



Codifying Phase One of the Wellness Partnership: Insights from the First Five Years

Introduction

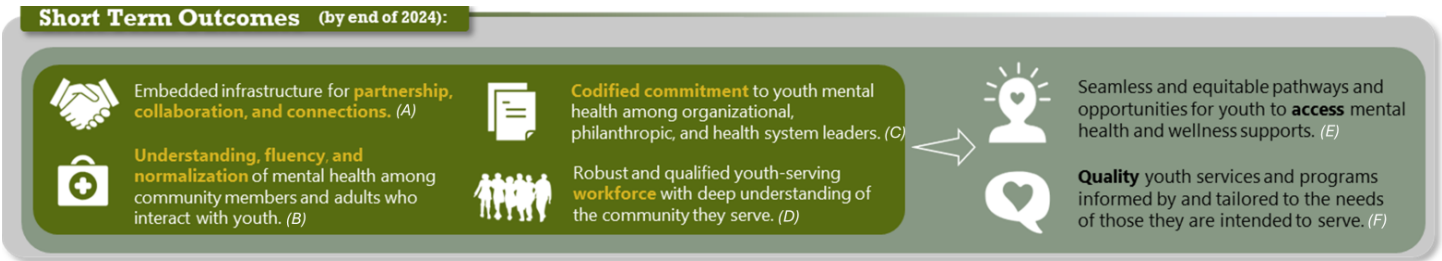
About the Wellness Partnership

Sand Hill Foundation developed the Wellness Partnership initiative in 2018 to strengthen systems for supporting the mental health of youth in San Mateo County and Northern Santa Clara County, California in the Silicon Valley region. Foundation leadership recognized the need to adapt a long history of funding individual youth development and mental health providers to a new systems change-oriented, collaborative approach. To this end, 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 Wellness Partnership funded five collaboratives in its first cohort, providing grants ranging from \$50,000 to \$400,000, summing to an initiative-wide investment of just over \$6.2 million in the first five years.

Evaluation of the Wellness Partnership

Sand Hill Foundation engaged Learning for Action (LFA) to serve as the evaluation and learning partner for the Wellness Partnership starting in 2018. In the initiative’s formative first five years—referred to from now on as Phase One—the Wellness Partnership has generated valuable learnings for both community organizations and funders interested in advancing systems change in the mental health and wellness space.

Since this first cohort, the initiative has evolved in both its strategy and investments; the Wellness Partnership Theory of Change was refreshed in 2021, and today Sand Hill Foundation funds a group of three collaboratives, one of which joined in Fall 2023. Along the way, the work itself has been consistently structured by a set of guiding short-term outcomes. The full Theory of Change for Phase One can be found in Appendix A.



Under the operating hypothesis that strong, effective collaborative apparatuses are a critical ingredient in--and, potentially, precondition for--successful systems change efforts, the Phase One Wellness Partnership evaluation was designed with **two primary learning goals** in mind:

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

Specific evaluation and learning methods from Phase One are summarized by outcome area in Table 1 below.

Table 1. Phase One Evaluation and Learning Methods

Foundational Short-Term Outcomes		Evaluation + Learning Methods
A	Embedded infrastructure for partnership, collaboration and connections	<ul style="list-style-type: none"> • Collaborative Self-Assessment • Systems Change data tracking • Key informant interviews • Mini-Study: Value of Collaboration + Grantee Experience <ul style="list-style-type: none"> ○ Collaborative survey
B	Understanding, fluency and normalization of mental health among community members and adults who interact with youth	
C	Codified commitment to youth mental health among organizational, philanthropic, and health system leaders	
D	Robust and qualified youth-serving workforce with deep understanding of the community they serve	
Emergent Short-Term Outcomes		Evaluation + Learning Methods
E	Seamless and equitable pathways and opportunities for young people to access mental health and wellness supports	<ul style="list-style-type: none"> • Systems change data tracking • Key informant interviews
F	Quality youth services and programs informed by and tailored to the needs of those they are intended to serve	

Phase One Learnings, Takeaways, and Opportunities

About this Document

This document summarizes key observations and lessons from Phase One, and we offer takeaways and opportunities for codifying, elevating, and advancing best practices. This memo is not intended to be a summary of progress or impact, which have been documented through other evaluation reports in past years¹. The primary purposes of this memo about Phase One (2018-2024) are:

- Codifying “what works” for collaborative partners to draw and build upon in Phase Two (2023-2028) of the initiative
- Capturing key insights about progress achieved in Phase One to inform Phase Two investments in deepening and sustaining those impacts
- Gathering actionable insights for other institutions and partners seeking to make an impact in this field

Findings are organized by short-term outcome areas, although some findings are cross-cutting in nature. The observations and takeaways are based on funded partners’ annual systems change tracking findings, past interviews, previous evaluation reports, and the analysis and interpretation of the LFA team.

