



Improving Systems: Equity, Quality and Access in the Wellness Partnership Initiative

February 2023

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

I. Introduction

Since its inception in 2018, the Wellness Partnership initiative has made strides in strengthening regional systems of care to support the mental well-being of young people. The initial four years of the initiative (expected to span at least ten years) have provided valuable lessons about collaborative partnerships as a vehicle for achieving systems-level change. This evaluation brief focuses on quality, access, and equity as three core areas of impact, highlighting examples of progress, factors driving those successes, and implications of the findings for ongoing efforts to advance the well-being of young people using systems change approaches.

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. 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.

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 \$5.1M in the first four years. The cohort included 33 organizations, led by five agencies representing diverse approaches, all focused on increased coordination and access to Prevention and Early Intervention (PEI) services. Additionally, Sand Hill Foundation engaged Learning for Action (LFA) to serve as the evaluation and cohort learning partner for the Wellness Partnership starting in 2018.

One of the core values of Sand Hill Foundation is nimbleness. The launch of the Wellness Partnership was itself a reflection of this as 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. Going “beyond the check,” remaining flexible, and prioritizing learning were commitments from the beginning and will continue to guide Sand Hill’s role as the initiative moves into its fifth year. These priorities also applied to the evaluation work itself and, over the course of the first four years of the initiative (which encompassed the early years and acute, collective trauma of the COVID-19 pandemic), provided the following additional supports to the grantee cohort:

- **Coaching and Capacity Building Support:** groups received additional funding for planning and research, strategic planning, and underwritten coaching offered in partnership with Learning for Action.
- **Convenings and Learning Community:** annual gatherings of the larger cohort and smaller, quarterly learning sessions for lead agencies (in partnership with Learning for Action) were offered, exploring topics such as strengthening collaboration, equity, centering youth and parent voice, and other cohort-driven topics.
- **Team Wellness Grants:** unrestricted grants of \$5,000 distributed annually to each collaborative group in support of team members’ personal mental health and wellness.

The table below outlines the role of each grantee organization and their respective collaboratives. In 2022, two of the initial five groups (Out-of-School Wellness Network and LifeMoves Wellness Collaborative) incubated during the initial stage of the Wellness Partnership transitioned out from the cohort, as the evolution of their work no longer required the same collaborative partnership structure, but remain as foundation grantees and partners in other ways. The remaining three collaboratives continue as active Wellness Partnership members with multi-year funding commitments in place, with outreach to additional groups underway at the date of publication.

	Out-of-School Time/ Youth Development	Mental Health/ Clinical Services	Academic Institutions/ Schools (K-12)	Government	Other Non- Profit/ Supportive Services (Non- Mental Health)	Other
Allcove						
Stanford Center for Youth Mental Health & Wellbeing*			✓			
IDEO.org						Design
Santa Clara County Behavioral Health Services		✓		✓		
Foundry		✓				
Lucile Packard Foundation for Children's Health						Philanthropy
Peninsula Health Care District		✓				
Whole Health for Youth						
Friends for Youth*	✓					
Siena Youth Center		✓				
Redwood City PAL (Police Activities)	✓					
Peninsula Conflict Resolution Center					✓	
One Life Counseling						
Star Vista		✓				
Out-of-School Time Wellness Network						
California School-Age Consortium*	✓					
Mid-Peninsula Boys & Girls Club	✓					
Daly City Parks & Recreation Department		✓		✓		
Footsteps Child Care, Inc.	✓					
LifeMoves Wellness Collaborative						
LifeMoves*					✓	
NAMI Santa Clara County		✓				
NAMI San Mateo County		✓				
Palo Alto University			✓			
Creatrix	✓					
StarVista		✓				

	Out-of-School Time/ Youth Development	Mental Health/ Clinical Services	Academic Institutions/ Schools (K-12)	Government	Other Non- Profit/ Supportive Services (Non- Mental Health)	Other
Ravenswood Wellness Partnership						
Children's Health Council*		✓				
Boy & Girls Clubs of the Peninsula	✓					
CASSY		✓				
Child Mind Institute		✓				
One East Palo Alto					✓	
Ravenswood City School District			✓			
Ravenswood Education Foundation					✓	
San Mateo County – Behavioral Health & Recovery Services		✓		✓		
Stanford University -- Dept of Psychology			✓			
The Primary School			✓			
Ravenswood Family Health Center		✓				
California Children's Trust		✓				

*Lead agency

Sand Hill Foundation engaged Learning for Action (LFA) to serve as the ongoing multi-year evaluation and learning partner. The evaluation is rooted in two overarching 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?

Wellness Partnership Theory of Change

An approach rooted in collaboration and systems-level change. The Wellness Partnership initiative is guided by the belief that if the resources to support prevention and early interventions 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, promoting their resilience as they pursue their dreams and aspirations. The initiative is also built on the hypothesis that a key driver of inequitable access to high quality care is the degree to which an individual must navigate a complex system of care and adapt to the ways that system functions, rather than the system adapting to meet the individual's needs. Inequitable systems widen

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- Lessons and Implications

existing disparities, disproportionately impacting those already systematically excluded from resources and opportunities. Systems-level approaches shift some of that onus for success to the system itself: “What would it look like for the system to work effectively for the people it serves?”

Designed as a **systems-change** initiative, the Wellness Partnership works to alter the institutional structures, pathways, resource flows, norms, and beliefs that impact young people’s ability to move seamlessly within the system. At its core, the Wellness Partnership aims to move wellness supports further “upstream” by embedding resources in places youth already go and building stronger bridges to additional levels of care as needed. This work is inherently collaborative in nature. It entails establishing a community-wide network of support into which youth will find entry points wherever they go.

Theory of Change (TOC) Refresh. In 2021, LFA led a participatory TOC refresh involving Wellness Partnership grantees and Sand Hill Foundation staff. The goals were to extend the time horizon for short term outcomes beyond the initial two-year funding cycle, and to rearticulate a collective vision for success based on the knowledge and experience of initiative partners. Notable changes informed by the refresh process included the more intentional incorporation of an equity lens throughout the TOC and the identification of a revised set of six short term outcomes. The revised set of short-term outcomes are shown below, excerpted from the full theory of change which is located in Appendix A.

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.



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



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



Robust and qualified youth-serving **workforce** with deep understanding of the community they serve.



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

The TOC refresh process highlighted and affirmed the central role of equity in the systems change work of Wellness Partnership collaboratives. Grantees participated in an exercise of envisioning an ideal future state in which systems for supporting youth mental health and well-being operated seamlessly and effectively. They were then invited to describe what would look and feel different for the people who interact with those systems - the young people, members of the youth-serving workforce, and the broader community. Insights from grantees highlighted:

Centering youth and their authentic experience

Acknowledging race, power, history, and culture

Sharing power and building trust

Designing and providing services based on a deep understanding of those they are intended to serve

About this Evaluation Brief

This evaluation brief provides an in-depth look at the role of quality, access, and equity in the work of the Wellness Partnership. The initial years of the initiative focused on building an infrastructure for strengthening mental health systems through collaborative partnerships. Early evaluation findings highlighted ways that collaboratives were laying the groundwork that would enable improvements to quality and access. As the collaboratives' work has matured, there is now meaningful evidence of systems-level change within the direct service landscape. Using a systems-change lens, this report analyzes the ways that changes are improving quality and access by centering the needs of the youth served by the system. Developed at the end of the 2022 program year, this report analyzes progress, impact, and lessons at the four-year mark initiative and builds upon previous evaluation efforts to date. Past evaluation reports can be found in Appendix B.

Defining key terms. For the purposes of the evaluation, we take an expansive view of quality and access in which equity is embedded. We conceptualize equity, quality, and access as follows:

- **Equity:** Everyone has what they need to be successful, thrive, and feel fulfilled, while taking into account that people have different access to resources because of systems of oppression and privilege. Equity work takes place at a system level to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes and cultural messages that reinforce or fail to eliminate differential outcomes.
- **Quality:** Quality youth mental health and wellness resources are provided by trained, qualified professionals and are informed by and tailored to those they serve. This includes policies, practices, and services that are: appealing; youth-centered; culturally-relevant; and trauma-responsive. Quality is shaped by institutional policies and protocols and by the well-being of providers themselves.
- **Access:** Accessible youth mental health and wellness resources are readily available, low-barrier, and convenient. Factors that determine ease and ability to connect with and receive services include: service capacity, days and hours of availability, language capacity, location (including co-location and transportation), cost, wait times, and connections between agencies/levels of care through referral systems and care coordination. It also includes services and environments that are welcoming, safe, and appealing to young people.

