborative leadership has demonstrated commitment by investing in talent and resources to build a culture of learning and continuous improvement based on the systematic use of data; collaborative members use data in systematic and innovative ways to refine strategies and to inform decisions about resource allocation
Resources, Capabilities, & Relationships for Sustainability	Collaborative has received initial resources to advance the work; external communications are occasional and opportunistic; no or minimal political support obtained	Collaborative has generated some ongoing resources for operation; collaborative regularly communicates with external audiences to cultivate support; collaborative has begun to establish relationships with players that have power and influence in its domain	Sufficient funding is available to support the collaborative's work at least through the next fiscal year, a basic communications plan and infrastructure are in place to cultivate financial support for the collaborative's work; collaborative has been endorsed by key players that have power and influence in its domain	Sufficient funding is available over a multi-year period to support the collaborative's work; a robust communications plan and infrastructure cultivate continuing financial support for the collaborative's work; collaborative has longstanding, active support from key players that have power and influence in its domain

Please use and customize this tool for the purposes of your collaborative! We ask that you reference LFA in your use of this tool and make note when you have made modifications to it.

Appendix E: Collaborative Self-Assessment Findings



Appendix F: Systems Change Tracking Findings

	1. INCREASED PARTNER ENGAGEMENT	2. ENHANCED COMMUNICATION AND COORDINATION				
	1.1 – Number of new partners engaged	2.1 – number of cross-agency meetings held to advance the goals of the collaborative	2.2 – Number of institutionalized changes in organizational policy or practice to support communication and coordination	2.3 – Number of changes in policy or practice to improve data sharing	2.4 – Number of shared frameworks/ measurement tools adopted	2.5 – Number of mental health related events (e.g. trainings, family or youth events), planned, hosted, and attended jointly by multiple collaborative partners
Total	183	703	63	28	25	191
Range (per collaborative)	5 - 39	5 – 275	1 – 17	1 – 9	1 – 8	2 - 50
Number of collaboratives reporting progress on this indicator	●●●●●	●●●●●	●●●●●	●●●●●	●●●●●	●●●●●
Sand Hill Foundation - Total	17+	4				

3. INCREASED OR MORE COORDINATED RESOURCES TO SUPPORT YOUTH MENTAL HEALTH						4. INCREASE IN SERVICE AVAILABILITY	
3.1 - Amount of leveraged/joint/braided funding to support youth mental health	3.2 - Number of conversations with funders to influence funders' commitment/interest in investments in youth mental health	3.3 - Number of conversations with payors/health insurance providers/county systems to enhance ability to serve shared clients	3.4 - Number of changes to payors/insurance providers/county health systems' policy or practice to allow for funding or reimbursement for serving shared clients	3.5 - Number of changes to collaborative partner agencies' eligibility, policies, or practices to enable reimbursement/funding from new payors/funding sources	4.1 - Number of youth-serving providers trained to recognize and/or screen for mental health concerns (clinical or non-clinical providers; includes formal assessment as well as training in recognizing signs/symptoms through non-clinical observation)	4.2 - Number of youth-serving providers trained to deliver prevention focused youth development supports and services	
Total	\$15,305,855	184	22	3	1	1524	3248
Range (per collaborative)	\$800 - \$15,020,000	1 – 79	9 – 13	no range	no range	1 – 1274	7 – 2747
Number of collaboratives reporting progress on this indicator	●●●●○	●●●●●	●○○○○	●○○○○	●○○○○	●●●●○	●●●●○
Sand Hill Foundation - Total		4					

5. IMPROVED SERVICE QUALITY								
	5.1 - Number of trainings or resources provided to support the needs of the youth-serving workforce in self-care (to promote service quality and retention)	5.2 - Number of individuals within the youth-serving workforce trained or given resources to support self-care	5.3 - Number of changes to policy or practice to increase the language accessibility of services	5.4 - Number of changes to policy or practice to make services more trauma-informed/ responsive (culturally relevant, youth-focused, low barrier)	5.5 - Number of trainings or sharing of resources to enhance youth-serving workforce understanding (clinical and non-clinical) about barriers to accessing services among specific populations (e.g. homeless youth, non-native English-speakers, undocumented youth).	5.6 - Number of trainings or sharing of resources to enhance youth-serving workforce understanding of and ability to deliver services that support young people's mental health like strengths-based, healing-centered, youth development programming.	5.7 - Number of opportunities for youth voice to inform programs and services	5.8 - Number of opportunities/ trainings/events to foster parent/ caregiver engagement in youth mental health promotion
Total	178	3091	9	26	35	181	110	82
Range (per collaborative)	1 – 128	15 – 2749	no range – 3 across all	1 – 14	1 – 17	1 – 126	1 – 31	1 - 40
Number of collaboratives reporting progress on this indicator	●●●●●	●●●●●	●●○○○	●●●●○	●●●●●	●●●●○	●●●●●	●●●●○
Sand Hill Foundation - Total	17							