This curated set of observations and takeaways is intended to paint a broad-strokes picture of what has worked well in Phase One, and factors that contributed to those successes. The interpretation and use of these findings leaves room for additional nuance and examples that are not shown here.

¹ Wellness Partnership Year One Evaluation Memo, December 2019; Wellness Partnership Year Two Evaluation Report, December 2020; Wellness Partnership Emergent Learning Memo, July 2022; Wellness Partnership Year Four Evaluation Report – Improving Systems: Equity, Quality and Access in the Wellness Partnership Initiative, February 2023.

Findings by Outcome Area

A) Embedded infrastructure for partnership, collaboration and connections

Key Learnings	Takeaways + Opportunities
<p>Different entry points for collaboration can lead to equally strong results. The starting conditions of working relationships among collaborative partners varied, with some collaboratives beginning in a planning phase requiring up front work (3 of 5) and others ready to work, what we referred to as “shovel ready” (2 of 5).</p>	<ul style="list-style-type: none"> • Funders and participating organizations should expect the early work to look different depending on the starting conditions. • There is more than one route that leads to successful collaboration.
<p>Organizational stability—including financial security—is an important readiness condition for successful collaborative work. Organizations involved in Wellness Partnership collaboratives needed to be well resourced to invest in partnership if they are to yield the benefits of collaborative work.</p>	<ul style="list-style-type: none"> • A stable lead agenda with the capacity to allocate resources and coordinate partnerships is an important criterion for success. • Flexible funding is particularly important, especially to support time spent on collaborative work outside of reimbursable or core program activities.
<p>The value of working in collaboration is built through relational connection and effort over time. Upfront investment of staff time and ongoing, regular face time between collaborative partners is needed before the real dividends of collaboration begin to pay off.</p>	<ul style="list-style-type: none"> • The rapport, proximity, and comfort with partners is what enables some of the more informal and less transactional partnership opportunities to emerge. • The partners’ investment of time is what leads to trusting collaborative relationships that foster creative innovation. • Long-term funder commitment gives funded partners greater confidence to work through the necessary start up period. In response to partner feedback, Sand Hill Foundation has made longer-term pledges (for your year commitments rather than verbal promises for ongoing funding).
<p>Establishing MOUs, data sharing agreements, and shared communications and data tools helps to more sustainably cement collaborative structures and functions.</p>	<p>Codifying collaborative relationships through these methods contributes to:</p> <ul style="list-style-type: none"> • Ensuring that new practices outlive individual staff members in a particular role • Removing barriers and fear about collaboration that come from uncertainty about HIPAA regulations and information sharing • Allowing for faster, smoother, and more coordinated care experiences for youth people and families.
<p>Collaboratives where cross-agency relationships were both a means and an end resulted in a stronger shared identity and sense of purpose. Collaboratives with more contractual and hierarchical relationships may support achievement of initial goals, but did not necessarily facilitate the ongoing relationships needed for true structural change.</p>	<ul style="list-style-type: none"> • Relationship-centered partnership networks with alignment around a collective vision may be better positioned to lead long-term, transformative community change than hub-and-spoke models. • In driving towards sustainability, collaboratives need to examine what components of their relationships can be institutionalized and left alone versus what components require ongoing investment and attention.

<p>Identifying the right people within an organization to participate in a collaborative is crucial—and the right configuration of partners may evolve over time. Collaboratives tested out and learned from various approaches to the intra- and inter-organizational makeup of their partnerships.</p>	<ul style="list-style-type: none"> • Consistent engagement from at least one member of an organization’s leadership is fundamental for collaborative success, and is only enhanced when supported by the involvement of a diverse team in terms of roles and power. • Ensuring that collaborative membership is fluid allows for adaptation to shifting needs and priorities. • Collaboratives may benefit from more upfront guidance and permission on how and when to assess/reassess if the right partners are still at the table as the work evolves, and how to manage transitions when they occur.
<p>Clear, transparent, and equitable allocations of funds across collaborative members facilitates effective functioning. Lead agencies appreciated flexibility to make these determinations given the nuances of partners’ roles and collective functioning.</p>	<ul style="list-style-type: none"> • Collaboratives may benefit from even more guidance or support in determining the allocation of funding. • Levels at which non-lead partners are compensated for their involvement may have a bearing on partnership strength, engagement, and endurance.