Data Sources. Data drawn upon for analysis and examples shared in this brief come from the following data sources:

- **Interviews** with members of lead agencies, and partner organizations¹ conducted in fall 2022. When making attributions, language will include "leads," "partners," and "grantees."
- **Grantee progress reports;** and
- **Systems change tracking data** entered by grantees on an annual basis to monitor systems-level progress in areas that map to the Wellness Partnership theory of change. Data displayed throughout the report comes from the systems change tracking tool and reflects cumulative data from the last four years. The 2022 Systems Change Tracking Summary is included in Appendix C.

¹ Partner agencies were invited to opt in to participating in an interview with the evaluation team. LFA conducted conversations with a total of 5 partner agencies to inform this evaluation report.

II. Where Existing Systems Fall Short

Systemic Barriers Perpetuate Disparities

When systems for supporting youth mental health and wellness are fragmented, inaccessible, and not-youth centered, young people are at risk of falling through the cracks, experiencing delays in care, or having their needs go unaddressed. The barriers and challenges of navigating systems of care are amplified for individuals and communities historically excluded from resources and supports, widening existing disparities along racial lines.

Context Setting: Racial Equity at the Intersection of Mental Health Access and Quality

Mental health disparities fall along racialized lines and are caused by systemic, not individual, factors. Identity-conscious approaches that attend to quality and access with a racial equity lens are needed to address the underlying, systemic causes of these disparities. Racial disparities are well documented.

- **Lack of Representation in the Mental Health Workforce.** The mental health workforce is largely white. In 2019, the Bureau of Labor Statistics found that 88% of mental health counselors were white. One consequence of this lack of diversity is a limited ability to understand and adequately address the cultural needs and experiences of Black, Indigenous, and people of color (BIPOC) individuals, in particular as it relates to the experience of navigating a white dominant culture as a person of color.²
- **Disparities in Quality and Access.** Compared with people who are white, BIPOC individuals are:
 - less likely to have access to mental health services,
 - less likely to seek out services,
 - less likely to receive needed care,
 - more likely to receive poor quality of care,
 - more likely to end services prematurely³
- **Root Causes of Inequities.**
 - Cultural perceptions, norms, and beliefs about mental health influence help-seeking behavior. Stigma and negative attitudes about mental health treatment among some cultural communities elevate barriers to asking for help.⁴
 - Exposure to individual and institutional racism and discrimination may foster fear and mistrust of people in positions of authority, healthcare systems, and other services. This mistrust may deter BIPOC individuals from seeking mental health treatment and support.^{5 6}
 - Deeply entrenched wealth inequality increases vulnerability to being uninsured, and other barriers to access related to cost and transportation.^{7 8}

² [Kim, Rebecca. "Addressing the Lack of Diversity in the Mental Health Field." National Alliance on Mental Illness. March 7, 2022.](#)

³ [Perzichilli, Tahmi. "The Historical Roots of Racial Disparities in the Mental Health System." Counseling Today. May 7, 2020.](#)

⁴ [Student Mental Health Program. Supporting Students from Diverse Racial and Ethnic Backgrounds.](#)

⁵ [Perzichilli, Tahmi. "The Historical Roots of Racial Disparities in the Mental Health System." Counseling Today. May 7, 2020.](#)

⁶ [Student Mental Health Program. Supporting Students from Diverse Racial and Ethnic Backgrounds.](#)

⁷ [Student Mental Health Program. Supporting Students from Diverse Racial and Ethnic Backgrounds.](#)

⁸ [Perzichilli, Tahmi. "The Historical Roots of Racial Disparities in the Mental Health System." Counseling Today. May 7, 2020.](#)

What Barriers does The Wellness Partnership Aim to Address?

In seeking to better serve youth, collaboratives in the Wellness Partnership initiative have deeply reflected on the ways in which current systems fail to adequately serve young people. Grantees provided insights about the barriers and challenges tied to quality of care and the ability to access services, that inform their approaches to their work.

Factors that Impact Quality of Care

How is quality defined? For whom? Whose needs are being well addressed by mental health systems and whose are not? The answers to these questions are at the heart of how Wellness Partnership grantees seek to advance high-quality, youth-centered care. Grantees provided insights on factors that impact quality of care for young people and their communities.

1. The diversity of services that are offered. Young people’s needs and experiences vary widely, and thus, one type of service or approach will not be appropriate for every situation. A leader at LifeMoves Wellness Collaborative feels the diversity of needs they see in their youth must be met with similar diversity in services offered; for example, some need support with skill building, others need space for processing, or tailored programming to meet their unique context or phase of life. By providing a variety of opportunities to clients, LifeMoves Wellness Collaborative members have learned that different approaches impact the overall wellness of the youth they serve. A Ravenswood Wellness Partnership partner who provides services for youth with high needs noted that different levels of intervention are necessary for youth; when services fail to account for a spectrum of mental health issues, youth with mild or moderate needs can be excluded from receiving appropriate care. Other collaboratives see a need to think holistically, and offer more than clinical services when considering how to bolster youth mental health and wellness. Gaps in quality care are created by the failure to recognize differences, tailor mental health supports in response to individual needs, and think expansively about the types of services that can benefit youth.

2. The way services are delivered. When thinking about how youth receive services and supports, many collaboratives consider barriers in format. LifeMoves Wellness Collaborative members see a need for an inclusive range of ways young people can engage with mental health supports, noting that preferences for one-on-one settings or group environments, and virtual or in-person programming varies among youth. Whole Health for Youth leaders shared that barriers exist for youth of color when the format does not account for the language or culture of the youth and their families. Whole Health for Youth and allcove leaders also reflected that mental health systems do not work well for young people when services are not youth centric, or there isn’t space for youth to engage or shape what they need. Collaboratives do not feel it is possible to provide quality care when youth don’t feel safe, seen, or have a sense of belonging in the spaces where they are receiving mental health services.

3. The people delivering services and how they are supported. Collaboratives recognize that who delivers services to young people and how systems support, acknowledge, and empower the youth-serving workforce are critical components of the quality of care youth receive. Yet collaboratives have seen three primary challenges related to service providers: when service providers do not reflect the communities they serve; when adults serving youth are not resourced to do the work well; and when other adults in the system are not empowered to support young people or able to make appropriate referrals.

- Historically, youth of color have not had care providers who can personally relate to their culture and experiences, or who speak the language spoken at home. This is a limitation on quality care. The Executive Director of the lead agency for the Whole Health for Youth collaborative noted that she is the first person of color to hold this position, despite being someone who “would have been a kid in our programs, a kid who would have benefited from Whole Health for Youth.”
- Frontline workers, already exposed to lasting stress and trauma through their roles and tasked with wearing many hats with limited resources, are also grappling with the uncertainty, fear, and exhaustion brought on by the COVID-19 pandemic. An OST Wellness Partnership leader shared, “The level of stress people are grappling with is sobering. It was heartbreaking to read [...]people pouring their hearts out on an intake form. If providers aren’t well or equipped with resources they need, it will trickle down to students.” OST Wellness Partnership members continue to posit the question of how youth wellness can truly be supported when the wellness needs of the people supporting them are not addressed.
- Conventional wisdom confers health care solely to the hands of clinical providers. This narrow view of who is well situated to help youth has closed off meaningful and valuable touchpoints. OST Wellness Partnership leaders noted that there are inequities in how youth development providers are viewed and treated; their role is often devalued, leaving adults who are a key part of young people’s lives with internalized beliefs about their importance that limits their power. Collaboratives understand that there are a range of people who can support youth, from peer mentors to clinicians. They feel that any adult with a trusted connection to youth can and should play a role in giving or getting young people the mental health support they need.

Factors that Limit Access

In addition to having the right mix of quality service offerings, young people need to be able to access those services. Racialized, structural inequities amplify challenges to accessing mental health systems, and some barriers are further compounded for young people based on where, how, and what services are provided. Wellness Partnership Collaboratives provided insights about factors that limit young people’s ability to access services.