6. IMPROVED CONNECTIONS TO SERVICES				
	6.1 - Number of trainings/resources provided to members of the youth-serving workforce on how/to whom to make referrals	6.2 - Number of individuals within the youth serving workforce trained or given resources to support making appropriate referrals	6.3 - Number of partner agencies (within or outside of the collaborative) newly trained to make referrals	6.4 - Number of instances of clinical services being co-located in settings where youth and families go for other supports and services
Total	32	151	81	54
Range (per collaborative)	1 – 13	1 – 41	7 – 65	1 – 43
Number of collaboratives reporting progress on this indicator	●●●●○	●●●○○	●○○○○○	●●●○○
Sand Hill Foundation - Total	1			

Appendix G: Wellness Partnership Interview Protocol

Name:

Collaborative:

Org:

Interview Date:

Notes:

Wellness Partnership: Stakeholder Interview Protocol

Introduction

Thank you for taking the time to speak with me today. My name is [NAME] and I work for Learning for Action (LFA). We are partnering with the Sand Hill Foundation to evaluate the Wellness Partnership initiative. We spoke with Wellness Partnership collaborative partners last summer, and are having final conversations with partners this summer to learn about how cross-sector collaboration helps strengthen, better coordinate, and ensure access to services and supports that promote youth mental health.

This summer's conversations with stakeholders will inform a final summary report that LFA will develop and share back with Sand Hill Foundation as well as grantees at the end of this year. We will synthesize what we hear across partners and collaboratives and will share project-specific insights. Because of the small number of stakeholders involved in each collaborative, and the unique role each plays, your comments may be identifiable. Additionally, in order to strengthen the findings, we would like to be able to attribute comments to stakeholders based on their agency and role. So while these interviews are not confidential, we will be respectful of the information that you share with us. And if there is anything you would like to share off the record, please just let me know and we will not include it in our reporting.

I expect the conversation to take 30 minutes. Do you have any questions before we begin?

Protocol Questions

Include visual on Systems Change and Collaboration

To guide this conversation, we've sent you a visual that shows – at a high level – what we know about how collaboration contributes to systems change – we're not starting from scratch. [YOU CAN CHANGE THIS TO REFLECT HOW IT SHOULD BE PHRASED.] We'd like to use this framework as something for you to react to.

Definition of Collaboration	Definition of Systems Change
<p>In the context of the Wellness Partnership, we use the term “Collaboration” to refer to the collective entity made up of multiple organizations, with its own specific mission and goals that are aligned with, <i>(but not identical to)</i> the mission/goals of the partner organizations.</p> <p>Assumptions about the Collaboratives:</p> <ul style="list-style-type: none"> ▪ The collaborative is greater than the sum of its parts ▪ Things are made possible through the collaborative working together that would not otherwise be possible as a result of the same agencies working separately 	<p>The youth mental health <u>system</u> is defined as:</p> <ul style="list-style-type: none"> ▪ The totality of organizations and programs that deliver youth mental health prevention, early intervention, and wellness promotion services; ▪ The connections between and among organizations and programs; ▪ The funding streams and policies that fund and regulate youth mental health service delivery; and ▪ The norms, beliefs, and practices held by youth and youth-serving practitioners that shape the ability to access services and have those services meet the needs of youth. <p>Systems change comprises <u>changes in</u>:</p> <ul style="list-style-type: none"> ▪ Organizational capacity and inter-organizational connections; ▪ Supply of program slots available; ▪ Tailoring of programs and services to youth needs; ▪ Funding or policy that facilitate greater program capacity (program supply and tailoring); ▪ Norms, attitudes, and beliefs related to youth mental health and wellness, and ▪ More effective connections that support youth and their families to build resilience and address mental health and wellness needs.
 <p>Examples of Systems Change from Wellness Partnership Collaboratives</p>	
<ul style="list-style-type: none"> ▪ Development of a collaborative-wide shared database for client data to enhance cross agency information sharing ▪ Adoption of shared frameworks to facilitate shared language, understanding, and approaches for youth mental health promotion ▪ Enhancement of referral mechanisms and training in making referrals to streamline access to appropriate services across agencies ▪ Establishment of co-located services to bring supportive mental health promotion resources to places where young people already go 	

Systems Change

1. We'd like to hear your thoughts about how *your partnership* has contributed to changes to the system.
 - a. Looking at the visual, can you pick out any systems changes that you believe your partnership has contributed to? *[They can look at the definition and at the examples.]*
 - b. *[For the ones they pick out:]* Can you narrate for me *how* your collaborative has contributed to those changes?
 - c. What looks different in the systems themselves and/or how young people *move through the system* as a result of the work of your collaborative?
 - i. *Probes (e.g. changes for providers, funding, access, service locations, youth served, etc).*

Impacts for Young People

2. What are the effects of these systems changes on young people and their mental health?
3. Do these changes ensure that those who are most vulnerable or those who face the greatest barriers to access are able to benefit from services? *[If yes,] In what ways?*

Collaboration

4. What emerged from working together in a collaborative system that wouldn't have been there if you'd each worked separately?
 - a. What was it *about* your collaboration that made that possible?
5. What lessons did you learn about effective collaboration? Including working across sectors?
6. In what ways has collaborative provided an infrastructure that has been helpful in times of crisis?

Conclusion

7. Is there anything we did not cover which you would like to share?

Thank you for your time!