B) Understanding, fluency, and normalization of mental health among community members and adults who interact with youth

Key Learnings	Takeaways + Opportunities
<p>Community and parent education about mental health addresses roots of stigma and barriers to care. Collaboratives’ engagement of caregivers and community members in events such as health fairs, parent workshops, wellness outreach events, and support groups is an effective strategy for normalizing mental health, building awareness of existing supports, and mitigating deep-rooted stigma.</p>	<ul style="list-style-type: none"> • Strategic collaboration will continue to be an effective tool in co-hosting activities, cross-promoting events, and engaging broader swaths of the community. • Having a workforce that reflects the community it serves is especially useful for carrying out culturally-responsive outreach and that successfully engages caregivers.
<p>Community advisory and input forums create pathways for parent/caregiver engagement. By inviting families to provide input to shape the services and offerings of funded partners, collaboratives are simultaneously educating families about supporting mental wellbeing for young people and ensuring their offerings are relevant and accessible to community members.</p>	<p>Programs should be poised to adjust and adapt to parent/caregiver needs as they engage deeper with the content.</p>
<p>Engaging trained peer support/ambassadors and community health workers are ways to develop a mental health workforce that represents the community. Funded partners are effectively expanding the youth-serving mental health workforce by engaging non-traditional providers. Peer leaders and community health workers have been shown to be well-positioned to deliver culturally resonant messaging and information.</p>	<ul style="list-style-type: none"> • Funders should remain flexible and willing to support organizational and collaborative efforts to engage a community workforce. • Given that these positions may not be able to bill their time to funding streams that cover clinicians, it will be important to support organizations in resourcing these positions through other means.

C) Codified commitment to youth mental health among organizational, philanthropic, and health system leaders

Key Learnings	Takeaways + Opportunities
<p>Many participating agencies opted to formalize their commitment to the issue of youth mental health. Clear articulation of organizational and leadership support by way of MOUs was valuable for sustaining the organizational investment in the project and required each organization to get clear on its role and expectations.</p>	<p>Phase Two can be an opportunity to deepen insights about the extent to which formalizing partnerships expands and broadens commitment to youth mental health among diverse partners.</p>
<p>Wellness Partnership participants have leveraged the additional focus on youth mental health created by the COVID-19 pandemic to further spotlight the issue regionally. Sand Hill Foundation and funded partners are engaging with other funders, organizations, and institutions in ways that help elevate the profile of youth mental health. Collaboratives in particular shed light on the issue of by having conversations with other local leaders and presenting at conferences and convenings.</p>	<ul style="list-style-type: none"> • There are new opportunities underway to build on this momentum that align well with the Wellness Partnership’s goals, such as the United for Youth regional effort in San Mateo County.
<p>Engagement and commitment from public institutions has been limited and challenging. The public health department’s division of behavioral health (BHS) is a major player in the youth mental health ecosystem that has not been deeply involved with the Wellness Partnership. Larger institutions play a vital role in the youth wellness ecosystem, and there are inherent difficulties in seeding change and collaborating with larger institutions, as discussed in a 2022 learning session on navigating bureaucracy in systems change.</p>	<ul style="list-style-type: none"> • While there are some challenges inherent with working with government health systems, there is also a lot of money channeled through these and other large institutions. • Learning more about the needs, priorities, and capacities of health systems and other large institutional players may lead to new insights and opportunities for coordination and alignment. • If engaging with these larger partners requires CBOs to shift ways they do collaboration, there may be a role for philanthropy to cushion and support funded partners to adapt to new ways of collaboration.

D) Robust, qualified, and diverse youth-serving workforce trained to respond to the mental health needs of the youth they serve

Key Learnings	Takeaways + Opportunities
<p>Care and support for the wellbeing of the youth serving workforce is essential to providing trauma-informed, high-quality care for youth. The CBO workforce is doing a lot with limited resources. Even the work required to participate in a collaborative as part of a grant can be daunting for busy and overloaded staff. Phase One learnings surfaced that despite supports from funders like Sand Hill, stress, low wages, vicarious trauma, and burnout are significant concerns among youth-serving practitioners.</p>	<ul style="list-style-type: none"> • Learning and strategizing about what it would take to support, invest in, and retain a healthy and nourished youth-serving workforce may be an important step toward moving away from a culture of overload. • Funding team wellbeing is a strategy/tool for funders to consider. • Non-profits, even with the help of philanthropy, cannot change these factors alone – policy advocacy and broad systems change will be needed to make needed shifts, but there are potential roles for CBOs, community advocates, and funders in informing that change.
<p>Collaboratives are creating workforce pipelines including fellowships and professional training programs. These opportunities introduce young people to</p>	<ul style="list-style-type: none"> • Developing a career pipeline was not explicitly named by any of the collaboratives as a strategy from the outset

mental health professions, deepening their exposure and knowledge about mental health careers early on. In addition to supporting young people’s career development trajectory, it also helps build a workforce that is from the community it serves.