1. **Logistical challenges.** Where services are offered has been a considerable barrier for youth. In many cases, the necessary mental health resources have not been located in the communities experiencing the greatest need. This is particularly egregious in areas where there has been enormous disparity in income and disinvestment in communities of color. Through their community needs assessment, Ravenswood Wellness Partnership discovered inequities in service offerings; limited mental health services for youth within East Palo Alto and East Menlo Park often meant folks needed to be referred outside their home cities to ensure they received care. This compounds an additional pervasive obstacle: transportation. Many collaboratives raised transportation barriers as a problem impacting their communities. In a geographic area with limited public transportation, families without access to a car have been unable to get their youth to services. Another issue is awareness; collaboratives shared that often, families simply do not know where to go. Lack of information about existing resources limits the degree to which families and youth can utilize mental health supports.

2. **Workforce issues.** Shortages of behavioral health professionals have an impact on how easily youth can receive services and represent a challenge facing the mental health sector nationwide.

Ravenswood Wellness Partnership leaders shared how there have been times when there was not enough availability or capacity to ensure people could get the support they needed. Ravenswood Wellness Partnership and Whole Health for Youth leaders also shared that there has also been limited capacity building opportunities for BIPOC, bilingual, and immigrant professionals and providers. Lack of investment in these groups has contributed to a limited pipeline of talent, and failure to develop mental health capacity at a community-based level. One Ravenswood Wellness Partnership leader noted, “a lot of folks that graduate from training programs don’t go into true grassroots community mental health,” which leads to greater inequities. Private practice is more lucrative and draws trained professionals away from the nonprofit sector.

3. **Poorly designed systems.** Without integrated systems of care communicating with one another, people experience the mental health care system as difficult to navigate. Collaboratives identified a multitude of problems within the system, describing general trends where people have not been connected with the right resources, services within the community have been duplicative, and people have been forced to repeat their story as they move through the system and are passed off to various providers. Often this treatment – haphazard jostling through the system and having to reiterate themselves – in and of itself causes trauma. When people suffer from disjointed, uncoordinated, and siloed efforts, or poor and inaccurate referrals, they are less likely to trust the system or persevere within it.

4. **Stigma around mental health.** Many collaboratives named that stigma around mental health has been a prevalent issue. Negative ideas and attitudes about mental health services held by parents or guardians can impede young people’s access to care. Whole Health for Youth leaders reflected on how families are often unaware of how beneficial mental health services can be and that there is a need to support their families in becoming more familiar with mental health overall. Collaboratives noted that this need is especially acute for families of color, where historic mistreatment by healthcare systems and cultural norms can make it more challenging or less acceptable for youth to seek mental health supports. “Many youth are afraid that they are going to be found out,” said one allcove member, describing how important it is for youth to have guarantees of confidentiality and places to go that are not on school campuses. While youth may see the value in mental health services and hold interest in seeking support, opinions from family shape the ease and comfort youth have in accessing what they need.

III. Approaches to Strengthening Systems

What approaches are being used to address barriers to quality and access, and how do they advance equity in the youth mental health space?

In response to this landscape of challenges and barriers, Wellness Partnership collaboratives spent the first four years of the initiative developing, implementing, and refining a wide range of solutions designed to make youth-serving mental health support systems more equitable and effective. Collaborative leaders and partners described in their own words how they have approached the work of increasing access to and improving quality of care in their respective communities, as well as what they know to be different as a result of their efforts to date.

Enhancing access and quality through responsive, holistic services

1. Prioritizing trust-based relationships with young people. Collaborative leads agreed that building sincere, open connections with youth is essential for ensuring their comfort in accessing mental health supports that meet their needs. When interactions with the adults managing programs and delivering services convey honesty, responsiveness, and reliability, youth are more likely to utilize what is available to them and are more inclined to return repeatedly.

One of allcove’s strategies for keeping these doors open and inviting is to lead with transparency. In practice, this can look many different ways, from engaging in clear, respectful communication to teaching young people about minor consent as they navigate the healthcare system. “Transparency has been a key ingredient in supporting equity and access,” said one allcove staff member. “It’s paying attention—looking for those non-verbals and inviting that authentic exchange.” allcove’s approach to onsite peer support is another method for building trusting relationships with young people seeking help. Young people who have an established relationship with allcove are trained to provide peer support, and serve as center ambassadors and “low-stakes tour guides” for newcomers, listening carefully to the incoming youth’s needs and interests and sharing information on accessing resources. Pairing youth with someone who understands and cares about them as they experience the center for the first time sets a strong foundation for a high-quality relationship going forward, and the adults on staff learn and benefit from these connections too. “[Youth] ask the best questions—incredibly vibrant,” shared a staff member. “We want to ensure these relationships are of high quality—transparent, open, confidential.”

Recognizing that many of the youth moving through their programs craved more interpersonal connection, LifeMoves Wellness Collaborative partners have also leaned successfully into relationship-building with young people and embraced opportunities to facilitate interpersonal program activities. “For some, they are hungry to have more interaction and to make that connection in person,” said a LifeMoves leader. In a similar vein, Whole Health for Youth partners have deliberately stepped into the role of connector and relationship-builder across the variety of local

“Getting to know [youth] so well, the **relationships are deeper, trust is built, and our impact is greater.**”

— Whole Health for Youth

environments where youth are spending time, finding that staff members who are able to support youth throughout different programs and spaces are able to build deeper connections with them and, ultimately, have a more significant impact on their well-being.

2. Tailoring services to meet a holistic range of needs. Making a variety of supports and resources available to youth was identified by all collaboratives as key to enhancing service quality and reducing barriers to access. In order to meet the mental health needs of communities historically marginalized by systems of care, organizations must expand beyond traditional clinical offerings—which often

Collaboratives facilitated

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instances of mental health services being co-located in settings where youth and families go for other kinds of support.



operate under a “one size fits all” approach that favors dominant norms—and deliberately see and respond to the specific circumstances and needs of youth. In this spirit, LifeMoves Wellness Collaborative partners have found that adding new wellness services to complement conventional care is an effective way to reach youth experiencing homelessness. Among these tailored options: connecting youth with laptops and other tech resources, engaging youth in trauma-informed arts programming, and delivering targeted supports for transition-aged youth through a partnership with NAMI. In collaboration with their local school district, the Ravenswood Wellness Partnership has also taken big strides toward

providing more comprehensive mental health supports for local young people. The partnership is implementing a new school-based model that invites multiple organizations to the table to share information and make collective decisions about the youth in their care. “This is creating more of a whole child, wraparound support system,” explained one Ravenswood Wellness Partnership provider.

In addition to directly offering youth a holistic range of services, collaborative partners are going upstream to equip staff with the education and resources to respond effectively to a variety of mental health needs. In partnership with members of their Youth Advisory Group, allcove designed and administered a training for all site staff to raise awareness about systems of oppression and how they impact youth well-being. Embracing customized care from another angle, LifeMoves Wellness Collaborative lead agency has thoughtfully staffed professionals that bring a mixture of youth development, clinical, and lived experience to program implementation. OST Wellness Partnership and collaborators have developed new trainings geared specifically toward preparing practitioners to understand complexity and avoid one-size-fits-all tactics; one session, for example, unpacked how pandemic-related social anxiety among youth shouldn’t be mistaken as a sign of defiance or disengagement. In response to a team member’s request for coaching on how to better support a queer young person, Whole Health for Youth promptly pulled together a collaborative-wide week of trans awareness events for all partners to participate in. Collaboratives are taking responsibility for building the skills that translate into a more comfortable and higher quality experience for the young people in their care.

3. Co-locating services in convenient, welcoming spaces. Several collaboratives have addressed the geographic and transportation barriers to access that many families experience by strategically delivering mental health programs and services in community locations where youth and their

Collaboratives have trained:

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service providers and youth development workers to provide more trauma-informed, asset-focused, and responsive mental health supports.



caregivers are already spending time. Whole Health for Youth offers therapy and peer counseling at after school programming sites around the community so kids don't need to travel to receive supports, and the Ravenswood Wellness Partnership's connections to local school districts facilitate delivery of on-campus services. Bringing programs to community members—rather than requiring people to come to them becomes even more crucial when working to ensure equitable access to programs for families living and working in poverty—or, in the case of LifeMoves Wellness Collaborative, families also experiencing homelessness. "San Mateo County is abysmal in terms of public transit. It's not realistic to take a bus, or take an Uber if you're in a financial situation that has been a contributing factor in homelessness," explained a LifeMoves Wellness Collaborative leader. To alleviate these challenges, the collaborative has gone beyond standard social service offerings for families experiencing homelessness to integrate mental health supports onsite at shelters. Residential service coordinators are available at all hours of the day to connect clients to resources or guide them through moments of crisis.

Centering youth and community voice in program design, delivery, and improvement

1. Using an identity-conscious community outreach strategy. The five Wellness Partnership collaboratives were created to serve and support a racially and ethnically diverse constellation of Silicon Valley communities. It follows that collaboratives' most successful efforts to increase community awareness of and interest in their work lead with clear cultural and identity consciousness. One common way partners have set an inviting tone in their outreach efforts is through the provision of multi-lingual outreach and programming: Whole Health for Youth, Ravenswood Wellness Partnership, and OST Wellness Partnership each offer trainings/workshops, community roundtables, support/therapy sessions, and resources in Spanish as well as English. Whole Health for Youth is also leaning into marketing and outreach via Instagram and TikTok, while allcove collaborates directly with youth themselves to design and deliver messaging and outreach, ensuring that their external communication is conducted "literally in the voice of youth."

2. Intentional staffing of adults who reflect and represent the youth they serve. All collaborative leads discussed the lived experience and identities of their staff as key to their ability to successfully secure the attention and, eventually, the trust of youth and families. The Ravenswood Wellness Partnership has been intentional about staffing members of the LGBTQ+ community in its programs in order to better serve queer young people, and Whole Health for Youth works to ensure that, whenever possible, the trainers sent into communities are from that area and understand the local context. allcove's lead program managers are folks of color who come to their work with years of background in peer support services, and collaborative lead Friends for Youth's team is comprised entirely of first generation, BIPOC staff, all of whom speak a language in addition to English. "Just being who we are is making our kids and families more comfortable in accessing services," explained a FFY staff member. They wouldn't otherwise have gone to therapy or told us they got an eviction notice, or have fear [relating to] immigration." When community members can see themselves and their experiences reflected in the folks leading organizations and running programs, invitations to use services and shape the system of care are more likely to be received and accepted.

"Including youth in the process ensures that **youth are able to connect with providers that mirror their experiences and understand their cultural background.**

They don't have to keep telling their stories over and over again."

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- allcove

3. Ensuring youth and community perspectives meaningfully shape program design and delivery. The majority of collaboratives spoke earnestly to the authentic inclusion of youth and families in program decision-making as critical to advancing access, quality and equity through their work. Partners' centering of community perspectives in the development and delivery of mental health supports took many different forms, with a throughline of using engagement methods that make sense for the community context:

- The Ravenswood Wellness Partnership didn't waste any time setting the stage for community-driven decision-making as its collaborative structure originally came together: their first move was to conduct a needs assessment to connect with and learn from local young people, parents, teachers, and service providers. Through this process, they listened closely to needs and gathered rich input that partners were then able to translate into the collaborative's foundational goals. "It feels really good because it wasn't a bunch of external experts coming in to prescribe what was needed," shared one CHC leader.
- Whole Health for Youth coordinates and hosts regular community roundtables and town halls that bring together young people, parents/caregivers, and area leaders to discuss issues that may be impacting youth health and well-being, hear how Whole Health for Youth programming is landing with local families, and gather perspectives on what else is needed to improve access to quality care. "We are not only able to communicate with them and help them find the services they need in a way they feel comfortable with. We're also very intentional about, how do we involve their voices in everything that we do?" said a FFY team member.
- With youth-serving providers as their priority community/constituency, OST Wellness Partnership's engagement approach has focused on co-developing a mental health training curriculum with actual providers in the field, as well as gathering multiple rounds of input from community-based trainers implementing the material. "In general, people feel like this is quality training, [they're] seeing this issue differently and got something out of it," reflected one OST Wellness Partnership leader.
- allcove's fundamental model for youth mental health programming hinges on youth voice driving decision-making at every possible opportunity. From influencing the environmental look and feel of allcove's physical space to participating in each phase of a staff hiring process, this collaborative is walking the talk of centering youth perspectives in the design and delivery of supports and resources. Staff called out the ownership youth feel over the programs and services as a result of this engagement, also drawing a direct connection to increased access: "These are not empty questions—they're direct, targeted opportunities to shape the services, the center, and that ensures that youth are going to come through those doors."

"When we're talking about capacity, expansion, coordination—we're always talking in the community's voice. **Conversations and decision making, both strategic and tactical, are occurring in concert with community voice.**"

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- Ravenswood Wellness Partnership

4. Adapting and course-correcting based on youth and community feedback.

Maintaining the trust and buy-in that collaboratives' authentic, relational engagement efforts have built requires a consistent commitment to acting on incoming input. Collaborative leads shared examples that highlighted visible accountability to youth and family feedback as an important ingredient in keeping systems of care approachable and accessible in the long-term. Some expressed that the most important piece is simply asking youth directly and explicitly for reactions and suggestions—getting down to the core of what they really want and applying those learnings with intentionality.

Whole Health for Youth has demonstrated leadership in this area by taking swift action to cut certain health and well-being programs once they learned from community participants that these activities were not as useful or meaningful as expected. For example, when post-event data revealed that a certain training wasn't resonating with community members, partners opted to reallocate funding toward offering more support groups with a therapist that was well-liked among local parents. LifeMoves Wellness Collaborative partners have also sharpened their focus on bringing more client feedback into the mix. One simple change they have integrated as a result: asking more nuanced questions on their client intake form that help staff prioritize who needs virtual vs. in-person services. allcove's approach to hearing and responding to youth feedback is another notable instance of how adults leading with receptiveness and humility, instead of defensiveness and rigidity, can transform systems toward better mental health outcomes for young people. Staff described how candid

Collaboratives created:

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unique opportunities for youth voice to inform youth-serving programs and services.

feedback from youth has improved the quality of their services. For example, the team halted a counselor's hiring process when the young people involved decided that the candidate was not going to be the right fit to provide the kind of support they wanted; in another case, a peer support specialist who identifies as neurodivergent urged program managers to update peer support curriculum to include coverage of neurodiversity, which they promptly did. "If an organization is willing to take those measures, that's what centering youth voice really looks like," said one allcove program manager.

"Asking direct, targeted questions and ensuring youth can see their lived experiences and expert feedback being utilized. That's what creates the ownership."

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- allcove

Overcoming stigma and shifting narratives to ensure access for marginalized communities

1. Facilitating pathways for parent engagement and support. Collaboratives know that BIPOC parents are a critical group to meaningfully connect with in their efforts to reduce stigma around mental health and ensure that youth of color are able to access high-quality supports. Multiple agencies spoke to the ways they have engaged and earned the trust of local parents, including those who are new to the community and unfamiliar with what supports are available and those wary of the kinds of institutions and systems that have historically provided mental health services. Recognizing that parents who feel supported are better able to support their kids, particularly in a context where the family unit is experiencing trauma, LifeMoves Wellness Collaborative partners offered resources directly to parents of youth in their programs and actively included caregivers in discussion about youth’s progress in programming. In the Redwood City area, the Ravenswood Wellness Partnership has partnered with the local school district to provide parent workshops that provide a space for adults to share and be supported through difficult personal issues. The trust built through these kinds of interactions has facilitated other engagement wins, like when local parents participated in developing the Ravenswood Wellness Partnership’s business plan and goals. The Whole Health for Youth collaborative has focused on breaking down stigma and raising awareness among parents by offering regular support groups and integrating mental health topics into regular activities like Zumba classes. For parents commonly managing stressors like recent immigration and financial instability, a chance to talk with a friendly, supportive staff member who speaks their first language is a caring entry point into the conversation about not only what their youth may be dealing with, but their own well-being as caregivers.

2. Partnering with connected community organizations for broader, deeper engagement. Several collaborative leads reported that prioritizing partnership with trusted community organizations and honoring their grassroots leadership as the work unfolds has helped the collective connect more youth and families to mental health supports. Whole Health for Youth’s relationship with their local *Promotores* program is one example of how these alliances can expand a collaborative’s engagement footprint to include folks who might otherwise go unreached. Similar to a community health worker model, the *Promotores*—a group of mothers and young adults who live in the area and whose identities and backgrounds represent the experiences of the North Fair Oaks community—conduct door-to-door outreach, often in Spanish. As paid members of the Whole Health for Youth team, *Promotores* increase community comfort with utilizing mental health supports by quelling fears and adding legitimacy to the overall collaborative’s messaging and resources.

Collaboratives hosted:

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opportunities, trainings, and events to foster parent and caregiver engagement in youth mental health promotion.

“There are still barriers to access no matter how much capacity you build—we need people from the community that reflect the culture to **build trust and create bridges** to not just mental health services, but the other services and supports and rights humans need to be healthy and well.”