Service quality is improved through providing training on trauma-informed, youth centered care and services. Collaboratives provided extensive training for the youth serving workforce on topics including equity and inclusion, gender and sexual identity, immigration trauma, and communication with youth. This education helped equip staff with the tools to make services more relevant, youth-focused, and high-quality.

but has emerged as a promising practice among multiple groups.

- Learning more about how to advance and support the community workforce development opportunities can shed insights about areas of focus for Phase Two and planning for sustainability.

Phase Two may be an opportunity to surface more initiative-level insights about the impacts of these training efforts and the extent to which youth-serving providers feel equipped and supported to provide youth-centered care.

E) Seamless and equitable pathways and opportunities for youth to access mental health and wellness supports

Key Learnings	Takeaways + Opportunities
<p>Collaboratives provide early intervention and prevention supports in a range of clinical and community settings. Collaboratives have employed three effective models for increasing access to prevention and early intervention:</p> <ul style="list-style-type: none"> • Providing more non-clinical prevention, screening, and support in settings where young people go • Bringing more/improved clinical services to places young people go • Getting more young people to come to and get connected with settings that provide youth-focused, high quality mental health services 	<ul style="list-style-type: none"> • The initiative Theory of Change is built on the premise that these changes are making it easier for more young people to access the care they need. While the initiative-level evaluation in Phase One has focused on systems-level changes and impacts, Phase Two may present learning opportunities around improved access to care and its impacts on and for young people themselves. • To this end, Sand Hill Foundation may want to explore the extent to which collaboratives are tracking numbers and demographics of those served, and their experiences of accessing services.
<p>Best practices for making “warm handoffs” possible include developing strong relationships across agencies and establishing systems for information sharing. Creating opportunities for "warm handoffs" is one way that collaboratives built culturally-responsive practices to increase the likelihood that young people access and are satisfied with needed care.</p>	<ul style="list-style-type: none"> • Phase One affirmed these as best practices. Phase Two can be an opportunity to learn more about a) the impact these practices are having on the individuals served, and b) what it will take to sustain these practices.
<p>Youth-centered approaches lower barriers and increase access. Engaging peers (young people with lived experience) is a valuable way to make sure young people feel comfortable enough to walk through the door and to build a foundation of trust that helps ensure they are satisfied once they are there.</p>	<ul style="list-style-type: none"> • Phase One affirmed these as best practices. Phase Two can be an opportunity to learn more about a) the impact these practices are having on the individuals served, and b) what it will take to sustain these practices.

F) Quality youth programs and services informed by and tailored to the needs of those they are intended to serve

Key Learnings	Takeaways + Opportunities
<p>A diverse workforce that reflects and understands the community served is a powerful strategy for enhancing quality of care. Though increasing mental health workforce diversity remains a systemically-rooted challenge, collaboratives are leaders in lifting up this issue’s importance.</p>	<ul style="list-style-type: none"> Formalizing a specific commitment to racial diversity and cultural congruence in the workforce and board is a promising practice that enables organizations to hold themselves accountable to stated equity goals. There is a ripe opportunity to learn more about what it takes to attract and retain a diverse mental health workforce.
<p>Creating workforce pipelines helps introduce young people from the community to learn about and become involved with mental health professions. Collaboratives have created fellowships as a way to establish new career pathways, helping to expand and diversify the local mental health workforce.</p>	<p>There is an opportunity to learn more about the impact of these efforts to build the youth mental health workforce.</p>
<p>Youth voice and input is a valuable tool for designing welcoming, high-quality mental health services and spaces. Collaboratives have codified forums, systems, and practices that enable them to routinely involve young people in providing input and shaping services that align with community needs and remove barriers to care.</p>	<ul style="list-style-type: none"> Integrating youth input is not a “one and done” event; rather, it is an ongoing practice that requires time, attention, and resources to sustain. Compensating youth advisors for their time and wisdom is key, and those who fund and implement projects incorporating community voice must plan for this cost.