“ - Ravenswood Wellness Partnership

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This kind of approach is especially important in areas where relationships between social sector institutions and community members have been tenuous in the past. In the Ravenswood Wellness Partnership's experience, leveraging partners to create bridges to services goes a long way toward healing wounds created through cycles of community investment, extraction, and disinvestment often perpetuated by nonprofits and foundations.

The folks that are part of this partnership are **folks that have been in the area for a long time**. They've built trust and are experts in what they do—not from a perspective of telling the community what to do, but rather the important concepts of **working with and alongside communities to develop new systems.**"

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- Ravenswood Wellness Partnership

3. Changing the conversation on what mental health support is and who can provide it. As collaborative agencies work to dissolve stigma to ensure youth receive high quality supports, partners are also questioning and reinventing traditional narratives about what youth mental health models should look like. Staff from both LifeMoves Wellness Collaborative and allcove reflected on how the field's often outdated adherence to "best practices" in programming can actually get in the way of identifying innovative solutions that ultimately lead to greater access to and quality of services for youth. In one specific case, LifeMoves Wellness Collaborative's exploration of best practices around virtual service provision during the height of the pandemic ultimately taught them that what literature deems most effective—in this case, in-person appointments—wasn't the right approach for supporting the youth in their care.

OST Wellness Partnership has also taken strides to address the need for a dialogue shift related to mental health among youth development professionals. Through their work in the Out-of-School Time (OST) field, OST Wellness Partnership and partners saw that the dominant ideas of which environments, programs, and adults are best equipped to support youth well-being were limiting the potential of non-clinical youth workers to have a positive impact on young people's mental health. "The national conversation likes to pigeonhole what is good for youth," explained a OST Wellness Partnership leader. In response, the collaborative—led by OST Wellness Partnership—began driving new conversations with OST trainees that encouraged them to think and act differently: 1) instead of

"We're experimenting with the idea that **every adult in the life of a young person** has the ability to **help them navigate systems** and get needs met."

“

- OST Wellness Partnership

relying on assumptions about what is best for youth, create space to listen to and understand their unique needs 2) recognize the critical role you play as a trusted adult in a young person's life and how that relationship can work in service of better mental health outcomes. For these OST Wellness Partnership partners, supporting youth development providers in stepping intentionally into their power as a facilitator of accessible, quality support for youth is a step toward changing the mental health system of care.

Building a workforce of resilient mental health and youth development professionals

1. Resourcing the mental well-being of the youth-engaged workforce. Youth development professionals in the Silicon Valley region are struggling with considerable stress, fatigue and overall burnout. For collaboratives like OST Wellness Partnership, whose initiatives connect them directly with

California’s youth-serving workforce, the exhaustion is especially palpable. In response, OST Wellness Partnership and partnering agencies have deepened their emphasis on provider well-being through compassionately hosted trainings and convenings tailored to a frontline practitioner audience. Topics ranged from tactics for setting boundaries while supporting youth to reframing what “self-care” means. The collaborative also delivered a training specifically for executive teams at youth-serving organizations, inviting leaders to examine their own internal policies, practices, and culture, and identify changes that could benefit frontline staff.

Underlying OST Wellness Partnership’s efforts is the belief that access to quality mental health care for youth is contingent upon a healthy and supported workforce. “If providers aren’t well or equipped with resources they need, it will trickle down,” shared an OST Wellness Partnership leader. “Providers are hurting. They are trying to find out--how can I help myself so I can help my student? To the extent we can continue to lead that conversation and not forget about them, that’s important.”

2. Growing the community-based provider pipeline through innovative fellowship and professional training models. Two collaboratives developed and launched professional training programs with the express purpose of building a more diverse and representative bench of community-based mental health and social service providers. These forward-thinking strategies seek to pinpoint both access and quality issues by creating a new generation of community-rooted clinicians and youth workers that reflect the identities and experiences of local youth and families and are deeply qualified to provide responsive, culturally conscious supports.

The concept for the Whole Health for Youth Rotational Fellowship program was born when collaborative partners identified an opportunity to place young people just out of high school—many of whom were alumni of their youth programs—in roles that would both benefit their own early career growth and infuse the local social service sector with their valuable community knowledge. Through the fellowship, young people have had the chance to work with and learn from a diverse rotation of organizations, from nonprofits to mental health providers. Whole Health for Youth partners saw the win-win of giving young people a structured, well-rounded pathway through which to build their resumes and basic career skills while learning first-hand what a career in social services could look like. “After kids age out of our programs, what happens to them? For them to have lived experience and bring it back into the programmatic and agency level--I think that’s really innovative,” stated one Whole Health for Youth leader. Even in its early implementation, the fellowship program is showing promising results, and Whole Health for Youth partners are starting to envision its future as a recruitment and retention tool for service providers. “This fellowship, if it works, that’s something we can take to the county,” another leader forecasted. “They can hire fellows and rotate through programs—youth are not only getting experience, but they can stay in social services.”

“The consortium is a great way that we’ve increased access because we’re increasing capacity in the community and [are] able to see more people with the [trainees] we’re training. Hopefully we’re also inspiring them to be the next cohort of psychologists working in this community.”

“ - Ravenswood Wellness Partnership

The Ravenswood Wellness Partnership collaborative’s training consortium program was a creative response to the clear shortage of mental health professionals in the East Palo Alto/East Menlo Park area—particularly providers of color who speak Spanish, the primary language spoken in this community. Inequity in access to high quality mental health care was showing up in a number of ways: not only was there an absence of culturally responsive mental health supports, there were very few services based and offered in the local

community itself. With a vision for removing these multiple obstacles to care for their youth, partners and existing providers came together to design a training program that matches and moves doctoral clinical psychology students through rotations with different community-based organizations in the Ravenswood Wellness Partnership’s coverage area. The first group of trainees was selected with the community’s needs in mind—two of three trainees speak Spanish, and all have been described as thoughtful, flexible, mission-driven clinicians. In the long-term, this innovative program is poised to deliver on its vision of increased access to mental health services for local youth and families. “We’re training the next generation of therapists, creating opportunities for BIPOC and bilingual providers to serve in highly diverse communities, and creating a capacity funnel by ensuring that trainees [can] connect with and stay in the community they are serving during training,” summarized one Ravenswood Wellness Partnership leader.

What is different as a result of Collaboratives’ work to deploy these approaches?

1. Streamlined processes and increased provider availability.

While most collaboratives are still in the process of building out data tracking infrastructure, the impacts of their efforts to expand access to care for youth are already being felt. Ravenswood Wellness Partnership partners highlighted the encouraging anecdotal evidence coming in from community institutions that are noticing both an influx in mental health appointment openings and smoother connections to services. “The ability to get folks in the door—before, there was nowhere to send them and families were jumping through hoops,” recalled one partner. “They’re now getting into the system in a more seamless fashion.” One of the Ravenswood Wellness Partnership’s specific goals was to make the referral process easier for the local school district, so they have also been heartened to hear directly from the Superintendent that they are pleased with the increase in referrals observed in the past year—particularly in light of the stress the pandemic created for youth and families. “We’ve tightened up our ability to refer out [...] and to have all these service providers whom we trust,” a school-based partner summarized. “We know where we are sending someone to be seen and that it’s the best for the client.”

“Actually **having capacity is a huge marker of impact.** Before, there wasn’t enough capacity or availability to actually ensure folks got seen. **Now, families can get appointments!**”

— Ravenswood Wellness Partnership

2. Lasting changes to internal policies, practices, and norms.

Some collaboratives defined success in terms of the improvements made to internal policies and practices across institutions in their systems of care with an eye toward enhancing quality and access. During the first four years of the initiative, collaboratives reported making a total of 42 unique changes to policies or practices to increase the accessibility of mental health services, as well as 50 individual changes to policies or practices to make services more appropriate for and appealing to youth. From updating program formats to accommodate both virtual and in-person participation, to waiving youth enrollment fees and improving waitlist policy, shifting even small-scale structures governing the way mental health programs operate has made an

Collaboratives institutionalized:

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changes to policies and practices to support efficient referrals, communication, and data sharing.

observable difference in Wellness Partnership communities. For collaboratives that will be sunsetting their work after Year 4, these kinds of institutionalized changes are particularly important to ensuring sustainability beyond the life of the initiative itself. “We aren’t working closely with groups anymore, and those things will still exist,” explained a OST Wellness Partnership leader.

3. Trusting, durable relationships between collaborative partner agencies. Whether they are concluding their work or plan to continue into 2023, several collaboratives lifted up the spirit of unity that resulted from their collective efforts as a powerful indicator of impact and antidote to individual provider burnout. Partners from LifeMoves Wellness Collaborative and OST Wellness Partnership described the relational nature of the work and how quickly a sense of commitment and connection formed between participating agencies. Ravenswood Wellness Partnership partners had similar reflections on their strengthened web of relationships as evidence of the work’s impact. The community, having experienced many years of nonprofits and funders coming and going with little regard for community self-determination, initially regarded the Ravenswood Wellness Partnership with wariness. Yet as time passed, and the collaborative continued to show commitment to the longevity and sustainability of these partnerships and their collective work, there has been a shift; Ravenswood Wellness Partnership leaders have seen mistrust slowly recede as partners invested in the Ravenswood Wellness Partnership, its work, and each other. This transformed climate has been most visible in the moments of community tragedy partners have weathered together in the past few years. “There is a support network in place that wasn’t there before,” confirmed a CHC leader. “Keeping the attendance [at Collaborative meetings] high and keeping folks together through this safe convening place—that’s the success story.” Another poignant marker of progress: many of the community members interviewed in the Ravenswood Wellness Partnership’s original needs assessment process are now part of the collaborative itself.

“People in service work are **vulnerable and open** about why they’re there. It’s an antidote to the scarcity mindset—we always feel we’re so alone out there. **This collaborative model worked.**”

“ ” - LifeMoves Wellness Partnership

IV. Conditions for Success

Wellness Partnership collaboratives have reflected thoughtfully on the elements of their most successful approaches to reducing inequities in mental health care access and quality. These learnings represent the factors collaborative leads and partners identified as central to their progress over the past four years—and, for those continuing the work, their ongoing momentum.

What are we learning about what it takes to make this work possible?

1. Adaptive, equity-conscious leadership. When thinking about what is necessary to initiate and sustain this work, several collaboratives spoke to the importance of leaders who hold a compelling vision for a more equitable system. For individual organizations, the ability to make meaningful changes to policies, practices and approaches that will increase access to, and quality of mental health supports for youth is expanded and/or constrained by the extent to which leadership is willing to explore new models. Authentically centering youth and caregiver voice in program development is only possible when organizational leadership are both responsive to input and, ultimately, willing to step back and cede decision-making power to the youth and families they serve. The same is true at the collaborative level: lead agencies walking the talk of power-sharing and equitable representation is essential for keeping communities engaged and moving together toward shared goals. Partners making the greatest strides toward advancing equity in their systems of care are those whose leaders understand that making the shift from engagement to true partnership requires a complete reimagination of traditional power structures and ways of doing mental health work. As allcove put it, “For folks that really want to change how youth mental health services work, it’s going to have to look a lot different.”

2. Strategically pooling resources and securing further funding.

Collaboratives have built their own capacity to influence access and quality in their communities’ systems of care through strategic stewardship of resources. One way they are doing this is by organizing and deploying their financial and human resources as a whole collaborative unit, rather than siloing their budgets and staff. Taking a collective impact approach to resource management enables participating organizations to do things they would not be able to independently, including attend costly trainings, hire additional staff members, and create and test innovative new programming. In addition to making savvy use of the funding already in play, collaborative partners are also teaming up to drive more new resources into their local systems of care. Over the first four years of the initiative, collaboratives held 285 conversations with funders beyond Sand Hill Foundation with the goal of influencing their investments in community-based mental health efforts; during the same period, collaboratives secured over \$20 million outside of Wellness Partnership grant dollars to support youth mental health in their respective areas. The optimization of philanthropic dollars and reduced duplication of services that results from such a collective approach is only possible when organizations reject the culture of competition often at play

“Over the last four years, we are proving that local grassroots agencies **multiply their impact working together**. We’re confirming this test model. If that’s solidified, that’s something very cool I’d love to see across the country, the state.”

— Whole Health for Youth

in under-funded nonprofit ecosystems. By aligning not only their programs and strategies but their material resources, collaboratives are demonstrating how an interdependent, coordinated structure can be a driver of sustainability and sector health unto itself.

3. Leveraging data to further understand impact. While most collaboratives are in the formative stages of growing their capacity to track, interpret and share program and evaluation data, there is broad awareness that this focus will be increasingly important for the sustainability of their work. Collaboratives' most common early efforts to build their evaluative muscles have included hosting youth focus groups, administering program effectiveness surveys, and getting their arms around the concept of a shared referral data hub at the collaborative level; less common but clearly impactful are the examples of partners whose commitment to centering youth voice means that participatory data collection is embedded in how they do their work. Several lead agencies are already brainstorming ways to use data to improve their interventions going forward, such as conducting a year over year analysis of school-based case management data, exploring options for carrying out community surveys, and using participatory methods to co-design evaluation tools with youth.

4. Closer relationships; tighter collaboration. Across multiple collaboratives, partners' patient investments in each other have yielded deep, authentic relationships that facilitated greater effectiveness. Both strategic and compassionate, collaboratives' efforts to significantly grow their partner networks and foster cultures of trust among these organizations through consistent acts of graciousness and kindness led to more seamless collaboration and better results. Whole Health for Youth leaders, for example, observed how the close relationships that developed among the Executive Directors of partnering agencies—many of whom are younger folks of color just getting started in the field—have functioned both as meaningful sources of support and sites of opportunity for sharing resources toward more equitable outcomes for youth. In one case, FFY's Executive Director was able to

"It wasn't easy but [partners] finally got to that place of **trust, lack of defensiveness, readiness to collaborate.** We chipped away at the difficult feelings and mistrust and now it's **overwhelmingly beautiful** to see what they've been able to accomplish."

“ - Ravenswood Wellness Partnership

start using a partner's fleet of vans to transport their own youth to appointments, an agreement reached largely due to her relationship with that organization's Executive Director. "The EDs being tight makes it all work together more quickly," she reflected. "Getting down to that human level has opened up a lot more creativity for how we collaborate." Sand Hill Foundation also nourished these growing relationships by providing each collaborative with a small wellness grant to use to support staff well-being. In keeping with their commitment to supporting each other, Whole Health for Youth collaborative elected to use the funds for a team building.

Collaboratives engaged:
267
new partners in their efforts to increase access to quality mental health supports.

5. Funder flexibility and understanding. In contrast to the highly prescriptive funder/grantee dynamic many nonprofit organizations are accustomed to, Sand Hill Foundation's flexibility and responsive support of their grantees enabled the agility and adaptiveness that contributed to collaboratives' success. Many of the tailored, responsive, youth-focused approaches grantees found most impactful for increasing quality and access were not approaches collaboratives could have designed in advance; rather, they were solutions discovered through partnering with and listening to

the youth and communities they served. This often meant abandoning less successful approaches in favor of more promising ones, pivoting to address real-time needs, and prioritizing accountability to youth over loyalty to a preconceived strategy. Sand Hill Foundation’s respect for this process and extension of the space, time, permission and resources collaboratives needed to remain community-driven has made a significant difference for organizations pursuing equitable systems change.

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V. Lessons and Implications

The first four years of the Wellness Partnership are surfacing insights with implications for ongoing implementation and broader learning. Key takeaways for specific audiences are outlined below.

What funders should know about the Wellness Partnership

Three takeaways hold particular relevance to funders who want to invest in equity-focused systems-change initiatives.

1. Flexible funding allows for innovation. Wellness Partnership grantees attributed much of what made their most innovative and impactful work possible to the funder's flexibility. The trust and autonomy passed onto Wellness Partnership grantees is an extension of the supportive relationship between the Sand Hill Foundation board and staff. The Sand Hill Foundation board has a steadfast commitment to the issue area of youth mental well-being and a respect for the rich expertise that lives within the community. Embodying its role as catalyst, convener, and connector, Sand Hill Foundation provides a strategic vision and framework, while entrusting those closest to the work to develop approaches and advance goals amidst an ever-changing landscape. Sand Hill Foundation carefully selected grantees for the Wellness Partnership based on well developed, thoughtful proposals with solid project goals and outcomes, and the foundation has robust tools for monitoring progress and impact. However, Sand Hill Foundation strikes a balance in which rigor in evaluation process and methods doesn't stand in the way of experimentation and innovation to find pathways towards success. For systems change initiatives, in which these pathways are often multi-layered and complex, this flexibility is extremely important.