Key Learnings and Takeaways + Opportunities | Funder Approach and Strategy

<p>A large infusion of effort, time, and resources from both funders and funded partners are needed to successfully launch a collaborative.</p>	<ul style="list-style-type: none"> Funders need to consider ways to resource the arc of long-term initiatives that account for the considerable up-front investment needed to help new groups launch collaborative efforts. Guidance is helpful to build capacity for collaboration early on (e.g. the components of healthy collaborative functioning; access to peer learning) and to support learning in new collaboration methodologies (e.g. equitable distribution of grant dollars).
<p>Risk tolerance and experimentation are key to innovation. Sand Hill Foundation demonstrated collaboration, flexibility, and adaptiveness in formative stages of the initiative and at key junctures in response to partners’ early successes, challenges, and insights.</p>	<ul style="list-style-type: none"> Funders must embrace that systems change work is often complex and non-linear. Flexible funding and trust of grantee leadership creates space for creativity, experimentation, and emergent learning in service of better overall outcomes.
<p>Adapting in response to environmental shifts is helpful for maintaining strong and trusting funder/grantee relationships. Wellness Partnership grantees welcomed Sand Hill Foundation’s flexing of practices and expectations during the Covid-19 pandemic so the focus could be on stabilizing their community organizations.</p>	<ul style="list-style-type: none"> Other funders may learn from Sand Hill Foundation’s experience with the kinds of factors that enable responsiveness in a crisis, including board support, staff who are well informed about community needs and opportunities, good communication with funded partners,

	<p>and organizational openness to engaging in “trust-based” funding practices.</p> <ul style="list-style-type: none"> • Sand Hill Foundation may have additional insights to capture for its own internal reflection about creating conditions that support funder responsiveness and engender trust with grantees.
<p>Including staff from multiple levels of an organization in initiative activities and connection opportunities—from top leaders to frontline workers—leads to increased buy-in for and sustainability of initiative purpose and impact.</p>	<ul style="list-style-type: none"> • Welcoming staff beyond leadership level into the whole through convenings and trainings helps generate more input at key decision-making moments. • Including a broader cross-section of organizational staff also serves as a buffer when turnover inevitably occurs: there are colleagues that can help bring along newcomers as to the goals and purpose of the Wellness Partnership, vs. needing to start from scratch. • More participants translates to more overall engagement, which nets to greater organizational understanding of and investment in the work.
<p>Fostering choice in “beyond the check” supports can be valuable. Collaboratives' and individuals' needs and preferences for participating in activities like convenings, technical assistance, and coaching varied widely. Some funded partners experienced these supports as highly valuable, while others found the time required to be a hindrance.</p>	<ul style="list-style-type: none"> • Funders should consider approaches that allow as much choice as possible among “beyond the check” activities and keep required/mandatory events at a minimum. • Supports are likely to be most effective when informed by and adapted to grantees’ needs and capacity. • Funders should expect that within a cohort of funded partners, the ideal level of participation may vary.

Looking Ahead: Wellness Partnership Phase Two

Topline learnings from Phase One of the initiative point us toward what is currently working to make systems of mental health care more accessible, high-quality, and ultimately impactful for youth in the Silicon Valley region, and also illuminate new possibilities for Phase Two. With continued responsive stewardship from Sand Hill Foundation, this work can set collaboratives up for sustained impact and contribute to advancing long-term structural change in mental health space.

Appendix A. Phase One Wellness Partnership Theory of Change



SAND HILL FOUNDATION The Wellness Partnership Theory of Change

Revised 7/6/21

Vision and 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 in San Mateo and Northern Santa Clara counties would receive the appropriate level of mental health support when they need it, promoting their resilience as they pursue their dreams and aspirations.

Guiding Principles

Sand Hill Foundation intends to:

Commit to learning from and responding to grantee and community experience to inform equity focused, community-driven response.

Address the gap in prevention and early intervention for mild to moderate mental health concerns among early adolescents and young adults.

Serve as a connector, influencer, and partner to advance mental health beyond grantmaking.

Promote healing and health equity by addressing disparities that impact youth wellbeing.

Funding Strategies

Provide grants to support cross-sector partnerships and/or innovations to improve **access** to high-quality 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 in partnership with and 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 2024):



Embedded infrastructure for **partnership, collaboration, and connections**.



Codified commitment to youth mental health among organizational, philanthropic, and health system leaders.



Understanding, fluency, and normalization of mental health among community members and adults who interact with youth.



Robust, qualified, and diverse youth-serving workforce trained to respond to the mental health needs of the youth they serve.



Seamless and equitable pathways and opportunities for youth to **access** mental health and wellness supports.



Quality youth services and programs informed by and tailored to the needs of those they are intended to serve.