2. Time for relationship building is critical for success. Four years into the initiative, Wellness Partnership collaboratives are seeing real fruits of the labor that has been seeded and nurtured since the beginning. Investing time on an ongoing basis in building and sustaining relationships has been named all along as critical to effective collaborative functioning. At the four-year mark, it is also becoming clear how those relationships are core to the systems-level outcomes themselves. Grantees shared examples of how the relationships themselves are a part of the fabric that allows partners to operate jointly as a network or system of care. The impacts of those relationships go beyond knowing who to call or refer to in order to serve a young person, but include collegiality, safety, and trust that allows innovation to happen. Examples like sharing the cost of a staff position across organizations or using another organization's vehicles for transportation to youth events are examples of how the relationships themselves become the changed system. Building in time to invest in relationship building often demands slowing down, which pushes up against many of the norms that drive our work environments. Much of the non-profit sector is already doing as much as possible in resource-strained organizations, and restrictive funding streams or revenue from service reimbursement offer little by way of resourcing time for authentic and responsive relationship building. Achieving transformational systems change will require transformation of how the people who make up the systems are supported and resourced to work together and show up for one another. The infusion of dollars with flexibility in how funds are applied is an important way to nurture and invest in a new way of being among cross-sector partners, and is a role that private funders are well poised to fill.

3. BIPOC grantees are uniquely positioned to design and deliver solutions that advance equity.

As noted in this report, greater representation and diversity in the youth-serving workforce plays a meaningful role in advancing youth mental health equity. Wellness Partnership grantees lifted up multiple examples of how having BIPOC staff and leadership design and deliver programs and services helped make those offerings more accessible, appealing, and tailored to the needs of youth, specifically youth of color. BIPOC-led and majority BIPOC organizations play a valuable role in efforts to change systems to center those historically excluded by those systems. Yet nationally we see a trend where BIPOC-led organizations are underfunded compared to white-led peers.⁹ Funders seeking to advance equity through their grantmaking should also examine their funding practices (e.g. outreach, communication, application and reporting requirements) for facilitators or barriers to putting resources in the hands of BIPOC-led organizations and communities most directly impacted by the issues funders aim to address.

Lessons and opportunities for grantees and other practitioners

The evaluation offers key lessons that Wellness Partnership grantees and other mental health sector partners can apply in their ongoing work.

1. Engaging young people directly in evaluation efforts is valuable for centering equity.

Collaboratives indicate real interest in evidence of impact at the individual and community level, which is a meaningful counterpart to systems-level evaluation. Moreover, given the equity-focused goals of collaboratives' efforts, evaluation is also important for understanding how systems are experienced specifically by youth of color and other groups that face greater systemic marginalization. The Wellness Partnership highlights that young people play an important role in evaluation efforts, not just contributing to evaluation by completing surveys or sharing their perspective, but also by defining what success looks like and designing approaches to gather and use data to inform changes. Wellness Partnership collaboratives show meaningful movement in this area (e.g., through the use of youth advisory boards) and express a commitment to investing more deeply in measuring impact from the youth and community perspective.

2. Stigma persists as a barrier. According to Wellness Partnership grantees, more work is needed to address cultural norms that impede access to mental health support. Wellness Partnership grantees employ a range of strategies to expand access despite stigma that exists in many communities. Examples other mental health sector partners may want to consider include diversifying the workforce so that youth and families see themselves represented among staff, and using language and forums for services that resonate more with youth and families.

3. Choice remains important. Equity means that everyone gets what they need. In the context of youth mental health support, centering equity requires an ongoing practice of asking people what they need and want, listening to and responding to input, and creating choices. Continuing to listen and respond to youth individually and collectively is important for maintaining a sense of agency and choice for young people, and Wellness Partnership grantees are demonstrating that good listening practices are an essential part of quality and access in addition to the service offerings themselves.

⁹ <https://hbr.org/2020/06/the-problem-with-color-blind-philanthropy>

Situating the Wellness Partnership within the broader ecosystem

As a collective made up of smaller, hyper-local efforts, the Wellness Partnership holds itself accountable for its part in improving systems for youth mental health support across the Silicon Valley region. This study has yielded lessons about factors that facilitate progress within the geographic and systemic boundaries of the initiative, but there are also factors that live outside of the Wellness Partnership and its sphere of influence that impact youth wellness and the systems of supports. This section draws attention to those elements of the broader youth mental health ecosystem to contextualize evaluation of the Wellness Partnership and illuminate other levers for sustainable systems-level change to improve quality, access, and equity.

1. Inadequate support for the youth-serving workforce. Caring for the adults who care for youth is a critical component in providing trauma-responsive, high-quality care. Exposure to stress and vicarious trauma increases strain on an already thinly-stretched workforce and can lead to burnout and high turnover. Wellness Partnership grantees highlight that the OST field is underpaid, making it difficult to support and retain a dedicated, qualified workforce.

2. The medical model of mental health care limits upstream approaches. A significant portion of mental health care is paid for through fee for service reimbursement which comes with various funding restrictions. These can include requiring a mental health diagnosis to bill for certain types of services. One impact of this model is limiting the use of mental health dollars to “downstream” treatment of illness and mental health concerns, and limiting dollars spent on the “upstream” wellness promotion approaches. As the nation grapples with increasing demand for mental health services in the wake of the COVID-19 pandemic with a limited capacity to meet the level of need, prevention and early intervention will be key. As demonstrated through the Wellness Partnership, philanthropic dollars can enable wellness promotion activities and supports that other health system funding cannot, including expanding and redefining what quality support looks like. Grant dollars that resource innovative programs in the non-profit sector fill a vital need, but do little to fundamentally reimagine what prevention-focused mental health support looks like in our public healthcare systems. Long term, there may be more work that can be done in the advocacy and healthcare policy space to sustainably resource a broader range of wellness promotion supports as part of basic and essential healthcare.

3. There is an infusion of public funding available for youth mental health. The [Children and Youth Behavioral Health Initiative](#), announced by Governor Newsom in 2021, allocates \$4.4 to enhance, expand and redesign the systems that support behavioral health for children and youth. This one-time investment over five years complements other ongoing sources of funding administered at the county level such as the [Mental Health Services Act](#) (MHSA) which designates a portion of funds to Prevention and Early Intervention. San Mateo County’s [Measure K](#) also offers limited-term funding which can be used to support mental health of children and youth. Advocacy for the use of these public dollars to support the mental health needs of the region’s young people and work to support coordination and alignment of efforts can help ensure that dollars are not being left on the table and are being leveraged to the highest degree possible.

Closing Reflections

1. Collaboratives are addressing a critical need. The Wellness Partnership has invested in the mental health and well-being of young people by funding collaborative partnerships to make high-quality, youth-focused supports readily accessible in a variety of community settings. By focusing on prevention and early intervention, the Wellness Partnership is meaningfully investing in “upstream” solutions that aim not only to treat mild to moderate mental health concerns, but enhance and promote wellness for the region’s young people. Additionally, mental health is an issue of critical relevance for the region’s youth as schools, health systems, and families seek to restabilize in the wake of the COVID-19 pandemic. Furthermore, today’s young people are coming of age amidst a time of acute political division, racial uprising in response to police violence, increased impacts of climate change, and an epidemic of mass shootings. [High rates of death by suicide in the Silicon Valley region](#) brought focused attention to the urgency of addressing youth mental health, part of the impetus for Sand Hill Foundation to launch the Wellness Partnership initiative. And while mental health challenges span the socioeconomic spectrum and racial identities, youth and families dealing with economic insecurity, immigration, and other forms of systemic and racialized oppression, face unique stressors and structural barriers that impact well-being and access to high-quality supports. Sand Hill Foundation and its funded partners know that despite various stressors, youth are resilient, creative, and brimming with potential. Intentionally crafted and strategically delivered resources and supports enable young people not only to overcome challenges but thrive, experience joy, and contribute meaningfully to their vibrant communities. In four years, the Wellness Partnership has enriched and strengthened the network of resources to support youth well-being throughout Silicon Valley. It has also surfaced insights about how to center youth authentically in defining and creating youth-centered systems.

2. Sand Hill Foundation is taking a thoughtful approach to collaborative transitions. One intention set early by Sand Hill Foundation was to remain nimble (one of the foundation’s stated values) and responsive to community needs, input, and the evolving journeys of its grantee partners. This conviction was tested by the overwhelming impact of COVID-19, which took hold less than two years after the initiative launched. Plans to onboard new collaborative partners were put on hold until 2022, when the foundation began to seek out new grantees to join the cohort. With the benefit of lessons and experience gained from 2018 - 2022, the foundation is prioritizing geographies not currently represented in the cohort, specifically organizations serving communities in the coastal and northern regions of the County. In addition, the inaugural cohort of the Wellness Partnership was made up of purposefully diverse collaborative models and approaches. Two of the funded partnerships (LifeMoves and CalSAC) are examples of this - one, tackling the uniquely difficult challenge of increasing access and engagement with mental health and wellness services for youth and young families experiencing homelessness and the later, focused on a more fixed project, developing supportive curriculum and mental health trainings for youth development staff. Each effort was incubated within the framework of the Wellness Partnership and, after four years, foundation staff in partnership with each group were able to transition the work out from under the initiative’s purview.

3. There are opportunities to connect the initiative to broader efforts in the region. As the initiative moves into its fifth year and beyond, there is a robust body of evidence to illustrate the value and success of the Wellness Partnership model at the inter-agency level. Resourcing diverse partners

to work closely and intentionally together enables those who work directly with youth to connect young people more seamlessly with the resources they need to thrive. The next phase of work for the Wellness Collaborative will prioritize identifying opportunities for collective action to ensure ongoing systems and resources are in place across the county to support high quality prevention and early intervention for youth mental health. In addition to supporting the ongoing work and impact of grantee collaboratives, Sand Hill Foundation can play a valuable role in connecting and aligning the Wellness Partnership with other resources and opportunities in the broader local ecosystem that can help accelerate, coordinate, and sustain promising youth mental health approaches.

Appendix A: 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 root causes and 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 and qualified youth-serving **workforce** with deep understanding of the community 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.

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
- 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 and family leaders and advisory council members
- Youth ages 12 – 24 years old
- Parents, caregivers, and other family members

Environmental Context

Why PEI?

- Most mental health services are engaged during moments of crisis and the system of care needs to be strengthened upstream.
- Community, family, and cultural connection is an important source of strength, resilience, and healing.
- Youth serving organizations are well positioned to provide PEI supports. Effective PEI can be carried out by a broader workforce than medical professionals needed for acute/crisis services

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.).
- Age 12-24 is a frequent age of onset for mental health concerns; long-term impacts are improved when symptoms are addressed early on.
- The brain development of adolescents and young adults makes this an opportune time for building protective factors

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, widening health disparities.

Beliefs and Assumptions

- While COVID-19 exacerbated many stressors and challenges, heightening the need for wellness supports, it also provided a unique window of opportunity for broad-based systems-level response to youth mental health.
- 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 B: Past Wellness Partnership Evaluation Reports

The Wellness Partnership Evaluation builds ongoing learning and reflection into the work across the course of the initiative. The following past evaluation and learning products provide insights that the current report builds upon.

- [Wellness Partnership Mini-Study Emergent Learning Memo, July 2022](#)

LFA conducted a mini-study in 2022 to gather mid-point feedback on the Wellness Partnership initiative. (LFA) engaged funded partners in reflection on the Wellness Partnership model and the grantee experience. The mini-study consisted of interviews with lead agency staff, focus groups with partner agency staff, and an anonymous survey to invite input on strengths and benefits of the model and identify opportunities for refinement. Intended to support a rapid learning cycle, feedback from the mini-study was used to:

 - 1) Enable Sand Hill Foundation to make course corrections and provide tailored supports for the current grantee cohort; inform future grantmaking and capacity building efforts, and provide updates to Sand Hill Foundation leadership about the initiative model and progress.
 - 2) Inform adjustments to evaluation design/processes as appropriate and enable the development of ongoing learning opportunities grounded in grantee needs and preferences.
 - 3) Offer grantees visibility into other agencies'/collaboratives' experiences and to lift up shared challenges, lessons, and best practices that shape the work.
- [Wellness Partnership Evaluation Report, December 2020](#)

Developed at the end of the first two-year grant cycle, the 2020 evaluation reports progress on the set of systems change measures outlined in the theory of change and examines the progression of collaborative functioning over time. The collaborative self-assessment administered in year one was readministered in year two to show progress along a developmental continuum of collaborating functioning as groups matured in their partnership structures. The 2020 evaluation report also acknowledges the impacts of the COVID-19 pandemic on the work of grantees and shares insights about how collaboratives were able to pivot and adapt to a rapidly shifting context.
- [Wellness Partnership Year One Evaluation Memo, December 2019](#)

The Year One Evaluation Report addresses two core learning questions: 1) What does it take to support effective, cross-sector collaboration to support youth mental health? 2) In what ways is the initiative changing systems related to youth mental health? Findings combine data from interviews, systems change tracking, and a self-administered collaborative self-assessment matrix. The evaluation report also describes the characteristics of the five collaboratives to illustrate the diversity of collaborative structures, partnerships, and projects.

Appendix C: Past Wellness Partnership Peer Learning Sessions and Skill Building Workshops

In addition to administering grants, The Wellness Partnership Initiative has facilitated ongoing learning and capacity development among its funded partners through a series of skill building workshops and learning exchange sessions.

➤ **2020 Community Gathering, January 2020**

Participants gathered for the first time as a cohort for a full-day retreat exploring the first full year working together to:

- Share across the collaboratives about progress and learnings in year one
- Engage in peer-led breakouts on topics of shared interest, including staffing, fund development, etc.
- Take time to relax, connect, and enjoy the restorative natural beauty of the venue, located on an educational farm and nature preserve – a little self-care for those steeped in critical, service work.

➤ **2021 Community Gathering, March 2021**

Set against COVID-19 restrictions, the cohort convened virtually to explore antiracist approaches to collaborative work through sessions focused on:

- Activating antiracist facilitation techniques to create inclusive spaces to engage youth and community voices
- Dismantling Power Hoarding through Intentional Conflict Resolution Skills
- Antiracist Decision-Making to Incorporate Diverse Perspectives

➤ **Strengthening Collaboration, August 2021**

Participants in this capacity building workshop came away with new skills and learnings:

- Deepened understanding of what helps collaboratives function optimally
- Engaged in peer-to-peer learning about strategies and challenges in collaboration
- Identified opportunities for collaborative strengthening that are right-sized and tailored to the specific needs of collaboratives

➤ **Designing for Institutionalization, November 2021**

This skill development workshop supported participants in:

- Exploring levers for sustainably designing and embedding their work
- Practicing identifying right-sized opportunities for institutionalizing change
- Connecting with and learned from peers bringing a range of experiences in this focal area

➤ **Systems Change and Bureaucracy, June 2022**

Participants in this peer learning session had the opportunity to:

- Engage in cross-collaborative relationship and community building
- Access examples, experiences, and lessons from other collaborative leads navigating bureaucracy
- Receive support for joint problem solving to advance systems change in complex environments

➤ **Managing Collaboratives, August 2022**

Participants in this peer learning session had the opportunity to:

- Engage in cross-collaborative relationship and community building
- Access examples, experiences, and lessons from other collaborative leads managing challenges like staff turnover, partner buy-in and engagement, shared accountability, and role clarity
- Receive support for joint problem solving to effectively and equitably lead collaborative work

➤ **2022 Community Gathering, November 2022**

Our third annual gathering of cohort members focused on the theme of centering youth & family/caregiver voice and included the opportunity to:

- Present updates on the fourth year of their work under the Wellness Partnership banner
- Connect with new staff and grantee members across the cohort
- Engaged in two interactive panels with young people, parents, and caregivers who shared their perspectives on navigating mental health and wellness challenges and solutions

Appendix D: Systems Change Tracking Indicators

As part of the Wellness Partnership evaluation, Sand Hill Foundation and Learning for Action gather data on systems change measures to document and reflect on the initiative's progress overall. These findings help inform the foundation's understanding of the scale and impact of grant activities, support communication and learning about the initiative, and guide lessons about funding systems change collaborative models.

Each collaborative is asked to track indicators of the following areas to measure progress toward overall systems change across the Wellness Partnership initiative:

A) Embedded infrastructure for partnership, collaboration, and connections.
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, qualified, and diverse youth-serving workforce trained to respond to the mental health needs of the youth they serve.
E) Seamless and equitable pathways and opportunities for youth to access mental health and wellness supports.
F) Quality youth programs and services informed by and tailored to the needs of those they are intended to serve

The [2022 Systems Change Summary](#) includes cumulative totals across collaboratives for all systems change indicators and lists select examples from the 2022 program year.

This [guidance document](#) was developed by LFA to support collaboratives to provide data for each systems change indicator. It includes a detailed description of each indicator and guidance about what to count.